CHAPTER I
INTRODUCTION

1.1 Introduction

For most of the parents, the birth of a child is a long anticipated, exciting as well as a joyful event. Throughout the child’s growth period, parents have many responsibilities to support the child’s proper growth and development. At times, supporting the child with proper resources can add stress to the parents. However, the birth of a disabled child proves to be extremely challenging and stressful for the parents and leads to a major trauma for the family. These parents can never fully prepare themselves for the news that their child is different. Whether the diagnosis of a disability is shortly after the birth or later in life; family dreams and expectations get suddenly changed (Rose, 1987). More demands are put on the family especially the mother, who is usually the primary caregiver, including the treatment and care of the child having disability, which results in changes of the family’s routine and disrupts the equilibrium of the family (Taanila, Jarvelin and Kokkonen, 2002). Such families having an intellectually disabled child confront challenges and bear burdens unknown to other families. The way that the parents respond to the extra stressors that are presented due to intellectual disability of their children, depends greatly on the use of coping strategies and support systems utilized by them (Bailey and Smith, 2000).

The exhausting nature of constant care, the urgent and compelling need for knowledge, the persistent financial concerns, the tensions with one’s spouse, the worries about the well being of other normal children, lack of proper resources, behavioural problems of the disabled child and the multitude of questions involving the fair distribution of time, money and concern within the family are the challenges that parents of intellectually disabled children face. There is growing evidence that caring for a child having disability, is linked to an increase in mental and physical health problems for the caregiver. To cope successfully with it, family members must be able to tolerate their initial response of shock, denial and anger.
Rose (1987) emphasized that parent's reaction to disability depends on a variety of individual, family and environmental factors. Some families may view the situation as an uncontrollable threat, while others may view the added stress as a challenge and get stronger in the process, cope very well, remain cohesive and creative units in which other children may grow up normally and happily. But some families and parents may get over strained by the presence of a disabled child and eventually disintegrate. Many parents of intellectually disabled consider their child’s condition as a punishment and treat the child as a burden to carry. Bailey and Smith (2000) emphasized that variety of factors influence ability of parents to cope; depending upon the situation and the type of strategy used, one form of coping can be more effective than the other.

The effects of rearing an intellectually disabled child on the family appear to be complex. Locating appropriate services for the child with a disability is also a source of stress, therefore, parents who become more involved in their child’s care will need support and resources. Therefore, through rehabilitation, the mothers of intellectually disabled children can be encouraged to cope efficiently with the challenges associated with intellectual disability of their children and maintain their feeling of well being.

Recent studies on Guidance and Counselling have suggested that it can have a wide range of benefits for parents and their intellectually disabled children. Guidance to mothers for coping with intellectual disability of their children can help them to identify and resolve conflicts that affect their emotional and personal growth, thereby enhance their psychological health and adjustment. This would further influence their ability to cope and also have an effect on how the child and other family members react to the child’s disability. Guidance provided to mothers through interventions may have implications for helping them to manage their children’s behavioural problems and focus on stress reduction and well-being. Thus, guidance and support can play a crucial role in helping the parents and their children to live and cope efficiently with the problems and crisis arising due to the disability, so that they can learn to bring happiness for themselves and their entire family.
Before getting down to the actual study, an effort has been made to understand the conceptual framework of the study which has been presented in following pages:

1.1.1 Intellectual Disability

Intellectual disability is characterized by significant limitations, both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour, which covers a range of everyday social and practical skills. This disability originates before the age of eighteen years (American Association Intellectual and Developmental Disabilities, Manual, Intellectual disability: Definition, Classification and Systems of Supports, 2007). Children having this kind of disability need the same kind of love, support, discipline, and direction as other children. However, caring for a disabled child may require additional equipment, time, patience and home modifications. Because of their disability such children may display limitations in learning, speech, self care, movement, independent living, employment and relationships; and support may be needed to reduce the restrictions that disability might otherwise impose on life.

Several traditional terms like imbecile, morons, idiots, feeble minded, mentally retarded, mentally challenged, mentally handicapped denoting varying degrees of mental deficiency long predate literature. These numerous terms used for intellectual disability, are associated with negative connotations and reflect the attitude of society towards this condition. But the scenario has changed and now the term retarded is slowly being replaced by new words like intellectually disabled, special, challenged or developmental delay. Using the word delay is preferred over disability by many people, because delay suggests that a person is slowly reaching his or her full potential, rather than someone who has been disabled. More recently, the term ‘disability’ has been replaced by ‘those with disabilities’ which has replaced the element of ‘personal tragedy’ with a term that reflects the element of ‘social oppression’ inherent in living with a disability (Goddard and Carew, 1993).
Intellectual disability is often associated with other kind of disabilities such as cerebral palsy, hearing impairment, visual impairment and so on. Intellectual disability is not a single disorder but a heterogeneous condition defined by a person’s functioning. The prevalence of intellectual disability is estimated about 3% of the population out of which 65-75% have IQs within the mild intellectual disability range and about a quarter of cases are caused by a genetic disorder. Intellectual disability is ten times more prevalent than cerebral palsy, 28 times more prevalent than neural tube defect such as spina bifida, 25 times more prevalent than total blindness and 50 times more prevalent than total deafness.

According to Diagnostic and Statistical Manual-IV (2000), 3 percent of the population has mild intellectual disability, 0.4 percent has moderate, and 0.1 percent has severe intellectual disability and as per World Health Organization (2007), almost 200 million people of the world’s population have intellectual disabilities and therefore, no nation can claim to be free from the problem of intellectual disabilities. It is the largest disability population which cuts across the lines of racial, ethnic, educational, social and economic backgrounds.

According to the American Association of Intellectual and Developmental Disabilities, Manual, Intellectual disability: Definition, Classification and Systems of Supports (2007), about 40 to 50 percent of the causes of intellectual disability have no identifiable origin, the most common identified causes of intellectual disabilities are:

Genetic causes: Sometimes abnormal genes inherited from parents, defects when genes combine, or other reasons cause an intellectual disability. Some of the genetic conditions are Down syndrome, Fragile X syndrome and Phenylketonuria.

Problems during pregnancy: An intellectual disability can result when the baby does not develop inside the mother’s womb properly. A woman who drinks alcohol or gets an infection like rubella during pregnancy may also have a baby with an intellectual disability.
Health problems: Diseases like whooping cough, the measles, or meningitis can cause intellectual disability. It can also be caused by extreme malnutrition, not getting enough medical care, or by being exposed to poisons like lead or mercury.

Problems at the time of birth: If a baby has problems during labour and birth, such as not getting enough oxygen may develop an intellectual disability.

When it is suspected that a child is intellectually disabled, it is essential that his degree of disability be ascertained so that early necessary actions may be taken. Most of the parents when worried about the disabled child, take him to doctors for some medical care and the more well-to-do parents also engage special tutors to coach him; instead they should take the child to a diagnostic centre for proper diagnosis as early as they suspect his sub-normality. Through proper guidance, parents could be enlightened about the mental level of the child almost exactly, so that they do not have any false conception about him. The main goal of diagnosis is to ascertain the individual's abilities, disabilities and other personality traits in order to know the category of disability to which the child belongs. It can be ascertained whether the child is really having intellectual disability or he has some kind of backwardness. His educational and social needs can also be determined by a proper program of assistance, education or training. Necessary diagnosis is also made to see if the intellectually disabled child is not suffering from any sense defect like faulty hearing, poor eye-sight or any associated one, which is generally found in many deficient individuals (Cooper, Melville and Einfeld, 2003).

An appropriate diagnosis of intellectual disability is essential and it involves following:

- A medical examination by the doctor, generally attached to the guidance centre, with a view to ascertaining the exact line of medical treatment

- A psychological or psychometric examination with the help of various mental, intelligence and other tests to ascertain the individual’s level of intelligence and other abilities or aptitudes
• If the child has had some schooling, his educational attainments and backwardness in specific areas can be ascertained with the help of the school report or school history and also with the help of certain achievements or diagnostic tests in different school subjects. On the basis of such an enquiry into his educational disabilities, practical methods can be suggested for his further training or for remedial treatment.

• The developmental history of the individual from birth onwards is also to be considered as to when he/she began to sit, crawl, stand, walk or talk as a child, as these reports may indicate intellectual disability.

• The Diagnostic and Statistical Manual of Mental Disorders-IV-Text Revision (2000) and ICD-10 Guide for Mental Retardation, categorize intellectual disability on the basis of Standard Scores of intelligence tests as follows:

<table>
<thead>
<tr>
<th>Class / Category</th>
<th>I.Q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profound Intellectual Disability</td>
<td>Below 20</td>
</tr>
<tr>
<td>Severe Intellectual Disability</td>
<td>20-34</td>
</tr>
<tr>
<td>Moderate Intellectual Disability</td>
<td>35-49</td>
</tr>
<tr>
<td>Mild Intellectual Disability</td>
<td>50-69</td>
</tr>
<tr>
<td>Borderline Intellectual Functioning</td>
<td>70-79</td>
</tr>
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Since the diagnosis is not only based on IQ scores, but also takes into consideration the person’s adaptive functioning. It encompasses intellectual scores, adaptive functioning scores from an adaptive behaviour rating scale (based on descriptions of known abilities provided by someone familiar with the person), and also the observations of the assessment examiner who is able to find out directly from the person what he or she can understand, communicate and the like.
Mild Intellectual Disability

Mild intellectual disability is much more common than severe intellectual disability, accounting for 65 to 75% of all the cases of intellectual disability (American Association on Intellectual and Developmental Disabilities, 2007). Mild intellectually disabled people acquire language with some delay but most achieve the ability to use speech for everyday purposes, to hold conversations, and to engage in the clinical interview. Most of them also achieve full independence in self-care (eating, washing, dressing, bowel and bladder control) and in practical and domestic skills, even if the rate of development is considerably slower than normal. The main difficulties are usually seen in academic school work, and many have particular problems in reading and writing. However, mildly disabled people can be greatly helped by specially designed educational programmes to develop their skills and compensate for their handicaps. Most of those in the higher ranges of intellectual disability are potentially capable of work demanding practical rather than academic abilities, including unskilled or semi skilled manual labour (American Academy of Child and Adolescent Psychiatry, 1999). In a socio-cultural context requiring little academic achievement, some degree of mild disability may not itself represent a problem. However, if there is also a noticeable emotional and social immaturity, the consequences of the handicap, e.g. inability to cope with the demands of marriage or child-rearing, or difficulty to fit in with cultural traditions and expectations, will be apparent. In general, the behavioural, emotional, and social difficulties of the mild intellectually disabled and the needs for treatment are more closely akin to those found in people of normal intelligence than to the specific problems of the moderately and severely disabled.

Alexander (1998) revealed that the significant advances in research during the past 40 years have prevented many cases of intellectual disability. Intellectual disability due to phenylketonuria is prevented by newborn screening and dietary treatment; intellectual disability due to congenital hypothyroidism is
prevented by newborn screening and thyroid hormone replacement therapy; intellectual disability of deafness is prevented by use of anti-Rhogam to prevent Rh disease and severe jaundice in newborn infants; intellectual disability due to measles encephalitis through measles vaccination; and large numbers of cases of intellectual disability caused by rubella during pregnancy through rubella vaccination are prevented every year. New recommendations for worldwide treatment and prevention of intellectual disability and developmental disabilities are continuously being developed. Today, there are improved ways to manage head trauma, asphyxia (lack of oxygen) and infectious diseases (e.g., polio and measles) to reduce their adverse effects on the brain. Early intervention programs with high risk infants and children have shown remarkable results in reducing the predicted incidence of subnormal intellectual functioning. Also, early prenatal care, and newborn screening programs have provided effective reductions in the incidence of intellectual disability.

In the past, individuals with disabilities were formally considered liabilities, suffered inhumane treatment and were often institutionalized away from society. At present the attitude of the society has changed dramatically with public acknowledgment of the importance of caring as well as the constitutional rights for the disabled individuals. Several trends such as advances in technology, medical care, mandated services and mainstreaming the individuals with disabilities back into society rather than placing them into institutions have all helped the disabled to live better lives and function in the community. As the prevalence of disabilities continues to rise, so will the need for advocacy, family support, respite care and intervention programs for intellectually disabled and their families (The Arc of the United States, 2001).

1.1.2 Intellectually Disabled Children and their Behavioural Problems

Intellectually disabled children are the children having sub-average intellectual functioning. IQ is assessed as 70 or under, along with deficits in at least two
areas of the following traits of adaptive behaviour i.e. self care, communication, home living, social skills, self direction, learning, leisure and work. Children with an intellectual disability often have limitations in thinking skills, including the ability to reason and remember. They also have difficulties with attention and organizing information and have trouble in seeing the relation of various things or events. In order to learn effectively, children having intellectual disability need certain types of structures and support in day to day life. Intellectual disability puts a child at risk of being more dependent on others for help in acquiring basic skills and is more prone to physical difficulties, mental and behavioural disturbances and social stigmatization and its consequences. Therefore, the intellectually disabled children have multiple needs; those relating to their intellectual disability (medical, cognitive and behavioural), age (educational, emotional and social) as well as the impact of their intellectual disability on the family.

There is an increased prevalence of mental and behavioural problems in children with intellectual disability as compared to their non-intellectually disabled peers (Reid, 1989; Rutter, Tizard, and Yule, 1976; Borthwick-Duffy, 1994; Singh, Sood, Sonaklar and Ellis, 1991). The behavioural problems in intellectually disabled children are about four to five times higher than those of normal children. However, the children with mild intellectual disability are at greater risk because these children have the cognitive abilities to avail themselves of wider behavioural choices. The degree and extent of the behavioural problems that surface vary from individual to individual depending on combination of biological, psychological and social factors (Costigan, Floyd, Harter and McClintock, 1997). The behavioural problems found in these mildly disabled children include opposition, anxiety and poor peer-related social competencies etc.

Other behavioural problems found in intellectually disabled children include self-injurious behaviour, aggression, disruption, stereotypic behaviours and maladaptive behaviours, but are certainly not limited to the above mentioned ones. Self-injurious behaviours are those behaviours which can cause damage to one’s own body and occur repeatedly in unvarying presentation
Stereotyped behaviours are peculiar or inappropriate voluntary acts, which occur habitually and repetitively. Aggressive or destructive behaviours are abusive and deliberate attacks against other individuals or objects. Behavioural problems have also been found to increase in severity and frequency as the level of intellectual disability increases (Jacobson, 1988). Aberrant behaviour disorders (e.g., stereotypes, elimination disorders, eating disorders, sleep disorders, sexual disorders, impulse control, and organic syndromes) are commonly diagnosed within the severe and profound intellectual disabled groups (Cherry, Matson and Paclawskyj, 1997). The behavioural problems can be categorized into three categories namely habit disturbances, conduct disturbances and neurotic traits (Jain, 1998):

Habit Disturbances: Habit disturbances are behavioural problems in which there has been a disturbance in the performance of major biological functions. These disturbances may continue essentially unchanged from infancy or they may take new forms. Some of the habit disturbances include thumb sucking, nail biting, eating too much or too little, bed wetting, inability to fall asleep, nightmares, excessive disturbances etc. Habit disturbances appear to be most closely related to anxiety and tension. These are adopted as ways of withdrawing from contact with the environment and for seeking relief from tension by indulging in autoerotic activities such as nail biting, thumb sucking, overeating etc. These habits are formed to cope with one’s anxiety.

Conduct Disturbances: Conduct disturbances refer to aggressive, destructive and delinquent behaviour. Developmentally, conduct disturbances are manifested at a later stage than habit disturbances. Conduct disturbances require a level of psychomotor maturity requisite for attacking the environment and which is lacking until later childhood. The conduct disturbances shown by a child is an attempt to meet his needs through coercing his environment and thus, indicates that a child is experiencing a conflict with the environment, both within and outside home.
Neurotic Traits: Neurotic traits include jealousy, inhibition of aggression and phobias. Inhibition of aggression makes the child to appear self-affiant and timid, not ready to stick up for his rights while phobias take manifold forms such as fear of animals, darkness, strangers or may be of certain places etc. In contrast to habit and conduct disturbances which focuses on conflict of the child with environment, neurotic traits are partially internalised and show conflict with the self.

The degree of disability is a significant risk factors for the types of behavioural problems that children posse. Neither sex nor socioeconomic status proved to be the significant risk factors for emergence of behavioural problems in intellectually disabled children. Chadwick, Piroth, Walker, Bernard and Taylor (2000) pointed out that for children with intellectual delay, the neurological damage and severity of basic skills deficits override the effects of other risk factors typically found in children with no developmental delays.

The identification of risk factors for the emergence of behavioural problems in intellectually disabled children is very important for their effective management. Both endogenous and exogenous factors are responsible for emergence of behavioural problems in intellectually disabled children. Endogenous factors are those that reflect characteristics of the child and the developmental disorder itself (e.g. temperament, neurobiological deficits associated with cognitive delay etc.) whereas exogenous factors are those that represent the influences external to the child, such as related family stress, constrained social networks and support systems etc. some of the endogenous and exogenous factors responsible for emergence of behavioural problems in intellectually disabled children are discussed as under:

Biological factor: Although intellectually disabled children are susceptible to negative environmental effects, the emergence of behavioural problems in these children has a primarily organic etiology. The neonatal cerebral damage is responsible for both intellectual deficits and behavioural problems in intellectually disabled children. Thus, behavioural problems in this population are most likely to have a biological basis.
Temperament: The temperament of a child is another endogenous factor for the emergence of behavioural problems. The intellectually disabled children having difficult temperament profile are much more likely to exhibit behavioural problems than those with an easy temperament. Children having difficult temperaments are less adaptive, more emotionally intense, and less sociable (Chess and Korn, 1970).

Parent-child interaction: The intellectually disabled children cause unique parenting challenges including intensified behavioural management issues (Baker, Blacher, Kopp and Kraemer, 1997). Due to increased demands on parenting and overburden parenting resources, parents feel ineffective and over the time, these coercive exchanges may prompt intellectually disabled children to develop behavioural disorders, resulting in the greater prevalence of behavioural problems among this group of children than in the general population. Findings of Floyd and Phillippe (1993) also supported the fact that intellectually disabled children are less compliant and, therefore, pose a greater challenge to parents' behaviour management skills than the children without this disability. Floyd and Zmich (1991) found that parents of children with developmental delays are more likely to view behaviour problems as related to endogenous child factors than parenting failures because they expect their children to display negative behaviours related to their disability. On the other hand, the parents of the non delayed children view these behaviours as unexpected and abnormal, and therefore, more likely to attribute them to failures in parenting skill than to child factors.

Family stress: It has been a well established fact that parenting stress is an important predictor of child's behaviour problems regardless of cognitive functioning (Crnic and Greenberg, 1990; Heller, Baker, Henker and Hinshaw, 1996; Baker and Heller, 1996; Costigan, Floyd, Harter and McClintock, 1997). The families with intellectually disabled children have typically higher levels of stress which play a significant role in emerging behaviour problems. Baker, Blacher, Crnic and Edelbrock (2002) reported evidences that in predicting parental stress in parents of children with developmental delays, child behaviour problems accounted for significantly more of the variance than the
children's level of cognitive functioning. Further, it was revealed that behaviour problems rather than the cognitive level play the key role in stress level of parents. Therefore it can be concluded that the development of behaviour problems in intellectually disabled children is likely the result of a complex transactional process that includes child characteristics that challenges the parents as well as the factors that can compromise parenting, thereby adversely affecting child's behaviour (Crnic, 2001).

Child's regulatory ability: The self-regulation, especially emotion regulation processes, plays an important role in relation to the emergence of behavioural problems or competence in children (Cole, Michel and Teti, 1994). Emotion regulation is defined as an individual's ability to respond to the ongoing demands of daily experiences with a range of emotions that are socially tolerable and sufficiently flexible to allow or inhibit spontaneous reactions. The ability to regulate one's own emotions develops as a function of both an infant's own abilities to self-regulate as well as the abilities of the caregiver to recognize the infant's needs for assistance with regulatory functions (Calkins, 1994; Brenner and Salovey, 1997; Shaw, Keenan, Vondra, Delliquadri and Giovannelli, 1997). When a caregiver is insensitive or unresponsive to child's needs, the child's emotional state is likely to become deregulated. Under these circumstances, the child is obligated to devote to the coping resources to regulate the negative effect, which limits the resources available to support the achievement of important developmental goals (Weinberg and Tronick, 1998). These intellectually disabled children are so reactive to their environments that their caregivers are unable to respond to all of their distress, creating a greater regulation challenge for parents (Calkins, 1994).

There are a variety of reasons for emotion regulation deficits in intellectually disabled children. One of the reasons is that the parents of intellectually disabled children who are experiencing heightened levels of frustration and stress are less available to aid in regulatory concerns of the child. Secondly, intellectual deficits also interfere with the acquisition of emotion regulation abilities. Children use emotional knowledge to help them with emotion regulation, including the ability to talk about emotions, determine others'
emotional states, describe the experience of simultaneous emotions, and internalize cultural rules about emotional expressiveness (Brenner and Salovey, 1997). Clearly, intellectually disabled children would be more likely to experience difficulties with these tasks. Thirdly, children's ability to regulate emotions without assistance improves with age, which is a much slower process for intellectually disabled children who acquire these abilities at much slower rates or rely on different strategies altogether.

It is clear that the parents are affected by and affect their intellectually disabled children. These parents feel more frustration and may engage in interactions that can place their child at further risk for developmental problems. Thus, family factors, genetic factors, and child characteristics such as temperament, self-regulatory abilities are likely to mediate the relation between developmental delay, family functioning, and the emergence of behavioural problems. Also, due to the decreased cognitive capacities, the intellectually disabled children struggle to adapt to the demands of emotionally and behaviourally challenging events and thus, the risk for behavioural problems increases in such children. Therefore, appropriate parent-child interactions facilitate stronger self-regulatory skills in intellectually disabled children, which is further helpful in minimizing behavioural problem in these children. By focusing on the major interaction qualities that promote sensitive and positive adjustment, behaviour problems can be reduced (Marfo, 1992) and this can be achieved by guiding the parents, especially mothers to cope efficiently with intellectual disability of their children.

1.1.3 Mothers of Intellectually Disabled Children and their Selected Psychological Variables

A mother shares the most beautiful and the strongest bond with her child. It makes her the happiest person on the earth; however, this happiness comes with a responsibility. The most important thing that mothers can do for their child is to love them unconditionally. Every child is special to a mother, she tries to give her best in upbringing of the child but presence of child with disability creates a wide set of challenges for her (McCollum and Hemmetere, 1997). The birth of a child with disability is an unexpected event and has an
adverse effect on the lives, feelings, thoughts and the behaviour of mothers. The everyday tasks of caregiving and communicating are much more physically and emotionally demanding for mothers who have children with disabilities (Ambert, 1992; Featherstone, 1980). She keeps on finding ways to best prepare her disabled child for the future and to handle any problems that may come up. Therefore the mothers of disabled children often experience stress, frustration and doubt their own competence in caring for the child as compared to the mothers of medically healthy children (Barnett and Boyce, 1997).

Most community or neighborhood members are not exposed to or are educated about the individuals with mental retardation (Kazak and Wilcox, 1984), therefore mothers of children having intellectual disability also face social stigma. The mothers are often sensitive in drawing negative attention to their families at public places as the people have a low tolerance for the behaviour outside the norms. It becomes essential for parents to spend a great deal of time and energy to fulfill the needs of an intellectually disabled child. The preoccupation with caregiving demands, loss of expectation of a normal child, disruptive family routines, negative attitude of society towards the condition, behavioural problems of the child, lack of leisure activities, lack of mutual relationship, little or no control on disability, financial burden, lack of guidance and support services and all these factors develop frustration, stress and feeling of alienation in the mothers of intellectually disabled children.

Balancing the needs of the disabled child with the needs of other normal siblings is another challenge faced by the parents having children with intellectual disability (Harris, 1994). The siblings of intellectually disabled children generally feel neglected and jealous due to perceived extra attention paid to their special sibling (Crnic, 2001), thus parents also struggle intra-personally with the competing needs for the normal son or daughter. These parents also face conflict between the need to instill a sense of responsibility and care for their other children on one hand and for their disabled sibling on the other and the need to allow the normal children to experience a true childhood, one that does not require acting as deputy parents.
The hard physical work and mental preoccupation of tending to the child's health needs focus the mother's awareness on the child, rather than on her own health status and needs. Further, mothers are the primary caregivers and bear most of the burden associated with care of their disabled child (Porter and McKenzie, 2000) throughout the life span, that is why these mothers are at extreme risk of being highly frustrated and clinically depressed (Cummins, 2001). Therefore mothers of intellectually disabled children have an increased likelihood for negative psychological outcomes (Kazak, Segal-Andrews, and Johnson, 1995) that may be associated with a child's characteristics, (Bailey and Simeonsson, 1988; Beckman, 1983), greater financial and care-giving demands (Ambert, 1992; Minnes, 1988), feelings of being unprepared for the tasks of parenting (Scott, Sexton, Thompson, and Wood, 1989), and a sense of frustration and loneliness (Featherstone, 1980; Kazak and Wilcox, 1984). All these negative psychological outcomes lead to low feeling of well being in these mothers. Therefore, the mothers of intellectually disabled children need to be emotionally intelligent so as to successfully deal with challenges and maintain their feeling of well being.

The rearing of an intellectually disabled child has negative effects on the psychological variables of their mothers and some of these variables selected for the study are described as under:

**Frustration**

Sometimes the goal to which one strives for gratification of its needs is achieved with relative ease but a large number of needs remain unsatisfied due to some obstacles. When the obstacles become difficult to overcome, it creates a feeling of frustration. The blocking agent is the most obvious element in frustration. The frustration is a negative condition which exists when a response towards the goal is believed to be important and attainable by a person but suffers interferences, resulting in behavioural characteristics of that person. Research has shown that not only major life frustrations prove to be harmful but the little frustrations of life can also accumulate and affect physical as well as emotional well-being of an individual (Salye, 1975).
Frustration always leads to downfall and deviation, because it wastes precious thinking ability and attention, which otherwise could have been used elsewhere in a constructive and creative work. Frustration is an outcome of many accrued negative emotions like envy, guilt, fear, phobia, jealousy, distrust, failure, loneliness, betrayal, shame and many more. It is a complex emotional process which erupts when an individual faces an impediment. It comes to existence when wants, wishes and desires of an individual get thwarted or interrupted. This feeling of frustration results from disparities between what one wants and what is available to him. Frustrations can range from imperceptible to powerful. It starts from a feeling of discomfort, and what and how an individual thinks about impediments further cause frustration in him. Strong frustrations result in a mixed emotional state that has a disorganizing effect on memory and behaviour. Depending upon the interpretation of feelings of frustration, positive change, aggression, regression, complacency, or compulsive behavior can be stimulated.

Frustration can be segmented into two types: process frustrations and episode frustrations. Process frustration occurs when a person continuously feels blocked in a major area of life, such as learning, work, love etc. while episode frustrations consists of a temporary impeding problem or condition. Almost all frustrations fall into these two categories. Careers and an unsatisfying marriage can serve as a process frustration that overflows with disappointments, boredom, and senseless power struggles. Episode frustrations come from transient events and they typically get resolved quickly and normally don't cause lingering problems. However, they become lingering problems when an individual dwell upon them to evade the real frustrations in his life. Process frustrations, however, can prove more damaging, therefore a radical shift of perspective is required to break such patterns of frustration (Knaus, 1983).

Different individuals react differently to the frustration (Bellac, 1973). Some of the reactions to frustration are Withdrawal (behaviours such as asking for a change or quitting a responsibility); Fixation (an individual blames others and superiors for his problems, without knowing complete facts); Aggression (acting in a threatening manner); Regression (behaving in an immature and
childish manner and may self-pity); Physical Disorder (physical ailments such as fever, upset stomach, vomiting, etc.); and Apathy (becoming irresponsible and disinterested in the work).

There are various personal, situational or surroundings factors that could bring frustration in life. Also the intensity of frustration varies from individual to individual and depends upon prevailing circumstances at that time. The causes of frustration are often more mental than physical. A bad relationship, poor self image, a history of abuse, stress, loneliness and many other factors can change overall attitude of an individual towards life which may further impede his overall performance. Such tremendously powerful tendencies are deep-rooted in the mind and nurtured by excessive negative emotions like uncontrolled anger, bitterness, excessive shame, guilt, arrogance, envy, jealousy, greed, fear, suspicious nature, inferiority complex, persistent agony or melancholy, alienation, mental instability, escapism, communication apprehension, poor will power, low grasping, absentmindedness, sloth, laziness, etc.

Normally it is assumed that situations frustrate an individual, but situations only have the potential to evoke thoughts and feelings of frustration. The frustration in an individual does not get provoked by the circumstances, but it mainly results from one’s mental processes, his ideas about people, events, concepts, and feelings. In other words, an individual’s interpretations and expectations of life events stir up his own frustrations. Most of the frustrations prove to be harmful for an individual, however some of the frustrations can be valuable as they act as motivators, impelling a person to face the challenges and take corrective actions. Therefore, one should not try to vanquish the sensations of frustration forever, rather should respond effectively to them. An individual can improve his ability to tolerate and manage the inevitable frustrations that enter his life by sparing more time and energy to do the things he wanted to do the most; this will further lead to build a sense of self-confidence and a sense of control over the course of his life. But if the frustrations inhibit the ability to think clear-headedly to resolve problems, then alternatives of coping and priority treatment is needed.
One may react to frustrations in different ways at different times, he may see the frustration situation as a challenge, may try to dodge the frustration, may fight against the situation or he may give up, thus least part of response depends upon how an individual perceives and define the conditions so as to promote his own frustrations. Sometimes, a person doubles his frustrations by feeling frustrated about the feeling of being frustrated. If an individual view frustration and stress as growth signals, it can help him in high adventure of self-discovery and positive responding.

An individual may use frustration tolerance training process to reduce the frustration. This frustration tolerance training process involves recognition and analysis of the frustration, development and application of frustration management skills and utilization of feedback to improve coping skills. In this process one learns about awareness of the scope of his frustration problems, the implications of his actions, personal competencies that he can use to deal with the frustration, the coordination between how he thinks, feels and behaves self-inquiry, delaying gratification and adding fresh ideas to his frustration management skills.

The ability to manage frustrations and to eliminate distress can be improved by practicing good health principles and by seeking guidance. The health practices include non-smoking, weight control, moderate drinking, adequate sleep, regular breakfast and physical fitness activity, such as jogging, working out, or swimming etc and can be implemented easily. These good health practices in combination with body relaxation methods (stretch exercises, muscle relaxation, yoga, meditation, listening to pleasant music, warm baths, singing, pleasurable images, biofeedback, and so forth) helps to achieve a state of relaxed alertness and works as an inoculation against frustration's harmful effects.

The parents of children with intellectual disability have unique liabilities, their own concepts, hopes, ambitions and expectations from their children but when these dreams and expectations get disrupted, they are badly disappointed. The presence of an intellectually disabled child creates a great deal of extra work and it is mainly the mothers, who take the burden of this
extra care leading to frustration in them. Also, the parents of mentally challenged children get frustrated because they see their child not performing even as well as younger normal children (Kurtz, 1969). They observe that a normal youngster is becoming bored doing the same type of school work whereas their disabled child, doing the same work given in the past years, shows no discernible progress. These parents recognize that they were unable to manage the circumstances related to educational development and the future of the disabled child as they expected and they have no control on this incurable lifelong condition of disability present in their child. These conditions provoke anxiety as well as frustration and they occurred to some extent in even the most well informed parents. To avoid frustrations, these parents need to accept factual position of their children instead of putting hopes and expectations on vague imagination in which the situation would have been different. A careful introspection can also help them to realize their limitations and potentialities so that they can explore the available resources to cope with intellectual disability of their child and avoid the feeling of frustration.

Alienation

Alienation is a situation where the frame work in which one grows is shattered. It is a feeling of estrangement and transference of ownership. Alienation is to feel different from others and not part of a group. It is a serious problem that often impairs a person's capacity to function normally or safely. The phenomenon of alienation is slow and systematic. The alienation occurs when an individual perceives an absence of meaningful relationships between his status, identifications, social relationships, style of life and his work. Alienation is recurrent phenomenon. It is a comprehensive relationship between personality and social system than does relative deprivation. An individual is separated from his social system. It is caused that due to engagement in work which is not intrinsically rewarding.

There may be cultural, economical, educational, structural and power oriented inequalities that make an individual feel inferior or worthless. Another cause of
alienation is social segregation. Alienation sets in when traditional goals or distribution of facilities and services are replaced. Thus, alienation could be referred as a more comprehensive relationship between personality and social system than relative deviation i.e. an individual is separated from his social system due to which he feels isolated or may lose the support of sympathy.

Alienation is an aversive experience. It is a feeling experienced when relationships are considered to be inadequate. It is typically associated with feeling of depression, anxiety, emptiness, boredom, helplessness and desperation (Robensteiń and Shaver, 1982). It is regarded as a subjective indication of lack of well being (Karopekij-Cox 1988). Alienation is a serious condition, based on the absence of intimate attachment figures, which might be provided by having a network of friends and associates at work or home (Weiss, 1973). In the absence of social relationships that provide attachment, social integration, opportunity for nurturance, reassurance of worth, a sense of reliable alliance and provide guidance to an individual, alienation grow out. No single relationship can provide all these essential ingredients, therefore a satisfactory social life requires a network of different types of social support (Weirs, 1975).

Seeman (1959) referred alienation to a psychological state in which an individual feels relatively powerless, normalness, apartness, strangeness, cynicism, meaningless, dissatisfied and socially isolated and develops a sense of loss of relationship with others. He has differentiated five meanings of alienation as under:

Powerlessness- Powerlessness refers to the feeling of lack of control over the immediate environment or when a person does not have any control over the work, but is under the control of the hierarchy or other persons that foster dependence as opposed to independence. In powerlessness, a person finds himself in a situation where he does not feel that there is anything he can do about it. The situation may appear to him to be outside his control, he feels himself trapped (Jha, 2009).
Meaninglessness – Meaninglessness refers to the feeling of people that some aspects of their lives, or style of life around them, have no meaning. It is a sort of ‘going through the motion’ without any sense of meaning in it. It is about the perception that one is unclear as to what one ought to believe. Meaninglessness manifests itself when the individual is unable to understand what he ought to believe as the individual’s minimal standards for clarity in decision making.

Normalessness – It refers to the feeling of the absence of attachment to any definite set of standard, or the feeling of estrangement from the accepted norms. A breakdown in regularity, power of social norms over individual behaviour and the expectations that certain goals can only be achieved through socially unapproved behaviour. It is a state of an individual in which norms have lost their power to regulate behaviour.

Isolation – Isolation refers to the feeling of man himself as an Island, separated from other people, and unattached to them, without any bonds or ties of an enduring or intimate nature. The individual’s feeling of being apart from society is expressed by disputing the high values it attaches to its belief systems.

Self Estrangement – Self Estrangement may be seen as absence of intrinsic meaning of pride in work. Self estrangement is the feeling of lack of identity and sense of what one is. A person, whose relationships with those around him appear empty or unclear, or for whom there is a clear isolation of himself from others, may be called to have come to a state of self estrangement. The failure to find self rewarding activities

Alienation refers to certain perceptions and feelings such as feeling of separation from one self etc. that some people have about themselves and about one or more aspects of their social environment, as these two (self and environment) relate to one another. Thus, the alienated man is any person drifting in a world that has little meaning for him and over which he exercises little power, a stranger to himself and to others. Inability of decision making is theoretically the most important factor leading to alienation from self. It can be
conceptually pictured as leading to two separate but interrelated areas of alienation - personal alienation and social alienation (Keniston, 1965). Under personal alienation, two categories are included i.e. alienation from the self and alienation from the feeling of meaninglessness of existence. Alienation from the self is the loss of pride of one's works, hence a loss of satisfaction. It involves a failure to find self rewarding conditions and wider idea of worth, a lack of which may lead to the playing of self destructive and neurotic roles in the effort to find substitute satisfaction, thus in a way not being true to oneself. Under the condition of feeling of meaninglessness of existence, one would lose courage to live that is to act and struggle (Keniston, 1965).

Mothers of children with mental retardation face a multitude of challenges (Minnes, 1988) and one of the challenges faced by these mothers is social isolation or alienation. Mothers having a disabled child may gradually lose touch with their friends because of the reduced amount of time that they are available and also because the friends and family members may feel they are unable to help or understand the burden of raising a child with intellectual disability (Friedrich, Greenberg and Crnic, 1983) and thus, may not be able to provide the child-care support often available to families with more typical young children. Parents report that it is important to find friends who accept their child's disability and help them to lead a normal social life (Gray, 2002). It was also reported that they believe it is difficult for society to accept a child with disability, and that there is social stigma and embarrassment associated with the disability. Further, all this restricts the families to go out into the community for shopping, meals, or other typical family outings (Kazak and Wilcox, 1984) and lead to a feeling of alienation in these mothers of intellectually disabled children.

**Feeling of Well Being**

In broad sense, feeling of well being is equated with welfare, which in turn is conceptualized as a satisfactory state, health and prosperity. The feeling of well being refers to a feeling of being or doing well in life. It is the subjective feeling of contentment, happiness, satisfaction with life's experiences and one's role in the world of work, sense of achievement, utility, belongingness
and absence of distress, dissatisfaction or worry etc. It is the state in which a person is able to function effectively and productively, is able to get along with others and is reasonably well adjusted in his life. All the indicators of well being of an individual or a group of individuals have objective and subjective component (Dunn, 1961). The objective component related to such concerns is generally known by the term ‘standard of living’ with things such as level of education, employment status, financial resources, housing conditions and the comforts of modern living (Bryant and Varoff, 1982).

It is also believed that an individual’s satisfaction or happiness with his objective reality depends not only on his access to goods and services that are available to the community, but also on his expectation and perceived reality. It is this subjective component which links the concept of quality of life to the feeling of well being, as experienced by each individual. An individual is considered to be the best judge of his situation and his state of well being.

The feeling of well being is believed to be a function of the degree of congruence between the individual’s wishes and needs on one hand and environmental demands and opportunities, on other hand. Bryant and Varoff, (1982) described following factors that contribute to feeling of well being of an individual:

Subjective well-being: The feeling of well being, to a large extent, is dependent on character and general outlook of an individual towards his life. This feeling of well being is furthermore influenced by a number of uncontrollable factors, such as fate, genetics and personality over which an individual can have very little influence. However, a factor that one is able to control is the specific set of values that one holds. Therefore, the feeling of well being can be enhanced by cultivating the values of sharing, altruism and being outward-looking (Nagpal and Sell, 1985). Satisfaction that comes from feeling good about oneself, having belief in oneself and his values, self-realization, recognition and success, can be a great positive contributor to a person’s well-being. Also, one’s ability to have expectations, to set goals, to have dreams, and to fulfill desires influence his feeling of well-being.
Economic and employment situation: Money is seen as the foundation of feeling of well being and provides access to other factors that influence well being. Meeting basic needs is a goal in itself, but also makes it possible to have a peaceful family life, as the stressors caused by lack of basic resources and needs are avoided. Employment also relates to the feeling of well being because of the need and importance of just having a job and an income. However, at a higher level than just being employed and being satisfied with having a job, job satisfaction is an important contributing factor to well being.

Education and intellectual development: Educational and intellectual attainments does not only relate to gaining knowledge in a formal sense but also to the general desire to expand one’s knowledge and to be exposed to new ideas, add to feeling of well being.

Health and nutrition: Good personal health is regarded as a very important influencing factor for well-being. Well being can be seen as the absence of illness, suffering or any weakening or break with social life. Similarly, to be able to get nutrition and access to good health and care also has an influence on a person’s health and consequently on well-being.

Living Infrastructure: The quality of one’s residence is influenced by what one can afford and just having a roof over one’s head is important. Cleanliness, safety, security, accessibility to a range of services, quality of public services in the area, proximity to nature, and the absence of air and noise pollution are contributing factors to the quality of the living area and therefore to feeling of well-being.

Interpersonal relationships: Being in someone’s company in good and bad times, having fun together, supporting one another, sharing, relying on one another emotionally or materially, being a source of strength and power contribute to well being. Family relationships are regarded as contributing factors to well being, and can either have a positive or negative influence depending on the nature of the relationships. Emotionally close relationships such as marriage and partnerships are considered to be a great source of love which has a strong positive influence on feeling of well being. Children
are an important source of energy and in that way contributes to feeling of well being.

Civic life: The decisions and laws implemented by politicians and government officials, economic and political stability, the provision of services (including social and health services), jobs, and cultural facilities also have an influence on an individual. An individual’s trust in democratic systems, human rights, and law and order also influences his feeling of well being. Freedom to express opinion is seen as a key factor of well being. Also the feeling of certainty that individual’s rights are respected and protected by the authorities gives him piece of mind and therefore positively influences his well-being.

Cultural and spiritual activities: The freedom and resources to attend cultural and spiritual programmes contribute to well being. Leisure activities serve a number of purposes like they provide relaxation, distressing, entertainment, an escape from reality, change in one’s daily routine, opportunity to be creative and practice hobbies, and all these contribute to the feeling of well being.

Environment: The weather and environment also has a positive influence on people’s well being as they do not have to contend with extreme weather conditions and natural disasters like earthquakes, floods etc.

From above it can be seen that some environmental factors which contribute to feeling of well being are not in control of an individual however, some personal factors are also there on which he can have control and maintain his feeling of well being. Following are some areas which help in enhancing feeling of well being of an individual:

Self-acceptance: A major source of well being and living a happy life is self-acceptance, or the attitude which an individual holds about him. This relates to be satisfied with one’s own existence, making peace with the past, and to be contended with current situation. Acceptance is about coming to terms with what one cannot change or control (Nagpal and Sell, 1985).
Self-growth: Growing as a person and expanding knowledge is a never ending process. An individual can grow every day if he is willing to be open to the new experiences and seek out his potential. Self-growth is about taking a curious and interested view of life and seeking out opportunities to expand as a person.

Purpose and meaning: There is a real sense of aliveness when an individual has a direction and something to strive for. Purpose and meaning comes from one's natural strengths and talents, intimate relationships, and spiritual growth.

Autonomy: Autonomy is the sense of a distinct, unique person with one's own identity, values, and purpose, and a sense that one can think and act for himself. An individual feels great to know that he is able to take care of life and have some control on his destiny.

Connectedness: There is nothing more important than having caring, trusting, and loving relationships in life. Every individual wants to feel connected, accepted, and have the opportunity to love and progress with the aid and support of others.

Mastery: An individual needs to have mastery over his environment and learn how to adapt and modify his circumstances to have a healthy development. This comes from having the skills and competence necessary to progress and achieve what one needs, as well as having the confidence and belief in his abilities. Mastery provides a sense of pride and success, and is a catalyst for further motivation.

The major determinants of the feeling of well being would be the matching between situational characteristics (demands and opportunities) and the individual's needs, abilities and expectations as perceived by the individual. An increase in subjective standards of living economical resources, housing, leisure etc. may be accompanied, but not necessarily, by an increase in the individual's satisfaction or well being or quality of life. Thus, wellbeing is not just the absence of disease or illness rather it is a complex combination of a person's physical, mental, emotional and social health factors and is strongly
linked to happiness and satisfaction in life (Campbell, 1976). Well-being is when we are at a place in life where everything has come together and we are proud and comfortable with what has, is, and will take place.

The lack of emotional and financial support, scarcity of resources, lack of guidance, everlasting worries about the future of disabled child lead to discontentment and stress in the parents of intellectually disabled children. The problems and challenges associated with intellectual disability of the child, restricts the parents of intellectually disabled children to maintain a balance between their needs and demands. The parents of intellectually disabled children do not have experience of caring for a disabled child; therefore they need support and guidance for proper upbringing and adjustment of the disabled child. However lack of professional support and facilities, unavailability of health care services for intellectually disabled children influence these parents. Often these parents live on vague imaginations and false expectations from the disabled child and do not accept the reality that disability is not a curable illness rather it is a lifelong condition on which they have little or no control, all these further leads to low feeling of well being in them.

**Emotional intelligence**

Emotional intelligence is the capacity of an individual for effectively recognizing and managing his own emotions and those of others. Emotions have the potential to get in the way of our most important social and personal relationships. Emotional Intelligence is a very important factor contributing to success in life. It is measured in terms of Emotional Quotient (E.Q.). The concept of E.Q. has been proved to be more valuable than the more traditional one of I.Q. Emotions play quite a significant role in guiding and directing one’s behaviour and dominate in such a way that one has no solution other than behave as they want him to. On the other hand, if a person has no emotions in him, then he becomes crippled in terms of living his life in a normal way. Emotional intelligence reflects one’s ability to deal with daily environmental challenges, and helps in predicting one’s success in life, including professional and personal pursuits (Goleman, 1998).
Emotional Intelligence involves three conceptually related mental processes namely appraising and expressing emotions in the self and others, regulating the emotions in the self and others, and using them in adaptive ways (Brenner and Salovey, 1997).

Appraising and expressing emotions in the self and others: Individuals vary in the degree to which they are aware of their emotions and the degree to which they express themselves verbally and non-verbally. Individuals who accurately appraise and express their emotions are likely to be better understood by the people they work with and they also have the potential to better lead and manage people when they are able to perceive the emotions of the people around them and to develop empathy.

Regulating emotions in the self and others: Individuals vary in ability to manage their emotions as well as in their ability to regulate and alter the affective reactions of others. Regulation of one’s own emotions and moods results in positive and negative affective states. Emotionally intelligent individuals are adept at placing themselves in positive affective states, and are able to experience negative affective states that have insignificant destructive consequences. Emotionally intelligent people can induce a positive effect in others that result in a powerful social influence.

Using emotions in adaptive ways: Individuals also vary in the ways in which they use their emotions. Emotions can assist in making future plans; improve the decision-making process and enhance persistence regarding challenging tasks.

The level of emotional Intelligence of an individual is not fixed genetically, also it develop not only in early childhood. Unlike general intelligence which changes little after fourteen years, emotional intelligence is largely learned and it continues to develop as an individual go through life and learn from his experiences. An individual’s competence in it, can keep it growing.

Research has shown that people get better and better in their level of emotional intelligence through the years as they grow more adept at handling their own emotions and impulses, at motivating themselves and at homing
their empathy and social adroitness (Goleman, 1998). Self-awareness, managing emotions, empathy, motivation and social skill are the key domains of emotional intelligence and are described as under:

Self-awareness: It can be described as recognizing a feeling as it happens from moment to moment. People with a high level of self-awareness can correlate their thoughts, feelings, and reactions, while determining if those competencies are partly involved in making a decision. A person with high self-awareness also recognizes his strengths and weaknesses and also maintains a positive outlook.

Managing emotions: A person who knows how to manage their emotions can handle them appropriately, while taking responsibility for the feeling. For example, if a person is angry or upset, he or she recognizes it and takes responsibility for the actions that comes with feeling such an emotion.

Empathy: Empathy is based on the art of understanding and respecting the feelings of others. Relationships fall under this category. A good relationship requires a good listener, asking and imitating questions, learning how to cooperate, handling conflict, and negotiating compromises.

Motivation: Motivation is defined as the limits of our capacity to use our innate mental abilities. Motivation is the key indicator of how well people do in life. The concept allows people to accomplish things and affects how all other abilities are viewed. Impulse comes under the motivation category and it indicates a person’s self-control and explains his behaviour.

Social skills: Social skills are the most important of the five concepts. Social skills indicate a person’s view of self and how he interacts with others. Competencies such as popularity, leadership, and interpersonal skills fall in this category. People with great social skills communicate well, influence others, initiate change, and know how to work with others as a team-player.

The level of emotional intelligence is not fixed genetically nor does it develop only in early childhood. Unlike IQ which changes little after fourteen years, emotional intelligence seems to be largely learned and it continues to develop
as we go through life and learn from our experiences. Our competence in it can keep it growing. In fact the studies that have traced people’s level of emotional intelligence through the years, has shown that people get better and better in these capabilities as they grow more adept at handling their own emotions and impulses, at motivating themselves and at homing their empathy and social adroitness (Cole, Michel and Teti, 1994).

Duleweiz and Higgs (2000) suggested seven sub elements of the emotional intelligence namely a) self awareness: The awareness of one’s own feelings and the ability to recognize and manage these feelings in a way which one feels that one can control (b) Emotional Resilience: The ability to perform consistent behaviour in a range of situations under pressure and to adapt behaviour appropriately (c) Motivation : The drive and energy to achieve clear results and make an impact and also to balance short and long term goals with an ability to pursue demanding goals in the face of rejection or questioning.(d) Interpersonal sensitivity : The ability to be aware of and take account of the needs and perceptions of others in arriving at decisions and proposing solution to problems and challenges (e) Influence :The ability to persuade others to change a view point based on the understanding of their position and the recognition of the need to listen to one’s perspective and provide a rational for change. (f) Intrusiveness: The ability to arrive at clear decisions and emotional or intuitive perceptions of key issues and implications (g) consciousness: the ability to display clear commitment to a course of action in the face of challenge and to match words and deeds in encouraging others to support the chosen direction.

Emotional intelligence cannot be learned in the standard intellectual way but it is be learned and understood on an emotional level. Intellectual understanding is an important first step, but the development of emotional intelligence depends on sensory, nonverbal learning and real-life practice. An individual having high emotional intelligence perceives emotions better, use them in thought, understand their meanings, and manage emotions, than the others. Such an individual requires less cognitive effort in solving emotional problems and tends to be somewhat higher in verbal, social, and other
intelligences, more open and agreeable than others (Goleman, 1996). An individual with higher emotional intelligence level is less apt to engage in problem behaviours, and avoids self-destructive, negative behaviours such as smoking, excessive drinking, drug abuse, or violent episodes with others. He is more likely to have possessions of sentimental attachment around the home and to have more positive social interactions. Such individuals may also be more adept at describing motivational goals, aims and missions.

Parents of intellectually disabled children commonly experience a gamut of emotions over the years. They often struggle with guilt, shame and embarrassment due to disability of their child. One or both the parents may feel as though they somehow caused the child to be disabled, whether from genetics, alcohol use, stress, or other logical or illogical reasons. This guilt can harm the parent's emotional health if not dealt with. Some parents struggle with 'why' and experience a spiritual crisis or blame the other parent. Most parents have aspirations for their child from the time of their birth and can experience severe disappointment that she will not be engineer, a physician, an actor or whatever they had in mind. These parents must deal with the death of the perfect child who existed in their minds and should learn to love and accept the child they have. Also the heightened levels of stress and frustration associated with intellectual disability interfere with emotional makeup of these parents especially the mothers. Thus, it is essential for the parents of intellectually disabled children to be emotionally intelligent so that they can effectively understand and manage their emotions for better adjustment in life.

1.1.4 Mothers' Coping with Intellectual Disability of their Children

Coping involves strategies and psychological resources that helps to eliminate, modify and manage a stressful event or catastrophe situation. The coping process involves every level of human functioning: cognitive, affective, behavioural and physiological. It aims to protect an individual from the demands of stressful encounters and reduces the source of stress or negative
emotions to maintain equilibrium in one’s emotional functioning. Coping is also described as involving possibilities and choices which mean that a potentially stressful situation can be perceived as an opportunity for growth or devastation, depending upon a person’s attitude and actions (Pargament, 1997). Many factors are involved in coping, varying in function (problem-solving or reducing negative emotions), mode (active versus passive), and outcome (more or less effective). Each individual cope in a unique way, depending on his internal strengths and availability of external resources.

The coping styles can be classified on the basis of internal and external strategies used by an individual. Internal strategies mainly involve cognitive aspects of passive appraisal (e.g., avoidance response) and reframing (e.g., redefining the situation) while external coping strategies involve more behavioural repertoires, including seeking social support and spiritual support (Turnbull and Turnbull, 1986). An individual may engage in different coping strategies depending on the nature of the stressor, its duration, and its timing. Therefore, coping can be viewed as a dynamic process rather than a static trait (Murphy and Moriarity, 1976).

Another classification of coping strategies includes adjustment and adaptive coping strategies. Adjustment coping strategies are usually short-term and are often unable to meet the demands of the encounters. In this type of coping, initially an individual try to deny that there is a stressful situation or a minimal change or alter the definition of the stressful event. These types of coping strategies serve to minimize or protect the individual from making major changes in himself. If the individual is unable to cope with the demands by utilizing adjustment strategies, then a crisis will occur and he will have to employ adaptive strategy, which include the changes in family functioning or the family system. Examples of adaptive strategies are changes in rules, roles, or expectations carried out by the individual (McCubbin and Patterson, 1983).

The cognitions and behaviours used by an individual for evaluating stressors that involves either active or avoidant coping strategies aimed at decreasing the amount of stress may be considered as coping strategies. Coping is a
major determinant in the relationship between stressful events and adaptation outcomes. Even though some strategies can be more effective than others, yet it is difficult to assess the outcomes of coping because some people strive for different means; and also some approaches may be helpful in the short-term, but problematic in the long run (Zeitlin, 1985).

Lazarus and Folkman (1984) pointed that the stress does not lead to dysfunction; rather, it is how stress is managed that predicts adjustment outcomes. They conceptualized that the coping is process oriented, it is not a stable characteristic or style of a person rather it is what a person does in a specific situation and how that person’s actions change as the stressor unfolds. Personality factors may prompt certain individuals to react to stressors in characteristic ways, though from a process perspective, coping is dependent on the interaction of person and environmental factors (Aldwin, 1994).

It is very important to examine the processes that individuals go through in their attempts to cope up with daily life events. One important part of the coping process occurs when the individual judges a situation as harmful or benign (Lazarus, Averill and Opton, 1970). Initially, an individual appraises and assesses the level of danger attributed to a particular situation. The three levels of appraisal are primary appraisal, secondary appraisal, and reappraisal. Primary appraisal is conceptualized as the judgment that a particular situation may be harmful, beneficial, or irrelevant. Secondary appraisal relates to the perception of the range of coping alternatives that can be employed in order to achieve mastery over a given situation. Reappraisal occurs when there is a change in the original perception. Four basic methodological strategies have been used to investigate the cognitive processes of appraisal and reappraised. These processes are direct manipulation, indirect manipulation, inferences from self report data, and manipulation by the selection of dispositional factors.

Another important dimension of the coping process relates to how individuals make the decision about directing their coping efforts. It is important to differentiate between two types of coping, one designed to alter the stimuli
causing the stress, and the other designed to regulate emotional responses to
the problem (Lazarus and Folkman, 1984). In order to employ adaptive
coping strategies, it is critical that individuals appraise whether or not it is
within their capability to alter the stimuli causing the stress or whether it would
be more effective to alter their emotional response to the problem. The former
is defined as a problem focused coping and the latter as emotion focused
coping. Problem focused strategies are similar to problem solving strategies.
These strategies are often directed at defining the problem, generating
alternate solutions, weighting the alternatives in terms of their costs and
benefits, choosing among them, and acting. Emotion focused coping is
employed when individuals perceive that a particular situation cannot be
altered; hence, they attempt to alter their perception towards the situation.
Strategies used to alter emotional responses to specific situations include
avoidance, minimization, distancing, selective attention, positive comparison,
and wrestling positive value from negative events. In some situations,
emotion focused strategies result in a change in the perception of the situation
without changing the objective situation. This strategy is equivalent to
reappraisal, where the threat is diminished by changing the meaning of the
situation.

In order to deal effectively with a stressful situation, an individual must
ascertain whether or not the perceived stressful situation can be altered. If
the situation can be altered, then problem-focused coping would be an
adaptive way of dealing with the stressful event. However if the situation
cannot be altered, then emotion-focused coping would be the most adaptive
way to deal with the situation. The way in which individuals appraise life
events is highly influenced by various mediating factors. These factors
include personal and social resources, individual differences, cognitive level
and age. In order to understand the process that individuals go through in
their attempt to cope with events, changes, and stressors in their
environment, it is important to obtain a clear understanding of the mediating
variables that interact with, and influence, various coping behaviours.
Personal and social resources have been identified as important variables in
helping individuals to cope with daily events (Billings and Moos, 1981; Haan,
Social support has been identified as a crucial element in coping efforts.

Only effortful strategies are considered as coping (e.g., Compas, 1987; Lazarus and Folkman, 1984) whereas automatized adaptive behaviour is not considered to be coping. Thus, coping does not imply success, even misguided or maladaptive responses to a stressor are also considered as coping. One should not equate coping with mastery of the environment, as coping also includes emotion-focused strategies such as minimizing, avoidance, and acceptance (Lazarus and Folkman, 1984).

Every individual has to learn to cope with various situations from time to time in order to survive. However, how well one copes, vary from one individual to another, depending upon the internal strengths and external resources. Having a child with a disability creates a crisis event, for which parents have little or no preparation (Gallagher, Beckman, and Cross, 1983) and demands a lot of care and adjustments and coping on the part of parents. The impact of this on each parent is quite individualized, and it can affect their personal, familial and social lives in varying degrees. The parents’ feelings toward their child influence their ability to cope and also have an effect on how the child and other family members react to the child’s disability. However informal sources of support such as friends and religious groups, guidance from professional and the use of respite care service accorded to parents can help in reducing frustration and stress in parents of children with disabilities (Chan and Sigafoos 2001; Hastings and Johnson 2001; Smith, Olive and Innocenti, 2001; Salovita, Italianna and Leinonen, 2003).

There is a considerable variation in how carers adapt to their care-giving. Factors such as psychological health, socio-economic status, severity of disability, behavioural problems of child, social support and coping strategies have been associated with psychological and physical outcome. Studies have shown that spousal support or satisfaction with marital relationship is associated with lower levels of stress in parents of intellectually disabled children. Support from extended family members, especially grandparents has
the potential of helping parents to cope with disability (Hastings, 1997). High levels of family cohesion and togetherness is also an important coping mechanism (White and Hastings, 2004). The mothers of intellectually disabled children have to cope with multitude challenges due to disability of their children in daily life and they can manage them efficiently by making the use of appropriate coping strategies.

1.1.5 Guidance to Mothers for Coping with Intellectual Disability and its Implication on Behavioural Problems of their Children

The complexity of human nature, developmental differences even among the offspring of the same parents, personal and social problem associated with changing environmental conditions and cultural mores all, require the utilization of many and various guidance approaches. Considering the fact that everyone at one or another time may be in need of guidance, therefore one must be sure of understanding thoroughly just what he needs and what should have been made available for solution of problems. Guidance is to help and assist the individual to make wise choices, adjustments and interpretation in conclusion with critical situation in his life in such a way so as to ensure continual growth in ability for self direction.

Literally guidance means ‘to direct’, ‘to point out’, to show the path. It is the assistance or help rendered by a more experienced person to a less experienced person to solve certain major problems of the individual in field of educational, vocational, personal etc. Guidance is a concept as well as a process (Myrick, 1997). As a concept guidance is concerned with the optimal development of the individual while as a process guidance helps the individual in self understanding (understanding one’s strengths, limitations, and other resources) and in self-direction (ability to solve problems, make choices and decision on one’s own).

Guidance is not giving directions. It is not the imposition of one person’s point of view upon another person; it is not making decisions for an individual which he should make for himself. Guidance improves the individual’s ability to act
independently to follow his own initiative. Guidance is operating whenever a child, adolescent or adult is helped in any way by another person or persons to come to a decision, improve his behaviour or change his attitude concerning people or things. Guidance is help given to the individuals in making intelligent choices and adjustments. The areas of guidance are very vast. Some of the important areas of guidance are personal, educational, vocational, health, leisure, social etc.

Whenever guidance is given to an individual or a group of individuals it aims at holistic development of the individual. Guidance needs to be provided in the context of total development of personality. Each individual is the combination of characteristics which provides uniqueness to each person, therefore individual differences needs recognition and acceptance. Similarly human beings have an immense potential. The dignity of the individual is supreme. Guidance is based upon individual needs i.e. freedom, respect, dignity. An individual may need continuous guidance throughout his life. Guidance makes use of skills to communicate love, regard, respect for others (Myrick, 1997).

Following are the ethical issues involved in guidance:

Informed consent: The guidance worker has to demonstrate honesty and respect to all the members and also provide information about the group in the initial session. The information includes a clear statement regarding the purpose of the group, ground rules, the group leader’s introduction, information concerning fees, issue of confidentiality, rights and responsibilities of group members etc.

Responsibility: It also involves stressing on the responsibilities of the group members which are regularity, punctuality, being willing to openly talk about own self, providing feedback to others, maintaining confidentiality. In a condition where a member wants to leave a group, he should provide a valid reason to the group leader for opting out and should not just leave without prior notice and explanation.

Confidentiality: Confidentiality is one of the key norms of behavior in a group (Brown, 1999). It should be clearly explained in the initial session by the group
leader to all the members and also the situation when confidentiality can likely be broken in certain cases.

The role of the guidance worker involves facilitating interaction among the members, helps them to learn from one another, assist them in establishing personal goals and also provide continuous empathy and support to the members and also to check if the members have carried their learning experience from the group and has practiced it in the outside world. Some personal characteristics are very essential for the group leader in order to promote growth in the member’s lives; the leader himself should live a growth oriented life (Watts, Law, Killeen, Kidd, and Hawthorn, 1996). He should be emotionally present which means, to be able to share the joy and pain that group members experience. This helps in empathizing and to be compassionate to the group members. Personal power of group leader makes him confident and also facilitates empowerment of the members. The group leader must be able to accept his faults openly when confront to others. The group leader should be willing to question himself, about his attitude, feelings, biases etc. He should be sincere, authentic and have sense of identity. He should also possess inventiveness and creativity. He should be open to new experiences, share new ideas and should not stick to traditional ritualistic methods (Gysbers, 1990).

Guidance can be given to an individual or a group. When given to an individual, it is called individual guidance and when given to a group, it is group guidance.

**Individual guidance:** Individual guidance is tailored for an individual. It refers to any advice, usually professional advice, given to a person based on their unique circumstances. This could include legal services, career counseling, financial planning, medical or psychological advice or a number of other areas where a trained professional is looked to for direction in a given area. Process of individual guidance includes guidance worker and client’s meeting at regular intervals. Initially, guidance worker and client discuss the client’s presenting issues and to find and agree the focus of the work. After that guidance worker tries to find out what’s happening in client’s life that seems to
be out of the client’s control and for which he needed guidance. Then, guidance worker formulate hypothesis for the problem by being curious towards how the client seems to have lost the ability to be something other than in under the influence of emotional difficulties and tries to understand the client’s past history and relate it with present. Further, guidance worker tries to learn from patterns which usually occur outside the therapeutic relationship, which sometimes appear to replay between client and guidance worker, on the basis of this observation client is helped for finding the solution of his problem (Shertzer and Stone, 1981). The process of individual guidance continues either for an agreed fixed number of sessions, or on an ongoing basis until both client and guidance worker agree that matters have solved sufficiently and that the guidance can conclude. Follow-up is also done to evaluate whether objectives of guidance are achieved or not.

Though individual guidance can prove to be helpful in solving problems of an individual, it also has some limitations. One of the limitations is that it includes the client’s choice which exclusively comes from him and therefore the client may not able to generate ideas from other members’ pattern of thoughts and behaviours just like in a group setting especially if others have similar issues and experiences which could help him make better choices and decision making (Gysbers and Henderson, 1997).

**Group guidance:** Group guidance mainly involves a small group of members who come together forming their own specific goals, share their problems, provide empathy and support to the others and also in turn try to change their self defeating behaviours. The group members are also assisted in developing their existing skills in dealing with interpersonal problems. The purpose of group guidance is to assist individuals of group in emotional growth and personal problem solving. Group guidance encompasses many different kinds of groups with varying theoretical orientations that exist for varying purposes. All utilize the power of the group, as well as the guidance worker who leads the group in this process.

Group guidance is provided to help people in identifying common problems, analyze them and find relevant solutions, to place a wide range of information
before people with common problems which could be useful for them for finding solutions, to provide a platform where people with common problems could interact with each other and could be benefited by each other's perspectives, ideas and experiences and to help in creating an atmosphere where people could get an opportunity to express themselves and in the process analyze themselves.

In the group guidance simultaneously reflection of too many feelings, long stories told by members; insufficient movement and involvement of group members, less use of creative techniques to get and hold the attention of the group members; less supporting techniques with theory and insufficient focus on the group sessions are some of the limitations of group guidance. Thus, it is up to the guidance worker, client and the problem that which one serves more effectively in a specific condition or problem.

Group guidance is better than individual guidance when it comes to developing new behaviours that clearly communicate their needs and help in attaining fulfillment in the reality. Group guidance considers the key elements of what the group members look for and what will make their life better, what the group members will do to bring about what they want and how they are able to make alternative options and come up with common plan. Group guidance also provides members with the opportunities to learn with and from other people and to be able to understand own patterns of thoughts and behaviours, as well as those of others. Other people may see attitudes and behaviour patterns that are limiting and difficult to see in self. The group may also be able to make effective choices and to take greater responsibility. Also a group is an opportunity to receive genuine support, honest feedback, and useful alternatives from peers. It also enables members to experiment and work towards improved attitudes and ways of coping with stress. A group may also help its members with relationship concerns and general difficulties in dealing with other people. All living creatures control their behaviour to fulfill their need for satisfaction in one or more of these five areas: survival, to belong and be loved by others, to have power and importance, freedom and independence, and to have fun. The most important need among the five is
love and belongingness. Group guidance promotes this kind of feeling. Being connected to others is encouraged in group guidance.

Whenever guidance is given to a group, different stages come across in the development of the group (Gysbers and Henderson, 1997). These stages can be described as follows:

Formation of the Group: It involves making members aware about the group by making announcements, putting posters etc. The second step involves screening and selection of group members. The third step involves briefing the members about the group, plan, its goals and also the group ethics.

Initial stage (Orientation and Exploration): This involves determining the structure of the group, getting acquainted and exploring the expectations of the members. They also become aware of how the group functions, define their own goals and clarify their expectations.

Transition stage (Dealing with resistance): This is quite a difficult phase where the members deal with their anxiety, resistance and conflict and the leader helps them to deal and work with their weaknesses.

Working stage (Cohesion and productivity): During this stage, the members develop greater cohesiveness; feel a sense of belonging to the group. It also involves in-depth exploration of issues and also strongly focuses on bringing the desirable changes in the behaviour.

Final stage (Consolidation and Termination): This is a time for summarizing, pulling together the loose ends and integrating the group experience. Members may also feel sad and may express their anxiety due to separation. Members may also share their experiences of being in the group with other members, they would also provide information about their insights and learning in the group and how they are going to put it into practice outside. They would also plan for follow up meetings for accountability so that members may carry out their plans for change. The leader in turn should help the members to consolidate their learning by assisting them to develop a conceptual framework for working. They also develop specific contracts and
home assignments as practical ways of making changes (Gysbers, Heppner and Johnston, 2003).

Unlike the simple two-person relationship between guidance seeker and guidance worker in individual guidance, group guidance offers multiple relationships to assist the individual in growth and problem solving. In group guidance sessions, members are encouraged to discuss the issues that will bring them into group openly and honestly. The guidance worker works to create an atmosphere of trust and acceptance that encourages members to support one another. Ground rules may be set at the beginning, such as maintaining confidentiality of group discussions, and restricting social contact among members outside the group. Before starting the group guidance, the guidance worker interviews the individuals to ensure a good fit between their needs and the needs of the group. The individual may be given some preliminary information before sessions begin, such as guidelines, ground rules, and information about the problem on which the group is focused. Group guidance includes some curative factors that are the primary agents of change in a group.

Instillation of hope: All participants come hoping that there may be a decrease in their suffering and may improve their lives. Because each member in a group is inevitably at a different point on the coping continuum and grows at a different rate, watching others cope with and overcome similar problems successfully instills hope and inspiration. New members or those in despair may be particularly encouraged by others’ positive outcomes.

Universality: A common feeling among group members, especially when a group is just starting, is that of being isolated, unique, and apart from others. Many who enter group guidance have a great difficulty in sustaining interpersonal relationships, and feel unlikable and unlovable. Group guidance provides a powerful antidote to these feelings. For many, it may be the first time they feel understood and similar to others. Enormous relief often accompanies the recognition that they are not alone; this is a special benefit of group guidance.
Information giving: An essential component of many guidance groups is increasing members’ knowledge and understanding of a common problem. Explicit instruction about the nature of their shared illness, such as bipolar disorders, depression, panic disorders, is often a key part of the guidance. Most participants leave the group far more knowledgeable about their specific condition than when they entered. This makes them increasingly able to help others with the same or similar problems.

Altruism: Group guidance offers its members a unique opportunity: the chance to help others. Often patients members with problems believe that they have very little to offer others because they have needed so much help for themselves and this can make them feel inadequate. The process of helping others is a powerful therapeutic tool that enhances members’ self-esteem and feeling of self-worth in a great manner.

Corrective recapitulation of the primary family: Many people who enter group guidance had troubled family lives during their formative years. The group becomes a substitute family that resembles and improves upon the family of origin in significant ways. Like a family, a guidance group consists of a leader, an authority figure that evokes feelings similar to those felt toward parents. Other group members substitute for siblings, vying for attention and affection from the leader/parent, and forming subgroups and coalitions with other members. This recasting of the family of origin gives a chance to the members to correct dysfunctional interpersonal relationships in a way that can have a powerful therapeutic impact.

Improved social skills: Social learning or the development of basic social skills is a therapeutic factor that occurs in all guidance groups. Some groups place considerable emphasis on improving social skills. Group members offer feedback to one another about the appropriateness of the others’ behaviour. While this may be painful, the directness and honesty with which it is offered can provide much-needed behavioural correction and thus improve relationships both within and outside the group.
Imitative behaviour: Research shows that guidance worker exerts a powerful influence on the communication patterns of group members by modeling certain behaviours. For example, guidance worker models active listening, giving nonjudgmental feedback, and offering support. Over the time, members pick up these behaviours and incorporate them. This earns them increasingly positive feedback from others, enhancing their self-esteem and emotional growth.

Interpersonal learning: Human beings are social animals, born ready to connect. A person’s life is characterized by intense and persistent relationships, and much of one's self-esteem is developed via feedback and reflection from others. Each individual develops distortions in the way he see others, and these distortions can damage even the most important relationships. Guidance groups provide an opportunity for members to improve their ability to relate to others and live far more satisfying lives because of it.

Group cohesiveness: Belonging, acceptance, and approval are among the most important and universal of human needs. Fitting in with peers as children and adolescents, pledging a sorority or fraternity as young adults, and joining a church or other social groups as adults, all fulfill these basic human needs. Many people with emotional problems, however, do not experience success as group members. For them, group guidance may make them feel truly accepted and valued for the first time. This can be a powerful healing factor as individuals replace their feelings of isolation and separateness with a sense of belonging.

Catharsis: Catharsis is a powerful emotional experience—the release of conscious or unconscious feelings—followed by a feeling of great relief. Catharsis is a factor included in group guidance also. It is a type of emotional learning, as opposed to intellectual understanding, that can lead to immediate and long-lasting change. While it is to be taken in consideration that catharsis cannot be forced and a group environment provides ample opportunity for members to have these powerful experiences.
Existential factors: Existential factors are certain realities of life including death, isolation, freedom, and meaninglessness. Becoming aware of these realities can lead to anxiety. The trust and openness that develops among members of a group, however, permits exploration of these fundamental issues and can help members to develop an acceptance of difficult realities.

Group guidance prove to be beneficial as it caters to the needs of more than one individual and the maximum being eight to ten individuals forming a group. It is less time consuming when compared to individual guidance as issues can be addressed simultaneously among the individuals. It also provides a healthy atmosphere for sharing experiences and learning from the other group members so that the individual doesn't feel left out and is supportive also. Group guidance is really an effective form of learning experience as the members can share their experiences, learn from others, and also come to know that everyone has similar problems and they are not the only one struggling with an issue. Group guidance is basically effective for a group having common problem, as the group members find it easier and enjoy learning; provided the leader is effective and maintains the ethical issues and standards efficiently and is able to use his potential and his personality to the fullest.

Whether the special needs of the child are minimal or complex, the parents are inevitably affected. Support from family, friends, the community or paid caregivers is critical to maintain a balance in the home (Hartley, Murira, Mwangoma and Carter, 2005). Researches support the fact that participation of parents of disabled children in parent support groups and other social and guidance services was found to be helpful (Abbott and Meredith, 1986) as these support groups offer the parents an opportunity to meet other parents and establish potential childcare for one another (Schilling, Gilchrist and Schinke 1984). These are the places in which parents can share their feelings, discuss their concerns or problems, exchange information about disabilities or community services, offer advice to one another, and focus on positive ways of helping their children (Darling, 1983; Thompson, 2000). Also guidance given by professionals in the field can help the family to cope up by
examining its resources, including role structure, emotional stability and previous experience with stress.

Parent groups help the parents feel connected to others, which reduces the feelings of being alienated from the rest of the society. Parents express that the common thread or sense of universality that binds them together is the greatest benefit of belongingness to a parents’ group (Meyerson, 1983) and the voices of other parents bring a measure of comfort (Featherstone, 1980). In addition, to being supportive of their members, mutual self-help groups often focus on changing attitudes and policies of coping, which are beneficial towards problem situations (McCubbin, Joy, Cauble, Comeau, Patterson, and Needle, 1980) and improve their coping abilities.

Thus, group guidance can bring positive changes in coping abilities and psychological health of the parents of intellectually disabled children. Therefore, a need for guidance was felt for improving coping efficiency of mother of intellectually disabled children which further may have immense implications for the management of behavioural problems of the intellectually disabled children.

1.2 NEED AND EMERGENCE OF THE STUDY

The attention to the problem of the disabled is considered as a human and social problem, which is not only needed for the progress of civilization, but also the size of the problem in the world where the reports of the World Health Organization (2007) have indicated that the proportion of disabilities has reached 10% of the total population of industrialized countries, and in developing countries amounted to 12.30%. This means that one of every 8 inhabitants in the developing countries is suffering some kind of different disabilities (Abosi, 2000). This makes the research in the field of disabilities gain care and attention which appeared in the qualitative development of educational programs and rehabilitation of these categories, and the disabled are no longer viewed as a human bulk that should be neglected and that their upbringing and education should be omitted, but they must be dealt positively (Yahya and Magda, 2005). And the attention to them became deeper and
more serious with an intention to care for and to provide them with health, social, educational and rehabilitation services which are necessary to enable them to achieve consensus and self, social and professional sufficiency in environments that are less restrictive, and for achieving all this mainly depend on the families of disabled children.

In the present scenario, one has to adapt to difficulties, which arise from many problems such as stress, anxiety, frustration, disappointment and emotional imbalance in day to day life. Moreover, when there is a child with intellectual disability in the family, his caregiving demands, financial burden and behavioural problems affect the personality and adjustment of the family members especially the mother. It is difficult for the mothers having intellectually disabled children to cope with these challenges of life.

In the past, the majority of research has focused on conditions of intellectually disabled children and their families. But now researchers’ attention has begun to shift from looking at the difficulties and problems faced by caregivers of intellectually disabled children towards focusing on family strengths, successful adaptive functioning and how they cope with disability of their children. The constant change in medical treatment, adaptive technology and equipment, and the structure of the family, makes it imperative that professionals stay updated on psychological well being of parents and how families are coping and its further implications on behavioural problems of intellectually disabled children. In order to accomplish this, we must understand how the family is currently coping and what its needs are. Because each family system is unique, each family may have different coping behaviour. Guidance to mothers for coping with intellectual disability of their children may facilitate them and their intellectually disabled child for healthy adjustment in life. Also a constructive way to look at intellectual disability is to define it in terms of the support needs of people. This approach sees the effect of the disability as something that will vary and can be increased or reduced by external factors especially by the coping behaviour of parents by understanding their behavioural problems. It does not view intellectual
disability as an unchangeable characteristic of the individual. So, guidance for coping with intellectual disability of their children may help the mothers to meet their needs, increase their efficiency of coping with intellectual disability of their children and reduce the stress and other problems due to disability.

Researchers are taking interest in the problems and conditions faced by intellectually disabled children and their mothers but a little work has been done to sort out these problems.

The effect of having a child with disability on each parent needs to be fully understood to facilitate functional treatment planning. There is a growing recognition that interventions are needed for the broader family system as opposed to narrowly focusing interventions on the child. As a result, recent treatment trends are shifting the focus of intervention from the child with the disability to the entire family system (Dyson and Fewell, 1986; Krauss, 1993).

Lack of sufficient literature relating to selected psychological variables of mothers and problems of their intellectually disabled children with reference to guidance needs of mothers for coping with intellectual disability of their children require to be looked at more closely. Thus researcher felt sensitive towards the psychological variables of mothers such as emotional intelligence, frustration, alienation, feeling of well being and behavioural problems of intellectually disabled children and how she copes with intellectual disability of her child and how herself she can be guided etc. and further to observe its implication on behavioural problems of their intellectually disabled children. Thus, the present study was chosen to fill the existing gap.

1.3 STATEMENT OF THE PROBLEM

EFFECT OF GUIDANCE ON PSYCHOLOGICAL VARIABLES OF MOTHERS FOR COPING WITH INTELLECTUAL DISABILITY AND ITS IMPLICATION ON BEHAVIOURAL PROBLEMS OF THEIR CHILDREN

Before getting down to the brass tasks of the study, the conceptual definitions of terminology used in the statement are briefly enunciated as under:
EFFECT

According to Collins Cobuild English for Advanced Learner’s Dictionary (2001), effect is an impression that someone creates deliberately.

According to Shorter Oxford English Dictionary (2002), effect means something accomplished, caused or produced a result, a consequence.

According to The American Heritage Dictionary of English Language (2003), effect refers to something brought about by a cause or agent; a result; the power to produce an outcome or achieve a result: an influence; the condition of being in full force or execution.

Thus, effect may be defined as an outcome that causes changes.

GUIDANCE

Shertzer and Stone (1981) defined guidance as a series of services that include appraisal, counseling, placement and follow up.

Gysbers (1990) stated that the guidance is a program that helps an individual to acquire knowledge, skills and attitudes to reach their fullest potential and successfully manage their lives as healthy, responsible competent and productive citizen who respect themselves and other.

Myrick (1997) defined guidance as a help given which enables an individual to understand his potentialities and use them fully to reach goals of life.

Watts, Law, Killeen, Kidd, and Hawthorn (1996) defined guidance as a form of systematic assistance to an individual to help him to acquire knowledge, wisdom free from compulsion or presumptions and calculated to lead to self direction.

Thus, the term guidance is defined as an assistance given to an individual for understanding his capacities and uses them fully to reach goals of life.

PSYCHOLOGICAL VARIABLES

Psychological variables are those factors which are used to study the psychological complexities of an individual.
The psychological variables selected for the study namely frustration, alienation, feeling of well being, emotional intelligence are briefly defined as under:

Frustration

Bellac (1973) defined frustration as a deep chronic sense or state of insecurity and dissatisfaction arising from unresolved problems or unfulfilled needs.

Salye (1975) referred frustration to a condition that results when an impulse or an action is thwarted by an external or internal force.

According to Knaus (1983), frustration is the blocking or prevention of a potentially rewarding or satisfying act or sequence of behaviour or the emotional response to such hindrance.

Thus, the term frustration is defined as an unpleasant emotional state of dissatisfaction, often accompanied by anxiety or depression, resulting from unfulfilled needs or unresolved problems.

Alienation

Seeman (1959) referred alienation to a psychological state in which an individual feels relatively powerless, normalness, apartness, strangeness, cynicism, meaningless, dissatisfied and socially isolated and develops a sense of loss of relationship with others.

Lang (1964) defined alienation as an estrangement or separation between parts and the whole of the personality and the significant aspects of the world of experience.

Humberger (1981) defined alienation as a dysfunction of the self that manifests in the form of impoverishment, boredom, apathy, impotence, vagueness and withdrawal all which relates to one’s self worth.

According to Oxford Dictionary of Psychology (2005), alienation means turning away, inducing someone to become indifferent or hostile or causing their affections to be diverted; the feeling of being an outsider or feeling of detached from society.
Thus, the term alienation is defined as a feeling of being alienated from other people, dissatisfaction, disaffection, estrangement, a feeling of aversion or antipathy, isolation, a feeling of being disliked or alone.

Feeling of Well Being

Brandburn (1969) asserted that the concept of well being relates to people’s feelings about their everyday life activities.

Travis (1978) described wellness as an attitude about one’s own process of self care, involving understanding of basic emotion and physical needs and the kind of habits and life style necessary to meet those needs.

Hatfield and Hatfield (1992) viewed well being as the conscious and deliberate process by which people are actively involved in enhancing their overall well being viz. intellectual, physical, social, emotional, occupational and spiritual. Well being is a dynamic process, which involves the striving for balance and integration in one's life and refining skills, rethinking previous beliefs and stances towards issues as appropriate.

Prakash (2000) referred well being to a subjective sense of overall satisfaction and positive mental health and is sand to represent the person’s evaluation of life as a whole, including the self, in both conflictive and affective terms as well as the purely subjective aspects of mental health.

Thus, the term feeling of well being is defined as a state in which an individual feels happy, healthy, satisfied with life and is able to function efficiently.

Emotional Intelligence

Gardner and Hatch (1989) defined emotional intelligence as personal connection ability to recognize and respond to people's feelings and concerns, insights into others feelings, emotions and concerns and social analysis.

Salovey and Mayer (1990) defined emotional intelligence as to know one's emotions, manage emotion, motivate oneself, martial emotions in search of goal, handle relationships and social competencies.
Goleman (1998) defined emotional intelligence as the abilities to recognize and regulate emotions in ourselves and in others.

Cooper and Swarf (1997) stated emotional intelligence as trusting relationships, emotional honesty, integrity, turn divergent views into creative energy, effectiveness under pressure and accountability.

Steiner (1997) defined emotional intelligence as the ability to understand and express emotions, emotional inter activity, repair emotional damage; express own emotion productively.

Thus, emotional intelligence is the ability to identify, use, understand, and manage emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges, and diffuse conflict.

COPING

Lazarus and Folkman (1984) defined coping at psychological level of analysis as the process of managing external or internal demands that are appraised as taxing or exceeding the resources of the person.

Carver, Scheier and Weintraub (1989) referred coping to the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce, or minimize stressful events.

Zeidner and Endler (1996) defined coping as a stabilizing factor that can help individuals maintain psychosocial adaptation during stressful periods. It encompasses cognitive and behavioural efforts to reduce or eliminate stressful conditions associated with emotional distress.

According to Gupta (2000), coping refer to behaviour that protects people from being harmed by problematic experiences, thus mediating the impact that a particular setting may have upon an individual.

Thus, the term coping refers to the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce, or minimize stressful events or the ways of dealing with problematic conditions.
INTELLECTUAL DISABILITY

Sahu (2002) referred intellectual disability to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the development periods.

Emerson (2006) defined intellectual disability as a significant sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the developmental period.

According to World Health Organization (2011), intellectual disability means a significantly reduced ability to understand new or complex information and to learn and apply new skills (impaired intelligence). This results in a reduced ability to cope independently (impaired social functioning), and begins before adulthood, with a lasting effect on development.

Thus, the term intellectual disability refers to a condition of arrested or incomplete development of the mind, which is especially characterised by impairment of skills manifested during the developmental period, skills which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities. Intellectual disability can occur with or without any other mental or physical condition.

IMPLICATION

Macmillan Dictionary (2011) referred implication to a possible effect or result.

Encyclopaedia Britannica (2012) defined implication as a relationship between two propositions in which the second is a logical consequence of the first.

BEHAVIOURAL PROBLEMS

Herbert (1974) referred behavioural problems to a heterogeneous collection of childhood manifestations ranging from withdrawn behaviour, dependency, fears and bedwetting to stealing, aggressive behaviour, truancy and poor achievements.
Kale (1978) defined behavioural problem as a deviant behaviour of a child which does not conform to the expectations of the society and is considered detrimental to welfare of self, family and society.

Jain (1998) referred behavioural problem to a behaviour of an individual inappropriate for his age and social expectations causing distress to people around him.

Thus, the term behaviour problems refer to certain observable movements or actions that cause disturbance or are detrimental in life of an individual.

1.4 OPERATIONAL DEFINITIONS

Following are the operational definitions of key terms of the study:

Effect: Effect means a change occurring due to direct result of an action.

Guidance: Guidance is an assistance given to an individual or a group for understanding and utilization his/their potentialities for better adjustment in life.

Psychological variables: Psychological variables are those factors which are used to describe the psychological complexities of an individual.

Frustration: Frustration is a negative condition that comes to existence when wants, wishes and desires of an individual get thwarted or interrupted.

Alienation: Alienation refers to a psychological state in which an individual feels relatively powerless, meaningless, dissatisfied and socially isolated; and develops a sense of loss of relationship with others.

Feeling of Well Being: Feeling of well being refers to a state in which an individual feels happy, healthy, satisfied with life and is able to function efficiently.

Emotional Intelligence: Emotional intelligence is the ability to identify, use, understand and manage emotions in positive ways to relieve stress, communicate effectively, overcome challenges and diffuse conflict.
Coping: Coping refers to the specific efforts, both behavioural and cognitive, that an individual employ to master, tolerate, reduce, minimize and adjust stressful events.

Intellectual disability: Intellectual disability is a disability characterized by significant limitations both in intellectual functioning and in adaptive behaviour.

Implication: Implication refers to a relationship between two propositions in which the second is a logical consequence of the first.

Behavioural Problems: Behavioural problem refers to deviant behaviour of a child which does not conform to the expectations of the society and is considered detrimental to welfare of self, family and society.

1.5 DELIMITATIONS OF THE STUDY

Following are the delimitations of the study:

- The study has been delimited to only fifty mothers of intellectually disabled children (mother’s whose children will be diagnosed to be suffering from mild intellectual disability IQ 50-69 and whose children age ranged from 6-14 years) living in and around Chandigarh.

- The treatment included group guidance to mothers for coping with intellectual disability of their children.

- The study was delimited to measurement of only selected psychological variable of mothers of intellectually disabled children and only selected behavioural problems of intellectually disabled children; they were measured by various tools available in local labs.

- The terms mentally retarded, mentally challenged, mentally handicapped, developmental delay, intellectually disabled are synonyms but now days, intellectual disability is the preferred term and was used by the investigator. Other synonymous terms were also used as most of related literature is available using the same terms.

- The behavioural problems of their children mean behavioural problems of their intellectually disabled children only.
1.6 OBJECTIVES OF THE STUDY

The study was conducted keeping in mind the attainment of the following objectives:

1. To examine the effect of treatment of guidance on mothers for coping with intellectual disability of their children.

2. To examine the effect of treatment of guidance on psychological variable of frustration of mothers for coping with intellectual disability of their children.

3. To examine the effect of treatment of guidance on psychological variable of alienation of mothers for coping with intellectual disability of their children.

4. To examine the effect of treatment of guidance on psychological variable of feeling of well being of mothers for coping with intellectual disability of their children.

5. To examine the effect of treatment of guidance on psychological variable of emotional intelligence of mothers for coping with intellectual disability of their children.

6. To examine the effect of treatment of guidance given to mothers for coping with Intellectual disability on behavioural problems of their intellectually disabled children.

7. To examine the long term effect after termination of treatment of guidance to mothers for coping with intellectual disability of their children.

8. To examine the long term effect after termination of treatment of guidance on psychological variable of frustration of mothers for coping with intellectual disability of their children.

9. To examine the long term effect after termination of treatment of guidance on psychological variable of alienation of mothers for coping with intellectual disability of their children.
10. To examine the long term effect after termination of treatment of guidance on psychological variable of feeling of well being of mothers for coping with intellectual disability of their children.

11. To examine the long term effect after termination of treatment of guidance on psychological variable of emotional intelligence of mothers for coping with intellectual disability of their children.

12. To examine the long term effect of treatment of guidance to mothers for coping with intellectual disability on behavioural problems of their intellectually disabled children.

1.7 HYPOTHESES OF THE STUDY

Following hypotheses were formulated for the study:

1. There will be no effect of treatment of guidance on mothers for coping with intellectual disability of their children.

2. There will be no effect of treatment of guidance on psychological variable of frustration of mothers for coping with intellectual disability of their children.

3. There will be no effect of treatment of guidance on psychological variable of alienation of mothers for coping with intellectual disability of their children.

4. There will be no effect of treatment of guidance on psychological variable of feeling of well being of mothers for coping with intellectual disability of their children.

5. There will be no effect of treatment of guidance on psychological variable of emotional intelligence of mothers for coping with intellectual disability of their children.

6. There will be no effect of treatment of guidance given to mothers for coping with intellectual disability of their children on behavioural problems of their intellectually disabled children.
7. There will be no long term effect after termination of treatment of guidance on mothers for coping with intellectual disability of their children.

8. There will be no long term effect after termination of treatment of guidance on psychological variable of frustration of mothers for coping with intellectual disability of their children.

9. There will be no long term effect after termination of treatment of guidance on psychological variable of alienation of mothers for coping with intellectual disability of their children.

10. There will be no long term effect after termination of treatment of guidance on psychological variable of feeling of well being of mothers for coping with intellectual disability of their children.

11. There will be no long term effect after termination of treatment of guidance on psychological variable of emotional intelligence of mothers for coping with intellectual disability of their children.

12. There will be no long term effect after termination of treatment of guidance to mothers for coping with intellectual disability on behavioural problems of their intellectually disable children.

1.8 SIGNIFICANCE OF THE STUDY

Mothers of intellectually disabled children, feel anxious while facing various problem and difficulty of their children in life. Further while facing the difficulties due to their intellectually disabled children, the mothers often experience feelings of anxiety, insecurity, tensions, frustrations, stress, alienation etc. in their day to day life. Guidance can make a difference in their life. This study will be useful for the understanding of psychological needs of mothers and behavioural problem of their intellectually disabled children and how mothers cope with problems due to intellectual disability of their children and how guidance for coping with intellectual disability of their children effect the psychological variables mainly frustration, alienation, feeling of well being.
and emotional intelligence of mothers and behavioural problems of their intellectually disabled children. Further this study will help the psychologists, physical therapists, teachers, counselors, parents and intellectually disabled children. Thus, undertaken research would help the professionals to know the needs, resources, capabilities, coping behaviour of parents in helping their intellectually disabled child to become better adjusted. It may help to develop an awareness program in the community with reference to psychological effects on intellectually disabled children and their mothers. Present chosen study has great significance as knowledge of difference of mothers with and without guidance about the psychological effects due to their intellectually disabled children, may assist in planning social support programs for such mothers and families. Identification of various factors which are affecting mothers and families will enable professionals and service providers, teachers, counselors in providing help for quality care for intellectually disabled children and their mothers. The present study has significance in understanding and solving problems of mothers and their intellectually disabled children. Hence, this study on the effect of guidance on psychological variables of mothers for coping with intellectual disability and its implication on behavioural problems of their children has great significance.