CHAPTER III

METHOD AND PROCEDURE OF THE STUDY

This chapter deals with research design, selection and description of sample, treatment, tools, procedure for data collection and statistical techniques of analysis employed to test the hypotheses. This study was done primarily to examine the effect of guidance on psychological variables of mothers for coping with intellectual disability and its implication on behavioural problems of their children.

3.1 DESIGN OF THE STUDY

Pre test–Post test Control group design has been followed. The design for this experimental study consisted of two groups i.e. Experimental group and Control group. Both the groups comprised of mothers of intellectually disabled children living in and around Chandigarh. Mothers of experimental group were given the treatment of guidance for coping with intellectual disability of their children whereas mothers of control group were not given any treatment. The effects and long-term effects of the treatment of guidance given to mothers for coping with intellectual disability of their children on selected psychological variables of mothers and implication of the treatment of guidance to mothers for coping with intellectual disability on behavioural problems of their children were examined.

3.2 SAMPLE OF THE STUDY

The purposive sampling technique was used for identification and selection of the sample. The criteria for identification of mothers of intellectually disabled children depended upon availability, cooperation and time of the subjects. A total of fifty mothers of intellectually disabled children living in and around Chandigarh were identified as sample. The allotment of subjects to groups was done randomly and each group comprised of 25 subjects.

Experimental Group: One group of twenty five mothers of intellectually disabled children served as the experimental group. The treatment of guidance for coping with intellectual disability of their children was given to the mothers of intellectually disabled children of the experimental group.
Control Group: The other group of twenty five mothers of intellectually disabled children served as the control group. No treatment was given to the mothers of intellectually disabled children of the control group.

### Figure 3.1

Sample Design

- **TOTAL GROUP**
  - (N=50)

- **EXPERIMENTAL GROUP**
  - (N=25)
  - **PRE-TEST**
  - **TREATMENT OF GUIDANCE**
  - **POST-TEST I** (After 6 months of Pre-test)
  - **POST-TEST II** (After 9 months of Pre-test)

- **CONTROL GROUP**
  - (N=25)
  - **PRE-TEST**
  - **NO TREATMENT**
  - **POST-TEST I** (After 6 months of Pre-test)
  - **POST-TEST II** (After 9 months of Pre-test)

### 3.2.1 Inclusion Criteria

- Following criteria has been used for inclusion:
- A mother whose child was diagnosed as intellectually disabled on the basis of diagnosis of physician and psychologist.
- A mother whose child was diagnosed to be suffering from mild (I.Q 50-69) intellectual disability.
3.2.2 Exclusion Criteria

Following criteria has been used for exclusion

- A mother whose intellectually disabled child was associated with physical handicap.
- A mother of intellectually disabled child who did not agree to cooperate and take guidance.
- A mother who is a single parent.
- A mother who herself is intellectually disabled.

3.3 SELECTION OF VARIABLES OF THE STUDY

Keeping in view the significance of study, variables namely frustration, alienation, feeling of well being, emotional Intelligence of mothers of intellectually disabled children and variable of behavioural problems of intellectually disabled children were selected. In the present study, treatment of guidance to mother for coping with intellectual disability of their children was treated as independent variable and variables namely frustration, alienation, feeling of well being, emotional intelligence of mothers and behavioural problems variable of intellectually disabled children were kept as dependent variable.

3.4 TOOLS USED IN THE STUDY

The following tools were used for the collection of data

- Coping Strategies Scale by Srivastava (2001)
- Frustration Test by Chauhan and Tiwari (1999)
- Alienation Scale by Ojha (2010)
- Emotional Intelligence Scale by Hyde, Pethe and Dhar (2002)
3.4.1 Coping Strategies Scale

Coping Strategies Scale by A. K. Srivastava (2001) was used to assess the coping efficiency of mothers of intellectually disabled children. Coping in its broadest sense refers to any attempt to deal with stressful situation when a person feels he must do something about it. Coping has been viewed as initializing the mobilization of the effort. The ultimate function of coping is to get relief from the pressure of the feeling of stress.

Description of the Test: The scale has 50 items, to be rated on five point scale, describing varieties of coping behaviour underlying following five major categories of coping strategies based on the combinations of operation and orientation of the coping behaviour: Problem focused Coping (Behavioural Approach Coping strategies, Cognitive approach Coping strategies, Cognitive- behavioural approach Coping strategies) and Emotion focused coping (Behavioural –Avoidance Coping strategies, Cognitive Avoidance Coping strategies).

Scoring and Interpretation: Scores ranging from zero to four has been given for each item, according to the choice of the item. The choices for each item were Never, Rarely, Sometimes, Most of the times and Almost always. For scoring of items 0, 1, 2, 3, 4 marks were given for responses Never, Rarely, Sometimes, Most of the times and Almost always respectively of the items. A high score indicates high/ efficient coping of an individual.

Reliability and Validity of the scale: The test-retest reliability of the scale was found to be 0.92 (N=76) and Split half reliability for Approach Coping Strategies was 0.78 (N=120) and for Avoidance Coping Strategies, it found to be 0.69 (N=120).

The content and concurrent validity was ascertained by examining the extent of homogeneity among the items constituting approach and avoidance coping strategies sub scales and by examining the correlation of the scores obtained on the coping strategies scale with the scores on the measure of psychological well being and symptoms of neuroticism.
3.4.2 Frustration Test

The Frustration Test by N.S. Chauhan and G. Tiwari (1999) was used to measure the level of frustration of mothers of intellectually disabled children. This test of frustration points out three clear areas of work a) Effect of frustration in one activity upon the quality of performance b) Effect of frustration in one activity upon the quantity in that activity c) Effect of frustration upon the quality of person’s behaviour as a whole.

Description of the Test: The scale consists of 40 items out of which each of the four modes of frustration (resignation, fixation, regression and aggression) 10 items. The 10 items of each of the four modes of the frustration have been selected on the basis of judge rating (N=50). All the 40 items of the scale presented in simple and brisk style. Each of the 40 items have five answers (multiple choice) graded on five point scale on the positive dimension and a zero point on the negative dimension. Operationally defined, all the items of the scale are matters of behaviour in daily life. They are thus immensely meaningful and interesting. All the forty questions put to the respondent and every question had five answers. Respondents were asked to read the question and the accompanying answer very carefully and make a tick for their choice of reply and tick for only one reply. They were requested to answer each question truthfully as well as answer all the questions. It was made sure that all their answers would be kept strictly confidential.

Scoring and Interpretation of Scores: Scores ranging from five to zero were given for each item according to the choice of the item. The choices for each item were very much, ordinary, less, very less and not at all. The first choice i.e. very much was given five marks and the last one i.e. not at all, zero. In each of the four modes or category of the test, obtained maximum marks could be 50 and minimum 0. Scores above 30 in each category were matter of concern because of high frustration potential. Frustration clearliness was indicated by scores below 19. For finding out the degree of frustration, the total scores were interpreted on the basis of the total score, a total scores of
120 and above is a matter of concern because of high frustration potential and frustration clearliness was indicated by scores 76 and below. Thus, high score indicates high level of frustration.

Reliability and validity of the test: The test-retest reliability for the test on a sample of 55 adults, with the test–retest gap of one month was calculated. The reliability coefficient of regression is 0.78, fixation is 0.92, resignation is 0.85, aggression is 0.87 and as whole it is 0.88. The reliability coefficient of the frustration scale as a whole for urban and rural female is 0.81 and 0.82 respectively.

3.4.3 Alienation scale

 Alienation scale by H. Ojha (2010) was used to measure the alienation of mothers of intellectually disabled children. A separation of the individual from the real self, because of preoccupation with the abstraction and the necessity for conformity to the wishes of others and dictates of social institution is alienation. Alienation results from dysfunction between social demands and values and individual needs and inclination. A separation of the individual from the real self, because of preoccupation with the abstraction and the necessity for conformity to the wishes of others and dictates of social institution is alienation. Alienation results from dysfunction between social demands and values and individual needs and inclination.

Description of the scale: This scale has 20 items, out of the total, 10 items are negative and 10 are positive items.

Scoring and Interpretations of the scores: For positively keyed items, score of 5 is assigned to strongly agree, 4 to agree, 2 to disagree, 1 to strongly disagree. The scoring is reversed for negatively keyed items, i.e. 1 is assigned to strongly agree, 2 to agree, 4 to disagree and 5 to strongly disagree. The undecided response category is invariably assigned a score of 3 in either case. High score indicates higher level of alienation.
Reliability and Validity of the scale: Reliability of scale has been calculated on the basis of scores obtained on 20 items by Kunder- Richardson formula and it was found that internal consistency reliability reached up to the level of 0.83. The test-retest reliability for the scale is 0.77. The internal consistency reliability was also determined on the basis of retest scores, the odd-even and half vs half reliabilities are 0.79 and 0.80.

3.4.4 PGI General Well Being Measure

PGI General Well-Being Measure by S. K. Verma and A. Verma (1989) was used to measure the feeling of well being of mothers of intellectually disabled children. Verma and Verma (1989) defined well-being as the subjective feeling of contentment, happiness, satisfaction with life's experiences and of one's role in the world of work, sense of achievement, utility, belongingness and no distress, dissatisfaction or worry.

Description of the test: The scale has 20 items. The scores ranged from 0-20. People have been found to be at all score range levels.

Scoring and Interpretation: Instructions were given to subjects for ticking the items applicable to him. Number of ticks were counted and obtained total ticks constituted the well-being score of that particular individual at that time. Thus, high score indicate high feeling of well being.

Reliability and Validity of the scale: The reliability has been measured by K.R. 20 formula and is .98 (p<.01) (S.K. Verma, Dube and Gupta 1983), while test-retest reliability is .91 (p<.01) (Moudgil et al. 1986) for the English version and .86 (p<.01) for the Hindi version (Moudgil et al. 1986). The test was correlated with a number of tests in different studies. The P.G.I. General Well-being Scale appears to be a reliable and valid tool to measure positive mental health of Indian subjects, (a) It is simple easy quick, (b) shows high correlation with other related variables but is relatively independent of them also, (c) shows significant relationship with therapeutic intervention, hence can be used to evaluate outcome in such cases (d) shows high reliability, consistency, and (e) shows scatter of scores in all score ranges. Further work with the scale is fully justified.
3.4.5 Emotional Intelligence Scale

Emotional Intelligence Scale by A. Hyde, S. Pethe and U. Dhar (2002) was used to measure the emotional intelligence of mothers of intellectually disabled children. The scale was administered on 200 subjects and scores obtained were subjected to factor analysis and ten factors were identified. These were self awareness, empathy, self motivation, emotional stability, managing relations, integrating self development, value orientation, commitment and altruistic behaviour.

Description of the scale: For administration, no limit was given for completing the scale, it was emphasized that there is no right or wrong answers to the statements. It was dually emphasized that all the statements have to be responded to and no statement should be left unanswered. It was not desirable to tell the subjects about the exact purpose for which the scale was being used.

Scoring and Interpretation: Manual scoring can be done conveniently, hence no scoring key is provided. Each item or statement is scored 5 for strongly agree, 4 for agree, 3 for neutral, 2 for disagree and 1 for strongly disagree. High score indicate high emotional intelligence of an individual.

Reliability and Validity of the scale: The reliability of the scale has been determined by calculating reliability coefficient on a sample of 200 subjects. The split half reliability coefficient is 0.88. Besides face validity, as all items were related to the variable under focus, the scale has high content validity. In order to find out the validity from the coefficient of reliability, the reliability index was calculated which indicated high validity on account of being 0.93.

3.4.6 Behaviour Problem Measurement Scale

Behaviour Problem Measurement Scale by R. Peshawaria and S. Venkatesan (1992) dually revised and adapted by R. Chawla (2008) was used to measure the behavioural problems of the intellectually disabled children.
Description of the scale: The scale has 75 items to assess the behavioural problems which are further categorized under eight headings viz., odd behaviour, aggressive/destructive behaviour, stressful and anxious behaviour, display of fear and depressive behaviour, emotionally unstable behaviour, insecure and compulsive behaviour, withdrawal and alienated behaviour, behaviour related to physical well-being. All the statements in the scale are in the form of question which is to be responded in the form of yes or no. In the scale the subjects are required to register their response to one of these. This scale was administered on the mothers of the intellectually disabled children and these mothers were asked about their ward's behaviour problems including those experienced during the last few months. The investigator explained the purpose of the scale and assured that the information will be kept confidential. Investigator also urged them to follow the instructions given on the scale carefully and extended full co-operation. They were also informed that there is no time limit and no right or wrong responses. They were made to understand that all questions may not be applicable to their ward but they were to respond to each of the items whether not true (score 1) or true (score 0).

Scoring and Interpretation of the scores: Each item has Yes or No against it. The subject is required to choose one of these in terms of true or not true response respectively. At the end of each category of factor, the scores for each category are added separately. Further, a grand total of the score is obtained at the end of the scale and interpretation is done by considering that higher the score, lesser will be the behavioural problems.

Reliability and Validity of the scale: The reliability of the test has been calculated by administering the test to another sample of 30 subjects using test-retest method. Sufficient time interval of above 2 weeks was given between the first and second administration of the test. The value of reliability coefficient obtained is 0.09 (test-retest) for various items which is highly significant. The test possesses high content validity as correspondence was found between the table of specifications and the test items included.
3.5 PROCEDURE OF THE STUDY

The following procedure for the collection of data has been used:

3.5.1 PRETEST

After collecting the basic information about the subjects, the selected tools of the study were administered on subjects of both the experimental and control groups for measurement of coping, frustration, alienation, feeling of well being, emotional intelligence of mothers and behavioural problems of their intellectually disabled children. Scoring was done and Pre-test scores for all the variables were collected for further analysis.

3.5.2 TREATMENT

The treatment of guidance for coping with intellectual disability was given to the mothers of experimental group only. The mothers of experimental group assembled in small groups and the guidance sessions (for 40-45 minutes each) for coping with intellectual disability of their children, were held by the investigator herself. The treatment was given only for six months (four times a month). The guidance schedule used for providing guidance to mothers for coping with intellectual disability has been presented in the following pages:

SCHEDULE FOR GROUP GUIDANCE TO MOTHERS FOR COPING WITH INTELLECTUAL DISABILITY OF THEIR CHILDREN (Duration 40- 45 Minutes)

<table>
<thead>
<tr>
<th>Steps</th>
<th>Activities</th>
<th>(Duration)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrangement of Physical Set up to initiate guidance</td>
<td>Choose an appropriate place to initiate guidance, free from outside disturbances, give the feeling of warmth and comfort with proper ventilation and appropriate lighting to relax the mood of mothers for talks (2 min)</td>
<td></td>
</tr>
<tr>
<td>Explanation for the underlying purpose</td>
<td>Initiate the group guidance explaining the underlying purpose and assist the mothers of the intellectually disabled child to understand themselves and their coping with intellectual disability of their children in a meaningful, realistic and effective way (2 min)</td>
<td></td>
</tr>
<tr>
<td>Rapport formation</td>
<td>Build the rapport by revealing acceptance and instilling the hope among mothers, enable them to freely express and discuss their views, feelings and experiences about their intellectually disabled children and associated problems, motivate the mothers to accept and cope with the problems in an effective manner (3 min)</td>
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</tr>
</tbody>
</table>
| Dissemination of the basic rules | Inculcate faith in the mothers not to hide any of their feelings or troubles related to intellectual disability of their children, ensure co-operation, be a good listener and expect the mother to be a good listener too and explain the basic rules for making guidance effective  
  - Group guidance is a cooperative job  
  - Work together to help each other in understanding of how to cope successfully with the stressful situations caused by intellectual disability of their children  
  - Try to listen to other members of group patiently and positively  
  - Stick to topic, do not get side tracked  
  - Speak freely, share opinion whenever anyone has something to say regarding ongoing discussion  
  - Have trust and respect in views of other members of the group  
  - Do not feel that one has to come to group solutions or agreement. The goal of group is to improve members’ coping with problems caused by intellectual disability of their children together  
  - Let others know that they are not alone in what they feel, if anyone has experienced the same feelings, then share (2 min) |
<p>| Look out for effective ways adopted for coping with disability | Ask mothers to share their experiences about how they cope different problematic situations arising due to disability of their children and what kind of coping proved to be effective for them. Look for ideas and adopt other’s way of efficient coping with intellectual disability of their children. (7 min) |</p>
<table>
<thead>
<tr>
<th>Procuring related ways of coping with intellectual disabilities</th>
<th>Procure related ways of coping with intellectual disability of their children (i.e., positive attitude, acquiring social support, reframing, seeking spiritual support, professional support, mobilizing family to acquire and accept help and passive appraisal, realistic expectation, better social relationship etc.), help them for in-depth understanding of themselves and their intellectually disabled children (6 min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisting for plan of action for coping with intellectual disabilities of their children and initiating goals for guidance</td>
<td>Assist mothers for plan of action for coping with intellectual disabilities of their children and facilitate concrete goal setting. Ensure sustained level of motivation, thoughtfulness in mothers, give information on different types of intervention strategies available, and expect verbal commitment to work for solution to cope with intellectual disability of the children and to facilitate change. (7 min)</td>
</tr>
<tr>
<td>Assisting for coping with intellectual disabilities and problem solving</td>
<td>Once the secure setting is achieved, let the intrapersonal learning surface, encourage the mother to understand the importance of selecting appropriate strategies, identify possible risks and benefits and discuss the possible time it may take, make efforts to enhance knowledge by giving information for effective coping skills, promote decision making and facilitate the mother’s potential for coping with intellectual disabilities of the child, use skill of empathy to give assistance for reducing their stress through guidance so as to enable them to be fit enough to cope with intellectual disabilities of their children more intelligently and indirectly help their children, respect their values and beliefs (5 min)</td>
</tr>
<tr>
<td>Facilitating assertion</td>
<td>Facilitate assertion by ensuring appraisals to verify implementation of strategies for coping with intellectual disability of their children that have been decided upon (4 min)</td>
</tr>
<tr>
<td>Evaluating development and recycling the process</td>
<td>Evaluate the progress by developing an objective understanding of the importance of implementation of selected strategies for coping with intellectual disability of the children through face to face interactions with the mothers on the basis of information communicated and recycle the process, if necessary (3 min)</td>
</tr>
<tr>
<td>Arranging for next contact</td>
<td>Fix up the next appointment with the mothers for giving further guidance for other ways of coping with intellectual disabilities of their intellectually disabled children, yet to deal with (2 min)</td>
</tr>
<tr>
<td>Terminating contact</td>
<td>Leave politely with a feeling given to the mothers that they can proceed forward without any further assistance for coping with intellectual disabilities of their child and yet to be able to rebuild the contact on, as per the fixed next appointment, for follow up and for more ways of coping strategies needed for intellectual disability of their children (2 min)</td>
</tr>
</tbody>
</table>

Note: This guidance schedule by Mukherjee (2006), used for giving guidance to the mothers of intellectually disabled children, was procured from YWCA, Guidance and Counseling laboratory, Chandigarh, with permission and modification according to the need of the present study.

The above given schedule was followed for the treatment, the process and steps used for the same have been summarized as under:

The researcher made individual contacts with the mothers of the group and had an idea in advance, about the members, their needs, problems etc. The basic rules were underlined and it was communicated that each member had the responsibility of confidentiality, understanding and helping themselves as well as other members to achieve the goals. Keeping in mind the therapeutic potential that inter-personal relationships between members would have, it was made clear to the mothers, that attendance was considered crucial in group guidance. The members of the group generally responded better because when one member ceased to talk, another would step in to
sustain the process. The guidance to the mothers of the intellectually disabled intended to improve their coping with intellectual disability of their children. Several factors such as rapport formation, instillation of hope, universality, information giving, interpersonal learning, empathy, understanding and acceptance and above all a sense of commitment were kept in mind during the process of guidance. A brief account of these has been given in Chapter one. Each session of forty to forty five minutes was accomplished as per the given schedule. The mothers individually evaluated the gains made by them. The group could be terminated after a unanimous conclusion. The information leaflets were also provided to the mothers to give adequate information about various coping strategies and for accessing social support programs that might be of use to mothers of intellectually disabled children.

The group guidance aimed at bringing the following changes in mothers of intellectually disabled children:

- Awareness about themselves and their potentialities
- Awareness and understanding about effective ways of coping used by other members of the group and learning from their experiences.
- Psychological and behavioural change in desired direction through which these mothers of intellectually disabled children could achieve the goals of effective coping with intellectual disability of their children

Some of the steps followed during guidance to the mothers are discussed in brief as:

Physical set up to initiate guidance: Special attention for physical set up was decided to carry out group guidance under certain optimal conditions. The place where group guidance was rendered to the mothers of intellectually disabled was free from outside disturbance and gave a feeling of warmth and comfort with enough light and ventilation, with a relaxed atmosphere where the mothers of intellectually disabled could talk in a comfortable mood.

Rapport Formation: Since the subjects were expected to be influenced by the researcher's orientation, philosophy and value system, researcher's skills such as establishment of rapport and empathy helped in success of guidance
session. A warm, friendly and trusting mutual relationship was achieved which had grown out of cooperative effect and was sustained throughout guidance sessions. Gestures such as moving out to receive the mother, greeting her warmly, putting her at ease and directing her attention away from the problem were some of the basic techniques of rapport formation used by the researcher. Sensitiveness to the mother's needs and moods also helped to sustain the rapport. It was assured to the mothers that their views and experiences would be kept confidential and all the information gathered from them was only for academic purpose of the researcher and also it would also help them in efficient coping with intellectual disability of their children.

Thoughtfulness: Thoughtfulness was one of the important skills used by the researcher to understand the essence of content and feeling expressed by the mothers. The non-verbal behaviour of the mothers such as facial expressions, postures, gestures, inflections in tone and periods of silence was also observed. The active listening, giving non judgmental feedback and offering support helped in influencing the communication patterns of the mothers. The researcher sustained, extended and deepened the mother's knowledge about the problems that helped to establish rapport and to gain insight into her problems.

Interpersonal Learning: A mutual interpersonal relationship of trust and confidence was maintained between the mothers and the researcher. There was an unconditional acceptance, a sense of belongingness and commitment on the part of the researcher, which made the mothers feel truly accepted and valued. Thus, the guidance provided an opportunity for mothers to improve their ability to transmit to others and to live more satisfying lives due to the programme.

Instillation of hope: All the mothers come with a hope to reduce their problems and to improve their lives. Each mother had her own coping style, watching other mothers coping and overcoming similar problems successfully, instilled a ray of hope and inspiration in them.

Information giving: The researcher focused her attention on increasing mothers’ knowledge and understanding the problem associated with
intellectual disability of their children. They were asked to keep realistic expectations from their intellectually disabled children. The mothers were also asked to offer feedback to one another about the appropriateness of their behaviour.

Understanding: One of the basic needs of an individual is the need to be understood by others, as it touches the deepest feelings of the individual who feels loved, liked and accepted. Understanding of self and others is vital aspect for social bonding and it confirms the perception of another’s attitudes and feelings. To understand is to clearly grasp what is sought to be understood. Thus, while giving guidance to the mother of intellectually disabled children, mother’s understanding of herself was also kept in mind.

Altruism: Researcher tried to modify the values, beliefs and attitude of the mothers, thereby affecting a change in their response. The researcher tried to change the pre conceived notion of the members that they have little to offer others, as they themselves needed help; which greatly enhanced the self esteem and feeling of self worth in the mothers. The researcher adopted a ventral attitude, yet in situations of value conflicts, the researcher tried to clarify the issues to overcome the confusions of those members who were adopting an attitude of unreserved acceptance.

Acceptance: Acceptance was regarded as an essence of a special guidance situation. The principle of accepting each person to be a person of self worth was adopted with a deep concern in mind, otherwise there could have been a possibility of elevating the misery of the mothers of intellectually disabled in guidance situation. Acceptance was revealed by words, gestures and postures and feeling of being unconditionally liked, respected and understood was inculcated in mothers.

Empathy: Empathy is the capacity to feel ‘into’ and this was best understood by considering how a mother felt with her own child with a problem. Empathy is an interrelationship between two people and this inner relationship borders on a sort of sacred relationship which is an essential condition in guidance. The researcher used five dimensions of empathy, (i) tone - the expressive and
non-verbal dimensions conveying harmony and unity, (ii) pace - the appropriate timing when counselor leads, (iii) flexibility - the ability of the researcher to adapt himself to the client's situation, (iv) perception of client's frame of reference and (v) repertoire of leads - the resourcefulness of the researcher to vary his methods of approach. Thus, empathy as a skill or capacity was used to view the researcher's subjective world as if it were her own.

Following were the key points emerged out during the guidance sessions to mothers for effective coping with intellectual disability of their children:

Positive attitude: Positive attitude can help the mothers to adjust their expectations and values to focus on small gains and what is happening in the present rather than focusing on limitations or worrying about the uncertainties of the future. As an individual's perception of a situation is a key factor in determining the severity of the stressor event, the mothers were made to realize the need for having positive attitude, laugh etc.

Parents' self-help/support groups: Parents' support groups can help parents of intellectually disabled children feel connected to others having same sufferings, which reduce the feelings of being alienated from the rest of society. Such groups provide the common thread or sense of universality that binds them together and it is the greatest benefit of belonging to a parents' support group.

Spiritual support: Spirituality helps to realize what mothers themselves cannot control. It provides a personal way of life in which a person strives to find meaning and significance. Religious reframing can be used as a way to put things in a new perspective and make the situation more manageable. Religion offers guidelines for living and offers a sense of stability. Mothers may view the difficult situation as an opportunity for spiritual growth.

Professional Support: The mothers were informed that help and assistance is available and if they feel trouble in coping with stressful situations on her own, they can consult with a primary care physician, a mental health professional
or a counsellor to seek help for coping with intellectual disability of her intellectually disabled children.

Family’s resources: The family’s resources are the strengths for a family as it help the family to adapt to the stressful events. The family’s coping resources includes individual and collective strengths which help the family members to manage stressful events.

Healthy communication: Open and honest communication involves listening to one another and being sensitive to nonverbal communication. Mothers were told to share their feeling with their partners, family members, children and friends as this would help them to feel better.

Social relationships: The suggestions were extended to the mothers to maintain or strengthen social relationships with the associates of intellectually disabled individuals. This could help them to maintain their emotional reserves and find guidance from the people who nurture and support the intellectually disabled individuals.

Realistic Attitude: The mothers were suggested to keep realistic expectation from themselves and their intellectually disabled children as the vague imaginations and unrealistic expectations could lead to sense of frustration in them.

They were also advised to use quick tips like take one day at a time, rather than worrying about the future; to listen to soothing music to minimize stress of problematic situations, to spare sometime for themselves, to write about one’s troubles, it could help ventilate one’s feelings; to get a massage done for themselves as effective massage therapy relaxes muscles, eases muscles spasms and pain, increases blood flow in the skin and muscles, relieves from feeling of stress and frustration etc. and induces relaxation as it would make one feel good etc.

Thus, guidance to mothers for coping with intellectual disability of their children was intended to inculcate a feeling of greater adequacy, efficient coping behaviour, awareness and understanding of potentialities, positive and
realistic attitude. Finally contact was terminated politely by thanking the mothers for their active participation and cooperation. They were also extended warm wishes for a prosperous and successful life ahead.

3.5.3 POST TEST

Post-test was administered at following two stages

3.5.3.1 Post-test I

Treatment of guidance for coping with intellectual disability of their children was given to the mothers of experimental group for six months and after the termination of this treatment, selected tools were administered on the mothers of both experimental and control groups (after six months of Pre-test). Scoring was done and these Post-test I scores were further analyzed to examine the effects of the treatment of guidance given to mothers for coping with intellectual disability of their children.

3.5.3.2 Post-test II

After three months of termination of treatment of guidance, selected tools were again administered on the mothers of both experimental and control groups (after nine months of Pre-test). Scoring was done and these Post-test II scores were further analyzed to examine the long term effects of the treatment of guidance given to mothers for coping with intellectual disability of their children.

3.6 COLLECTION OF DATA

The data was collected at three stages i.e. Pre-test stage, Post-test I stage and Post-test II stage by strictly following the design and procedure of the experimental study. The data consisted of:

- Pre-test, Post-test I and Post-test II scores of coping of mothers of intellectually disabled children of experimental group.
- Pre-test, Post-test I and Post-test II scores of coping of mothers of intellectually disabled children of control group.
• Pre-test, Post-test I and Post-test II scores for selected psychological variables of mothers of intellectually disabled children of experimental group.
• Pre-test, Post-test I and Post-test II scores for selected psychological variables of mothers of intellectually disabled children of control group.
• Pre-test, Post-test I and Post-test II scores for behavioural problems of intellectually disabled children of experimental group.
• Pre-test, Post-test I and Post-test II scores for behavioural problems of intellectually disabled children of mothers of control group.

3.7 STATISTICAL TECHNIQUES USED FOR ANALYSIS OF DATA

After the collection of data, scoring was done. Scores were processed statistically for interpretations and testing the hypotheses by using SPSS (Statistical Package for Social Sciences). Descriptive statistics such as mean, median, Standard deviation, skewness, kurtosis and mean gains were worked out to study the general nature of scores pertaining to coping, frustration, alienation, feeling of well being, emotional Intelligence, variables of mothers and behaviour problems, variable of their intellectually disabled children of experimental and control groups. To ascertain the significance of mean difference between Pre-test, Post-test I, Post-test II scores pertaining to coping, frustration, alienation, feeling of well being, emotional Intelligence of mothers and behaviour problems of intellectually disabled children of experimental and control groups, independent groups t-test was applied and to test the significance of obtained t-values, level of significance were established at 0.05 and 0.01 levels. As the two groups were not equated initially, therefore sophisticated statistical approach, one way analysis of covariance (ANCOVA) was applied to neutralize the initial differences and to examine the effect of treatment of guidance to mother for coping with intellectual disability of their children. The product moment correlation was also applied to study the relationship between coping of mothers and behaviour problems of their intellectually disabled children. Thus, t-test and one way ANCOVA were used to examine the effect of treatment of guidance given to mothers for coping with intellectual disability of their children on
selected psychological variables of mothers and the product moment
correlation was calculated to observe the implication of treatment of guidance
to mothers for coping with intellectual disability on behaviour problems of their
intellectually disabled children. Data was also suitably illustrated with help of
frequency polygons and bar graphs. After completing the statistical
computation, the results were interpreted, conclusions were drawn and
suggestions were extended.