Summary and Conclusions
CHAPTER - V

SUMMARY AND CONCLUSIONS

5.1 SUMMARY

One of the most important aspects of man’s life is his vocation, as earning our bread earning occupies an important place in one’s life. So, one has to choose a vocation for himself. Its foundation is laid when one is receiving education and training. Guidance, as one of the branches of applied psychology, enables or assists the individual to solve educational, vocational and psychological problems. Vocational guidance helps the individual in choosing an occupation, preparing for it, to get a suitable job and to progress in it. If the vocational aim of education is not fulfilled, education is worthless.

In India, unfortunately, we have not been able to accord suitable priority to the education/training of the mentally retarded. Mental retardation is a multidimensional phenomenon that involves overlapping psychological, educational and social aspects of human functioning and behaviour. Nearly twenty million people are affected with mental retardation. Apart from the humane consideration, it is a tremendous waste of life and resource. Mental retardation remains the responsibility of the society. The movement of the parents of mentally retarded has resulted in three important gains. Firstly, by education, it has made mental retardation more acceptable. The public is now more aware of the fact that the mentally retarded individuals are entitled to treatment and to the right of happiness. Secondly, by getting together, the parents have themselves grown in their understanding of the problems of the mentally retarded. Thirdly, by refusing to believe that the less able retarded children were doomed to lives of perpetual custody. American Psychiatric Association (1982) (DSM III) which basically follows the AAMD and ICD-9 categories listed and added a new category i.e. borderline intellectuals (functioning IQ 70-85) classified as one of the conditions not attributable to a mental disorder.
Eventually, all these terms deal with the development characteristics, potential for education and training, and social and vocational adequacy. The guidance for parent training movement has a fairly recent history. It originated with a head start programme by involving parents in the educational curriculum of their children. This has been followed by other early education programmes. Some evidence came in which it was indicated that parents’ attitude, verbal behaviour, social responsiveness, participation with the mentally retarded individuals and the aspect of home environment improves as a consequence of parents’ participation in early intervention. Therefore, guidance is also required for the parents of the mentally retarded.

Mental retardation is a significant public health problem. Services for the retarded were so meagre that they do not even cover one percent of the mentally retarded. Currently institutions have become a place of isolating the mentally retarded from the community. They provide a very dismal picture of inadequate services and poorly equipped staff. The surrounding is not congenial to mentally retarded individual’s development. The present health network is totally inadequate to handle the mentally retarded. Medical, diagnostic and therapeutic facilities were restricted to a few large centers. The attitude of medical practitioners is one of indifference. Parents go from place to place, often not getting even a complete correct diagnosis, leave alone guidance in helping the child. Parents often suffer in silence. Misinformation concerning the nature, course and treatment of mental retardation abounds.

In general, guidance of the parents for training mentally retarded individuals aims to make them aware of specific skills and proficiencies for daily handling, care and interaction. The parents when assisted to realize that the skills parents acquire were easy to transmit; these will potentially have a snowball effect by transferring his/her skills to other children and parents.

Realizing the need for guidance of parents and recognizing the vast resources and information available, the parents should be involved more and more in care and training of their mentally retarded individuals. It is the parents who know the child best and therefore should be able to satisfy both his unique
needs due to the retardation as well as the needs common to all such individuals. The rationale and advantage for guiding the parents included the following:

Since the parents were most motivated to help, understand and care for their wards and have the most meaningful relationship with them, they perceive themselves to be responsible for their long term care. Their direct participation in assisting the retarded wards stimulates parents for their better involvement. Parents’ assistance at home of early training will lay the ground for more complex skills to be learnt later in life by their child. The most significant benefit will be that it will be satisfying to the parents to see their child better adjusted in general life situations and usefully occupied in a vocation than to place them in far off residential institutions.

Most mentally retarded individuals are capable of looking after themselves if given the opportunity and training. It is imperative to offer a guiding hand to the parents who seek help to support their wards. The present investigation attempts to study the effect of guidance to parents for helping their wards to improve performance in vocational training and help them become a useful member of society.

Mental retardation was referred as sub-average intellectual ability that is equivalent to or less than an IQ of 70, is present from birth or infancy, and is manifested especially by abnormal development, by learning the difficulties, and problems in social adjustment.

Mentally challenged children have retardation that accounts for the lower end of the curve of intellectual abilities. The concept of mental retardation has changed through time in its nature and significance. Mentally challenged children were those children who deviate from the normal behaviour to the negative side in mental dimensions. They have subnormal mental development. They possess limited intelligence and social adequacy.

Mental retardation refers to the significantly sub-average general intellectual functioning of an individual which results in mal-adapted behaviour, low sociability and dependency on others even to fulfill their basic needs. Thus, mentally challenged children are those who deviate from the normal children to...
the negative side in mental dimensions. They have subnormal mental development. They possess limited intelligence and social inadequacy.

Mother is a woman who has given birth to a child; takes care of, to acknowledgement the maternity, which has feeling of love of her child. Mother of mentally challenged child is the female parent who looks after her child who deviates from the normal children to the negative side in mental dimensions. Thus, mother of mentally challenged child is the mother, who gives birth to an abnormal child having subnormal intelligence and mental development.

Vocation is a call, summon or impulse to perform a certain function or enter a certain career; thus vocation is implied any to the trade, profession or occupation whereas vocational means designating or of education, training, a school etc. intended to prepare one for an occupation, sometimes specific in a trade. The main aim and purpose of guidance is to help the child, youth or adult to understand himself, his needs and his environment. Vocational Guidance is the process of helping a person to develop and accept an integrated and adequate picture of himself, and of his role in the world of work to test this concept against reality and to convert it into reality with satisfaction to himself and to benefit to society. Vocational Guidance for persons with mental retardation has two aspects:

1. Guidance to the person with mental retardation.
2. Guidance to parent/guardian of the individuals with mental retardation.

As the mentally handicapped persons lack the ability to take decisions and to hold the full responsibility of his actions, the parents/guardians play an important role in the vocational rehabilitation of their retarded children/wards.

Following were the selected psychological variables of parents (mothers only) i.e. attitude, self-confidence, emotional competence and adjustment and psycho-motor variables of mentally retarded individuals i.e., behaviour problems, weight, strength, agility and psycho-motor vocational performance of the mentally retarded individuals.
Mental retardation is characterized both by a significantly below-average on a test of mental ability or intelligence and by limitations in the ability to function in areas of daily life, such as communication, self-care, and getting along in social situations and school activities. Mental retardation is sometimes referred to as a cognitive or intellectual disability. Thus, mentally challenged children are those who deviate from the normal children to the negative side in mental dimensions. They possess limited intelligence and social inadequacy. They have subnormal mental development.

A parent is a father or mother of the child. Mother is the woman who gives birth to the child and nurtures him/her in all ways. Mother of mentally challenged child is the female parent who looks after her child who is deviated from the normal children to the negative side in mental dimensions. She is the mother who gave birth to an abnormal child having low intelligence and subnormal mental development.

Vocation is a call, summons or impulse to perform a certain function or enter a certain career. Guidance is referred as assistances or help given to the child, youth or adult to understand himself, his needs and his environment. Vocational guidance is the process of helping a person to develop and accept an integrated and adequate picture of himself and of his role in the world of work, to test this concept against reality and to convert it into reality with satisfaction to him and benefit to society. Vocational training means experience of being trained in a specific field so as to prepare one for an occupation/trade.

Effect is result of another action or circumstance. Psycho-motor performance means performing or executing an activity using mind and bodily movements towards fulfilling a task. It can involve responses to stimuli, and use of body tone, movements and speech.

Attitude, thus, is a determining acquired tendency which prepares a person to behave in a certain way towards a specific object or objects, subject to the conditions prevailing in the environment. Self confidence is an attribute of perceived self. It refers to a person’s perceived ability to tackle situations successfully without leaning on others and to have a positive self-evaluation. Emotional
competence is what turns doing anything into doing it well. It is essentially a display of competence and whenever this aspect of personality is related to emotions, it shall be deemed as emotional competence which happens to be efficiency that an individual acquires to deal with emotional situation effectively. The motivation to be emotionally competent is concerned more with product of abilities rather than their sheer exercise and works as a constructive force in shaping the individual's behaviour, while inefficiencies may cause serious consequences in the dynamic of human behaviour.

Adjustment thus is an active process that occurs as the individual in his family situation advances educationally, presents vocational outlets and engages in social relationship. It is the process in which an individual learns certain ways of behaviour through which he enters into a relationship of harmony with the environment. Thus, he tries to lead a life acceptable to society.

Behaviour problems can be exhibited in conduct, habits and hyper kinetic movements. Such behaviour may be inappropriate for one's age and social expectations causing distress to people around. These generally include emotional problems also.

Weight is heaviness; the amount, which anything weighs; a mental standard weighing; a heavy mass etc. Strength is defined as the capacity of the individual to exert force. Muscular strength is the maximal muscular force or tension used in the creation or prevention of a movement in one maximal effort of a muscular group. Agility is nothing but the product of certain coordinative abilities such as orientation, differentiation, balance, rhythm and reaction adaptation. Coordinative abilities are dependent upon the coordinative processes of central nervous system and on the functional capacity of various sense organs important for movement, control and regulation.

The objectives of the research were the following:-

1. To study the attitude of parents (mothers only) of mentally retarded individuals and to examine the effect of vocational guidance to their parents (mothers only) on their attitude.
2. To study the self confidence of parents (mothers only) of mentally retarded individuals and to examine the effect of vocational guidance to their parents (mothers only) on their self confidence.

3. To study the emotional competence of parents (mothers only) of mentally retarded individuals and to examine the effect of vocational guidance to their parents (mothers only) on their emotional competence.

4. To study the adjustment of parents (mothers only) of mentally retarded individuals and to examine the effect of vocational guidance to their parents (mothers only) on their adjustment.

5. To study the behaviour problems of the mentally retarded individuals and to examine the effect of vocational guidance to their parents (mothers only) on behaviour problems of mentally retarded individuals.

6. To study the weight of the mentally retarded individuals and to examine the effect of vocational guidance to their parents (mothers only) on weight of mentally retarded individuals.

7. To study the strength of the mentally retarded individuals and to examine the effect of vocational guidance to their parents (mothers only) on strength of mentally retarded individuals.

8. To study the agility of the mentally retarded individuals and to examine the effect of vocational guidance to their parents (mothers only) on agility of mentally retarded individuals.

9. To study the psycho-motor vocational performance of the mentally retarded individuals and to examine the effect of vocational guidance to their parents (mothers only) on psycho-motor vocational performance of mentally retarded individuals.

The limitations of the study were the following:

1. It is limited to only 100 trainable mentally challenged individuals (Borderline cases identified by administering intelligence test), 50 each in control and experimental groups, of 16 to 30 years of age from Chandigarh and surrounding areas only.
2. The criterion for identification of mentally challenged individuals depended upon the subjects’ availability and time.

3. The study is limited to measurement of only selected variables of mentally retarded individuals and those of their mothers.

4. In the study, the psycho-motor vocational performance was measured by a non-standardized checklist which included parameters on face value ands in consultation with the experts in the field.

5. The term mentally retarded has been used instead of mentally challenged.

Delimitations of the study were the following

1. The study has been delimited to the mentally retarded individuals and their mothers only as access to fathers was not possible due to unavailability.

2. The study has been limited to the mentally retarded individuals of the age 16 to 30 years taking vocational training.

3. The study was further restricted to the certain selected psychological and motor variables of mentally retarded individuals and their mothers (as given earlier).

Following hypotheses were framed after the review of literature.

If the vocational guidance to parents of mentally retarded individuals is effective, there should be following changes:

1. There would be a significant change in attitude of the mothers of mentally retarded individuals.

2. There would be a significant change in self confidence of mothers of mentally retarded individuals.

3. There would be a significant change in emotional competence of the mothers of mentally retarded individuals.

4. There would be a significant change in adjustment of the mothers of mentally retarded individuals
5. There would be a significant decrease in the behaviour problems of the mentally retarded individuals.

6. There would be no significant change in weight of the mentally retarded individuals.

7. There would be a significant change in strength of the mentally retarded individuals.

8. There would be a significant change in agility of the mentally retarded individuals.

9. There would be a significant improvement in the psycho-motor vocational performance of the mentally retarded individuals.

Pre and post experimental design was followed with two groups. In one group (experimental group) vocational guidance (group and individual guidance) was given. Group guidance of the mothers was done by holding small group sessions; individual guidance was provided through personal contacts as per schedules for vocational guidance for parents of mentally retarded individuals were prepared.

The mothers of the other group (control group) were not given any such vocational guidance. The individuals and mothers of the two groups, however, were evaluated for variables chosen for study initially at the time of intake and were again evaluated after a period of three months.

A sample means the representative proportion of the population selected for observation and experimentation. The criteria for identification depend upon the size and scope of the study, subject availability, expenses in both time and money, and complexity of data analysis. All the above mentioned factors were taken into consideration in sample selection. A special permission for data collection was taken officially from the heads of the institutes with the assurance of keeping the information confidential and that the information would be used for academic benefit only. The research was carried out at the different institutes of Chandigarh and adjoining areas where the vocational training areas included candle making, book binding, chalk making, diya making, shagun- envelope
making, file making, carry bag making, paper making and salesmanship for running sale counters etc. Regular parent teacher meetings were held at these institutes where the problems of these individuals were discussed. One hundred mentally retarded individuals were selected in the age range of 16 to 30 years who were taking vocational training, having mild to moderate (IQ 35-70) mental retardation as judged on psychological tests and diagnosed as mentally retarded by the Consulting Psychologist of the institutes as per ICD 9 (International classification of diseases, 9th session).

To meet the purpose of the present study, the sample also consisted of mentally retarded individuals who were living in Chandigarh and adjoining areas. Amongst the cases defined above, the sample was selected consecutively from the month of August, 2003 onwards. The sample also consisted of 100 parents (mothers) of these mentally retarded individuals. The intake of the subjects continued till the required number of cases reached N=100 for each of the mentally retarded individuals and their mothers. The total group for each of mentally retarded individuals and their mothers was further divided into two groups randomly i.e. 50 each for control group and experimental group.

Due emphasis was laid on inclusion and exclusion criteria before the subjects were divided into two groups. Homogeneity of the groups was ensured prior to the administration of pre test. A meeting with all the parents, teachers and heads of the institutions was held by the researcher. The purpose of this study along with various testing procedures and treatment (i.e. guidance schedules) were explained to them in detail individually by the researcher. Parents, especially mothers were made to grasp the importance of the study so that they did not have any confusion whatsoever regarding the perseverance and interest they would be required to put in during the collection of data. All the mothers agreed to cooperate whole heartedly. It was found that most of the fathers of the mentally retarded individuals would not be available. Thus, researcher with the help of experts decided to include only one parent i.e. mothers of mentally retarded individuals in the sample.
A simple random technique was adopted for classification of groups of 100 mentally retarded individuals with their (respective) 100 mothers. They were further divided into two groups i.e. control and experimental groups, each comprising of 50 subjects each for each of mentally retarded individuals’ sample and sample of their mothers. No specific treatment was given to the mothers of mentally retarded individuals included in the control group. Their wards continued with their vocational training. The specific vocational guidance treatment designed for the mothers of mentally retarded individuals included in the experimental group was given. Their wards continued with their vocational training.

The design of treatment schedule was classified step-wise. In light of objective of affecting the psycho-motor performance of the mentally retarded individuals during vocational training, guidance schedules were designed for their parents.

Some of the areas of vocational guidance for parents included enabling the mothers to discover potentialities and interests of their wards, making them understand occupational requirements, making available information about vocational training, assisting in choice of vocation, training the mothers for entrepreneurship with their mentally retarded individuals, training the mothers for adjustment of mentally retarded in a chosen vocation, assisting the mothers to attain emotional competence, helping the mothers to get properly adjusted in life and assisting the mothers to help their wards for better performance.

Some of the major steps followed for vocational guidance to the mothers of mentally retarded individuals included brainstorming, clarifying options, evaluating options, developing plans for action, facilitating assertion, evaluating progress, recycling the process, arranging for further contact, referring on and terminating contact.

In brief, some quick tips for guidance for managing mentally retarded individuals to their mothers suggested were to help following instructions, to avoid hassles, to control change, to take a break, to find help and access resources. It was considered important to define their problems relating the
vocation of mentally retarded individuals as to what makes one feel that one has any physical or emotional discomfort like feeling ill, anxious, depressed, difficulty to take instructions, to repeat skills and the like.

Following were the selected variables of the mothers of mentally retarded individuals:

1. Attitude of mothers towards mentally retarded individuals.
2. Self Confidence of the mothers of mentally retarded individuals
3. Emotional Competence of the mothers of mentally retarded individuals
4. Adjustment (marital and social) of the mothers of mentally retarded individuals

Following were the selected variables of mentally retarded individuals:

1. Behaviour Problems of mentally retarded individuals.
2. Weight of mentally retarded individuals.
3. Strength of the mentally retarded individuals.
4. Agility of mentally retarded individuals
5. Psycho-motor Vocational Performance of mentally retarded individuals.

The tests tools required for the purpose of measurement of their variables were selected follows:

Tools used for variables of mothers of mentally retarded individuals:

1. To study attitude of mothers of mentally retarded individuals:
   Optimistic Pessimistic Attitude Scale by Prashar (1995)
2. To study self confidence of mothers of mentally retarded individuals:
   Agnihotri's Self Confidence Inventory by Agnihotri (1987).
3. To study emotional competence of mothers of mentally retarded individuals:
4. To study adjustment of mothers of mentally retarded individuals:
Psychological inventories of Adjustment used were:

a. Marital Adjustment Inventory by Singh (1987)

b. Deva’s Social Adjustment Inventory by Deva (1990)

Tools used for variables of mentally retarded individuals:

1. To study behaviour problems of mentally retarded individuals:
   

2. To study weight of mentally retarded individuals:
   
   Krup’s Pe study rsonal Weighing Scale (Ducher’s model, spring balance design).

3. To study arm strength of mentally retarded individuals:
   
   A soft ball, a measuring tape and a pointer [A Soft Ball Throw Test by Singh (1986)].

4. To study abdominal strength of mentally retarded individuals:
   
   A mat and a stop watch [Singh, (1986)].

5. To study agility of mentally retarded individuals:
   
   A track layout of Zigzag run and a stop watch [Singh, (1986)].

6. To study psycho-motor vocational performance of mentally retarded individuals:
   
   The Psycho-motor Vocational Performance Scale (Kaur J. 2002).

Pre-test was taken by both the control and experimental groups. The groups of mentally retarded individuals were subjected for measurement of selected variables of attitude, self-confidence, emotional competence and adjustment of mothers of mentally retarded individuals and selected variables of behavior problems, weight, strength, agility and psycho-motor vocational performance of mentally retarded and the groups were subjected for
measurement. The tests administered were shown under the heading ‘Tools’. Scores for all the variables were collected for further analysis.

Treatment i.e. vocational guidance of mothers was administered only to the experimental group. The treatment included vocational guidance (group and individual guidance) for mothers of mentally retarded individuals. This treatment was given to the mothers of mentally retarded individuals for three months. Vocational guidance was given - once a group guidance session in small groups of mothers and at least once a month individual guidance session through personal contacts. A total of three sessions (35-45 minutes duration each session of group and individual guidance) were held in three months. The mentally retarded individuals continued with their vocational training.

The post test was taken by the control as well as the experimental groups after a period of three months. The groups of mentally retarded individuals were again subjected for measurement of selected variables of attitude, self-confidence, emotional competence and adjustment of mothers of mentally retarded individuals and selected variables of behavior problems, weight, strength, agility and psycho-motor vocational performance of mentally retarded individuals. All tests were administered again as shown under the heading ‘Tools’. Scores for all the variables were collected again for analysis for each subject.

The data were collected from the sample of the study by administering tests for attitude, self-confidence, emotional competence and adjustment on mothers of mentally retarded individuals and for behavior problems, weight, strength, agility and psycho-motor vocational performance on mentally retarded individuals. All these tests were administered to the mentally challenged individuals and their mothers according to the instructions given in the respective manuals by the authors of these tests. They were urged to answer the question truthfully. They were assured that the records would be kept confidential. After the testing was over, the test protocols of each subject were scored according to the set principles. The raw scores were further subjected to statistical treatments.
After collection of data, scoring was done. Scores were further subjected to descriptive and inferential statistical analysis i.e. frequency distribution, class intervals, mid points and smoothed frequencies of pre and post tests of control and experimental groups were calculated for all the scores of psychological variables of mothers (i.e. attitude, self confidence, emotional competence and adjustment) and psycho-motor variables of mentally retarded individuals (i.e. behaviour problems, weight, strength, agility and psycho-motor vocational performance). The t-test was used to find the significance of difference between control and experimental groups at the level of pre testing and between mean gain scores of control and experimental groups of mentally retarded individuals and their mothers at 0.05 and 0.01 levels. In addition, Karl Pearson's coefficient of correlation was also found out on the total of post tests groups (N = 100) to get an overall idea of relationship between the variables of the mentally retarded individuals and those of their mothers.

The findings of the study for the psychological variables of the mothers of mentally retarded individuals and psycho-motor variables of the mentally retarded individuals are briefly discussed and interpreted in the following pages.

Findings for the variables mothers of mentally retarded individuals were as follows:

The first objective was 'to study the attitude of mothers of the mentally retarded individuals and to examine the effect of vocational guidance to their parents on attitude of mentally retarded individuals'. The hypothesis formulated on this objective was 'if the vocational guidance for parents of mentally retarded individuals is effective, there would be a significant change in attitude of the mothers of mentally retarded individuals'. In light of results presented the results for sub variables of Optimistic Attitude and Pessimistic Attitude and total of Attitude variable were analyzed and interpreted. For the sub variable optimistic attitude, the results are supported by the fact that the values of optimistic attitude variable of mothers of mentally retarded individuals are Mean 13.60 and 12.88, Median 14.00 and 13.00 for pre-test and Mean 14.26 and 14.84, Median 14.00 and 15.00 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre test 2.312 and 1.560, for post-test
2.088 and 1.530) represented the scattered scores from Mean position for pre and post test of control and experimental groups respectively. The values for Skewness (for pre test -0.541 and 0.073, for post test -0.725 and 0.494) and of Kurtosis (for pre test 0.617 and 0.061, for post test 0.911 and 0.232) for control and experimental groups were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of optimistic attitude variable of mothers in case of pre test and post test of control group and experimental group. An increase in mean value was observed in post test of control group.

It was observed that the mean values for pre test in experimental group decreased while there was an increase in the mean values in post test of experimental group for the variable optimistic attitude of mothers. The results are also supported by the fact that the Mean Gain score values of optimistic attitude variable of mothers of the experimental groups are 0.66 and 1.96 respectively. For the variable optimistic attitude of mothers, the values of Standard Deviation 0.939 and 2.060 represented the scattered scores from Mean Gain position of control and of experimental groups respectively.

The t-value (-4.060) between the Mean Gain scores of pre and post tests of control and experimental groups was significant at 0.01 level for the variable of optimistic attitude of mothers. It depicted a significant difference in the optimistic attitude variable of mothers’ control group and experimental group.

For the sub variable pessimistic attitude, the results are supported by the fact that the values of attitude variable of mothers of mentally retarded individuals are Mean 11.16 and 10.78, Median 11.5 and 11.00 for pre-test and Mean 12.78 and 12.20, Median 13.00 and 13.00 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre test 3.272 and 3.358, for post-test 2.757 and 3.123) represented the scattered scores from Mean position for pre test and post test of control group and experimental group respectively. The values of Skewness (for pre test -0.621 and -0.300, for post test -0.850 and -0.566) and for Kurtosis (for pre test 0.114 and -0.864, for
post test 0.416 and -0.501) for control and experimental groups were found to see if results are within the normal limits of pre test and post test of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of pessimistic attitude variable of mothers of mentally retarded in case of pre test and post test of control group and experimental group.

It was observed that the mean values for pre test of experimental group increased while there was a decrease in the mean value in post test of experimental group for the variable optimistic attitude of mothers of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of pessimistic attitude variable of mothers of mentally retarded individuals of the experimental groups are 1.62 and 1.42 respectively. For the variable pessimistic attitude of mothers of mentally retarded individuals, the values of Standard Deviation 2.563 and 2.241 represented the scattered scores from Mean Gain position of control group and experimental group respectively.

The t-value (0.415) between the Mean Gain scores of pre and post tests of control and experimental groups were not significant at any level for the variable of pessimistic attitude of mothers of mentally retarded. It depicted no difference in control group and experimental group of mothers of mentally retarded individuals for the pessimistic attitude variable.

For attitude: total, the results are supported by the fact that the values of attitude variable of mothers of mentally retarded individuals are Mean 24.76 and 23.66, Median 26.00 and 24.00 for pre-test and Mean 27.04 and 27.04, Median 27.00 and 27.00 for post test for control group and experimental group respectively. Values of Standard Deviation (for pre test 4.466 and 4.212, for post-test 3.386 and 3.044) represented the scattered scores from Mean position for pre test and post test of control group and experimental group respectively. The values of Skewness (for pre test -1.112 and -0.281, for post test -1.018 and -0.411) and of Kurtosis (for pre test 1.674 and -0.787, for post test 1.758 and -0.500) for control and experimental groups were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency
polygons were drawn to support the fact for understanding the distribution of scores of attitude variable of mothers of mentally retarded individuals in case of pre and post tests of control group.

It was observed that the mean values for both pre and post tests for experimental group decreased for both the groups. The results are also supported by the fact that the Mean Gain score values of attitude variable of mothers of mentally retarded individuals in control and experimental groups are 2.28 and 3.38 respectively. For the variable of attitude of mothers of mentally retarded individuals, the value of Standard Deviation of 3.137 and 3.030 represented the scattered scores from Mean Gain position of control group and experimental group respectively.

The t-value (-1.784) between the Mean Gain scores of pre and post tests of control and experimental groups were not significant at any level for the variable of attitude of mothers of mentally retarded individuals. It depicted no difference in the control group and experimental group of mentally retarded individuals on their variable of attitude.

Since the t-ratio between the Mean Gain scores of pre or post test of control group and experimental group was found to be highly significant only for the variable of optimistic attitude variable of mothers of mentally retarded individuals, it indicated that the difference obtained for the sub variable of pessimistic attitude and for attitude: total are not significant statistically showing that these variables of mothers of mentally retarded individuals were not changed and that vocational guidance to parents was not effective for bringing change in these variables. However, the results depict that the difference in the control and experimental groups were significant statistically for the sub variable of optimistic attitude. Hence it can be concluded that the vocational guidance given to the parents of mentally retarded individuals played an effective role in bringing significant change in optimistic attitude of mothers of mentally retarded individuals. Therefore, the first hypothesis of this study i.e. 'if the vocational guidance for parents of mentally retarded individuals is effective, there would be a significant change in attitude of the mothers of mentally retarded individuals' stands partially proved.
The second objective was ‘to study the self confidence of mothers of the mentally retarded individuals and to examine the effect of vocational guidance to their parents on self confidence of mentally retarded individuals’ and the hypothesis formulated in this objective was ‘if the vocational guidance for parents of mentally retarded individuals is effective, there would be a significant change in self confidence of mothers of mentally retarded individuals’. This hypothesis was tested in the light of results which are supported by the fact that the values of self confidence variable of mothers of mentally retarded individuals are Mean 32.00 and 27.82, Median 30.00 and 25.5 for pre-test and Mean 30.32 and 20.68, Median 29.5 and 18.00 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre test 7.848 and 9.816, for post-test 7.147 and 9.865) represented the scattered scores from Mean position for pre and post test of control group and experimental group respectively. The values of Skewness (for pre test 0.242 and 0.249, for post test 0.301 and 0.505) and for Kurtosis (for pre test -0.924 and -0.839, for post test -0.770 and -0.763) for control and experimental groups were found to see if results are within the normal limits of pre test and post test of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of self confidence variable of mothers of mentally retarded individuals in case of pre and post test of control group and experimental group.

It was observed that the mean value for pre test in experimental group increased while there was a decrease in the mean values in post test of experimental group for the variable of self confidence of mothers of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of self confidence variable of mothers of mentally retarded individuals of control and experimental groups are -1.68 and -7.14 respectively. For the variable self confidence of mothers of mentally retarded individuals, the value of Standard Deviation 1.942 and 5.268 represented the scattered scores from Mean Gain position of control group and experimental group respectively.

The t-value (6.876) between the Mean Gain scores of pre and post tests of control and experimental groups were significant at 0.01 level for the variable
of self confidence of mothers of mentally retarded individuals. It depicted a highly significant difference in control group and experimental group of mentally retarded individuals for the variable of self confidence.

Since the t-ratio between the Mean Gain scores of pre test and post test of control and experimental groups was found to be highly significant for the variable of self confidence variable of mothers of mentally retarded individuals, it depicts that the difference in the control and experimental groups were significant statistically indicating a significant difference between the control and experimental groups on the variable of self confidence of mothers of mentally retarded individuals. Hence, it can be concluded that the vocational guidance to parents of mentally retarded individuals played an effective role in bringing a significant change in self confidence of their mothers. Based on significant values obtained on the variable of the self confidence of mothers of mentally retarded individuals, the second hypothesis i.e. ‘if the vocational guidance for parents of mentally retarded individuals is effective, there would be a significant change in self confidence of mothers of mentally retarded individuals’ has been accepted and retained.

The third objective was ‘to study the emotional competence of mothers of the mentally retarded individuals and to examine the effect of vocational guidance to their parents on emotional competence of mentally retarded individuals’ and the hypothesis formulated in this objective was ‘if the vocational guidance for parents of mentally retarded individuals is effective, there would be a significant change in emotional competence of the mothers of mentally retarded individuals’. This hypothesis was tested in the light of results for sub variables namely Adequate Depth of Feeling, Adequate Expression and Control of Emotions, Ability to Function with Emotions, Ability to Cope with Problem Emotions and Encouragement of Positive Emotions, and total of Emotional Competence variable have been analyzed and interpreted in the following pages.

For the sub variable adequate depth of feeling, the results are supported by the fact that the values of adequate depth of feeling variable of mothers of mentally retarded individuals are Mean 15.38 and 15.44, Median 16.00 and
16.00 for pre-test and Mean 15.80 and 17.52, Median 16.00 and 18.00 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre test 4.105 and 3.871, for post-test 4.005 and 3.887) represented the scattered scores from Mean position for pre test and post test of control group and experimental group respectively. The value of Skewness (for pre test -0.684 and -0.096, for post test -0.512 and -0.279) and for Kurtosis (for pre test -1.98 and 1.205, for post test -0.562 and 1.451) for control and experimental groups were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of sources of adequate depth of feeling variable of mothers of mentally retarded individuals in case of pre test and post test of control and experimental groups.

It was observed that the mean values for both pre test and post test for experimental groups increased; the increase was higher in the experimental group for the variable of adequate depth of feeling of mothers of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of adequate depth of feeling variable of mothers of mentally retarded individuals of control and experimental groups are 0.42 and 2.48 respectively. For the adequate depth of feeling variable of mothers of mentally retarded individuals, the values of Standard Deviation 1.579 and 3.183 represented the scattered scores from Mean Gain position of control group and experimental group respectively.

The t-value (-4.099) between the Mean Gain scores of pre and post tests of control and experimental groups were significant at 0.01 level for the variable of adequate depth of feeling of mothers of mentally retarded individuals. It depicted a highly significant difference in control and experimental groups of mothers of mentally retarded individuals in the variable of adequate depth of feeling.

For the sub variable adequate expression and control of emotions, the results are supported by the fact that the values of adequate expression and control of emotions variable of mothers of mentally retarded individuals are Mean
16.00 and 16.22, Median 17.00 and 17.00 for pre-test and Mean 16.52 and 18.54, Median 17.00 and 18.00 for post test for control and experimental groups respectively. The values of Standard Deviation (for pre test 3.912 and 3.358, for post test 3.593 and 3.824) represented the scattered scores from Mean position for pre test and post test of control group and experimental group respectively. The values of Skewness (for pre test -0.087 and -1.85, for post test -0.012 and -0.473) and for Kurtosis (for pre test -0.648 and 0.140, for post test -0.379 and 0.079) for control and experimental groups were found to see if results are within the normal limits of pre test and post tests of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of adequate expression and control of emotions variable of mothers of mentally retarded individuals in case of pre test and post test of control and experimental groups.

It was observed that the mean values for both pre test and post test of experimental groups increased; the increase was higher in the experimental group for the variable of adequate expression and control of emotions of mothers of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of adequate expression and control of emotions variable of mothers of mentally retarded individuals for control and experimental groups are 0.52 and 2.32 respectively. For the variable of adequate expression and control of emotions of mothers of mentally retarded individuals, the values of Standard Deviation 1.568 and 2.803 represented the scattered scores from Mean Gain position of control and experimental groups respectively.

The t-values (-3.963) between the Mean Gain scores of pre test and post tests of control and experimental groups were significant at 0.01 level for the variable of adequate expression and control of emotions of mothers of mentally retarded individuals. It depicted a highly significant difference in the control and experimental groups of mothers of mentally retarded individuals on the variable of adequate expression and control of emotions.

For the sub variable ability to function with emotions, the results are supported by the fact that the values of ability to function with emotions variable
of mothers of mentally retarded individuals are Mean 16.70 and 16.40, Median 17.00 and 17.00 for pre test and Mean 17.66 and 17.46, Median 17.00 and 16.00 for post test for control and experimental groups respectively. The values of Standard Deviation (for pre test 3.683 and 3.725, for post test 3.514 and 4.047) represented the scattered scores from Mean position for pre test and post test of control group and experimental group respectively. The values of Skewness (for pre test 0.210 and 0.059, for post test 0.174 and 0.496) and for Kurtosis (for pre test -0.354 and 0.034, for post test -0.012 and -0.766) for control and experimental groups were found to see if results are within the normal limits of pre test and post test of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of ability to function with emotions variable of mothers of mentally retarded individuals in case of pre and post test of control and experimental groups. It was observed that Mean values for pre test in experimental group decreased while there was increase in the Mean values in post test of experimental group for the variable of ability to function with emotions of mothers of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of ability to function with emotions variable of mothers of mentally retarded individuals of control and experimental groups are 0.96 and 1.06 respectively. For the variable of ability to function with emotions of mothers of mentally retarded individuals, the values of Standard Deviation 2.688 and 2.377 represented the scattered scores from Mean Gain position of control group and experimental group respectively.

The t-value (-0.197) between the Mean Gain scores of pre and post tests of control and experimental groups were not significant at any level for the variable of ability to function with emotions of mothers of mentally retarded individuals. It depicts no difference in control group and experimental group of mothers of mentally retarded individuals on the variable of ability to function with emotions.

For the ability to cope with problem emotions, the results are supported by the fact that the values of ability to cope with problem emotions variable of mothers of mentally retarded individuals are Mean 16.46 and 16.78, Median
17.00 and 17.00 for pre-test and Mean 17.36 and 18.82, Median 19.00 and 17.5 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre test 3.118 and 2.735, for post-test 3.112 and 2.610) represented the scattered scores from Mean position for pre test and post test of control and experimental groups respectively. The values of Skewness (for pre test -0.208 and -0.626, for post test -0.043 and -0.655) and for Kurtosis (for pre test -0.567 and 0.006, for post test -0.285 and 1.238) for control and experimental groups were found to see if results are within the normal limits of pre test and post test of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores for ability to cope with problem emotions variable of mothers of mentally retarded individuals in case of pre and post test of control and experimental groups.

It was observed that Mean values for the both pre test and post test for experimental group increased; the increase was higher in the experimental group for the variable of ability to cope with problem emotions of mothers of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of ability to cope with problem emotions variable of mothers of mentally retarded individuals of control and experimental groups are 0.90 and 2.04 respectively. For the variable of ability to cope with problem emotions of mothers of mentally retarded individuals, the values of Standard Deviation 2.188 and 2.610 represented the scattered scores from Mean Gain position of control and experimental groups respectively.

The t-values (-2.367) between the Mean Gain scores of pre and post tests of control and experimental groups were significant at 0.05 level for the variable of ability to cope with problem emotions of mothers of mentally retarded individuals. It depicted a significant difference in control group and experimental group of mothers of mentally retarded individuals in the variable of ability to cope with problem emotions.

For the sub variable encouragement of positive emotions, the results are supported by the fact that the values of encouragement of positive emotions variable of mothers of mentally retarded individuals are Mean 20.60 and 21.18,
Median 20.5 and 20.5 for pre test and Mean 22.72 and 23.42, Median 24.00 and 23.00 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre test 3.714 and 3.095, for post test 3.458 and 2.997) represented the scattered scores from Mean position for pre test and post test of control and experimental groups respectively. The values of Skewness (for pre test -0.101 and 0.354, for post test -0.367 and -0.386) and for Kurtosis (for pre test -0.110 and -0.933, for post test -0.367 and -0.596) for control and experimental groups were found to see if results are within the normal limits of pre test and post test of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of encouragement of positive emotions variable of mothers of mentally retarded individuals in case of pre test and post test of control and experimental groups.

It was observed that the mean values for pre test of experimental group increased while there was a decrease in the mean values of post test of experimental group for the variable of encouragement of positive emotions of mothers of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of encouragement of positive emotions variable of mothers of mentally retarded individuals of control and experimental groups are 2.12 and 2.24 respectively. For the variable of encouragement of positive emotions of mothers of mentally retarded individuals, the values of Standard Deviation 3.237 and 2.528 represented the scattered scores from Mean Gain position of control group and experimental group respectively.

The t-value (-0.207) between the Mean Gain scores of pre and post tests of control and experimental groups were not significant at any level for the variable of encouragement of positive emotions of mothers of mentally retarded individuals. It depicts no difference in control and experimental groups of mothers of mentally retarded individuals on the variable of encouragement of positive emotions.

For the emotional competence: total, the results are supported by the fact that the values of emotional competence variable of mothers of mentally retarded
individuals are Mean 85.14 and 86.02, Median 87.5 and 86.00 for pre-test and Mean 90.06 and 95.76, Median 93.5 and 95.00 for post-test for control group and experimental group respectively. The values of Standard Deviation (for pre test 10.554 and 8.539, for post-test 9.755 and 8.496) represented the scattered scores from Mean position for pre test and post test of control and experimental groups respectively. The values of Skewness (for pre test -0.551 and -0.153, for post test -0.887 and -0.430) and for Kurtosis (for pre test -0.301 and -0.262, for post test -0.072 and 0.590) for control and experimental groups were found to see if results are within the normal limits of pre test and post test of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores for emotional competence variable of mothers of mentally retarded individuals in case of pre and post test of control and experimental groups.

It was observed that the mean value for both pre test and post test for experimental groups increased, the increase was higher in the experimental groups for the variable of emotional competence of mothers of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of emotional competence variable of mothers of mentally retarded individuals for control group and experimental group are 4.92 and 10.14 respectively. For the variable of emotional competence of mothers of mentally retarded individuals, the values of Standard Deviation 4.724 and 5.876 represented the scattered scores from Mean Gain position of control group and experimental group respectively.

The t-value (-4.895) between the Mean Gain scores of pre and post tests of control and experimental groups were significant at 0.01 level for the variable of emotional competence of mothers of mentally retarded individuals. It depicted a highly significant difference in control and experimental groups of mothers of mentally retarded individuals on their emotional competence variable.

Since the t-ratio between the Mean Gain scores of pre and post tests of control and experimental group was found to be highly significant only for sub-variable of emotional competence namely adequate depth of feeling, adequate
expression and control of emotions, emotional competence: total and significant for sub variable ability to cope with problem emotions it indicates that the difference in the control and experimental groups were significant statistically indicating a significant difference between the control and experimental groups on these sub variables whereas the result were not significant statistically for the sub variables ability to function with emotions and encouragement of positive emotions, it indicates that the difference obtained for these sub variables are not significant statistically showing that these variables of mothers of mentally retarded individuals were not changed and the vocational guidance to parents was not effective for bringing change in these variables. Hence it can be concluded that the vocational guidance to parents of mentally retarded individuals played an effective role in bringing a significant change in sub variables of adequate depth of feeling, adequate expression and control of emotions, ability to cope with problem emotions and emotional competence: total of their mothers. Based on significant values obtained on the variable of the emotional competence of mothers of mentally retarded individuals, the third hypothesis i.e. 'if the vocational guidance for parents of mentally retarded individuals is effective, there would be a significant change in emotional competence of the mothers of mentally retarded individuals' stands partially accepted.

The fourth objective was 'to study the adjustment of mothers of the mentally retarded individuals and to examine the effect of vocational guidance to their parents on adjustment of mentally retarded individuals' and the hypothesis formulated in this objective was 'if the vocational guidance for parents of mentally retarded individuals is effective, there would be a significant change in adjustment of the mothers of mentally retarded individuals'. This hypothesis was tested in the light of results presented. Variable of adjustment in the present study had been done in the areas of Marital Adjustment and Social Adjustment. Social Adjustment further includes the sub-variables of Social Maturity and Emotional Adjustment.

For the sub variable marital adjustment, the results are supported by the fact that the values of marital adjustment variable of mothers of mentally retarded
individuals are Mean 5.62 and 4.86, Median 5.00 and 5.00 for pre-test and Mean 6.18 and 6.22, Median 6.00 and 6.00 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre test 1.227 and 0.926, for post-test 1.190 and 1.314) represented the scattered scores from Mean position for pre test and post test of control group and experimental group respectively. The values Skewness (for pre test 0.919 and 1.092, for post test 0.167 and 0.812) and for Kurtosis (for pre test 0.891 and 1.352, for post test -0.018 and 0.044) for control and experimental groups were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of marital adjustment variable of mothers of mentally retarded individuals in case of pre test and post test of control and experimental groups.

It was observed that the mean values of pre test in experimental group decreased while there was increase in the mean values in post test of experimental group for the variable of marital adjustment of mothers of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of marital adjustment variable of mothers of mentally retarded individuals of control group and experimental group are 0.56 and 1.36 respectively. For the variable marital adjustment of mothers of mentally retarded individuals, the values of Standard Deviation 0.733 and 1.290 represented the scattered scores from Mean Gain position of control and experimental groups respectively.

The t-value (-3.813) between the Mean Gain scores of pre and post tests of control and experimental groups were significant at 0.01 level for the variable of marital adjustment of mothers of mentally retarded individuals. It depicted a highly significant difference in control and experimental groups of mothers of mentally retarded individuals on the variable of marital adjustment.

For the sub variable social adjustment, the variable of social adjustment further includes sub-variables of Social Maturity and Emotional Adjustment. These are analyzed and interpreted as follows.
For the sub variable social maturity, the results are supported by the fact that the values of social maturity variable of mothers of mentally retarded individuals are Mean 67.16 and 69.70, Median 70.00 and 66.5 for pre-test and Mean 60.84 and 58.48, Median 54.50 and 59.00 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre test 12.996 and 10.955, for post test 12.310 and 10.320) represented the scattered scores from Mean position for pre test and post test of control group and experimental group respectively. The values of Skewness (for pre test 0.368 and 0.000, for post test 0.291 and 1.061) and for Kurtosis (for pre test -0.0783 and -0.713, for post test -0.852 and -0.173) for control and experimental groups were found to see if results are within the normal limits of pre test and post test of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of social maturity variable of mothers of mentally retarded individuals in case of pre test and post test of control and experimental groups.

It was observed that Mean values for pre test in experimental group increased while there was a decrease in the post test of experimental group for the variable of social maturity of mothers of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of social maturity variable of mothers of mentally retarded individuals of control and experimental groups are -6.32 and -11.22 respectively. For the variable social maturity of mothers of mentally retarded individuals, the values of Standard Deviation 6.650 and 8.345 represented the scattered scores from Mean Gain position of control group and experimental group respectively.

The t-value (3.247) between the Mean Gain scores of pre and post tests of control and experimental groups were significant at 0.01 level for the variable of social maturity of mothers of mentally retarded individuals. It depicted a highly significant difference in the social maturity variable of mothers of mentally retarded individuals in control and experimental groups.

For the sub variable emotional adjustment, the results are supported by the fact that the values of emotional adjustment variable of mothers of mentally
retarded individuals are Mean 48.08 and 50.24, Median 47.00 and 52.00 for pre test and Mean 43.86 and 41.32, Median 41.00 and 42.00 for post test for control and experimental groups respectively. The values of Standard Deviation (for pre test 9.687 and 9.851, for post-test 9.536 and 9.162) represented the scattered scores from Mean position for pre test and post test of control and experimental groups respectively. The values of Skewness (for pre test 0.063 and -0.467, for post test 0.501 and 0.267) and for Kurtosis (for pre test -0.772 and -0.822, for post test -0.726 and -0.754) for control and experimental groups were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of emotional adjustment variable of mothers of mentally retarded individuals in case of pre test and post test of control and experimental groups.

It was observed that Mean values for pre test in experimental group increased while there was a decrease in the post test of experimental group for the variable of emotional adjustment of mothers of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of emotional adjustment variable of mothers of mentally retarded individuals of control group and experimental groups are -4.22 and -8.92 respectively. For the variable emotional adjustment of mothers of mentally retarded individuals, the values of Standard Deviation 5.552 and 6.883 represented the scattered scores from Mean Gain position of control and experimental groups respectively.

The t-value (3.758) between the Mean Gain scores of pre and post tests of control and experimental groups were significant at 0.01 level for the variable of emotional adjustment of mothers of mentally retarded individuals. It depicted a highly significant difference in the emotional adjustment variable of mothers of mentally retarded individuals of control and experimental groups of mothers of mentally retarded individuals in the variable of emotional adjustment.

For the sub variable social adjustment: total, the results are supported by the fact that the values of social adjustment variable of mothers of mentally retarded individuals are Mean 115.24 and 119.94, Median 113.5 and 120.5 for
pre test and Mean 104.98 and 99.80, Median 102.00 and 94.00 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre test 20.921 and 17.807, for post test 19.839 and 17.302) represented the scattered scores from Mean position for pre test and post test of control group and experimental group respectively. The values of Skewness (for pre test 0.227 and -0.200, for post test 0.372 and -0.736) and for Kurtosis (for pre test -1.194 and -0.550, for post test -1.018 and -0.371) for control and experimental groups were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores for social adjustment variable of mothers of mentally retarded individuals in case of pre test and post test of control and experimental groups.

It was observed that Mean values for pre test in experimental group increased while there was a decrease in the values of post test of experimental group for the variable of social adjustment of mothers of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of social adjustment variable of mothers of mentally retarded individuals of control and experimental groups are -10.54 and -20.14 respectively. For the variable social adjustment of mothers of mentally retarded individuals, the values of Standard Deviation 8.464 and 10.660 represented the scattered scores from Mean Gain position of control and experimental groups respectively.

The t-value (4.987) between the Mean Gain scores of pre and post tests of control and experimental groups were significant at 0.01 level for the variable of social adjustment of mothers of mentally retarded individuals. It depicted a highly significant difference in the social adjustment variable of mothers of mentally retarded individuals in control and experimental groups.

Since the t-values between the Mean Gain scores of pre and post tests of control and experimental group were found to be significant for the variable of marital adjustment and sub-variables of social adjustment i.e. social maturity and emotional adjustment, and total of social adjustment of mothers of mentally retarded individuals, these results depict that the difference in the control and
experimental groups were significant statistically indicating the existence of significant difference between the two groups of on the sub variables of marital adjustment, social maturity, emotional adjustment and total of social adjustment variable of mothers of mentally retarded individuals. Hence, it can be concluded that the vocational guidance to parents of mentally retarded individuals played an effective role in bringing a significant change in these variables of the mothers of mentally retarded individuals. Based on significant values obtained on the variable of the adjustment of mothers of mentally retarded individuals, the fourth hypothesis i.e. ‘if the vocational guidance for parents of mentally retarded individuals is effective, there would be a significant change in adjustment of the mothers of mentally retarded individuals’ stands partially accepted.

The fifth objective was ‘to study the behaviour problems of the mentally retarded individuals and to examine the effect of vocational guidance to their parents on behaviour problems of mentally retarded individuals’. The hypothesis formulated on this objective was ‘if the vocational guidance for mentally retarded individuals is effective, there would be a significant decrease in the perceived behaviour problems of the mentally retarded individuals’. This hypothesis was tested in light of results for sub variables of 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 and total of Behaviour Problems.

For the sub variable odd behaviour, the results are supported by the fact that the values of odd behaviour variable of mentally retarded individuals are Mean 8.52 and 8.26, Median 8.00 and 8.00 for pre test and Mean 8.76 and 9.32, Median 8.00 and 9.00 for post-test for control group and experimental group respectively. The values of Standard Deviation (for pre test 1.328 and 1.103, for post-test 1.437 and 1.151) represented the scattered scores from mean position for pre and post test of control and experimental groups respectively. The values of Skewness (for pre test 0.363 and 0.786, for post test 0.785 and 0.252) and for Kurtosis (for pre test -0.225 and 1.466, for post test 0.350 and -1.371) for control
group and experimental group were found to see if results are within the normal limits of pre test and post test of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of variable of odd behaviour of mentally retarded individuals in case of pre test and post test of control and experimental groups.

It was observed that mean values decreased in both pre and post tests of control and experimental groups for the variable of odd behaviour of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score value of odd behaviour variable of mentally retarded individuals for control and experimental groups are 0.24 and 1.06 respectively. For the variable of odd behaviour of mentally retarded individuals, the values of Standard Deviation 0.517 and 0.956 represented the scattered scores from Mean Gain position of control and experimental groups respectively.

The t-value (-5.332) between the Mean Gain scores of pre and post tests of control and experimental groups were significant at 0.01 level for the sub-variable of behaviour problems i.e. odd behaviour of mentally retarded individuals. It depicted a highly significant difference in the variable of odd behaviour among mentally retarded individuals of control and experimental groups.

For the sub variable aggressive/destructive behaviour, the results are supported by the fact that the values of aggressive/destructive behaviour variable of mentally retarded individuals are Mean 7.14 and 7.24, Median 7.00 and 7.00 for pre test and Mean 7.42 and 8.02, Median 7.00 and 8.00 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre test 1.948 and 1.451, for post test 1.842 and 1.378) represented the scattered scores from mean position for pre test and post test of control group and experimental group respectively. The values of Skewness (for pre test 1.071 and 1.024, for post test 1.184 and 0.548) and for Kurtosis (for pre test 0.694 and 1.500, for post test 1.165 and 0.135) for control and experimental groups were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency polygons were drawn to support the
fact for understanding the distribution of scores of aggressive/destructive behaviour variable of mentally retarded individuals in case of pre and post tests of control and experimental groups. Further, the r-values were calculated (N = 100, post test) which indicated that aggressive/destructive behaviour variable of mentally retarded individuals is significantly related to social adjustment and its sub variable of social maturity of their mothers.

It was observed that the mean values increased in post test of both control and experimental groups but the mean value of post test in experimental group was higher for the variable aggressive/destructive behaviour of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of aggressive/destructive behaviour variable of mentally retarded individuals for control and experimental groups are 0.28 and 0.78 respectively. For the variable aggressive/destructive behaviour of mentally retarded individuals, the values of Standard Deviation 0.536 and 0.932 represented the scattered scores from Mean Gain position of control and experimental group respectively.

The t-value (-3.288) between the Mean Gain scores of pre and post tests of control and experimental groups were significant at 0.01 level for the variable of aggressive/destructive behaviour of mentally retarded individuals. It depicted a highly significant difference in two groups i.e. control and experimental, of mentally retarded individuals on variable of aggressive/destructive behaviour.

For the sub variable stressful and anxious behaviour, the results are supported by the fact that the values of stressful and anxious behaviour variable of mentally retarded individuals are Mean 2.58 and 2.52, Median 3.00 and 2.00 for pre-test and Mean 2.70 and 2.90, Median 3.00 and 3.00 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre-test 0.575 and 0.580, for post-test 0.678 and 0.735) represented the scattered score from mean position for pre test and post test of control and experimental groups respectively. The values of Skewness (for pre test 0.346 and 0.573, for post test 0.451 and 0.160) and for Kurtosis (for pre test -0.757 and -0.610, for post test -0.746 and -1.095) for control and experimental
groups were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of stressful and anxious behaviour variable of mentally retarded individuals in case of pre and post tests of control and experimental groups. Further, the r-values were calculated (N = 100, post test) which indicated that stressful and anxious behaviour variable of mentally retarded individuals is significantly related to optimistic attitude and self confidence variables of their mothers.

It was observed that mean values decreased in pre test of control group whereas mean values of post test in experimental group increased for the variable of stressful and anxious behaviour of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of stressful and anxious behaviour variable of mentally retarded individuals for control and experimental groups are 0.12 and 0.38 respectively. For the variable of stressful and anxious behaviour of mentally retarded individuals, the values of Standard Deviation 0.328 and 0.635 represented the scattered scores from mean gain position of control and experimental groups respectively.

The t-value (-2.571) between the Mean Gain scores of pre and post tests of control and experimental groups were significant at 0.01 level for the variable of stressful and anxious behaviour of mentally retarded individuals. It depicted a highly significant difference in control and experimental groups of mentally retarded individuals on the stressful and anxious behaviour variable.

For the sub variable display of fear and depressive behaviour, the results are supported by the fact that the values of display of fear and depressive behaviour variable of mentally retarded individuals are Mean 6.26 and 6.08, Median 6.00 and 6.00 for pre test and Mean 6.44 and 6.78, Median 6.00 and 7.00 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre test 1.509 and 1.397, for post test 1.541 and 1.389) represented the scattered scores from mean position for pre and post tests of control and experimental groups respectively. The values of Skewness (for pre test 1.132 and 1.582, for post test 1.268 and 0.602) and for Kurtosis (for
pre test 0.377 and 1.982, for post test 1.134 and -0.120) for control and experimental groups were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores for display of fear and depressive behaviour variable of mentally retarded individuals in case of pre and post tests of control and experimental groups. Further, the r-values were calculated (N = 100, post test) which indicated that display of fear and depressive behaviour variable of mentally retarded individuals is significantly related to self confidence variable of their mothers.

It was observed that mean values decreased in pre test of experimental group whereas mean values of post test in experimental group increased for the variable of display of fear and depressive behaviour of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of variable of display of fear and depressive behaviour of mentally retarded individuals for control and experimental groups are 0.18 and 0.70 respectively. For the variable of display of fear and depressive behaviour of mentally retarded individuals, the values of Standard Deviation 0.438 and 0.814 represented the scattered scores from Mean Gain position of control and experimental groups respectively.

The t-value (-3.977) between the Mean Gain scores of pre and post test of control and experimental groups were significant at 0.01 level for the variable of display of fear and depressive behaviour of mentally retarded individuals. It depicted a highly significant difference in control and experimental groups of mentally retarded individuals on the variable of depression.

For the sub variable emotionally unstable behaviour, the results are supported by the fact that the value of emotionally unstable behaviour variable of mentally retarded individuals are Mean 4.72 and 4.54, Median 4.00 and 4.00 for pre test and Mean 4.82 and 5.34, Median 4.00 and 5.00 for post test for control and experimental group respectively. The values of Standard Deviation (for pre test 1.107 and 0.813, for post test 1.137 and 1.062) represented the scattered scores from mean position for pre and post test of control and experimental
groups respectively. The values of Skewness (for pre test 1.246 and 1.762, for post test 1.062 and 0.226) and for Kurtosis (for pre test 0.375 and 3.008, for post test -0.083 and -1.145) for control and experimental groups were found to see if results are within the normal limits of pre and post test of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of emotionally unstable behaviour variable of mentally retarded individuals in case of pre and post test of control and experimental groups. Further, the r-values were calculated (N = 100, post test) which indicated that emotionally unstable behaviour variable of mentally retarded individuals is significantly related to self confidence and sub variable of emotional competence namely adequate expression and control of emotions variable of their mothers.

It was observed that mean values decreased in pre test of experimental group whereas mean values of post test in experimental group increased for the variable emotionally unstable behaviour of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of emotionally unstable behaviour variable of mentally retarded individuals for control and experimental groups are 0.10 and 0.80 respectively. For the variable emotionally unstable behaviour of mentally retarded individuals, the values of Standard Deviation 0.364 and 0.904 represented the scattered scores from Mean Gain position of control and experimental groups respectively.

The t-value (-5.081) between the Mean Gain scores of pre and post test of control and experimental groups were significant at 0.01 level for the variable of emotionally unstable behaviour of mentally retarded individuals. It depicted a highly significant difference in control and experimental groups of mentally retarded individuals on variable of psychotic symptoms.

For the sub variable insecure and compulsive behaviour, the results are supported by the fact that the values of insecure and compulsive behaviour variable of mentally retarded individuals are Mean 2.52 and 2.40, Median 2.00 and 2.00 for pre test and Mean 2.60 and 3.00, Median 2.00 and 3.00 for post tests for control group and experimental group respectively. The values of
Standard Deviation (for pre test 0.677 and 0.606, for post test 0.728 and 0.881) represented the scattered scores from mean position for pre and post test of control and experimental groups respectively. The values of Skewness (for pre test 0.951 and 1.260, for post test 0.792 and 0.934) and for Kurtosis (for pre test -0.238 and 0.623, for post test -0.669 and -1.487) for control and experimental groups were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of insecure and compulsive behaviour variable of mentally retarded individuals in case of pre and post test of control and experimental groups. Further, the r-values were calculated (N = 100, post test) which depicted that insecure and compulsive behaviour variable of mentally retarded individuals is significantly related to total of social adjustment and its sub variable of social maturity of their mothers.

It was observed that mean values decreased in pre test of experimental group whereas mean values of post test in experimental group increased for the variable insecure and compulsive behaviour of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of insecure and compulsive behaviour variable of mentally retarded individuals for control and experimental groups are 0.08 and 0.60 respectively. For the variable insecure and compulsive behaviour of mentally retarded individuals, the values of Standard Deviation 0.274 and 0.808 represented the scattered scores from Mean Gain position of control group and experimental group respectively.

The t-value (-4.309) between the Mean Gain scores of pre and post test of control and experimental groups were significant at 0.01 level for the variable of insecure and compulsive behaviour of mentally retarded individuals. It depicted a highly significant difference in control and experimental groups of mentally retarded individuals on the variable of special symptoms.

For the sub variable withdrawal and alienated behaviour, the results are supported by the fact that the values of withdrawal and alienated behaviour variable of mentally retarded individuals are Mean 1.86 and 1.96, Median 2.00 and 2.00 for pre test and Mean 1.96 and 2.42, Median 2.00 and 2.00 for post test.
for control group and experimental group respectively. The values of Standard Deviation (for pre test 0.670 and 0.699, for post test 0.699 and 0.731) represented the scattered scores from mean position for pre and post test of control and experimental groups respectively. The values of Skewness (for pre test 0.168 and 0.054, for post test 0.054 and -0.452) and for Kurtosis (for pre test -0.711 and -0.878, for post test -0.878 and 1.961) for control and experimental groups were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores on withdrawal and alienated behaviour variable of mentally retarded individuals in case of pre and post tests of control and experimental groups. Further, the r-values were calculated (N = 100, post test) which indicated that withdrawal and alienated behaviour variable of mentally retarded individuals is significantly related to self confidence variable of their mothers.

It was observed that the mean value increased in post test of both control and experimental groups; the increase was higher in the experimental group for the variable withdrawal and alienated behaviour of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score value of withdrawal and alienated behaviour variable of mentally retarded individuals for control and experimental groups are 0.10 and 0.46 respectively. For the variable withdrawal and alienated behaviour of mentally retarded individuals, the values of Standard Deviation 0.303 and 0.676 represented the scattered scores from Mean Gain position of control and experimental groups respectively.

The t-value (-3.434) between the Mean Gain scores of pre and post test of control and experimental groups were significant at 0.01 level for the variable of withdrawal and alienated behaviour of mentally retarded individuals. It depicted a highly significant difference in the withdrawal and alienated behaviour variable of mentally retarded individuals of control and experimental groups.

For the sub variable behaviour related to physical well-being, the results are supported by the fact that the values of behaviour related to physical well-being variable of mentally retarded individuals are Mean 3.06 and 2.82, Median 229.
3.00 and 3.00 for pre test and Mean 3.20 and 3.70, Median 3.00 and 4.00 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre test 1.058 and 0.873, for post test 1.143 and 1.055) represented the scattered scores from mean position for pre and post test of control group and experimental group respectively. The values of Skewness (for pre test 0.523 and 0.558, for post test 0.444 and -0.337) and for Kurtosis (for pre test -1.003 and -0.963, for post test -1.224 and -1.051) for control and experimental groups were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of behaviour related to physical well-being variable of mentally retarded individuals in case of pre and post tests of control and experimental groups.

It was observed that mean values decreased in pre test of experimental groups whereas mean values of post test in experimental group increased for the variable of behaviour related to physical well-being of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score value of behaviour related to physical well-being of mentally retarded individuals for control and experimental groups are 0.14 and 0.88 respectively. For the variable behaviour related to physical well-being of mentally retarded individuals, the value of Standard Deviation 0.351 and 0.940 represented the scattered scores from Mean Gain position of control group and experimental group respectively.

The t-value (-5.217) between the Mean Gain scores of pre and post tests of control and experimental groups were significant at 0.01 level for the variable of behaviour related to physical well-being of mentally retarded individuals. It depicted a highly significant difference in the behaviour related to physical well-being variable of mentally retarded individuals of control and experimental groups.

For the sub variable behaviour problems: total, the results are supported by the fact that the values of behaviour problems variable of mentally retarded individuals are Mean 36.66 and 35.82, Median 37.00 and 36.00 for pre test and
Mean 37.90 and 41.48, Median 38.00 and 42.00 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre test 4.556 and 3.456, for post test 4.773 and 5.144) represented the scattered scores from mean position for pre and post tests of control group and experimental group respectively. The values of Skewness (for pre test 0.196 and 0.856, for post test 0.307 and -0.256) and for Kurtosis (for pre test -0.808 and 0.956, for post test -0.654 and -1.061) for control group and experimental group were found to see if results are within the normal limits of pre and post test of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of behaviour problems variable of mentally retarded individuals in case of pre test and post test of control group and experimental group. Further, the r-values were calculated (N = 100, post test) which indicated that behaviour problems variable of mentally retarded individuals is significantly related to self confidence, sub variable of emotional competence namely adequate expression and control of emotions, total of social adjustment and its sub variable namely social maturity and emotional adjustment of their mothers.

It was observed that mean values decreased in pre test of experimental group whereas mean values of post test in experimental group increased for the variable behaviour problems of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of behaviour problems variable of mentally retarded individuals for control group and experimental group are 1.24 and 5.66 respectively. For the variable of behaviour problems of mentally retarded individuals, the values of Standard Deviation 1.117 and 3.623 represented the scattered scores from Mean Gain position of control group and experimental group respectively.

That t-value (-8.244) between the Mean Gain scores of pre and post test of control and experimental groups were significant at 0.01 level for the variable of behaviour problems of mentally retarded individuals. It depicted a highly significant difference in the behaviour problems variable of mentally retarded individuals of control and experimental groups.
Since the t-value between the Mean Gain scores of pre and post tests of control and experimental groups was highly significant for all the sub-variables of behaviour problems i.e. 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 and total of behaviour problems, it depicts that the differences in control and experimental groups were significant statistically for the total of variable of behaviour problems and all its sub-variables indicating a significant difference between the control and experimental groups. Hence, it can be concluded that the vocational guidance to parents of mentally retarded individuals played an effective role in bringing significant decrease in the behaviour problems of mentally retarded individuals. The results of all the sub-variables and the total of variable of behaviour problems are in line with the second hypothesis of the study. The fifth hypothesis of the study i.e. 'if the vocational guidance for parents of mentally retarded individuals is effective, there would be a significant decrease in the perceived behaviour problems of the mentally retarded individuals' therefore stands accepted.

The sixth objective was 'to measure the weight of the mentally retarded individuals and to examine the effect of vocational guidance to their parents on weight of mentally retarded individuals'. The hypothesis formulated on this objective was 'if the vocational guidance for parents of mentally retarded individuals is effective, there would be no significant change in weight of the mentally retarded individuals'. This hypothesis was tested in the light of results are supported by the fact that the values of weight variable of mentally retarded individuals are Mean 49.66 and 49.70, Median 50.5 and 48.5 for pre-test and Mean 50.04 and 51.14, Median 51.00 and 49.5 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre-test 5.528 and 8.205, for post-test 5.547 and 7.980) represented the scattered scores from mean position for pre and post test of control group and experimental group respectively. The values of Skewness (for pre test -0.278 and -0.029, for post test -0.299 and 0.122) and for Kurtosis (for pre test 0.133 and -1.234, for post
test 0.336 and -1.322) for control group and experimental group were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of weight variable of mentally retarded individuals in case of pre test and post test of control group and experimental group. Further, the r-values were calculated (N = 100, post test) which indicated that weight variable of mentally retarded individuals is significantly related to self confidence variable of their mothers.

An increase was observed in the pre and post test scores of experimental group for the variable weight of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score value of weight variable of mentally retarded individuals for control and experimental groups are 0.38 and 1.44 respectively. For the variable weight of the mentally retarded individuals, the values of Standard Deviation 0.967 and 1.128 represented the scattered scores from Mean Gain position of control and experimental groups respectively.

The t-value (-5.046) between the Mean Gain scores of pre and post tests of control and experimental groups was significant at 0.01 level for the variable of weight of mentally retarded individuals. Results depicted a highly significant difference in the weight variable of control group and experimental group of mentally retarded individuals.

Since the t-value between the Mean Gain scores of pre and post test of control group and experimental group was significant for the variable of weight of mentally retarded individuals, it indicated that difference obtained was not significant statistically for the control and experimental groups. Thus, a significant change in weight variable of mentally retarded individuals was observed after having given vocational guidance to parents of mentally retarded individuals. Therefore, the sixth hypothesis of the study i.e. 'if the vocational guidance for parents of mentally retarded individuals is effective, there would be no significant change in weight of the mentally retarded individuals’ stands rejected.

The seventh objective was ‘to measure the strength of the mentally retarded individuals and to examine the effect of vocational guidance to their
parents on strength of mentally retarded individuals. The hypothesis formulated on this objective was 'if the vocational guidance for parents of mentally retarded individuals is effective, there would be a significant change in strength of the mentally retarded individuals'. This hypothesis was tested in light of results for the sub-variables of Arm Strength and Abdominal Strength have been analyzed and interpreted as given as follows.

For the sub variable arm strength, the results are supported by the fact that the values of arm strength variable of mentally retarded individuals are Mean 11.96 and 10.29, Median 11.96 and 9.71 for pre-test and Mean 12.31 and 11.79, Median 12.06 and 11.94 for post-test for control group and experimental group respectively. The values of Standard Deviation for pre test 5.053 and 3.347, for post test 5.207 and 3.431 represented the scattered scores from mean position for pre and post test of control group and experimental group respectively. The value of Skewness (for pre test 0.184 and 0.028, for post test 0.180 and -0.243) and for kurtosis (for pre test -1.020 and -0.667, for post test -0.970 and -0.725) for control and experimental groups were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of score for arm strength variable of mentally retarded individuals in case of pre and post test of control and experimental groups. Further, the r-values were calculated (N = 100, post test) which indicated that arm strength variable of mentally retarded individuals is significantly related to self confidence, adjustment including marital adjustment, total of social adjustment and its sub variables namely social maturity and emotional adjustment of their mothers.

It was observed that the mean values decreased in both pre and post test of control and experimental groups for the variable of arm strength of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of arm strength variable of mentally retarded individuals for control and experimental groups are 0.35 and 1.50 respectively. For the variable of arm strength of mentally retarded individuals, the values of Standard Deviation...
i.e. 0.153 and 0.084 represented the scattered scores from Mean Gain position of control group and experimental group respectively.

The t-value (-6.556) between the Mean Gain scores of pre and post tests of control and experimental groups were significant at 0.01 level for the variable of arm strength of mentally retarded individuals. It depicted a highly significant difference in the arm strength variable of mentally retarded individuals of control group and experimental group.

For the sub variable abdominal strength, the results are supported by the fact that the values of abdominal strength variable of mentally retarded individuals are Mean 3.68 and 3.30, Median, 3.5 and 3.00 for pre-test and Mean 3.82 and 3.98, Median 4.00 and 4.00 for post test of control group and experimental group respectively. Values of Standard Deviation (for pre test 1.236 and 0.789, for post test 1.257 and 0.820) represented the scattered scores from mean position for pre and post test of control and experimental group respectively. The value of Skewness (for pre test 0.175 and 0.182, for post test 0.033 and -0.424) and for Kurtosis (for pre test 1.125 and -0.270, for post test -1.138 and -0.339) for control and experimental groups were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of abdominal strength variable of mentally retarded individuals in case of pre and post test of control and experimental groups. Further, the r-values were calculated (N = 100, post test) which indicated that abdominal strength variable of mentally retarded individuals is significantly related to self confidence, adjustment including marital adjustment and total of social adjustment and its sub variable of social maturity of their mothers.

It was observed that there was a negligible decrease in the Mean values of pre test of experimental groups while an increase was observed in the post test of experimental group for the variable abdominal strength of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of abdominal strength variable of mentally retarded individuals.
for control and experimental groups are 0.14 and 0.68 respectively. For the variable abdominal strength of mentally retarded individuals, the values of Standard Deviation 0.351 and 0.471 represented the scattered scores from Mean Gain scores of control group and experimental group respectively.

The t-value (-6.502) between the Mean Gain scores of pre and post tests of control and experimental groups were significant at 0.01 level for the variable of abdominal strength of mentally retarded individuals. It depicted a highly significant difference in control group and experimental group of mentally retarded individuals for abdominal strength variable.

Since the t-ratio between the Mean Gain scores of pre and post test of control and experimental group was highly significant for the variable of strength (both arm and abdominal strength) of mentally retarded individuals, it indicated a significant difference between control and experimental groups on arm strength and abdominal strength sub variables. Hence, it can be concluded that the vocational guidance given to the parents of mentally retarded individuals played an effective role in bringing significant change in strength of the mentally retarded individuals. On the basis of significant values obtained for the two groups on this variable of strength (both arm strength and abdominal strength), the seventh hypothesis of the study i.e. ‘if the vocational guidance for parents of mentally retarded individuals is effective, there would be a significant change in strength of the mentally retarded individuals’ stands accepted.

To measure agility, time taken was measured in seconds for zig-zag run; lesser the time taken, better the agility. The eighth objective was ‘to measure the agility of the mentally retarded individuals and to examine the effect of vocational guidance to their parents on agility of mentally retarded individuals’. The hypothesis formulated on this objective was ‘if the vocational guidance for parents of mentally retarded individuals is effective, there would be a significant change in agility of the mentally retarded individuals’. This hypothesis was tested in light of results which are supported by the fact that the values of agility variable of mentally retarded individuals are Mean 445.88 and 460.30, Median 444.00 and 450.00 for pre-test and Mean 435.74 and 427.60, Median 435.00 and 412.5
for post-test for control group and experimental group respectively. The values of Standard Deviation (for pre test 91.916 and 77.882, for post test 88.872 and 73.366) represented the scattered scores from mean position for pre and post test of control and experimental groups respectively. The values of Skewness (for pre test 0.036 and -0.148, for post test 0.065 and 0.272) and for kurtosis (for pre test -1.282 and -0.933, for post test -1.185 and -0.661) for control and experimental groups were found to see if results are within the normal limits of pre and post test of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores for agility variable of mentally retarded individuals in case of pre and post test of control and experimental groups. Further the r-values were calculated (N = 100, post test) which indicated that agility variable of mentally retarded individuals is significantly related to sub variable of emotional competence namely adequate depth of feeling and marital adjustment variable of their mothers.

It was observed that mean values increased in pre test of experimental group whereas mean values of post test in experimental groups reduced for the variable of agility of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of agility variable of mentally retarded individuals for control and experimental groups are -10.14 and -32.70 respectively. For the variable agility of mentally retarded individuals, the value of Standard Deviation 18.424 and 32.578 represented the scattered scores from Mean Gain scores of control group and experimental group respectively.

The t-value (4.262) between the Mean Gain scores of pre and post test of control and experimental groups were significant at 0.01 level for the variable of agility of mentally retarded individuals. Results depicted a highly significant difference in control group and experimental group of mentally retarded individuals on their variable of agility.

Since the t-ratio between the Mean Gain scores of pre and post test of control and experimental group was highly significant for the variable of agility of mentally retarded individuals, it indicated a significant difference in the two groups on the variable of agility. Hence, it can be concluded based on the
obtained values that the vocational guidance given to the parents of mentally retarded individuals played an effective role in bringing significant change in agility of the mentally retarded individuals. On the basis of significant values obtained for the two groups on this variable of agility, the eighth hypothesis of the study i.e. ‘if the vocational guidance for parents of mentally retarded individuals is effective, there would be a significant change in agility of the mentally retarded individuals’ has been accepted.

The results are supported by the fact that the values of vocational performance of mentally retarded individuals are Mean 36.50 and 36.96, Median 36.5 and 38.00 for pre-test and mean 36.94 and 39.18, Median 38.00 and 39.5 for post test for control group and experimental group respectively. The values of Standard Deviation (for pre-test 1.515 and 2.626, for post test 1.683 and 3.095) represented the scattered scores from Mean position for pre and post test of control and experimental group respectively. The values of Skewness (for pre test 0.000 and -1.920, for post test -0.062 and -1.617) and for Kurtosis (for pre test -2.085 and 5.474, for post test -1.639 and 5.519) for control and experimental groups were found to see if results are within the normal limits of pre and post tests of two groups respectively. Frequency polygons were drawn to support the fact for understanding the distribution of scores of vocational performance variable of mentally retarded individuals in case of pre and post test of control and experimental groups. Further, the r-values were calculated (N = 100, post test) which indicated that psycho-motor vocational performance variable of mentally retarded individuals is significantly related to sub variable of attitude of namely optimistic attitude, self confidence, marital adjustment, total of social adjustment and its sub variable emotional adjustment of their mothers.

It was observed that Mean values increased in post test of both control and experimental groups; the increase was higher in the experimental group for the variable of vocational performance of mentally retarded individuals. The results are also supported by the fact that the Mean Gain score values of vocational performance variable of mentally retarded individuals for control and experimental groups are 0.44 and 2.22 respectively. For the variable vocational
performance of mentally retarded individuals, the values of Standard Deviation 0.812 and 2.112 represented the scattered scores from Mean Gain scores of control and experimental groups respectively.

The t value (-5.562) between the Mean Gain scores of pre and post tests of control and experimental groups were significant at 0.01 level for the variable of vocational performance of mentally retarded individuals. It depicted a significant difference in the vocational performance variable of mentally retarded individuals for control group and experimental group.

Since the t-value between the Mean Gain scores of pre and post test of control and experimental group was highly significant for the variable of psycho-motor vocational performance of mentally retarded individuals, it indicated that the difference in the two groups were significant statistically indicating the a significant difference between two groups on this variable. Hence, it can be concluded based on the significant values that the vocational guidance given to the parents of mentally retarded individuals played an effective role in bringing significant improvement in psycho-motor vocational performance of the mentally retarded individuals. On the basis of significant values obtained for the two groups on this variable of psycho-motor vocational performance, the ninth hypothesis of the study i.e. 'if the vocational guidance for parents of mentally retarded individuals is effective, there would be a significant change in psycho-motor vocational performance of the mentally retarded individuals' has been accepted.

5.2 CONCLUSIONS

Based on results and discussions following conclusions were drawn:

1. Vocational guidance given to the mothers of mentally retarded individuals was effective in bringing significant change in their optimistic attitude (they became more optimistic in attitude) and was not effective in bringing significant change in their pessimistic attitude and total attitude. They showed a significant improvement in their optimistic attitude.
2. Vocational guidance given to the mothers of mentally retarded individuals was effective in bringing significant change in their self confidence. They showed a significant improvement in their self confidence (their self confidence increased).

3. Vocational guidance given to the mothers of mentally retarded individuals was effective in bringing significant change in their adequate depth of feeling, ability to cope with problem emotions and total of emotional competence and was not effective in bringing change in adequate expression and control of emotions, ability to function with emotions and encouragement of positive emotions. They showed a significant improvement in their overall emotional competence (they became more competent emotionally) and its sub variables of adequate depth of feeling and ability to cope with problem emotions.

4. Vocational guidance given to the mothers of mentally retarded individuals was effective in bringing significant change in their marital adjustment, social maturity and social adjustment in total. The mothers showed improvement in these areas of adjustment (their adjustment was enhanced). Vocational guidance was not effective in bringing change in emotional adjustment.

5. Vocational guidance given to the mothers of retarded individuals was effective in bringing significant change in their 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 and total of behaviour problems (their behaviour problems on the whole decreased).

6. Vocational guidance given to the mothers of mentally retarded individuals was not expected to show any improvement in the weight of mentally retarded individuals. However, a slight weight gain was found in the mentally retarded individuals in the post test readings.
7. Vocational guidance given to the mothers of mentally retarded individuals was effective in bringing a significant change in the strength of mentally retarded individuals. They improved in their arm strength and abdominal strength after the treatment of guidance (their strength increased).

8. Vocational guidance given to the mothers of mentally retarded individuals was effective in bringing a significant change in agility of mentally retarded individuals. They improved in their agility after the treatment of guidance (their agility increased).

9. Vocational guidance given to the mothers of mentally retarded individuals was effective in bringing a significant improvement in psycho-motor vocational performance of mentally retarded individuals. (They improved in their psycho-motor vocational performance after the treatment of guidance).

5.3 EDUCATIONAL IMPLICATIONS

The research in this area of special education helps in studying and understanding of various psychological and motor variables of mentally retarded individuals. The study in this area of special individuals will help teachers, therapists and trainers for the management of better psycho-motor performance and activities with the treatment of vocational guidance to their parents, especially their mothers who are primary caretakers. This will further enhance the confidence of parents and teachers in understanding and training the mentally retarded individuals in a wider perspective. The research will help the teacher trainers in designing a suitable and balanced curriculum for mentally retarded individuals and make the training activity oriented. This will also help the parents for better understanding of self and their mentally retarded wards and will provide valuable assistance to parents for helping them with adjustment in vocation during training by stimulating their psycho-motor performance in a positive direction. More importantly, it also described the way better care can be provided to Heaven’s very special children to make them a part of the mainstream by making them able to earn a living for themselves.
5.4 SUGGESTIONS FOR FURTHER RESEARCH WORK

The suggestions extended for further research are as under:

- The present study has been conducted on mentally retarded individuals in Chandigarh and nearby areas; it can be replicated on mentally retarded individuals in other cities also.

- The sample for the present study was limited to 100 each of mentally retarded individuals and their mothers due to time constraints. It would be more useful if the study is conducted on a larger sample.

- The effect of vocational guidance to parents on selected psycho-motor performance during vocational training of mentally challenged individuals was studied. It would be fruitful to replicate the study on more variables.

The study was conducted only on borderline cases. It can also be studied on other categories of mentally challenged individuals.