Introduction
CHAPTER - I

INTRODUCTION

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.

Individuals with mental retardation can learn new skills, but they develop more slowly than those with average intelligence and adaptive skills. There are different degrees of mental retardation, ranging from mild to profound. A person's level of mental retardation can be defined by their intelligence (IQ), or by the types and amount of support they need.

(A) MENTAL RETARDATION

Wechsler and Terman (1952) have considered that anyone with an I.Q. below a certain level (usually set at 70) is considered to be mentally retarded. But this is criticized on the ground that there is not always a good relationship between performance in intelligence tests and the child’s general level of adjustment, which also defines mental retardation.

According to Benda (1954), a mentally retarded person is the person who is incapable of managing himself and his affairs or is being taught to do so and who requires supervision, control and care for his own welfare and the welfare of the community. Thus, it can be concluded that a retarded person is the one who is not capable of leading an independent life. But failure in adaptation is very difficult to measure reliably; also, an individual may be retarded in one particular environment and not in another.

Heber (1961) has described mental retardation in the Manual of Mentally Retarded Terminology and Classification. He states that, mental retardation refers to sub-average general intellectual functioning, which originates during the developmental period and is associated with impairment in adaptive behaviour.
Bijoy (1963) stated that a retarded individual is one who has a limited repertory with his environmental contacts and thereby constituting his history.

According to Wrian (1963), mentally retarded children suffer from a severe brain disease in early childhood; this disturbs the normal development of the brain and produces serious anomalies. Accordingly, brain damage leads to retardation.

Tredgold (1970) defines mental retardation as a state of arrested or incomplete development of mind so severe that the patient is incapable of leading an independent life or of guarding himself against serious exploitation in the case of a child, that he will be so incapable even when an adult.

Eyesench, Arnold and Meili (1972) have defined mental retardation as subnormal general intellectual functioning which originates during the developmental period that is associated with impairment of either learning or social adjustment or both of these in the child.

According to Weiner (1974), mental retardation refers to a chronic condition present from birth or early childhood which is characterized by both impaired intellectual functioning and impaired adaptation to the daily demands of the individual's social environment.

According to Grossman (1977), mental retardation is defined as significantly sub average general intellectual functioning (2SD below normal) existing concurrently with deficit in adaptive behavior and manifested during the development period.

According to Corbett (1977), mental retardation is a slowness or limitation of development. Mental retardation is sub average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behaviour.

According to Sheshadri (1984), the most accepted definition of mental retardation today takes into account inadequate intellectual functioning as well as social and adaptive behavior.
Longman Dictionary of Psychology and Psychiatry (1984) defines mental retardation as a disorder characterized by significantly sub average general intellectual function (an I.Q. of 70 or below) with impairment in adaptive behaviour (including thinking, learning and social and occupational adjustments) and manifested during the development period.

Dunn (1987) defines mentally retarded people as those who are deficient in general intellectual ability. He further points that their inability to care for themselves coupled with their disruptive behaviour may be so severe that when compared with their age mates in the community, they require assistance, care and protection in excess of that which average parents can be expected to provide during their childhood or that which average communities should be able to provide during their adulthood.

Individuals with Disabilities Education Act (IDEA) (1990) stated that mental retardation means significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the developmental period that adversely affects a child’s educational performance.

According to American Association on Mental Retardation (1992), mental retardation refers to substantial limitations in present functioning. It is characterized by significantly sub-average general intellectual functioning existing concurrently with related limitations.

Banik and Mishra (1997) stated mental deficiency be a condition of sub normal mental development present at birth or during early childhood and characterized mainly by limited intelligence and social inadequacy.

According to Stedman’s Medical Dictionary (2001), mental retardation means a sub-normal intellectual development or functioning that is the result of congenital causes, brain injury or disease and is characterized by any of various deficiencies, ranging from impaired learning ability to social and vocational inadequacy.

According to Merriam Webster’s Medical Dictionary (2002), mental retardation refers to 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 by problems in social adjustment.

According to Sahu (2002), mental retardation refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the development periods.

Thus, 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.

Historical background of the concept of mental retardation: Cases of mental retardation are found in every community, although they are referred to differently, such as, ‘manda buddhi’ in India, ‘buddhi pratibondhi’ in Bangladesh, and ‘manda buddika/manda mansika’ in Sri Lanka. Cases of mental retardation have been documented in ancient medical literature and in fiction. ‘Kashyapa Samhita,’ an ancient Ayurvedic treatise on childhood diseases, makes a specific reference to children born with lesser intellect (buddhi) and even offers treatment to improve the condition. This is mentioned in Sri Lankan medical chronicles and literature. One can find many references to disabilities in Jathaka stories dealing with the life of the Buddha. Several references to weakness of the mind are found in the ‘Holy Quran’ and in a well attested sermon of the Prophet Muhammad.

Over the years, traditional societies in member countries of the South-East Asia Region (SEAR) of WHO have dealt with these people with an attitude of tolerance, acceptance and resignation. They have been cared for with a sense of duty and compassion. Many SEAR member countries are undergoing substantial social transition. This includes changes in community and family attitude towards mental retardation. Unlike earlier times, it may not be possible for families to care for a mentally retarded member without external and professional support /help.

There are over 20 million (3%) mentally retarded children in India out of which hardly a fringe attend special schools or get vocational training. For the vast majority there is no help because of the lack of resources.
The ‘Delhi Society for the Welfare of Mentally Retarded Children’ was founded in 1964 to organize the efforts of parents, doctors, social workers and well-wishers for providing care, education, training and rehabilitation facilities for the mentally retarded. It has set up a Day School, Diagnostic and Child Guidance Clinic, Vocational Training Centre and Transport Service at New Delhi.

Mental retardation is a common condition. In surveys in the general population in India among people of all ages, it has been found that around 2% have mental retardation. In other words, in a village of 1000 people, one can expect to find around 20 people with mental retardation. But if one estimates the problem only in children, (under 18 years of age) there will be about 3% of cases with mental retardation among all the children below 18 years of age in the same village. Mental retardation, the most common from of disability, was seen in around 2% of children.

Mild mental retardation is much more common than severe mental retardation, accounting for 65 to 75% of all cases with mental retardation. In other words, in a village of 1000 people, of the 20 who will have mental retardation, about 15 will have mild mental retardation and about five will have more severe forms.

When a mentally retarded child is born the initial reaction in most families is that of ‘gloom and doom’. In poorer segments of the population of SEAR member countries, having a child with mental retardation is a double tragedy; not only is the child unable to contribute to the family’s resources; instead he/she needs additional caring which drains the family’s resources. Thus, having a child with mental retardation in the family affects not only the individual who has this problem, but also their families and the society as a whole.

The literature on research provides valuable information on the current state of knowledge about mental retardation and also suggests the ways better care can be provided to these special persons by their families and others.

Diagnosis of Mental Retardation: When it is suspected that a child is mentally retarded, it is essential that his degree of retardation be ascertained so that early necessary action can be taken. In this country, parents when worried
about the retarded ward take him to doctors for some medical care and the more well-to-do also engage special tutors to coach him. On the other hand, they should take the child as early as they suspect his sub-normality to a guidance centre for proper diagnosis. When guided, parents could be enlightened about the mental level of the child almost exactly, so that they do not have any false conception about him.

The chief function of diagnosis is to ascertain the individual’s abilities, disabilities and other personality traits in order to know the category to which he belongs. It can be ascertained whether he is really a mental ‘defective’, or a ‘feeble-minded’ or a ‘mentally retarded’ or a dull individual. His educational and social needs can also be determined for a proper programme of assistance, education or training. Necessary diagnosis is also made to see if the mentally retarded is not suffering from any sense defect like faulty hearing, poor eye-sight, etc., which is generally found in many deficient individuals.

For a scientific diagnosis of mental retardation, therefore, there are four approaches:

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

(b) A psychological or psychometric examination with the help of various mental, intelligence and other tests to ascertain the individual’s level of intelligence and other abilities or aptitudes, is required.

(c) If the child has had some schooling, his educational attainments and backwardness in specific areas can be ascertained with the help of the school report or school history and also with the help of certain achievements or diagnostic tests in different school subjects. On the basis of such an enquiry into his educational disabilities, practical method can be suggested for his further training or for remedial treatment.
The development history of the individual from birth onwards is also to be considered as to when he/she began to sit, crawl, stand, walk or talk as a child, as these reports may indicate retardation.

Identification of Mentally Retarded: Identification of mentally retarded is a problem that has engaged the attention of psychologists and educationists all over the world. There are varieties of retardation in individuals. It becomes, therefore, difficult to assess mental retardation with the help of a single tool or test.

Intelligence Test: Despite the controversy over the concept of I.Q., it continues to be a criterion for identification of retardation and its classification. According to Kaur (2007) some of the intelligence tests in India are Seguin from Board Test, J. Bharat Raj: Development Screening Test, General Mental Ability Test for 7 to 11 years by R.P. Srivastava and Kiran Saxena, Performance Intelligence Test Battery by C.M. Bhatia which includes Koh's Block-Design Test, Alexander Pass-Along Test, Figure Drawing Test, Numerical Quick Memory Test and Picture Making Test, and Malin: Weschler Intelligence Scale for Indian Children.

According to Sahu (2002), the mentally retarded individuals can be classified under the following headings: Medical Classification - Infections and Intoxications, Trauma or Physical agent, Metabolism or Nutrition, Grossbrain disease, Unknown Prenatal influence, Chromosomal anomaly, Gestational disorder and Environmental influence; Educational Classification – Educable-I.Q. 60-85, Trainable – I.Q. 30-59 and Custodial – I.Q. Below 30; and Psychological Classification as on Stanford Binet test – Mild I.Q. 52-67, Moderate I.Q. 36-51, Severe I.Q. 20-35 and Profound retardation I.Q. below 20.

Sociometric Technique: Another important tool for identifying mentally retarded is through sociometric technique. There are still other types of individuals who are rejected by their social group come under mental retardation. Sociometric technique identifies how an individual keeps social relationship. This technique is useful for purposes of guidance and counseling because it provides
useful data about children. In other words, through sociometric techniques such information about a mentally retarded individual can be collected which will enable a guidance worker or a counselor to help in the adjustment of the individual.

Trainable Mentally Retarded: Society in general, has recognized the importance of education of trainable mentally retarded individuals. Trainable mentally retarded are so intellectually subnormal that they are not likely to learn superior academic skills (reading, writing and arithmetic). They cannot manage themselves or their affairs though they can be trained to care for their own bodily needs. They can learn to do some simple routine jobs under supervisions, but they can not be self-supporting. They need care and control in the home or in an institution throughout life, as they are always dependent on others for their physical and other needs.

Specific Characteristics of Trainable Mentally Retarded Individuals: These are as given below:-

(a) They are dependent on parents but can be trained according to the necessities of life.

(b) Lack speech, verbal expression, etc.

(c) They are trainable but not educable; there is a marked delay in development; they understand the spoken words, protect themselves against danger and perform routine tasks under supervision.

(d) They can develop and learn language to some extent.

(e) They can not be taught much by way of reading or writing, counting money.

(f) Delay is noted in feeding, dressing, washing and in acquiring control over bodily functions.

(g) Speech is very limited.

(h) They are slow in motor co-ordination.

(i) They learn to talk and carry on a simple conversation.
Functional development of people with mental retardation has been given as under:

- Adults with mild retardation can attain literacy, self-help skills, good speech and semi-skilled work.
- Adults with moderate retardation can attain literacy, self-help skills, domestic work, unskilled work with or without supervision.
- Adults with severe retardation can acquire self-help skills, minimum speech and assisted household chores.

Objectives of Vocational Training and Education of Mentally Retarded Individuals: An understanding of the nature and needs of trainable mentally retarded individuals and willingness to meet them provide the necessary basis for the development of suitable methods. This group of mentally retarded individuals will always require some form of protected environment, either, under guardianship in their own homes or under care in an institution or sheltered workshop. They are capable of deriving benefit from education, though they differ from that of normal children. The educational programme for the trainable mentally retarded emphasizes physical, psychological and social rather than intellectual skills. Self-sufficiency and independence are stressed so that the burden which they impose on their parents and on the community is minimized.

The objectives of the training of trainable mentally retarded should be framed keeping into consideration their limited level of intelligence and potential. Sahu (2002) recommended the following objectives:

- To help the trainable mentally retarded to become active persons in the society.
- To help them to make whatever small contribution may be possible within the confines of protected environment.

While thinking about special provisions for them, the following principles are taken into consideration.
The educational provisions will on the whole have a more practical orientation.

Less emphasis should be given to the teaching of academic subjects. More time should be devoted to the development of sensory-motor, self-care and daily living skills.

A more definite time table will also be necessary with short periods of activity. Frequent changes of subjects have a good effect on their progress.

There is a need for much more repetition and practice of learning materials. The teacher is expected to have infinite patience in achieving the desired patterns of repetition, success and praise. Only by repeated demonstration, example and practice can we achieve our goals.

The methods which are used for them should be clearly related to the real-life experiences and everyday needs of the individuals.

Many simple social activities can be dramatized in the classroom to give practice in the use of these skills.

Group-work should be emphasized to focus on mentally retarded individual’s social adequacy.

The child should learn what we want him to learn by actually doing the thing that is to be learned.

Before starting training, the teacher is required to observe the signs of readiness for learning otherwise fear and frustration may develop within them.

Teaching for training must be done through part learning and space learning method.

Praise, recognition, appreciation, status, affection, prestige and freedom to learn should be properly provided.

Role of the Parents: The parents have an important role to play in the whole process of growth and education of their mentally retarded child/ward. The
education of the trainable mentally retarded individuals requires some specific characteristics in parents which are given below:

1. The parent/caretaker must have special training in the education of mentally retarded children.
2. The parent/caretaker must have sympathetic attitude towards the trainable mentally retarded individuals.
3. The parent/caretaker should work in cooperation with teachers and others associated closely in day to day life.
4. The parent/caretaker should be mentally healthy and resourceful.
5. The parent/caretaker should seek guidance to help their mentally retarded child/ward for better adjustment in life and vocation.
6. The parent/caretaker should protect, support, encourage and keep their ward motivated and interested in the chosen vocation.
7. The parent/caretaker should help the child psychologically and physically to improve so as to enhance performance in daily life.

(B) VOCATIONAL GUIDANCE FOR PARENTS OF MENTALLY RETARDED INDIVIDUALS

Guidance has been given practically since ancient times when it was offered to the young by elders in the family and to person in distress by the family priest. Even today, in India, guidance whether for personal, educational, vocational or political matters, is commonly sought from the family priest, palmist, astrologer or numerologist. Guidance as a personalized assistance was made to be a reality experience made available by a sympathetic mature, experienced and professionally qualified person, which was given the status of a separate field of endeavour from that of teaching with adequate sophistication in the twentieth century. In view of the tremendous increase in the number of students, their wants and aspirations, a need is being felt everywhere for a nucleus of an organized programme of professional help in the form of guidance and counseling in the educational institutions. Guidance is not the imposition of one’s
point of view upon another or making decisions for an individual. It is an assistance given by a competent counselor to an individual of any age so that he is able to direct his own life and carry his own burdens. Guidance is regarded as a continuous process. Various types of guidance i.e. personal, educational, vocational etc. deal with many aspects of life of an individual.

Guidance has been understood as that aspect of educational programme which is concerned especially with helping the individual to become adjusted to ones present situation and ones future in line with ones interests, activities and social needs. Personal guidance may be defined as the assistance offered to the individual to solve his emotional, social, ethical and moral as well as health problems whereas personal guidance is concerned with the problems relating to recreational and leisure time activities. Educational guidance is mainly concerned with the problems of education which faced by students engaged in the study of different subject for their vocational preparation. Educational guidance is concerned with providing such information to student that is helpful in making the desirable choice of course in a desirable educational institution.

The major purpose of vocational guidance is to further help the mentally retarded individual through the care taker to develop his/her basic skills which are important to create awareness for successful work, for example, doing the job earnestly in a neat and systematic manner, using what one possesses to an optimum extent, doing it in co-operation with others and so on. The relevant potentialities of the different subjects can be tapped for developing the required psycho-motor performance and relevant information to the chosen occupational division that leads to enhancement in performance during training/employment.

The main approaches of vocational guidance are as follows:

1. Individual Guidance is a face to face assistance or help extended which is marked by intimacy and good rapport between the guidance worker and client so as to obtain reliable data about the individual. It is given to the individual not only to solve peculiar problems but also to enable an individual to be self reliant. It works on the accepted principle of guidance that an individual should be given an insight into his problems so that he
understands himself better and gradually develops the ability for self help and self guidance.

2. Group Guidance forms the foundation for individual guidance and assists in the identification of common problems. It refers to group activities that focus on providing information or experience through a planned and organized activity. These activities include orientation groups, career exploration, field visits and in-room guidance. Group guidance is also organized to prevent the development of problems. The content could include educational, vocational, personal or social information with a goal of providing subjects with accurate information that will help them make appropriate plans and life decisions.

The similarity between the individual and group guidance are discussed below:

The objectives of both are almost similar. Both types of guidance techniques aim at helping the counselee achieve self-integration, self-direction and responsibility. In guidance, the counselor presents an accepting, permissive climate for the clients to participate freely so that their defenses are reduced. The techniques aim at clarifying feelings, restatement of content and the like. The counselor helps the client to become aware of their feelings and attitudes and also to examine them. The members who receive help in both the techniques are normal individuals who have common developmental problems concerning needs, interests, aspirations, etc. Guidance approaches provide for privacy and confidentiality of relationship.

The process of group guidance: The members of a group have common goals and are largely homogeneous. The groups can comprise individuals of different age levels or of different sexes. Size of the group is dependent on the purpose of counseling. Too small a group may not be a feasible idea. In too large a group, relationships are often weakened. Frequency of sessions can also vary. More frequent sessions may not be productive because the individuals would have no chance to think over the experience of previous sessions. Duration of sessions obviously depend on several factors. These special children cannot be engaged fruitfully for sessions longer than that of about 30 minutes duration. But
with adults, the sessions can be longer – usually of hour and a half duration. The group counseling room should be of a reasonable size – it should neither give a feeling of overcrowding nor of emptiness. It should be free from outside distractions such that the client’s privacy is not infringed upon.

The family is the primary group of society. Its characteristic feature is the affective bonds among the members in the family and a concern for each other. Counseling cannot afford to ignore such an important aspect of human life. Family relations are broadly of two types – the parent-child relations and the husband-wife relations. When the members of the family are disunited, tension, distress and misery are the natural outcomes. The family counselor should help find ways and means of reducing, if not eliminating, the strife, mutual distrust and ill-will among the members of the family. Most problems in family relations have been identified to result from misunderstanding which is the layman’s term for lack of communication. The parent-child relationship comes under stresses and strains for very simple reasons. Each family has its own ethics and provides to its member a philosophy of life which is communicated through non-verbal and informal means. Many a time parents forget that mentally retarded children/wards cannot be judged from their own standards of morality, decency or culture. Quite often, parents try to compensate for their failures by wanting them to achieve what they could not. They tend to become unrealistic in their demands which cause frustration to both.

Sometimes parents take decisions on behalf of, or for their mentally retarded children/wards. The gap may lead to an identity crisis and sometimes to alienation which adversely affects family health. Family guidance is concerned with these and other related problems and aims at release of tensions and building up of harmonious relations. The researcher/counselor here uses the group counseling techniques as well as individualized counseling techniques to realize his/her goals. He/she may have a few sessions with the parents individually and then several with the counselor. The major effort is towards increasing communication leading to better understanding and appreciation of the individual members of the family. Unfortunately this area has received
minimal attention partly because it is very impracticable, especially in a highly industrialized society, to be able to assemble all the members of a family for guidance sessions.

Parents’ guidance deals with the area of parent-child relationships concerning the dimension of dependence-independence. Most parents are deeply concerned about the well-being of their children/wards and are afraid that if left to themselves, they may harm themselves. Hence they become over-protective. Another area of conflict concerns vocational choice. Most parents begin with the presumption that they know what is best for their children/wards. Parents’ guidance is aimed at helping parents become sensitive to the possible adverse effect of their behaviour on their children/wards.

It is becoming increasingly recognized that there should be a close liaison between school and home, and parents and teachers. For this purpose parent-teacher associations (PTAs) are formed. The schools managed by local self-government bodies in India pay scant regard to the need for PTAs. A few missionary schools and private schools have been successfully holding PTA meetings and reporting encouraging results. It is firmly believed that there is a genuine need for guidance of parents.

Parents usually are a heterogeneous lot. They have their own perceptions, expectations, prejudices and likes and dislikes about the school or about individual teachers/counselors. Parents understandably are indulgent and so they see their children in a different light. The parent, as a parent, may not be able to see the problem of his or her child as the teacher or a counselor sees it. The counselor has to see the pupil’s actions without bias and enlist the parent’s cooperation for doing something positive for the child. The counselor must behave with great caution and professional experience to win over the confidence and trust of the parent and help him see the shortcomings or the problems of his child in an objective manner. This requires a considerable amount of sympathetic understanding of the parent. Once the parent’s confidence and trust are secured, it becomes easy to enlist his/her cooperation. The assurance of confidentiality and privacy will reassure him/her.
The parent’s initial resistance can be overcome slowly with patient handling. By adopting an understanding attitude, the defensive reactions of the parent can be surmounted and by persuading the parent to talk. His inhibitions can be overcome if the parent is made to feel that the counselor will be helping in the resolution of his ward’s problems. Parents’ help is sought to gain some information about the ward’s personality problems. Such information concerning the pupil may go a long way in resolving his problem and help him in his training.

In most PTA meetings, group sessions can be organized to use group approach to resolve problems. Understanding and insights can help a great deal in reducing the tensions and anxieties of parents.

1.1 NEED OF THE STUDY

Mental retardation is a significant public health problem. Services for the retarded are so meagre that they do not even cover one percent of the mentally retarded (Sinclair, 1980). 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 are restricted to a few large centers. The attitude of medical practitioners is that of indifference. Parents go from place to place, often not getting even a complete correct diagnosis, leave alone guidance in helping their ward. 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 wards 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 they acquire are easy to transmit; these will potentially have a snow ball 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 wards. It is the parents who know him/her best and therefore should be able to satisfy both his unique needs due to the retardation as well as the needs common to all children. The rationale and advantage for guiding the parents include the following considerations.

Since the parents are most motivated to help, understand and care for the child and have the most meaningful relationship with him/her, they perceive themselves to be responsible for his/her long term care. Their direct participation in assisting the child/ward stimulates themselves for their better involvement further. Parents’ assistance at home for early training will lay the ground for more complex skills to be learnt later in life.

The most significant benefit will be that it will be satisfying to the parents to see their children/wards 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. Therefore, the present problem is entitled as stated below:

1.2 STATEMENT OF THE PROBLEM

EFFECT OF VOCATIONAL GUIDANCE TO PARENTS ON PSYCHO-MOTOR PERFORMANCE DURING VOCATIONAL TRAINING OF MENTALLY RETARDED

Recently, there has been increasing awareness that the term ‘mental retardation’ has a derogatory connotation. Thus, the term ‘mentally challenged’ is being used. However, since the term ‘mental retardation’ is well known to the common man, families with patients and policy-makers, this term has been used in this research thesis at times.
The terminology used in the present statement is briefly enunciated below:

THE MENTAL RETARDATION

Bergeron and Floyd (2006) define mental retardation as a development disability that first appears in children under the age of 18. It is defined as an intellectual functioning level (as measured by standard tests for intelligence quotient) that is well below average and significant limitations in daily living skills for adaptive functioning.

Mental retardation is a condition of low mental and physical condition. It is characterized by low intellectual abilities and impairment of certain physical conditions. The extent of mental retardation varies according to the degree of mental retardation. It generally manifests before the age of 18 years and is caused due to many reasons which may be congenital, environmental etc.

This is a condition in which there is delay or deficiency in all aspects of development, i.e. there is global and noticeable deficiency in the development of motor, cognitive, social, and language functions. This is the commonest form of development disability. In many ways, mental retardation is also representative of development disabilities in general, in its causation, nature, and care.

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.

MENTALLY CHALLENGED CHILD

According to Mukherjee (2003), mentally challenged children have retardation that accounts for the lower end of the curve of intellectual abilities. The concept of mental retardation has changed with the passage of time in its nature and its significance. Mentally challenged children are those children who deviate from the normal children to the negative side in mental dimensions. They have sub-normal mental development. They possess limited intelligence and social inadequacy.
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.

PARENT

A parent is a father or mother of the child.

MOTHER

According to The New Oxford illustrated Dictionary (1981), mother is defined as a ‘female parent’. According to Oxford Advanced Learners Dictionary of Current English (1989), mother is a woman who has given birth to a child; take cares of, to acknowledgement the maternity who has feeling of love of her child.

To conclude, mother is the woman who gives birth to the child and nurtures him/her in all ways.

MOTHER OF MENTALLY CHALLENGED CHILD

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

Vocation is a call, summons or impulsion to perform a certain function or enter a certain career;

Vocation is any trade, profession or occupation.

GUIDANCE

According to Jones (1980), guidance is to assist the individual to make wise choices, adjustments and interpretations in connection with critical
situations in his life in such a way so as to ensure continual growth in ability for self-direction.

Guidance is referred as assistance or help given to the child, youth or adult to understand himself, his needs and his environment.

VOCATIONAL GUIDANCE

The general conference of International Labour in its Vocational Guidance Recommendation described vocational guidance as ‘assistance’ given to an individual in solving problems relating to an occupational choice and progress with due regard for the individual’s characteristics and their relations to occupational opportunities.

According to Thressiakutty and Rao (2001), 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 GUIDANCE FOR PERSONS WITH MENTAL RETARDATION

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.

VOCATIONAL GUIDANCE FOR PARENTS OF MENTALLY RETARDED

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

Therefore, the areas of vocational guidance service for parents would include the following:

- Enable the parents to discover potentialities and interests of their wards.
- Make them understand occupational requirements of the mentally retarded individuals.
- Make available information about vocational training for mentally retarded individuals.
- Assist in choice of vocation.
- Train the parents for entrepreneurship with their mentally retarded child.
- Train the parents for adjustment of mentally retarded in a chosen vocation.
- Assist the parents to attain emotional competence to be able to help their mentally retarded ward.
- Help the parents to get properly adjusted in life to help their ward to adjust.

**VOCATIONAL TRAINING**

Vocational means designating of education, training, a school etc. intended to prepare one for an occupation, sometimes specific in a trade.

Training is the action or method of one that trains. It is the process or experience of being trained.

Thus, vocational training means experience of being trained in a specific field so as to prepare one for an occupation/trade.

**EFFECT**

Effect is any result of another action or circumstance.

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 (since the parents / care takers play an important role in the vocational rehabilitation of their retarded child/ward).

Review of the related literature also pointed out that parents 'psychological variables do influence their mentally retarded child’s/ward’s psycho-motor performance in vocation as was pointed out by Gupta(1989). Therefore keeping in mind the above, the following psychological variables of parents 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 were selected for the
present study by the researcher. The brief description of these variables has
been given in the following pages.

ATTITUDE

Attitude is a broad term covering almost all the important fields of
education. It is a guiding force behind all human actions. The Latin word ‘aptus’
meaning ‘fitness’ or ‘adaptedness’ gave origin to the word attitude.

Campbell (1963) reported that attitudes represent consistency in response
to social objects.

Triandis (1971) defined attitude as an idea charged with emotion which
predisposes a class of actions to a particular class of social situations. Thus,
definitions suggest that there are three components of attitude:-

1. Cognitive (idea);
2. Affective (emotion); and
3. Conative (action).

Fishbein and Ajzen (1975) also identified the essential feature of attitude;
that attitude is learnt; it predisposes action and such actions are consistently
favourable or unfavourable towards the object.

Skinner (1990) defined attitude as a developmental state of organismic
valence, created by psycho-biological processes, exerting a motivational
influence upon the individual’s responsive behaviour in situations directly and
indirectly related.

Singh (1994) contended that attitudes are a powerful source of human
motivation and are capable of arousing and sustaining concentrated effort.
Attitudes are a driving force in achieving the goals that an individual has set for
himself. Attitudes have intellectual, biological, social and emotional components that are derived from experience and exercise a determining influence on behaviour, whereas aptitude is a group of characteristics, native or acquired, deemed to be symptomatic of an individual’s ability to acquire proficiency in a given area.

Attitudes are important determinants of behaviour. They are acquired dispositions towards groups of persons and towards social, religious or political beliefs and institutions. Our attitudes prompt us to act; they keep us in a more or less enduring state of readiness of reaction. They dispose us to favour or to oppose our own actions and the actions of others. Attitudes, the affective by-products of an individual’s experience, have their basis in his inner urges, acquired habits and the environmental influence by which he is surrounded. In other words, attitudes result from personal desire and group stimulation. They actually are a part of an individual’s own personality but are affected by the attitudes and behaviour of the group with which he associates.

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

The concept of self has been referred as the core of centre of gravity or the key stone of personality (Breckenridge & Vincent, 1965). It describes what individuals see when they look at themselves in terms of their self-perceived physical characteristics, personality traits, roles and social status.

Agnihotri (1987) defined self as a composite of person’s thought and feelings, fears and fantasies, his view of what he is, what he has been, what he might become and his attitudes pertaining to his worth.

SELF CONFIDENCE

Smith (1962) identified confidence as a positive attitude of oneself towards one’s self concept.
Basavanna (1975) also identified self-confidence as an aspect of self-concept and thus he emphasized that it should not be confused with the self-concept itself. According to him, self-confidence refers to an individual's perceived ability to act effectively in a situation to overcome obstacles and to get things go all right. A self-confident person perceives himself to be socially competent, emotionally mature, intellectually adequate, successful, satisfied, decisive, optimistic, independent, self-reliant, self-assured, forward-moving and fairly assertive and having leadership qualities. Self is a composite of an assertive person having leadership qualities; of a person's thoughts and feelings, strivings and hopes, fears and fantasies; his view of what he is, what he has been, what he might become; and his attitudes pertaining to his worth. Self-Confidence is a positive attitude of oneself towards one's self concept.

Thus, 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

Emotions are basic primeval forces of great power and influence design by nature to enable the organism to cope with circumstances which demands the utmost effort for survival.

Emotions are something that we are moved to do. We are moved to tears or to laughter, to feel sad, happy or compassionate. We seek pleasure, vent anger and avoid what arouses fear in us.

According to Phutchuk (1980), the basic emotions reflect adaptive demands of the key environmental situations. The way an individual handles his emotions, whether competently or incompetently would be a question of immense importance explaining the growth of personality.

According to White (1959), doing a thing is quite different from doing it well, where one can produce the type of effects one desires; this may be termed as competence.

According to Allport (1961), it also refers to the mastering of abilities to do a task, sufficiency of means for living, easy circumstances or, in ethical sense, a
right to take cognizance which specifies the process of observation, comprehension, explanation, exploration and manipulation of the experiences more objectively with the fullest use of an individual’s capabilities.

According to Coleman (1970), emotional competence is an efficiency to deal effectively with several dissociable but related processes. It is a blending of five competences:

A. Adequate depth of feeling.
B. Adequate expression and control of emotions.
C. Ability to function with emotions
D. Ability to cope with problem emotions.
E. Encouragement of positive emotions.

To conclude, 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

Adjustment means the extent to which an individual’s personality functions efficiently in a world of other people. The span of life from birth to eighteen years is trying in the process of adjustment.

Adjustment plays an important role to determine the success or failure of a person. Our world is rapidly changing and each change makes new demands of our abilities to adapt. The adaptation of an individual to his physical and social environment is considered important for the survival. This adaptation, a biological concept, formulates the base for psychological concept of adjustment.
Adjustment may be defined as conformity to group standards. It may be considered as a continuous process of maintaining harmony among the attributes of the individual and the environmental conditions which surrounds him. It involves the fulfillment of potential for a personality and socially satisfactory life. Adjustment also implies social adaptability or ability to get along with the people and to attain and maintain harmonious relationship with family, community, school, workshop or office.

Gates (1946) has defined adjustment as a continuous process by which a person varies his behaviour to produce a more harmonious relationship between himself and his environment.

According to The Pocket Oxford Dictionary (2002), adjustment is:

(a) The process of adjusting.
(b) The state of being adjusted: settlement.
(c) An arrangement whereby things are adjusted.
(d) The settlement among various parties of their several claims, liabilities or payments.

According to Shaffer and Shober (1961), adjustment is the process by which a living organism maintains a balance between its needs and circumstances that influence the satisfaction of those needs.

Eysenck (1972) defines adjustment as a state in which the needs of the individual on one hand, and the claim of the environment on the other, are fully satisfied; harmony exists between the individual and the objective or the social environment. Thus, it is the process by which this harmonious relationship can be attained.

According to Crow and Crow (1973), the important components of well-adjusted behaviour are the possession of:

(a) a wholesome outlook on life,
(b) a realistic perception of life,
(c) emotional and social maturity, and
(d) a good balance between inner and outer forces that are active parts of human behaviour.

Lazarus (1976) maintains that adjustment consists of the psychological processes by means of which an individual manages to cope with various demands and processes of life.

Academic’s Dictionary of Psychology (2002) defines adjustment as the establishment of a satisfactory relationship between the individual and environment.

Lazarus (1976) viewed adjustment as an individual’s struggle to get along or survive in his or her social and physical environments. Adjustment is a two way process: fitting oneself into given circumstances and changing the circumstances to fit one’s needs.

Chauhan (1982) said that psychologists have interpreted adjustment from two important points of views – one: adjustment as an achievement and two: adjustment as a process. The first point of view emphasizes the quality of efficiency of adjustment and the second lays emphasis on the process by which an individual adjusts in his external environment. Adjustment as an achievement means how efficiently an individual can perform his duties in different circumstances.

Pooja (1999) describes adjustment to be a condition or state in which one feels that one’s needs have been fulfilled and that one’s behaviour confirms to the requirements of a given culture. In simple words, adjustment is nothing but accepting the code of conduct.

Merriam Webster’s Collegiate Dictionary (2000) describes adjustment as the act or process of adjusting. It is a means (as a mechanism) by which things are adjusted to one to another; it is a correction or modification to reflect actual conditions.

The discussion about adjustment as a dynamic and harmonious process may be summed up as follows:
• Adjustment is an achievement that makes an individual to perform his duties efficiently in different circumstances.

Adjustment is a process that makes one well adjusted, well contended and leads one to happy life.

• Adjustment develops a wholesome outlook for life.

• Adjustment is a good balance between inner and outer forces that active human behaviour.

• Adjustment persuades an individual to produce a harmonious relationship between himself and the needs of his environment.

• Adjustment helps us in maintaining balance between our needs and capacity to meet these needs.

Adjustment embraces all realms of human experiences and interaction. It is a very inclusive concept. 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.

MARITAL ADJUSTMENT

According to Mukherjee (2003), martial adjustment refers to harmonizing marriage relations or to make marriage relations adaptable according to the situation.

BEHAVIOUR PROBLEMS

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

Weight is heaviness; the amount, which anything weighs; a mental standard weighing; a heavy mass etc.

STRENGTH

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.

According to Eckert and Helen (1974), muscular strength may be defined as the force exerted by an individual during a single maximum effort.

According to Johnson and Nelson (1982), strength is generally defined as the muscular force exerted against movable and immovable objects.

According to Oxford Advanced Learner’s Dictionary (1995), strength is the quality of being strong.

According to BAF Senior Coach Coaching Theory Manual (1998), strength is the ability to exert force against a resistance. There are different types of strength as:

- Maximum strength – the greatest force that is possible in a single maximum contraction.
- Elastic strength – the ability to overcome a resistance with a fast contraction.
- Strength endurance – the ability to express force many times over.

The New International Webster’s Student Dictionary (2001) has given the following definitions of strength

a) The quality or property of being physically strong
b) The capacity to sustain the application of force without yielding or breaking
c) Effectiveness
d) Binding force or validity (as of a law)

e) Vigour or force of style

f) Degree of intensity/potency

According to Longman Dictionary of English Language (2005), strength is capacity to resist force. It is the capacity for exertion or endurance.

Kaushik (2008) explained that strength was the contractive power of muscle attained by a single maximum effort.

To conclude, we can say that strength is the force with which an individual can resist or perform an action. It is a quality of a physically strong individual.

AGILITY

In the past, the performance factor representing the coordinative abilities was recognized as agility. The concept of agility has been now replaced by the concept of coordinative ability. Agility is a motor parameter which refers to mental quickness and resourcefulness of an individual.

According to Singh (1984), agility is nothing but the product of certain coordinative abilities such as orientation, differentiation, balance, rhythm, reaction adaptation. He further pointed out that 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.

According to Oxford Advanced Learner’s Dictionary (1995), agility is the ability to move quickly and easily.

According to Kansal and Devinder (1996), one’s controlled ability to change body position and direction rapidly and accurately.

According to Beashel and Taylor (2000), agility is the ability to change the direction in an efficient and effective manner and to achieve this you require a combination of:
• Balance
  o The ability to maintain equilibrium when stationary or moving (i.e. not to fall over) through the coordinated action of our sensory functions (eyes, ears and proprioceptive organs in our joints).
  o Static balance – ability to retain the centre of mass above the base of support in a stationary position.
  o Dynamic balance – ability to maintain balance under changing conditions of body movement.
• Speed
  o The ability to move all or part of the body quickly.
• Strength
  o The ability of a muscle or muscle group to overcome a resistance.
• Co-ordination
  o The ability to control the movement of the body in co-operation with the body’s sensory functions e.g. catching a ball (ball, hand and eye co-ordination).

The New International Webster’s Student Dictionary (2001) describes agility as the ability to move quickly and easily, nimble, alert, lively.

According to Poppendieck (2002), agility is the ability to change direction rapidly while maintaining a constant velocity. Agility also includes the ability to change your centre of gravity to match your moves in an efficient manner.

Agility is thus act of balancing and flexibility along with speed. It requires strength and coordination of body in order to attain agility. The coordinative abilities are performance requisites which are primarily determined by the mechanism in the control and regulation of movements. Thus, it is thus the physical ability, which enables an individual to rapidly change the body position and direction in a precise manner.
PSYCHO-MOTOR PERFORMANCE

Psycho-motor activity is a term used for both verbal and non-verbal behaviour including reaction time, speed on movement, flow up speech, involuntary movements, handwriting, skills involving hand and body movements and the like.

According to University English Dictionary (1997), performance is the act of performing, execution, accomplished, fulfillment.

Thus, 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.

1.3 OBJECTIVES

The objectives of the research are:-

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.

1.4 LIMITATIONS OF THE STUDY

Following are the limitations of the study:

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.
1.5 DELIMITATIONS OF THE STUDY

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 following psychological and motor variables of mentally retarded individuals and their mothers:

(I). Psychological variables of the mothers of mentally retarded individuals were:

1. Attitude
   (i) Optimistic Attitude
   (ii) Pessimistic Attitude

2. Self Confidence

3. Emotional Competence
   (i) Adequate Depth of Feeling.
   (ii) Adequate Expression and Control of Emotions.
   (iii) Ability to Function with Emotions.
   (iv) Ability to Cope with Problem Emotions.
   (v) Encouragement of Positive Emotions.

4. Adjustment:
   (i) Marital Adjustment
   (ii) Social Adjustment: Emotional Adjustment and Social Maturity.

(II). (a) Psycho-motor variables of the mentally retarded individuals were:

1. Behaviour Problems, which further included the following sub variables;
   (i) Odd Behaviour
   (ii) Aggressive/Destructive Behaviour
   (iii) Stressful and Anxious Behaviour
   (iv) Display of Fear and Depressive Behaviour
(v) Emotionally Unstable Behaviour
(vi) Insecure and Compulsive Behaviour
(vii) Withdrawal and Alienated Behaviour
(viii) Behaviour Related to Physical Well-being

2. Weight
3. Strength
   (i) Arm Strength
   (ii) Abdominal Strength
4. Agility
5. Psycho-motor Vocational Performance

1.6 HYPOTHESES

The 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.

1.7 SIGNIFICANCE OF THE STUDY

The present study has been based on well accepted holistic philosophy of guidance that accepts man as a whole – a complete entity. It is based on the fact that the mind influences the body and the body influences the mind. Hence, it is most essential to discipline the mind for an integral and harmonious all-round development of body and personality of an individual. Guidance can undoubtedly play a vital role in directing the mind towards constructive goals by making them emotionally stable and competent. This provides the individual with refreshing experiences, peace, happiness and developing and positive thinking and attitude, self-confidence, analytic approach, smooth and calm mental state with emotional stability, strong will power and better adjustment in life. Clinical studies on mentally healthy individuals have brought to light the alarming fact that in the normal adolescents population the mentally ill and the doubtful cases outnumber the mentally healthy adolescents. These studies conclude that many of them do not need institutionalization or even clinical assistance but most of them do need some kind of help, guidance and skilful handling and experience multidirectional challenges for growing and making their child independent in life, consequently finding themselves at a loss. The parents of these individuals need timely guidance for constructive diversion of their minds towards a creative channel to enable them to earn their living and be independent in daily life situations with the help of caretaker and/or parents. Guidance certainly can prove to be a blessing to the mentally retarded individuals for the above mentioned aspects of the but also to the parents who are also their caretakers for mental, physical, and spiritual health to help them in achieving the state of well being that further can enhance their psycho-motor performance in a chosen vocation. The present study is focused on exploring the effect of vocational guidance to parents on
psycho-motor performance of mentally retarded individuals (their wards) during their vocational training and to understand the selected variables of mothers i.e. attitude, self confidence, emotional competence and adjustment and those of the mentally retarded individuals namely behaviour problems, weight, strength, agility and psycho-motor vocational performance respectively.

The findings of the study would not only add to the body of knowledge but will provide a great help to Psychologists, Educationists, Counselors and parents in effective handling of mentally retarded individuals in their respective chosen vocation. The findings will be of great significance to the teachers and parents of the mentally retarded individuals and to the general public and bring about an awareness of relevance of vocational guidance in modern world of stress and tensions that they have to face to have skills for vocation and to perform reasonably well in the work culture.