Summary And Conclusions
5.1 SUMMARY

Mental retardation is a developmental disability that causes major limitations in functions of daily life. It creates a need of assistance for carrying out basic life activities like self-care, independent movement and social interaction etc. Accepting a child with mental handicap becomes difficult for parents and whole family, particularly when competence and achievement are very much valued in today’s world. Thus when it suddenly becomes necessary for parents to love someone who has a very limited capacity, they are put in a conflicting situation and face a great deal of stress as mentally challenged children grow and develop at a slower rate than normal children.

Mentally challenged children, due to their delayed developmental milestones, lack of initiation and poor coordination may not be able to perform their skills in daily life situations. They tend to face many problems. The mother gives opportunities and learning situations, which enable such children to adjust in adult years and face life tasks ahead. The psychological make up of the mother can interfere in her duty to solve their problems and teach and train her child in acquisition of these skills.

The effects of rearing a handicapped child on the family, and especially on the mother, appear to be complex. Many studies and personal observations agree that the families of mentally challenged children are faced with many difficulties including those of management, finance, deprivation of rest and leisure to the parents. Some families may cope very well and remain cohesive and creative units in which other children may grow up normally and happily. But some families may get over strained by the presence of a handicapped child and eventually disintegrate. It is felt that there is a need to guide and teach the mothers of mentally challenged children.

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 cannot interact socially. Parents of mentally challenged children predominantly needed to seek help for managing problems of their children such as physical harm towards others, damage to property, misbehaviour with others, temper tantrums, wandering aimlessly, disobedience, repetitive behaviour, self injurious behaviour, restlessness, physically overactive, odd behaviour, fears, sexual problems among others.

Stress is a physical factor such as an injury of mental state, anxiety that disturbs the body's normal state of functioning. A mother of mentally challenged child faced problems relating to limited time available to care giving, child management difficulties, concern regarding the disabled child's well-being, financial burdens, dysfunctional family interaction pattern inadequate in the support received from friends and relations, negative involvement with community services and professionals. Besides this, her personal problems added to her stress level that might contribute to the development of some illness. Therefore, her problems leading to stress were checked and reduced.

Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate or reduce, or minimize stressful events. Two general coping strategies have been distinguished: (i) Problem solving strategies - efforts to do something active to alleviate stressful circumstances, and (ii) Emotion-focused coping strategies - efforts to regulate the emotional consequences of stressful or potentially stressful events. The predominance of one type of strategy over another is determined, in part, by personal style (e.g. some people cope more actively than others) and also by the type of stressful event.

A mentally challenged child needs a lot of love and warmth, discipline, which should be mild but consistent and conditions in which he can develop his capacities to the maximum. He needs a great deal more patience and tolerance than the normal child. He develops and progresses at his own rate, which is slower than the average. Progress occurs in almost all the children, even though
slow. However, progress can be improved by providing a warm loving family atmosphere in which the child can learn easily.

Mother is a woman who has given birth to a child, take care of, to acknowledge the maternity, who has feeling of love for her child. The mother has the important task of rearing the children to whom they have transmitted the gift of life. The mother's task of giving love and taking care of their children, especially mentally challenged, is considered a biological imperative. With the advent of new social developments, mentally challenged children have been given special attention in society. The spread of education has compelled mothers of mentally challenged to come out of their shells and accept their responsibilities towards their mentally challenged children. In modern times the behaviour of mothers of mentally challenged children has undergone a tremendous change. Instead of feeling helpless and anxious about the future of their children, they now become more conscious about solving the problems of their children. Mother should be the best source of friendship and happiness for the child but many times, she herself becomes the victim and suffers from the feeling of frustration, anxiety, unhappiness, alienation, insecurity and stress etc.

Guidance is a kind of specialized service, which is given to the individuals in solving problems of crucial nature. Under this concept, help is given by specialized guidance workers for the best development of one's personality. Guidance enables or assists the individuals to solve educational, vocational and psychological problems. Guidance is a process of helping the individual to discover one's potentialities and propensities, capacities and capabilities, abilities and aptitudes, interest and natural endowments and to help in making maximum development and use of all these potentialities to the best advantage of the individual. Individual guidance for mothers of mentally challenged children included a process of assisting the mother in conditions requiring relief for developing the body, mind, personality and character and to help her in making maximum educational, vocational and personal or psychological adjustments according to her capacity. This could help the mothers with mentally challenged
child, to alleviate the stressful effects by utilizing her strengths in providing quality care to her mentally challenged child.

A lot of research activity had to be generated to understand the behaviour of the mothers of mentally challenged children, to analyze the dynamics of the behaviour in relation to their acquirement of skills of behaviour of their children and to grapple with their life styles so that correct appreciation of their potential promise and problems could be made.

It was, therefore, worthwhile to examine the level of stress and use of coping strategies by the mothers and various behaviour problems faced by their children and how they affect each other. Guidance assumes that individuals can be helped for solving problems relating to behaviour. Mothers can be assisted for management of behaviour problems of their mentally challenged children. Considering the centrality of individual with guidance and communication, efficient and effective health and behaviour accomplishment is possible. However a research study was needed to find out an effectiveness of guidance for mothers of mentally challenged children for management of their behaviour problems and to examine its effect on level of stress and the coping strategies used by these mothers.

Hence, this study was taken up with the aim of guiding and enabling the mothers of mentally challenged to sequence their daily activities by reducing their problems and to study the behaviour problems of mentally challenged children with psychological variables of stress and coping strategies of their mothers. This study will be helpful to the parents, counselors, teachers, psychologists, psychiatrists, care givers, trainers and therapists to formulate an effective conditioning programme to improve their overall feeling of well-being and quality of life.

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

1. To examine the effect of treatment of guidance on mothers for management of behaviour problems of their mentally challenged children.
2. To examine the effect of treatment of guidance on mothers for management of behaviour problems of their mentally challenged children on stress.

3. To examine the effect of treatment of guidance on mothers for management of behaviour problems of their mentally challenged children on coping strategies.

4. To examine the long-term effect after termination of treatment of guidance on mothers for management of behaviour problems of their mentally challenged children.

5. To examine the long-term effect after termination of treatment of guidance on mothers for management of behaviour problems of their mentally challenged children on stress.

6. To examine the long-term effect after termination of treatment of guidance on mothers for management of behaviour problems of their mentally challenged children on coping strategies.

After the review of literature following hypotheses were framed:

1. There would be a significant effect of treatment of guidance on mothers for management of behaviour problems of their mentally challenged children.

2. There would be a significant effect of treatment of guidance on mothers for management of behaviour problems of their mentally challenged children on stress.

3. There would be a significant effect of treatment of guidance on mothers for management of behaviour problems of their mentally challenged children on coping strategies.

4. There would be no long-term effect after termination of treatment of guidance on mothers for management of behaviour problems of their mentally challenged children.

5. There would be no long-term effect after termination of treatment of guidance on mothers for management of behaviour problems of their mentally challenged children on stress.
6. There will exist no long-term effect after termination of treatment of guidance on mothers for management of behaviour problems of their mentally challenged children on coping strategies.

Following were the limitations of the study:

1. In the study the variable of personal stress of mothers of mentally challenged children was measured by personal stress scale developed by the investigator, which was standardized in consultation with the experts in the field.

2. The duration of treatment of individual guidance for management of selected behaviour problems was only for three months (each mother was contacted thrice a month for only 40-45 minutes of time duration for each contact) according to designed schedule for the same.

Following were the delimitations of the study:

1. The study was delimited to only 60 mothers of mentally challenged children (mothers whose children were diagnosed to be suffering from mild (IQ 50-69) mental retardation and whose children age ranged from 8 to 14 years), 30 mothers each in control and experimental groups, living in and around Chandigarh.

2. The criterion for identification of mothers of mentally challenged children also depended upon availability, cooperation and time of the subjects.

3. The treatment included only individual guidance to mothers for management of behaviour problems of their mentally challenged children and was delimited to only selected behaviour problems, namely, low intelligence with behaviour problems, conduct disorder, anxiety, depression, psychotic symptoms, special symptoms, physical illness with emotional problems and somatization only.

4. The study was limited to measurement of only selected variables, namely (a) Behaviour problems of mentally challenged children (b) Stress of mothers of mentally challenged children and (c) Coping strategies of mothers of mentally challenged children.
5. The study was further restricted to the following sub variables of selected variables of mentally challenged children and their mothers:

a. Behaviour problems variable of mentally challenged children further included only the following sub variables:
   - Low intelligence with behaviour problems
   - Conduct disorder
   - Anxiety
   - Depression
   - Psychotic symptoms
   - Special symptoms
   - Physical illness with emotional problems
   - Somatization

b. Stress variable of mothers of mentally challenged children further included only the following sub variables:
   - Personal stress
   - Financial stress
   - Social stress (intra-familial aspects)
   - Social stress (extra-familial aspects)
   - Emotional stress
   - Total family stress

c. Coping strategies variable of mothers of mentally challenged children further included only the following sub variables:
   - Positive cognition
   - Negative cognition
   - Problem solving
   - Distraction
   - Magical thinking
   - Avoidance
   - Religious
   - Help seeking
• External attribution

6. The term mentally challenged children had been used many times instead of mentally retarded children whereas most of the review is available on mentally retarded children.

Design: Pre-postAcontrol group design was followed. The design for this experimental study consisted of two groups: Control group (Group A) and Experimental group (Group B). Both the groups consisted of mothers of mentally challenged children living in and around Chandigarh. Mothers of control group were not given any treatment and mothers of experimental group were given the treatment of guidance for management of behaviour problems of their mentally challenged children. The short-term and long-term effect of the treatment was measured by finding out the difference in the pre-test and post-tests (i.e. post-test I and post-test II) scores of mothers of mentally challenged children of both control and experimental groups.

A sample means the representative proportion of the population selected for observation and experimentation. The criteria for identification depends upon the size and scope of the study, subject availability, cooperation of the subjects, expense in both time and money, and complexity of data analysis. All the above-mentioned factors were taken into due consideration in sample selection.

The purposive sampling technique was used for identification and selection of the sample and the list of mothers of mentally challenged children was prepared. A total of 60 mothers of mentally challenged children living in and around Chandigarh was identified. They were again divided into following two equal groups randomly: (1) Control group: One group of 30 mothers of mentally challenged children served as the control group. No treatment was given to the mothers of mentally challenged children included in the control group. (2) Experimental group: The other group of 30 mothers of mentally challenged children served as experimental group. The treatment of guidance was given to mothers for management of behaviour problems of their mentally challenged children included in the experimental group. The criteria for inclusion and
exclusion were as follows - Inclusion criteria: (a) A mother whose child was diagnosed as mentally challenged on the basis of the physician’s diagnosis and psychological assessment. (b) A mother whose child was diagnosed to be suffering from mild (IQ 50-69) mental retardation as per ICD –9 (International Classification of Diseases, 9th session). (c) A mother whose mentally challenged child’s age ranged from 12 to 19 years. (d) A mother whose mentally challenged child was having behaviour problems and agreed to take guidance. Exclusion criteria: (a) A mother whose child was associated with physical handicap. (b) A mother of mentally challenged child who did not agree to take guidance.

Keeping in view the significance of investigation the following variables of mentally challenged children and mothers of mentally challenged children were selected:

- Behaviour Problems (of mentally challenged children)
- Stress (of mothers of mentally challenged children)
- Coping Strategies (of mothers of mentally challenged children)

Following tools were used to collect the data for the selected variables of mentally challenged children and mothers of mentally challenged children:

- Childhood Psychopathology Measurement Schedule by Malhotra (2002) was used to measure the variable of behaviour problems of mentally challenged children.
- Personal Stress Scale developed by the investigator (2005) was used to measure the variable of personal stress of mothers of mentally challenged children.
- Family Stress Scale (FSS) by Shanmugavela (1999) was used to measure the variable of stress of mothers of mentally challenged children.
- Coping Checklist by Rao, Prabhu and Subhakrishnan (1989) was used to measure the variable of coping strategies of mothers of mentally challenged children.
The procedure for data collection included the following:

Pre-test: The pre-test was taken by both the control and experimental groups. After collecting the basic information of subjects, they were administered the selected tools of the study individually for measurement of variables of behaviour problems (of mentally challenged children), stress and coping strategies (of mothers of mentally challenged children). Scores for all the variables were collected for further analysis.

Treatment: The treatment included individual guidance to mothers of experimental group for management of behaviour problems of their mentally challenged children. The individual guidance sessions (for 40 to 45 minutes each) to mothers of experimental group for management of behaviour problems of their mentally challenged children were held by the investigator herself. The treatment was given for three months (thrice a month). Individual guidance schedules used for the study have been shown in the appendices III to X.

Major steps of guidance (i.e., physical setting to initiate guidance, explaining the purpose, rapport building, familiarizing with the rules, establishing mutual trust, diagnosing specific behaviour problems, enlisting and assessing related behaviour problems in depth, formulating program for management/replacement of behaviour problems and initializing goals for guidance, assisting for management of behaviour problems and problem solving, facilitating assertion, evaluating progress and recycling the process, arranging for next contact and terminating contact) were followed as given in the schedule designed for individual guidance to mothers of mentally challenged children for management of behaviour problems while giving guidance to mothers of mentally challenged children.

After making the mother aware of program plan and discussion of the same, the investigator and the mother agreed on the outcome goals of facilitating behaviour change for management of behaviour problems of mentally challenged child. Accordingly, mothers of mentally challenged children were extended
guidance tips with an intention of stimulating their determination to help their children with behaviour problems.

Guidance to mothers for management of behaviour problems of their mentally challenged children was an attempt to inculcate better understanding for helping themselves and their children. It was intended to develop a feeling of greater adequacy, lessened stress and anxiety, reduced coping strategies. Finally, the contact was terminated softly by thanking the mothers for their active participation and cooperation. They were bid good-by and they were also extended warm wishes for a bright and successful future in life. On the whole mother was given guidance regarding behaviour problems (namely, low intelligence with behaviour problems, conduct disorder, anxiety, depression, psychotic symptoms, special symptoms, physical illness with emotional problems and somatization) of her mentally challenged children. It was felt that this effected more of relaxed physical and mental state among mothers of mentally challenged children.

Post-tests: The post-test (I) was taken by the mothers of mentally challenged children of control group after three months of pre-test without giving any treatment of guidance for management of behaviour problems of their mentally challenged children. The post-test (I) was also taken by the mothers of mentally challenged children of experimental group after giving the treatment of guidance for management of behaviour problems of their mentally challenged children for three months. The treatment of guidance for management of behaviour problems of their mentally challenged children of three months duration was terminated and post-test (II) was taken by the mothers of mentally challenged children of control group as well as the mothers of mentally challenged children of experimental group after the 6 months of pre-test and both the groups were again administered the selected tools of the study for measurement of variables of behaviour problems (of mentally challenged children), stress and coping strategies (of mothers of mentally challenged children).
For all the variables scores were collected for analysis for each subject. Post-test (I) indicated short-term effect of the treatment whereas post-test (II) indicated long-term effect of the treatment in the study.

After the collection of data, scoring was done. Scores were subjected to descriptive and inferential statistics. Frequency distribution, the measure of the central tendency, standard deviation, skewness and kurtosis were worked out in respect of both groups (i.e. control and experimental) separately. To test if the obtained 't' values were significant, confidence levels were established at 0.05 level and 0.01 level respectively. Analysis of Co-variance (ANCOVA) was applied to study significance of differences among the groups. Data was also suitably illustrated by diagrams and graphs. After finishing the statistical computation, the interpretation of data was done.

The detailed analysis and interpretation of results of pre-test, post-test (I) and post-test (II) scores of control group and experimental group for the variables of behaviour problems of mentally challenged children, stress and coping strategies of mothers of mentally challenged children was done by using descriptive and inferential statistics. The results including only mean gain (I) scores and mean gain (II) scores of each variable are briefly summarized in the following pages.

Mean gain (I) scores and mean gain (II) scores for the sub-variables of behaviour problems variable, namely, low intelligence with behaviour problems, conduct disorder, anxiety, depression, psychotic symptoms, special symptoms, physical illness with emotional problems and somatization including total behaviour problems of mentally challenged children are as follows:

Low intelligence with behaviour problems: The mean gain (I) score values of low intelligence with behaviour problems variable for control and experimental groups are .10 and -.83 respectively. The mean gain (II) score values of low intelligence with behaviour problems variable for control and experimental groups are .17 and -1.20 respectively.
Conduct disorder: The mean gain (I) score values of conduct disorder variable for control and experimental groups are .13 and -.57 respectively. The mean gain (II) score values of conduct disorder variable for control and experimental groups are .30 and -.70 respectively.

Anxiety: The mean gain (I) score values of anxiety variable for control and experimental groups are .23 and -.30 respectively. The mean gain (II) score values of anxiety variable for control and experimental groups are .01 and -.2 respectively.

Depression: The mean gain (I) score values of depression variable for control and experimental groups are .30 and -.60 respectively. The mean gain (II) score values of depression variable for control and experimental groups are .17 and -.40 respectively.

Psychotic Symptoms: The mean gain (I) score values of psychotic symptoms variable for control and experimental groups are .10 and -.67 respectively. The mean gain (II) score values of psychotic symptoms variable for control and experimental groups are .27 and -.13 respectively.

Special Symptoms: The mean gain (I) score values of special symptoms for control and experimental groups are -.50 and -.60 respectively. The mean gain (II) score values of special symptoms variable for control and experimental groups are -.57 and -.40 respectively.

Physical Illness With Emotional Problems: The mean gain (I) score values of physical illness with emotional problems variable for control and experimental groups are .20 and -.23 respectively. The mean gain (II) score values of physical illness with emotional problems variable for control and experimental groups are .07 and -.10 respectively.

Somatization: The mean gain (I) score values of somatization variable for control and experimental groups are .17 and -.40 respectively. The mean gain (II) score values of somatization variable for control and experimental groups are .07 and -.57 respectively.

Total Behaviour Problems: The mean gain (I) score values of total behaviour problems variable for control and experimental groups are 1.27 and
-3.67 respectively. The mean gain (II) score values of total behaviour problems variable for control and experimental groups are 1.17 and -3.40 respectively.

Mean gain (I) scores and mean gain (II) scores for the variable of personal stress and sub-variables of stress, namely, financial stress, social stress (intra-familial aspects), social stress (extra-familial aspects) and emotional stress including total family stress of mothers of mentally challenged children are as follows:

Personal Stress: The mean gain (I) score values of personal stress variable for control and experimental groups are -.17 and -3.13 respectively. The mean gain (II) score values of personal stress variable for control and experimental groups are -.33 and -3.27 respectively.

Financial Stress: the mean gain (I) score values of financial stress variable for control and experimental groups are -.13 and -.80 respectively. The mean gain (II) score values of financial stress variable for control and experimental groups are -.23 and -.97 respectively.

Social Stress (Intra - Familial Aspects): The mean gain (I) score values of social stress (intra - familial aspects) variable for control and experimental groups are -.27 and -1.23 respectively. The mean gain (II) score values of social stress (intra - familial aspects) variable for control and experimental groups are -.33 and -1.03 respectively.

Social Stress (Extra - Familial Aspects): The mean gain (I) score values of social stress (extra - familial aspects) variable for control and experimental groups are -.20 and -1.07 respectively. The mean gain (II) score values of social stress (extra - familial aspects) variable for control and experimental groups are -.23 and -.93 respectively.

Emotional Stress: The mean gain (I) score values of emotional stress variable for control and experimental groups are -.23 and -1.43 respectively. The mean gain (II) score values of emotional stress variable for control and experimental groups are -.43 and -1.13 respectively.
Total Family Stress: The mean gain (I) score values of total family stress variable for control and experimental groups are -.83 and -4.53 respectively. The mean gain (II) score values of total family stress variable for control and experimental groups are -1.23 and -4.07 respectively.

Mean gain (I) scores and mean gain (II) scores for the sub-variables of coping strategies, namely, positive cognition, negative cognition, problem solving, distraction, magical thinking, avoidance, religious, help seeking and external attribution of mothers of mentally challenged children are as follows:

Positive Cognition: The mean gain (I) score values of positive cognition variable for control and experimental groups are 0 and 0.03 respectively. The mean gain (II) score values of positive cognition variable for control and experimental groups are .47 and .3 respectively.

Negative Cognition: The mean gain (I) score values of negative cognition variable for control and experimental groups are .53 and -.53 respectively. The mean gain (II) score values of negative cognition variable for control and experimental groups are -.03 and -.70 respectively.

Problem Solving: The mean gain (I) score values of problem solving variable for control and experimental groups are .67 and 1.27 respectively. The mean gain (II) score values of problem solving variable for control and experimental groups are .37 and 1.03 respectively.

Distraction: The mean gain (I) score values of distraction variable for control and experimental groups are -.03 and .70 respectively. The mean gain (II) score values of distraction variable for control and experimental groups are .13 and .90 respectively.

Magical Thinking: The mean gain (I) score values of magical thinking variable for control and experimental groups are .33 and -.77 respectively. The mean gain (II) score values of magical thinking variable for control and experimental groups are -.17 and -.83 respectively.

Avoidance: The mean gain (I) score values of avoidance variable for control and experimental groups are -.13 and -.33 respectively. The mean gain
(II) score values of avoidance variable for control and experimental groups are -.17 and -.47 respectively.

Religious: The Mean Gain (I) score values of Religious variable for Control and Experimental groups are .10 and -.50 respectively. The Mean Gain (II) score values of Religious variable for Control and Experimental groups are -.13 and -.60 respectively.

Help Seeking: The mean gain (I) score values of help seeking variable for control and experimental groups are .13 and -.53 respectively. The mean gain (II) score values of help seeking variable for control and experimental groups are -.10 and -.67 respectively.

External Attribution: The mean gain (I) score values of external attribution variable for control and experimental groups are -.13 and -.30 respectively. The mean gain (II) score values of external attribution variable for control and experimental groups are -.13 and -.23 respectively.

Inferential Statistics: On the basis of pre-test scores, two groups were formed i.e. control group and experimental group. To ascertain initial difference between the two groups in all the variables T-test was applied. To evaluate the significant effect of treatment of guidance for management of behaviour problems of mentally challenged children and to determine whether the difference between scores of control group and experimental group were significant for the variables of behaviour problems of mentally challenged children, stress and coping strategies of mothers of mentally challenged children, the data was analyzed by using one-way Analysis of Co-variance (F-ratio).

T-Ratio: The results did not indicate any significant difference between Control group and Experimental group in the variables of behaviour problems as the obtained t-values in all the cases were less than 2.00, which are required to be significant at 5% level. However, except physical illness with emotional problems variable where .000 difference was observed between control group and experimental group, in all other variables marginal to moderate difference was observed, which indicated that the groups were not equated ones.
The results did not indicate any significant difference between control group and experimental group in the variables of stress, as the obtained t-values in all the cases were less than 2.00, which are required to be significant at 5% level. However, except financial stress, social stress (extra-familial aspects) and emotional stress variables where .000 difference was observed between control group and experimental group, in all other variables marginal to moderate difference was observed, which indicated that the groups were not equated ones.

The results did not indicate any significant difference (except for the positive cognition variable) between control group and experimental group in the variables of coping strategies as the obtained t-values in all the cases were less than 2.00 (except for the Positive Cognition variable), which are required to be significant at 5% level. However, except problem solving variable where .000 difference was observed between control group and experimental group, in all other variables marginal to moderate difference was observed, which indicated that the groups were not equated ones.

On the basis of the T-test results obtained on the pre-test scores of control group and experimental group, Analysis of Co-variance (ANCOVA) procedure was followed to neutralize the initial mean difference from the collected data after the guidance treatment and also after next three months after termination of guidance treatment for all the variables and the results are summarized in the following pages:

Behaviour Problems: After guidance treatment to the experimental group for three months the Analysis Of Co-Variance (ANCOVA) results indicated that the treatment brought significant difference in the Intelligence level between control and experimental groups as the obtained F-ratio 45.326 was much higher than the table value of 7.1 at 1% level. Similarly, there has been significant difference in the conduct disorder between the two groups i.e. control group and experimental group as the obtained F-ratio was found as 31.664 which was higher than the table value of 7.1, required to be significant at 1% level. The treatment also brought significant difference in the anxiety level between control
and experimental groups as the obtained F-ratio 23.544 was much higher than the table value of 7.1 at 1% level. The treatment also brought significant difference in the depression level between control and experimental groups as the obtained F-ratio 42.620 was much higher than the table value of 7.1 at 1% level. Similarly, there has been significant difference in the psychotic symptoms between the control group and experimental group as the obtained F-ratio i.e. 22.985 was higher than the table value of 7.1 which is required to be significant at 1% level. No significant difference was observed between the control group and experimental group for the special symptoms variable as the obtained F-ratio i.e. 3.156 was even less than the required table value of 4.02 at 5% level. There has been significant difference in the physical illness with emotional problems variable between the two groups i.e. control group and experimental group as the obtained F-ratio was found as 19.237 which was higher than the table value of 7.1, required to be significant at 1% level. The treatment also brought significant difference in the somatization variable between control group and experimental group, as the obtained F-ratio i.e. 21.427 was much higher than the table value of 7.1 at 1% level. Lastly, the treatment brought significant difference in the total behaviour problems variable between control and experimental groups, as the obtained F-ratio 104.611 was too much higher than the table value of 7.1 at 1% level.

Stress: After guidance treatment to the experimental group for three months the Analysis Of Co-Variance (ANCOVA) results indicated that the treatment brought significant difference in the personal stress between control and experimental groups as the obtained F-ratio 54.657 was much higher than the table value of 7.1 at 1% level. Similarly, there has been significant difference in the financial stress between the two groups i.e. control group and experimental group as the obtained F-ratio was found as 17.275 which was higher than the table value of 7.1, required to be significant at 1% level. The treatment also brought significant difference in the social stress (intra-familial aspects) between control and experimental groups, as the obtained F-ratio 24.066 was much
higher than the table value of 7.1 at 1% level. There has been also significant
difference in the social stress (extra-familial aspects) between control and
experimental groups as the obtained F-ratio 24.762 was much higher than the
table value of 7.1 at 1% level. Similarly, there has been significant difference in
the emotional stress between the control group and experimental group as the
obtained F-ratio i.e. 28.773 was higher than the table value of 7.1 which is
required to be significant at 1% level. Lastly, the treatment brought significant
difference in the total family stress variable between control and experimental
groups, as the obtained F-ratio 54.651 was much higher than the table value of
7.1 at 1% level.

Coping Strategies: After guidance treatment to the experimental group for
three months the Analysis Of Co-Variance (ANCOVA) results indicated that no
significant difference was observed between the control group and experimental
group for the positive cognition variable as the obtained F-ratio i.e. .225 was
even less than the required table value of 4.02 at 5% level. The treatment
brought significant difference in the negative cognition variable between control
and experimental groups, as the obtained F-ratio 7.840 was higher than the table
value of 7.1 at 1% level. Similarly, there has been significant difference in the
problem solving variable between the two groups i.e. control group and
experimental group as the obtained F-ratio was found as 9.224 which was higher
than the table value of 7.1, required to be significant at 1% level. The treatment
also brought significant difference in the distraction variable between control and
experimental groups, as the obtained F-ratio 10.186 was higher than the table
value of 7.1 at 1% level. The treatment also brought significant difference in the
magical thinking variable between control and experimental groups as the
obtained F-ratio 12.787 was higher than the table value of 7.1 at 1% level. No
significant difference was observed between the control group and experimental
group for the avoidance variable as the obtained F-ratio i.e. 1.352 was even less
than the required table value of 4.02 at 5% level. But, there has been significant
difference in the religious variable between the control group and experimental
group as the obtained F-ratio i.e. 15.769 was higher than the table value of 7.1, which is required to be significant at 1% level. Similarly, there has been significant difference in the help seeking variable between the two groups i.e. control group and experimental group as the obtained F-ratio was found as 13.038 which was higher than the table value of 7.1, required to be significant at 1% level. The treatment also brought significant difference between the control group and experimental group for the external attribution variable as the obtained F-ratio i.e. 5.047 was higher than the table value of 4.02 at 5% level.

In the following pages the Analysis of Co-Variance (ANCOVA) between the pre-test and post-test (II) scores for the variables of behaviour problems of mentally challenged children, stress and coping strategies of mothers of mentally challenged children have been discussed to see the long term effect when the guidance treatment was stopped after three months:

Behaviour Problems: After a gap of three months of guidance treatment to the experimental group, the Analysis of Co-Variance (ANCOVA) results indicated that the treatment brought significant difference in the intelligence level between control and experimental groups as the obtained F-ratio 60.250 was much higher than the table value of 7.1 at 1% level and hence long-term effect of guidance treatment was observed. Similarly, there has been significant difference in the conduct disorder between the two groups i.e. control group and experimental group as the obtained F-ratio was found as 46.262 which was higher than the table value of 7.1, required to be significant at 1% level, which also indicated long-term effect of the guidance treatment. The treatment also brought long-term effect of the guidance treatment and significant difference in the anxiety level between control and experimental groups as the obtained F-ratio 10.123 was higher than the table value of 7.1 at 1% level. The treatment also brought significant difference in the depression level between control and experimental groups as the obtained F-ratio, 20.432, was much higher than the table value of 7.1 at 1% level, thereby indicating long-term effect of the guidance treatment. Significant difference was observed between the control group and experimental
group for the variable of psychotic symptoms as the obtained F-ratio i.e. 11.732 was higher than the required table value of 7.1 at 1% level and hence long-term effect of the guidance treatment was observed for the variables of psychotic symptoms. No significant difference was observed between the control group and experimental group for the variable of special symptoms as the obtained F-ratio i.e. .288 was even less than the required table value of 4.02 at 5% level and hence long-term effect of the guidance treatment was observed for the variable of special symptoms. There has been significant difference in the physical illness with emotional problems variable between the two groups i.e. control group and experimental group as the obtained F-ratio was found as 5.406 which was higher than the table value of 4.02, required to be significant at 5% level, and hence long-term effect of the guidance treatment was observed. The treatment also brought significant difference in the somatization variable between control group and experimental group as the obtained F-ratio i.e. 23.522 was much higher than the table value of 7.1 at 1% level, thereby indicating long-term effect of the guidance treatment. Lastly, the treatment brought significant difference in the total behaviour problems variable between control and experimental groups, as the obtained F-ratio 85.086 was too much higher than the table value of 7.1 at 1% level and hence long-term effect of the guidance treatment was observed.

When the results of post-test (I) and post-test (II) were compared, it has been observed that there was no effect of guidance in case of special symptoms variable whereas the significant difference between the control and experimental group still persisted in other variables of behaviour problems, which clearly indicated that the guidance treatment have been very effective and its effect continued for another three months even after when the treatment was stopped.

Stress: After a gap of three months of guidance treatment to the experimental group, the Analysis Of Co-Variance (ANCOVA) results indicated that the treatment brought significant difference in the personal stress variable between control and experimental groups as the obtained F-ratio 47.678 was much higher than the table value of 7.1 at 1% level and hence long-term effect of guidance treatment was observed. Similarly, there has been significant difference
in the financial stress variable between the two groups i.e. control group and experimental group as the obtained F-ratio was found as 16.795 which was much higher than the table value of 7.1, required to be significant at 1% level and hence long-term effect of the guidance treatment was observed. The treatment also brought significant difference in the social stress (intra-familial aspects) variable between control and experimental groups as the obtained F-ratio 14.621 was higher than the table value of 7.1 at 1% level which indicated that long term effect of the guidance treatment was retained. There has been also significant difference in the social stress (extra-familial aspects) variable between control and experimental groups as the obtained F-ratio 17.328 was higher than the table value of 7.1 at 1% level, thereby indicating long-term effect of the guidance treatment. Similarly, there has been significant difference in the emotional stress variable between the control group and experimental group as the obtained F-ratio i.e. 11.468 was higher than the table value of 7.1, which is required to be significant at 1% level, and thus long-term effect of the guidance treatment was observed. Lastly, the treatment brought significant difference in the total family stress variable between control and experimental groups as the obtained F-ratio 35.726 was much higher than the table value of 7.1 at 1% level and hence long-term effect of the guidance treatment was observed.

When the results of post-test (I) and post-test (II) were compared, it was found that the significant difference between the control and experimental group still persisted in all the variables of stress, which clearly indicated that the guidance treatment have been very effective and its effect continued for another three months even after when the treatment was stopped.

Coping Strategies: After a gap of three months of guidance treatment to the experimental group, the Analysis Of Co-Variance (ANCOVA) results indicated that no significant difference was observed between the control group and experimental group for the positive cognition variable as the obtained F-ratio i.e. .006 was even less than the required table value of 4.02 at 5% level and thus guidance treatment was not found effective for the variable of positive cognition.
The treatment brought significant difference in the negative cognition variable between control and experimental groups, as the obtained F-ratio 5.817 was higher than the table value of 4.02 at 5% level, which indicated that long-term effect of the guidance treatment was retained. Significant difference was observed between the control group and experimental group for the problem solving variable as the obtained F-ratio i.e. 7.069 was higher than the table value of 7.1 at 1% level, which indicated that long-term effect of the guidance treatment was retained. The treatment brought significant difference in the distraction variable between control and experimental groups as the obtained F-ratio 13.294 was higher than the table value of 7.1 at 1% level, which indicated that long-term effect of the guidance treatment was retained. The treatment also brought significant difference in the magical thinking variable between control and experimental groups, as the obtained F-ratio 11.204 was higher than the table value of 7.1 at 1% level, which indicated that long-term effect of the guidance treatment was retained. No significant difference was observed between the control group and experimental group for the avoidance variable as the obtained F-ratio i.e. 2.307 was even less than the required table value of 4.02 at 5% level and thus guidance treatment was not found effective for the variable of avoidance. But, there has been significant difference in the religious variable between the control group and experimental group as the obtained F-ratio i.e. 14.488 was higher than the table value of 7.1 which is required to be significant at 1% level which indicated that long-term effect of the guidance treatment was retained. There has been significant difference in the help seeking variable between the two groups i.e. control group and experimental group as the obtained F-ratio was found as 19.809 which was higher than the table value of 7.1, required to be significant at 1% level which indicated that long term effect of the guidance treatment was retained. No significant difference was observed between the control group and experimental group for the external attribution variable as the obtained F-ratio i.e. 0.940 was even less than the required table value of 4.02 at 5% level and hence long term effect of the guidance treatment was diminished.
When the results of post-test (I) and post-test (II) were compared, it has been observed that the effect of guidance was diminished in case of external attribution variable whereas the significant difference between the control and experimental group still persisted in other variables (except positive cognition variable) of coping strategies, which clearly indicated that the guidance treatment have been very effective and its effect continued for another three months even after when the treatment was stopped.

5.2 CONCLUSIONS

On the basis of obtained results of the study, the following conclusions have been drawn:

1. Guidance for management of behaviour problems of mentally challenged children lead to significant decrease in behaviour problems due to low intelligence, conduct disorder, anxiety, depression, psychotic symptoms, physical illness with emotional problems, somatization and total behaviour problems of mentally challenged children. Therefore, the related hypothesis has been partially accepted.

2. Guidance for management of behaviour problems of mentally challenged children lead to significant decrease in all the variables of stress [i.e. personal stress, financial stress, social stress (intra-familial aspects), social stress (extra-familial aspects), emotional stress and total family stress] of mothers of mentally challenged children. Therefore, the related hypothesis stands accepted.

3. Guidance for management of behaviour problems of mentally challenged children lead to significant change in negative cognition, problem solving, distraction, magical thinking, religious, help seeking and external attribution variables of coping strategies of mothers of mentally challenged children. Therefore, the related hypothesis has been partially accepted.

4. Guidance for management of behaviour problems of mentally challenged children retained its effect even after termination of treatment of guidance and significant difference was observed at stage post test (I) and stage...
post test (II) between mothers of mentally challenged children of control group and experimental group for the variables of behaviour problems due to low intelligence, conduct disorder, anxiety, depression, psychotic symptoms, physical illness with emotional problems, somatization and total behaviour problems. Therefore, the related hypothesis has been partially rejected.

5. Guidance for management of behaviour problems of mentally challenged children retained its effect even after termination of treatment of guidance and significant difference was observed at stage post test (I) and stage post test (II) between mothers of mentally challenged children of control group and experimental group for all the variables of stress [i.e. personal stress, financial stress, social stress (intra-familial aspects), social stress (extra-familial aspects), emotional stress and total family stress]. Therefore, the related hypothesis stands rejected.

6. Guidance for management of behaviour problems of mentally challenged children retained its effect even after termination of treatment of guidance and significant difference was observed at stage post test (I) and stage post test (II) between mothers of mentally challenged children of control group and experimental group for negative cognition, problem solving, distraction, magical thinking, religious and help seeking variables of coping strategies. Therefore, the related hypothesis has been partially rejected.

The findings of the present study have some very important implications for improving the quality of guidance programmes that can enhance quality of life of mentally retarded children and their mothers.

5.3 EDUCATIONAL IMPLICATIONS

A better understanding of type of strategies, commonly employed by the mothers of mentally challenged children to cope with the stress and behaviour problems of their mentally challenged children in the family will provide researchers and practitioners greater insight into the reactions of the mothers of
mentally challenged children. Effect of guidance to the mothers of mentally challenged children will indicate direction for help to be given to strengthen their coping capacity for healthy development of their children’s behaviour.

The study provides a glimpse of the state of stress of the mothers of mentally challenged children, further indicating the stressful effect on the mothers of mentally challenged children. They not only take responsibility of mentally challenged children but also of their families and fulfill to their basic needs. This state calls for initiating affirmative programs and policies in favour of the mothers of mentally challenged children. Awareness needs to be build up for the mothers of mentally challenged children that can help them to improve their overall adjustment and coping strategies to reduce stress and certainly add happiness to their lives by developing positive behaviour of their mentally challenged children. It can also be done through yoga, exercise, meditation, avoiding frustration and loneliness by participating in religious activities and cultivating hobbies to reduce stress. Thus, the information gained in the study will be highly beneficial to educationists, psychologists, therapists, teachers, researchers, policy makers, social workers, parents and other professionals etc. related to the field in developing their professional competencies.

5.4 SUGGESTIONS FOR FURTHER RESEARCH WORK

Following suggestions were given for further research:

1. The present study has been conducted on the mothers of mentally challenged children living in and around Chandigarh. It can be replicated on the mothers of mentally challenged children living in other cities also.
2. The sample of the present study was limited to 60 only. It can be conducted on a larger sample also.
3. The differences of the results of the mothers of school going mentally challenged children and the mothers of non-school going mentally challenged children can be worked out.
4. The difference in the use of coping strategies used by educated and uneducated mothers of mentally challenged children can be worked out.
5. The comparative study of the mothers of mentally challenged children can be done with the mothers of normal children with regard to their level of stress and other variables.

6. Future research can be carried out to study the economic resources of mothers of mentally challenged children.

7. The study can also be replicated including the impact of some other variables along with stress and coping strategies.

8. Besides stress of mothers, stress of mentally challenged children can also be studied in relation to other psychological variables.

9. The effect of guidance for management of behaviour problems of mentally challenged children on stress and coping strategies of their mothers was studied. The study can also be replicated on the fathers of mentally challenged children.

10. Guidance and counseling can also be imparted to the parents of mentally challenged children for their overall adjustment and its impact on stress and behaviour problems of mentally challenged children can be studied.