Introduction
CHAPTER - 1
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1.1 INTRODUCTION

Mentally challenged children suffer from mental retardation which 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, social interaction etc.

The number of people with mental retardation is increasing, because life span is also increasing. The American Geriatric Society (2005) pointed that life expectancy of mentally retarded people has increased from 20 years in the 1930s to 60 years in 1980. It has been estimated that one to three percent of the world's population suffers from mental challenges. There are about 17 million mentally challenged people in India and nearly three fourth of them are mildly mentally challenged.

Mental retardation is a challenge and potential source of stress to the family of an individual with this disorder. According to Annapurna (1997), 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.
Most of the parents of mentally challenged children consider their child's condition as a punishment, and treat the child as a burden to carry. Hence, they isolate the mentally challenged child by giving him a separate place, where he spends most of his time sleeping. Many people with mental retardation live at home and are cared for by aging family members. When parents are no longer able to provide adequate care or cannot manage behaviour problems of their mentally challenged children and services are inadequate to cover all the needs of these individuals, then this often leads to crises situation. Unfortunately, many families do not make plans for the future care of child with mental retardation. Parents are often advised to institutionalize the child with mental retardation. The goal is also to help the child with mental retardation to stay in the family and learn to take part in community life.

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. What makes the difference? What will enhance the family and mothers' functioning inspite of stressful effects of having a handicapped child? The answers to these puzzling questions need to be explored. It is felt that there is a need to guide and teach the mothers of mentally challenged children. Before getting down to the task of the study, the important concepts related to study are discussed for better understanding in the following pages:

1.1.1 MENTAL RETARDATION

Mental retardation is an idea, a condition, a syndrome, a symptom, and a source of pain and bewilderment to many families. Its history dates back to the beginning of man's life on earth. The term mental retardation has been defined and renamed many times. ‘Feeblemindedness’ and ‘Mental Deficiency’ were
Mental retardation is the term which was commonly used and is now referred to as ‘Intellectual Disability’, ‘Learning Disability’ and ‘Psychosocial Retardation’ which were coined by Stephen (2002) who believed that these terms are less stigmatizing. The term "retarded" is sometimes viewed as derogatory, and other terms such as mentally challenged, disabled, or handicapped are also often used. All these terms refer to the same syndrome of less than average intellectual ability caused by a biological problem leading to a brain defect. This problem is related to genetic abnormalities (inherited) or difficulties early in development (before or after birth). The term mental retardation has been discarded. Professionals prefer the use of more precise descriptors such as Down’s syndrome or Fragile X syndrome, Learning Disability, Mentally Challenged etc. The term ‘Mental Retardation’ is still being used in research, as in most of the available literature, the term mentally retarded has been used.

DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) attempted to blend the 1977 and 1992 definitions put forth by the American Association on Mental Retardation. It adopts the 1992 definition, but retains the severity level classification scheme from the 1977 definition. The upper IQ limit is 70, and an individual must have delays in at least two of the 10 areas outlined in the 1992 definition. In general, the overview of mental retardation in DSM-IV is thorough and easy to follow. ICD-10 is the tenth revision of the International Classification of Diseases (World Health Organization, 1993). ICD-10 differs from ICD-9 in at least two key ways. First, it includes more diagnoses and is, consequently, much larger. The second major change is the coding scheme. The diagnostic codes have been changed from numeric codes to codes that begin with an alphabet letter and are followed by two or more numbers (e.g., mild mental retardation has changed from 317 to F70). ICD-10 characterizes mental retardation as a condition resulting from a failure of the mind to develop completely. ICD-10 suggests that cognitive, language, motor, social, and other adaptive behavior skills should all be used to determine the level of intellectual impairment. ICD-10 also supports the idea of dual diagnosis, suggesting that mental retardation may
be accompanied by physical or other mental disorders. Four levels of mental retardation are specified in ICD-10: F70 mild (IQ 50 - 69), F71 moderate (IQ 35 - 49), F72 severe (IQ 20 - 34), and F73 profound (IQ below 20). IQ should not be used as the only determining factor. Clinical findings and adaptive behavior should also be used to determine level of intellectual functioning.

The following ranges of IQ for classification, based on the Wechsler Adult Intelligence Scale - Revised (WAIS-R) (Wechsler, 1981), are in standard use today: Profound mental retardation; IQ Below 20, Severe mental retardation; IQ 20–34, Moderate mental retardation; IQ 35–49, Mild mental retardation; IQ 50–69 and Borderline mental retardation; IQ 70–79.

While the medical and psychosocial communities were developing an acceptable definition and classification system, the educational community adopted their own system of classification. Their three level system separated school age children with mental retardation into three groups based on predicted ability to learn (Kirk, Karnes, and Kirk, 1955). Children who were educable could learn simple academic skills but did not progress above fourth grade level. Children who were believed to be trainable could learn to care for their daily needs but very few academic skills. Children who appeared to be untrainable or totally dependent were considered in need of long term care, possibly in a residential setting. Some form of this scheme is still in use today in many school systems across the country.

Hereditary is one of the reasons for a child to be born mentally challenged. Besides this there are a number of environmental and other factors that contribute to mental arrest. The most common are chromosomal abnormality, problems during pregnancy of mother, problems at birth, health problems, malnutrition, iodine deficiency, premature birth, injury due to instrument used during birth, prolonged isolation, etc. Whatever the cause, the presence of mental retardation affects the entire development of the child – physical, social and emotional along with mental. Some of these children cannot perform the simplest of tasks that we all seem to take for granted like walking straight, eating or toilet training etc.
Mental retardation is associated with many problems. American Geriatric Society (2005) in a survey pointed that 25% of mentally retarded persons have no useful speech, and that 10% lack basic comprehension skills. Approximately half of retarded persons cannot care for themselves, other half have physical disability and problems of getting around. These problems tend to increase in later life, because of continued mental decline and loss of mobility associated with age. One out of every 10 mentally challenged person is totally dependent on other person.

Guidance provided by trained individuals can offer the mothers of mentally challenged children an opportunity to address their needs (e.g., personal time, medical appointments, socializing, etc.). They can be much more effective in parenting when their own needs have been met. Social or parent support groups and individuals who have similar experiences can also be an outlet for mothers of mentally challenged children to discuss their feelings. Periodic consultation with psychologist/counsellor may help the mothers in setting appropriate expectations, limits, opportunities to succeed and other measures which will help their mentally challenged children to handle situations and reduce the stresses on mothers. Many parents are not aware about the facilities and resources available to mentally challenged children. It has been found that parents have as many misconceptions about mental handicaps as the society does. Therefore, the parents of mentally challenged children should be given the necessary guidance to help them take decisions for both emotional and practical problems of their children with greater confidence. Mothers should be trained to have a great amount of patience and tolerance which is required to supervise and handle such children.

1.1.2 BEHAVIOUR PROBLEMS OF MENTALLY CHALLENGED CHILDREN

A rising interest of people in preventing disability by bringing changes in health related behaviour, particularly changes in lifestyle habits and by participation in screening programmes have been seen during the last two decades of the twentieth century. Guidance workers and scientific researchers
continued to attempt to understand the nature and causes of many different behaviour problems. It was found that behaviour change is a process, and not an event and occurs in number of steps. Behaviour problems consist of any kind of behaviour that create difficulties or reveal the presence of difficulties.

Behaviour problems associated with mentally challenged children may interfere with their progress in life. Most mothers of mentally challenged children recognize that their children are behind others of their own age. Some may become frustrated, withdrawn or anxious, or act “bad” to get the attention of other youngsters and adults. These persons might not have enough language skills to talk about their feelings, and their depression may be shown by new problems, for instance in their behaviour, eating and sleeping.

A child who is loved and accepted by his parents and receives proper balance of discipline and independence is far more likely to develop into a well adjusted adult than is the child from a rejecting family that is either overly permissive or too restrictive. Unfortunately, the presence of a mentally challenged child in a family is likely to produce a great deal of tension and stress. Parents tend to receive the news that their child is retarded with either guilt or defense mechanisms or overprotectiveness or any one of a number of other behaviour patterns that are further likely to produce behaviour problems in their child.

The mentally challenged child, influenced by the same set of learning variables that influence and control much of the behaviour of all humans, can experience a wide range of learning difficulties and deficits. He may experience – just as every other human may – a wide range of adaptive behaviour problems in a wide range of settings. With behaviour problems sometimes running in families, some doctors are convinced that a genetic component is driving this condition, while others believe that there may have been damage to the brain during pregnancy or delivery.

Buckle and Lebovice (1960) pointed that disorders of emotions and behaviour in childhood do not constitute disease or illness which are qualitatively different from the normal. All children show signs and symptoms of disturbed
behaviour at sometime or the other. Many mentally challenged children show behaviour symptoms, such as excessive shyness or withdrawing from others, truancy, bullying, stealing, injuring themselves, acting aggressively, underachievement, eating problems, sleeping problems, problem of elimination or repeating a specific behavior over and over. They also show physical symptoms such as nail-biting, thumb-sucking, facial twitching, scratching their head, rocking their feet, restlessness, drumming with fingers, speech disorders like stammering or stuttering. They exhibit emotional symptoms such as excessive worry, hatred, fear, inferiority, timidity, temper tantrum, anxiety, tension. Besides this, they also show psychophysiological disturbances such as headaches, stomachaches, ulcers, etc. These problems are often severe and may go on for years. Behaviour problems are often preceded by a change, such as moving to a new environment or losing a familiar companion. Mentally challenged people have limited coping skills, making it more difficult for them to adjust to changes in living or work situations.

There are many types of behaviour problems. Some important types of behaviour problems as pointed by Jain (1998) have been given below:

Habit Disturbances: Habit disturbances are behaviour problems in which there has been a disturbance in the performance of major biological functions. In growing into childhood, there is a continuous prolongation of infantile pleasure habits (fixation) or a reactivation (regression) of these habits after a period in which they are not practiced. These disturbances may continue essentially unchanged from infancy or they may take on new forms. Some of the habit disturbances of mouth or feeding function include thumbsucking, nailbiting, eating too much or too little and vomiting. Disturbances in elimination include bedwetting and soiling, constipation and diarrhoea. Sleep disturbances involve, among others, inability to fall asleep and nightmares. Faulty speech development is considered to be a habit disturbance. Several disturbances, such as excessive masturbation, are also classified as habit disturbances. Habit disturbances appear to be most closely related to anxiety and tension. These are adopted as ways of withdrawing from contact with the environment and for seeking of relief.
from tension by indulging in autoerotic activities such as nailbiting, thumbsucking, masturbation, overeating etc. These habits are formed to cope with one's anxiety.

Conduct Disturbances: The term conduct disturbances often refers to aggressive, destructive and delinquent behaviour. Developmentally, conduct disturbances become manifest at a later stage than habit disturbances. Conduct disturbances require a level of psychomotor maturity requisite for attacking the environment and which is lacking until later childhood. Speaking in general terms, the child showing conduct disturbances is attempting to meet his needs through coercing his environment. In common with habit disturbances, the conduct disturbances indicate that the child is experiencing a conflict with the environment, both within and outside the home.

Neurotic Traits: In contrast to habit and conduct disturbances, with their focus on conflict of the child with his environment, neurotic traits are at least partially internalized and show a conflict with the self. Jealousy, inhibition of aggression and phobias are three characteristics of neurotic traits. Jealousy of a sibling is especially prominent. Inhibition of aggression makes the child appear self-effacing and timid, not ready to stick up for his rights. Phobias take manifold forms such as fear of animals, of the dark, of strangers, of certain places etc.

Various important causes of behaviour problems of mentally challenged children are discussed briefly in the following pages:

- Behaviour problems are caused by neurological dysfunctions within the brain. Specific chemicals called neurotransmitters may be lacking in individuals with behaviour problems. Some studies have shown that children with behaviour problems have lower levels of tyrosine.
- Food intolerances or allergies also provoke behaviour problems. Milk, eggs, nuts, shellfish, wheat and soya products are common triggers for people with food sensitivities or allergies. Simple sugars have more of an effect on mood and hyperactivity than many other dietary factors. Additional problem sources include pets, mold, artificial food coloring and
preservatives, artificial sweeteners (aspartame), dust mites, caffeine, and tobacco smoke.
- Calcium or Magnesium deficiencies are very common causes of behaviour problems. Since they are always accompanied by light or restless sleep, along with daytime sleepiness, therefore, they are easy to spot. Iron deficiency also causes some behaviour problems. Many times children with behaviour problems are found to have abnormally low levels of ferritin (an iron storage protein). Low iron levels in the brain are also known to alter dopamine activity, which is involved in controlling movement, and there is a link between iron deficiency in infants, and slower brain development and poorer school performance later in childhood.
- High Copper and low Sulfur – with or without elevated Aluminum in the body represent one of the most common causes of behaviour problems. Symptoms typically include a foggy mind, lack of concentration and poor memory.
- Lack of recreational activities also leads to behaviour problems. Recreational activities have a major impact on brain chemistry. The types of videos watched, or the type of music listened to are just two examples of stimuli that have the ability to shape or affect mood, personality and behaviour of the child. The increase in dopamine production in the brain during video game play is no different than smoking marijuana, or a person being injected with amphetamines and he can’t concentrate on anything without them.
- Lack of parental discipline is believed to be the most widespread cause of behaviour problems. Overprotection or underprotection by the parents, very harsh or very lenient attitude of the parents leads the child to complete repression of many of his tendencies and formation of complexes which inculcate the problems of stealing. Excessive love and affection spoil the child and make him very obstinate. Broken homes due to death of parents, divorce between parents, separation between parents, presence of stepfather or stepmother, quarrels between parents, emotional and frustrated parents, physical or mental handicaps of the parents etc. also cause behaviour problems among children.
- Attitude of teacher makes a difference. Unsympathetic, unreasonable, unfair and harsh attitude of teacher, unpsychological and defective methods of teaching, undue favouritism shown at school or at home by teachers or parents, an excessive homework and the evils of examinations too contribute to behaviour problems among children.

- Aggressiveness may be caused either because the task is beyond the capacity of the child or method of work is defective or there is lack of proper guidance and other working facilities. Development of a wrong notion in the child’s mind that he is being neglected and rejected at home by the parents and at school by the teachers also leads to aggressive behaviour in the child.

- The child’s bullying behaviour has been prompted by inadequacies or unfavourable circumstances in his life. His problems may stem from deprivation of the psychological needs of love and attention or inadequacies in fulfilling his physical needs, a strong need for identification with another person, resulting in his identifying with someone whose behaviour is inappropriate as a model, lack of friends, inadequate social skills and lack of ability to interact favourably with peers.

- Hereditary causes like physical deformities, sensory defects, long sickness and low level of intelligence also cause behaviour problems. Low self-esteem, feeling of inferiority, lack of confidence and lack of security and recognition are also responsible for causing excessive shyness or withdrawal behaviour among mentally challenged children. Sense of insecurity in problem homes or when parents treat children indifferently or when they are frequently punished by them induces the child to steal. Bad companionship or use of alcohol and drugs to ease the burden of the somatic symptoms also add to behaviour problems among mentally challenged children. Hence, genetic and environmental factors both probably play a part in causing behaviour problems.

Behaviour problems of mentally challenged children can be controlled to some extent. Behaviour modification started after many years of work been done by psychologists who studied how human beings learn. Three very important things were found. First, it was found that a person learns to do the things he is
rewarded for doing. Second, it was found that a person stops doing things that he
is no longer rewarded for doing. Third, it was found that a person often learns
best when he is taught in small steps. These three facts were important because
by using them one can help a mentally challenged child to change his behaviour.
If he did not know how to do something, one can teach him by going in small
steps and by rewarding him while he learned. If a person's problem was that he
did a certain behaviour too much, one can help him by setting things up so that
he no longer was rewarded for that behaviour, but was rewarded for a different
one.

One of the basic concepts of the behaviour modification is that most
behaviour, whether these are labeled as inadequate, inappropriate, maladaptive,
pathological, or as adequate, appropriate, adaptive or acceptable are viewed
simply as learned behaviour. Ullman and Krasner (1965) summarize this position
very adequately in stating, “The development and maintenance of maladaptive
behaviour is not different from the development and maintenance of any other
behaviour. There is no discontinuity between desirable and undesirable modes of
adjustment or between healthy and sick behaviour”. The implication of this
position is that the education and rehabilitation personnel will look toward
learning concepts to provide a basis for understanding behaviour problems as
well as to provide direction to a program designed to change these behaviours.
The guidance worker depends mainly on learning concepts to assist him with the
questions: How can inappropriate behaviour be weakened or eliminated? How
can new forms of behaviour be developed? How can behaviour be brought under
the control of appropriate aspects of the person’s environment? The focus of the
educational or rehabilitation program is on the overt behaviour which is causing
difficulty or concern to the environment in which the mentally challenged child
resides.

There are various categories of deficits and excessive behaviours such as
specific task skill deficits, task related deficits, deficits in independent living skills,
social behavior deficits, affective behavior deficits, deficits in self-direction and
self-control behaviors, excessive disruptive behaviors, excessive social
reactions, excessive motor reactions and excessive affective reactions. In view of these behavioural deficits and excesses, guidance is important to help the child and parents to adjust in life.

Behaviour is typically inappropriate in relation to the specific requirements of a designated environment. Some behaviour are viewed as excessive in terms of frequency of occurrence, magnitude, intensity or duration. Other response classes may be viewed as representing a behaviour deficit due to a low frequency, magnitude, intensity or duration in situations that require more than is present. The behaviour in the form required may not be in the repertoire or it may be there but be of insufficient frequency. The behaviour problem should be described in terms of the degree of behaviour present in relation to the situation or situations in which the behaviour is viewed as a problem. How much of the class of behaviour is excessive or deficit? How much change must occur for the problem to be eliminated? In view of importance of appropriate behaviour the treatment plan becomes one of developing discriminative control over the behaviour in the specific situation.

Kozloff (1974) discussed the steps to shape behaviour of mentally retarded child and suggested to first break down the target behaviour into small steps, from easy to hard. Then, make a list of steps to be followed later and write the list on teaching program plan. Start teaching the behaviour on the first step. Further, help (prompt) the child to do the behaviour and reward him for trying. He insisted that always reward the child if he happens to do a behaviour on a harder step. When the child does the behaviour at a step over and over without any help, move up to the next harder step on the list. At the start of a new step, use a continuous schedule of rewards. Then go to an intermittent schedule when he gets better. Do not reward the child anymore for behaviour that is on lower steps. Finally, if the child does not get much better at a step, go back to an earlier, easier step to make sure he knows it. Then go ahead again.

A mentally challenged child’s behaviour problems must be given attention to be controlled. The mother has a significant role in management of behaviour problems of her child.
1.1.3 STRESS AND COPING STRATEGIES OF MOTHERS OF MENTALLY CHALLENGED CHILDREN

Stress is often termed as a twentieth century syndrome, born out of man's race towards modern progress and its ensuing complexities. The term stress has become a part of everyday vocabulary. Stress, originally a concept of Physical Sciences, has come into common usage in the biological and human sciences to describe a state in which the vital functioning of the organism is threatened. When one's capacity to deal with a problematic situation is inadequate, he feels tense and experiences stress.

Stress also comes from personal and social contexts and from psychological and emotional reactions. Major life events such as a divorce, death, financial worries, persistent strain of caring for a chronically sick child, nagging health problems or managing a physically or mentally challenged family member can act as potential stressor. Other conditions such as prolonged unemployment or a sudden lay-off from a job can leave one under tremendous stress. Such stress situations are capable of bringing about personality disorganizations of a serious nature. One just can't get away from many situations. Moreover one has to live through these situations, in the right spirit, to make living a worthwhile experience. Manipulation of the environment is desirable in attempting to bring about more creative adaptation to stress.

The concept of stress may differ according to the individual's state of contexts and interpretation. Those who are able to handle stress effectively develop a positive way towards life and vice-versa. Stressors can be broadly defined as situations or events that have the potential to affect health outcomes of an individual. One's mental and emotional disposition, built over the years, decides whether to accept these situations with a fighting or fleeing spirit. Accordingly, he may either be under harmful influences of stressors or be out of it. Garg (2005) identified the major types of stressors, which are psychological, physical, sociological, physical illness, biological mechanical stressors and different stages of human development.
Some common parental stressors are aggressive children, children under performing in school, handling stepchildren, hyperactive children, caring for a physically or mentally challenged child, nursing chronically ill child, parenting adolescents or teenagers etc.

According to Huxley (2005) stress is defined as any physical or emotional demand that one is unable to handle. These demands encompass all of the little hassles that one experiences in a day, from the moment he tries to get children up for schools to the mothers finally getting them to bed at night. Even though these daily hassles are considered trivial, with the passing of time, these hassles add up, building up pressures among mothers of mentally challenged children. Mothers of mentally challenged children suffer from the stress of parenting their children besides other stresses of life which add to problems in their life. Stress of mothers of mentally challenged children is enhanced due to special care needed by the child and time required to be spend with the mentally challenged children. Stressful situations are encountered everyday by the mother, at every stage of her child’s development. From the trauma of birth itself, throughout life, the mothers of mentally challenged children meet unavoidable sources of stress. From weaning and toilet training, as babies, to the process of formal education and learning social skills, stress is encountered in varying degrees. Excessive stress, over a long period of time, has been linked with ailments such as headache, stiffness, pains, lack of energy and an increasing dependence upon smoking, alcohol, drugs, loss of appetite, over-eating or skipping of meals. The presence of stress can be estimated by the analysis of certain symptoms an individual shows and these are Feelings, Behaviour, Physiology, etc.

Raina (1983) listed some of the important behavioural, psychological and health effects of stress as given below:

- Subject Effects: Anxiety, aggression, fatigue, low self-esteem, depression, threat and tension.
- Behavioural Effects: Accident proneness, drug use, emotional outbursts, excitability, impulsive behaviour and restlessness.
- Cognitive Effects: Inability to make decisions and concentrate, frequent forgetfulness and mental block.

- Physiological Effects: Increased blood and glucose levels, increased heart rate, sweating and a lump in the throat.

- Health Effects: Asthma, chest and back pains, coronary heart disease, diarrhoea, frequent urination, headaches, nightmares, insomnia, psychosomatic disorders, ulcers and weakness, etc.

- Organization Effects: Absenteeism, high accident rates, poor productivity.

There can be innumerable stress factors since different individuals react differently to the same stress conditions. According to Mc Quade and Aikman (1974) stress is a contributing factor in causing most diseases. These illnesses include heart attacks, hypertension, angina, arrhythmias, migraine, headache, diabetes, flu, cancer, arthritis, backaches, hay fever, enuresis, hyperthyroidism, insomnia, bronchitis, Raynaud’s disease, addiction to alcohol, etc.

Pestonjee (1987) has identified important factors of life in which stress originates. The first, the job and the organization refer to the totality of the work environment such as task, atmosphere, colleagues, compensation, policies etc. The second, the social sector refers to the social/cultural context of one’s life. It may include religion, caste, community, dress and other such factors. The third, intrapsychic sector encompasses those things that are intimate and personal like temperament, values, abilities and health. It is contended that stress can originate in any of these sectors or in combination thereof.

Extreme stress situations for an individual may prove to be mild for another person. The situations might not qualify as stress symptoms at all. It is the intensity of stress experienced that makes it severe. The stress of mothers of mentally challenged children may depend on the following factors:

- Duration: The length or the duration of stress may turn it out into a mild or severe stress. Prolonged illness of the child may result to stress among mothers of mentally challenged children.

- Number: Facing a number of stresses at the same time will result in a more severe situation than if these stresses are suffered separately.
- Importance of Goals: Stress is greater when the importance and number of goals that are threatened are high.
- Immediacy: Stress is greater when the threat is immediate.
- Sources of Stress: The intensity of the stress also depends upon the strength and quality of frustration, conflicts, pressures or other stimuli originating the stress situations or events.
- Amount of Anticipated Stress: Stress is greater (intense) when the anticipation of the threatening event extends over a long period. How much the person suffers because of the stress situations if these are not met in a positive way depends on the degree of anticipation, which may increase or decrease the severity of stress.
- Boredom: Individual differs in quality in livability to boredom. Excessive boredom may lead to stress.
- Inferiority Feeling: Inferiority feeling comes from unintegrated adverse estimation of one’s material, having a mentally challenged child, social or spiritual status. The feeling may be of depression, disgust, fear or anger or it may combine these reactions.
- Guilt: Guilt or feeling of guilt of having a mentally challenged child can be very wearing. Sometimes feeling of guilt leads to stress among mothers of mentally challenged children.
- Fatigue and over work: Here stress builds up over a long period. Due to the presence of mentally challenged child the mother has to do lots of extra work which lead to fatigue.
- Environment: Noise pollution, light, untidiness, pain etc. are the causes of excitation which may further lead to stress among mothers of mentally challenged children.

Every human being has to learn to cope with various situations from time to time in order to survive. The process of coping is a very complex response that occurs when an individual attempts to remove stress or a perceived threat from the environment. Coping responses can be described as positive or negative and as reactive (i.e. reacting to an individual’s own thoughts and feelings) or active.
Active or reactive coping responses can be positive or negative, depending on the situation and the content of the response. However, how well one copes, will vary from one individual to another, depending on the internal strengths and external resources. Having a child with mental retardation in the family demands a lot of adjustments and coping on the part of parents, especially the mother. The impact of this on each parent may be quite individualized, and it can affect their personal, family and social lives in varying degrees. The ability of an individual to cope with the situation depends on ones internal resources such as faith in God, energy, self-determination, perception of the situation and the external resources such as support from family members, relatives, friends, neighbours, professionals, community and available Governmental policies and programmes. Family, who is successful in coping with having a mentally retarded child, is able to effectively mobilize its internal and external resources to deal with the special needs of their child.

The duality of the mother’s obligations towards both her normal and challenged children have complicated her role as a mother in bringing up all her children. There has been considerable change in recent years in the attitude of people towards mentally challenged children due to effective coping strategies and proper care by their mothers who facilitate their children to grow and utilize their residual abilities and energies in a constructive manner. The mother’s encouragement helps her mentally challenged child, guides him and coaxes him, so that he may not feel disheartened at a particular point of difficulty. The mother’s coping strategies and hard work with her mentally challenged child can further add to his level of happiness, reduce shyness, build confidence and improve his efficiency in daily activities of life.

According to Folkman and Lazarus (1980) 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 whereas (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; for example, people typically employ problem-focused coping to deal with potential controllable problems such as work-related problems and family-related problems, whereas stressors perceived as less controllable, such as certain kinds of physical health problems, prompt more emotion-focused coping.

Jindal (2006) while discussing the important areas of coping pointed that the relationship existing between the members of the family is dependent upon factors such as stability of parents, especially the mother, the understanding they show towards their children and the way they deal with them in an authoritative or affectionate manner indicates their adjustment at home. A healthy and well-balanced life is essential and depends to a large degree on energy, self-control, optimistic outlook of mothers of mentally challenged children towards life and happiness. Social adjustment refers to the adjustment with all those whom the mothers of mentally challenged children come in contact with. Whereas emotional adjustment refers to a capacity of mothers of mentally challenged children to meet the demands made upon her by the society and the environment. Adjustment with different educational or learning activities including curricular and co-curricular programmes carried out in the educational institutions for the mentally challenged children also affect their behaviour which the mother has to manage at times.

Thus, the criteria for good coping and better adjustment involve values judgment, which differs from culture to culture and from generation to generation within the same culture. However, keeping in view the social and psychological factors, following types of criteria have been evolved by some psychologists and educationists:

- Physical Health: The individual should be free from physical ailments like headache, ulcers, indigestion and impairment of appetite, which sometimes have psychological origin and impairs physical efficiency.
- Psychological Comfort: The individual should be free from psychological diseases as obsession, compulsion, anxiety, depression etc. Only then an individual will be able to fit into society as a healthy person for which the development of wholesome personality is necessary.

- Work Efficiency: The person who performs his job efficiently may be termed as well adjusted in his social set up. It can be possible only if the individual keeps oneself prepared with to manage the demanding situations well.

- Social Acceptance: A person who obeys social norms, beliefs and set of values, may be called a socially accepted person. However, if he satisfies his needs by antisocial means then he is called maladjusted. Such values differ in different socio-cultural groups. It may be possible to find such universal values.

When a mother experiences conflict between her internal needs and external demands, in such conditions, there are three alternatives to modify it. First, the mother may inhibit or modify her internal needs or demands. The second alternative is that she can alter the environment and can satisfy her demands. At the third place, she can use some mental mechanism to escape from the conflicting situation. In this way, she can deal with her problems in a satisfactory way and have a healthy personality.

According to Huxley (2005) parenting can be a pleasurable experience despite its inherent anxieties, worries, frustrations and physical stress by use of appropriate coping strategies such as accept the fact that stress cannot be avoided, seek support from near and dear ones or experts, plan the day’s work, communicate more freely with children, encourage children to forget failure and help them to strive for better performances, lend an ear to the children and share quality time with them.

The mothers of mentally challenged children have to cope with a number of stressors in daily life and they can manage them well by using appropriate coping strategies. This will improve their efficiency and make parenting pleasant and less stressing while managing the behaviour problems of their mentally challenged children.
The concept of guidance denotes that helping a person represents the individualized and humanized strategy to help the individual, as the focus of guidance is to help the one in need so that he becomes well adjusted in life. Crow and Crow (1962) said that guidance is assistance made available by personally qualified and adequately trained men and women to an individual of any age to help him manage his own life activities, develop his own points of view, make his own decisions and carry his own burdens. This guidance as an educational construct implies helping an individual to understand himself, develop insight into himself, relate himself critically to the environment so that he can solve his own problems and is able to make decisions for self.

According to Shertzer and Stone (1981) guidance is the process of helping individuals to understand themselves and their world. The implication of guidance as a concept is that it is a point of view which should permeate each and every aspect of the individual’s development in relation to the environment in which he grows and lives.

Guidance is frequently misconceived; it is best understood through its ultimate aims. According to Chauhan (1982) guidance is neither adjusting nor suggesting, neither conditioning nor controlling, neither directing nor taking responsibility for anybody. The work done may be described as helping persons to understand, organize, extend and improve their individual and cooperative activities.

On the basis of chronological developments and points of view, a few conclusions can be drawn. Firstly, guidance is a point of view that permeates each and every activity. Secondly, guidance helps the individual to understand himself and his environment so as to promote self-development, self-direction and self-actualization. Thirdly, guidance involves the carrying out of a group of services for the benefit of the individual as a whole in relation to the society to which he belongs.
Guidance has a very special significance in the context of the country's drive for psycho-social development. Guidance alone can provide a happy union between the training of knowledge and skill on the one hand and the needed requirements of manpower for achieving the manifold targets in life on the other hand. Slowly and steadily the guidance movement has grown in India. There are very few institutions in the country where guidance services exist in an organized form and people are benefiting from it.

There are many reasons of failure and ineffectiveness of guidance services and the removal of them are the challenges to be met by the guidance workers, the decision makers and the educationists. The major problems in the way of effective spread of this movement include lack of guidance-mindedness, lack of acceptance of guidance programme, low priority to guidance, lack of financial resources, lack of physical facilities, shortage of qualified guidance personnel, shortage of training facilities for guidance workers, improper pupil-counsellor ratio, lack of tools, lack of co-ordination, lack of publicity, lack of interest and zeal in the programme, lack of research programme, non-availability of suitable comprehensive and up-to-date guidance literature and lack of incentives.

Whenever a person is aided directly or indirectly by another person in giving knowledge, emotional fitness, mental acuity or stability, social and civic adjustment or occupational efficiency and job satisfaction, guidance of one kind or another is functioning. Thus, when guidance is conceived, it increases the individual's power to think and perform. It should not be considered as an activity having for its purpose of lessening of an individual's ability to act independently to follow his own initiative. Guidance is operating whenever a child, adolescent or adult is helped in any way by another person or persons to come to a decision, improve his behaviour, or change his attitude concerning people or things.

To make the guidance functions more specific, three kinds of guidance services usually brought into action are; educational guidance, vocational guidance and personal-social guidance. All these aspects of guidance assist the growing individual at different levels i.e. individual and group guidance in different
situations to channelise individuals’ potentialities in desirable and appropriate directions.

Individual guidance is a professional help offered to an individual by the guidance worker/counsellor. The individual to whom help is given is one who has some kind of personal, social or emotional problems. The counselor tries to understand the problems and bases his diagnosis on the objectives of the study. The counsellor tries to help the counselee to understand himself, his problems and arrive at an objective solution of his difficulties. His guidance is based upon the comprehensive information regarding the needs and characteristics of the individual being guided and is given in such a manner as to strengthen the individual rather than weaken him. The focus is on helping the individual to become more able to help himself. Efforts are made to strengthen his ego, his competence, his self confidence and encourage him to see his problems in the right perspective. The counsellor interacts with the individual in such a manner that he gradually gains insight into his own situations, formulates plans for himself to put these plans into operation. He attempts primarily to help the individual to understand his own problem more clearly and to think it through more intelligently rather than to tell him just what to do. The counsellor listens to the individuals’ own analysis of his problem, asks relevant question, supplies pertinent information and help him to look at the whole matter as if he were an outsider. From such a detached view of his problem the individual is usually able to arrive at responsibility and to the development of solution to which he can give his energy whole-heartedly.

The precise techniques and devices that should be used by the counsellor depend upon the nature and complexity of the problem, the circumstances surrounding its appearance, the facts already available, the psychology of the individual and numerous other considerations. Regardless of the field in which guidance is being given, the counselor should know the field, the individual to be guided and the techniques that are most effective for guidance. The situation in which an individual asks for guidance may be very simple or very complex. If the problem is simple relatively little information will be required to give him
guidance. But if the problem is difficult and complex; the counsellor may need a vast store of information. It is always better to have enough information about the field, the individual and the techniques. This type of guidance requires a high degree of skill which develops out of technical knowledge in the desired field, a deep understanding of human psychology and immense amount of integrity on the part of the counsellor. Individual guidance can be done through the interview of different types such as introductory interviews, fact-finding interview, therapeutic interview and information interview. Interview is a give and take of views between the interviewer and the interviewee. It consists of – consultation, mutual interchange of opinions and deliberating together. It can be used to get information, to give information to change behaviour.

Man is also a social animal. He is born in a particular social environment. The personality of the child is shaped by the members of the group he associates with. The likes, dislikes and other behaviours of an individual are also shaped by the members of his group. Guidance workers are counsellors who have been using the knowledge and information to provide proper guidance and counselling for the last several decades. Guidance can be given individually or in a group.

Differences Between Individual And Group Guidance: Individualized guidance is a one-to-one, face-to-face relationship marked by intimacy, warmth and rapport between the counsellor and counsellee. In group guidance there is the physical proximity of other members with perhaps similar problems. The client may obtain solace from the knowledge that he is not the only one with problems and that there are others who have similar problems. In group guidance unlike in individualized guidance, the counsellors not only receive help but also give help to others. The more cohesive the group, the more are the members able to help one another. This cooperative feeling brings the members closer, which in turn helps in facilitating the mutual expression of feelings. The counsellor's task is somewhat more complex in group guidance. He has not only to follow, sense and appreciate what a member says but also how this affects other members and their reactions. The counsellor in group guidance situations has more demands to meet and satisfy.
Group guidance is no substitute for individual guidance. There are certain obvious limitations in group guidance. Individual guidance would be resorted to for deeper problems of an intimate and sensitive nature, which by their very nature preclude the group approach. Therefore, it would not only be fallacious but detrimental if one is sought to be substituted for the other.

According to Mukherjee (2003) guidance helps one to solve manifold problems such as Physical health, Home problems, Problems arising out of leisure, Personality problems, Behaviour problems, School or educational problems, Vocational problems, Religious and moral problems, Democratic and political problems, Marital, sexual problems etc.

To handle these problems guidance worker should have the basic qualities that include stable and well-adjusted personality, co-operative, high degree of intellectual capacity, sympathetic and objective understanding of individuals, an understanding of social and economic conditions, knowledge of principles of guidance and its implications, knowledge of methods of imparting information, knowledge of psychological tests in guidance. He should be expert in establishing relationship and quick in understanding the problems. Important 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, assisting for formulating program for management/replacement of behaviour problems and initiating 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 should be followed while giving the guidance.

Parents of mentally challenged children can understand their children’s needs and problems better with the help of teachers or guidance workers. Parents can be helped in becoming best counsellors for their children. So there is a great need to bring parents, teachers and guidance workers close to each
other. This can be achieved by the formation of parent-teacher associations through guidance.

Parents of mentally challenged children predominantly need 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 many others.

A mother of mentally challenged child also faces problems relating to limited time available for care giving, child management difficulties, concern regarding the disabled child's well-being, financial burdens, dysfunctional family interaction pattern, inadequate support received from friends and relations, negative involvement of community, lack of services and professionals. Besides this, her own personal problems add to her stress level that may contribute to the development of some illness. Therefore, her problems leading to stress must be checked and reduced.

The mother has the important task of rearing the child to whom she has transmitted the gift of life. The mother's task of giving love and taking care of her children, especially mentally challenged, is considered a biological imperative. In the modern society, 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 children 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 a specialise guidance worker for the best development of one’s personality. Guidance enables or assists the individuals to solve educational, vocational and psychological problems. Individual guidance for mothers of mentally challenged children includes 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 adjustments according to her capacity. This can help the mother with mentally challenged child, to alleviate the stressful effects by utilizing her strengths in providing quality care to her mentally challenged child.

The treatment of guidance for behaviour change is beneficial. If a person is experiencing difficulty, he is giving indication of not being exposed to an environment appropriate to the behaviour in question or else his exposure has been inappropriate. The guidance program to modify behaviour should be designed to take advantage of what is known about behaviour development and change. Another important issue is how and when should families with mentally challenged children be included in decision-making? There is no standard formula for answering this question. Families, like individuals, also vary tremendously. There are some issues that must be considered when involving families in team decisions about their child with a disability. First, the team must be receptive to including families in the decision-making process. This involves some effort on the part of the non-family team members to encourage family participation. In addition, the team must decide what child and family concerns are related to enhancing the development of the child. These should be the focus of generating family-oriented service delivery alternatives. Second, the team must consider the level of knowledge and understanding of the family related to the disability of the child and/or the service/treatment options. If families are to participate in the decision-making process they must have the knowledge necessary to select appropriate alternatives. It is unfair to assume that families will not understand or cannot make appropriate decisions about the care of their
child. They are the consumers and need to be given the chance to make an informed choice.

There is a growing trend to consider the client to be not just the mentally challenged child alone, but the client’s entire family, and there is an accompanying tendency to provide services on a family basis rather than simply to the one individual presenting problems. Anything that happens to the mentally challenged child, any services that are provided or denied, also affect the immediate family unit, especially the mother and conversely, the dynamics of the child’s family must be taken into account whenever a plan of treatment or management is considered.

In the guidance sessions, the troubles faced by the mothers of mentally challenged children while managing the behaviour problems of their children are sometimes elicited by creating awareness and by making use of leaflets and charts. This information is relevant to the mothers of mentally challenged children to increase their knowledge. According to Bregman (1991) there has been a heightened awareness of need to pursue behavioural assessment, diagnosis, and treatment of people with mental retardation. An invaluable resource in evaluating and treating mentally challenged child is the child's family. Consequently, including the families of mentally challenged children with or at-risk for behaviour problems in every phase of intervention, from identification to planning to implementation through monitoring should be considered. However, including families in decisions about the treatment or management of their children's problems presents new challenges. Nevertheless, trying to understand and include families especially mothers, in the decision-making process can ultimately be rewarding and beneficial for all involved. The mentally challenged children can learn more effectively and efficiently if the environment, both present and historical, has been designed and administered properly. It is even assumed that much of the learning and adaptive behaviour difficulties are not due to mental retardation but rather due to faulty learning history. The guidance program should focus on helping mothers of mentally challenged children for
eliminating or decreasing the frequency or magnitude of the behaviour problems of their children.

Before giving the individual guidance it was considered that the mothers of mentally challenged children are people, and people differ. Some people are healthy, well-adjusted and functioning at an effective level, while others may be poorly adjusted, neurotic or psychotic even prior to the birth of their mentally challenged child. Therefore, their reactions to their mentally challenged children are highlighted by their own personality and attitudes.

In The Encyclopedia Of Psychology (1996) it was pointed that people could adapt better to life if they systematically used a sequence of procedures to arrive at a solution. These procedures are: specify the problem, collect information, identify causes or patterns, examine options, narrow the options and try them out, compare the outcomes and extend and revise them based on the outcomes.

The mentally challenged children are no more or less prone to laziness, emotional difficulties, psychoses, delinquency, lethargy, happiness, enthusiasm, or sadness, nor to any other human characteristic than any other group. The mentally challenged children also vary along all known physical and psychological characteristics. Contrary to the misconceptions of many, the mentally challenged children do not behave and learn as they do because of their mental retardation.

The individual guidance for management of behaviour problems may prove to be beneficial for mothers of mentally challenged children as it can enable the mothers to understand their mentally challenged children in a better way by knowing their interests, tastes, aptitudes, capabilities and weaknesses. It can help the mothers in reforming the overall condition of their home so that the home environment is helpful to improve their mentally challenged child’s learning process. According to Feltham and Horton (2000) individual guidance renders almost complete information concerning the individual. Hence a proper care of mentally challenged can be effected through guidance of their mothers.
Individual guidance to the mothers of mentally challenged children for managing behaviour problems include avoiding hassles, controlling change, taking a break, finding help and accessing resources. Simple relaxation techniques such as deep breathing, stretching, exercise, clearing the mind and progressive muscle relaxation may also be used to relax and rejuvenate the mother’s mind, body and spirit. Yoga exercises work well too and may be used separately or in conjunction with the preceding options. There is a need to remove stigma attached to mental retardation and change the attitude of society favourably towards them so that community based programmes for training, education and welfare of the mentally challenged children can be effectively implemented.

Finally, once the family has an adequate understanding of the condition and service/treatment alternatives, they may need to be nurtured through the team decision-making process. Most families have never been faced with participating as a member of a team of professionals and may initially be reticent or nonparticipatory in discussions unless they are specifically invited to do so. Certainly, as a primary care provider the parent or family member has more at stake than the other team members. Over time, however, the cautious or reticent family member may become an active and vital team member.

Health and education professionals who participate as team members must actively pursue parent-professional partnerships in the decision-making process. The logical first step is to acknowledge the value of the parent-professional relationship. Parents should be viewed as equal partners who can make important and necessary contributions in the planning, decision-making, process. If professionals are reluctant to or refuse to acknowledge parents as partners in the process, they run the risk of alienating them resulting in a lack of interest or participation in necessary services. Once the non-family team members accept the parents or other relevant family members as equal partners in the planning process, strategies for management of behaviour problems of mentally retarded children to encourage continued active participation should be developed and implemented.
Therefore, it was felt that there is need of guidance to mothers of mentally challenged children to help them in managing their behaviour problems that cause stress. Guidance for management of behaviour problems of mentally retarded children means to help and to create awareness on how to control certain movements or actions that cause disturbance or may interfere in daily life of those who are deficient in cognitive abilities and possess sub-normal intelligence level and make them adaptable to difficult situations.

Research should be conducted so as to evolve evaluative tools and to bring practical improvement in the guidance programme. In the end it is hoped that government, other social organizations and researchers will march ahead and make all-out efforts to make the guidance programmes popular and effective.

1.2 NEED OF THE STUDY

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

It is, 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. Joginder (1984) pointed that considering the centrality of individual with guidance and communication, efficient and effective health and behaviour accomplishment is possible. However a research study is 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 has been 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 present study is designed and entitled as given below;

1.3 STATEMENT OF THE PROBLEM

Effect of guidance for management of behaviour problems of mentally challenged children on stress and coping strategies of their mothers.

Terminology used in the statement have been briefly enunciated in the following pages:

EFFECT

According to Encarta World English Dictionary (1999) effect means the following:
- A change or changed state occurring as a direct result of action by somebody or something else.
- Success in bringing about a change in somebody or something.

According to Collins Cobuild English Dictionary for Advanced Learners (2001) effect means the following:
- The change that the first thing causes in the second thing.
- An effect is an impression that someone creates deliberately.

According to the Shorter Oxford English Dictionary (2002) effect means the following:
- Something accomplished, caused or produced; a result, a consequence.
- A contemplated result, a purpose.
According to The American Heritage Dictionary of the English Language (2003) effect refers to:
- Something brought about by a cause or agent; a result.
- The power to produce an outcome or achieve a result; an influence.
- The condition of being in full force or execution.
- Something that produces a specific impression or supports a general design or intention.
- A particular impression.
- Production of a desired impression.

Oxford Dictionary (2004) refers to effect as the change that something or somebody has on somebody or something; a result.

According to Longman Dictionary of English Language (2005) effect means to “bring about”.

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

GUIDANCE

According to Gibson and Mitchell (1986) guidance is a service that helps humans to develop as social, unique and productive beings.

According to Oxford Advanced Learner’s Dictionary of Current English (1989) guidance is guiding or being guided; leadership; direction: be under somebody’s guidance.

According to Encarta World English Dictionary (1999) guidance means the following:
- Leadership or direction.
- Advice or counseling, especially counseling given to students on academic matters.

According to Collins Cobuild English Dictionary for Advanced Learners (2001) guidance is help and advice given.

According to Bhatia (2002) guidance seeks to aid the individual to develop according to his own emerging life pattern and expectancies is a sort of personal...
assistance given by an expert to an individual so that latter can develop capacity for self-direction, self-adjustment and can prepare himself/herself for future.

According to the Shorter Oxford English Dictionary (2002) guidance means the following:
- The action of guiding; leadership, direction; specially counseling or advice about marriage problems, career decisions, etc.
- Something which guides.

According to Jha (2004) the term guidance represents a concept which is neither simple nor easily understood. The complexity of human behaviour due to human nature, development differences even among children of the same parents, personal and social problems associated with changing environmental conditions, cultural mores etc. require the utilization of various guidance approaches.

According to Mahajan (2007) guidance is a help given which enables each individual to understand his potentialities and use them fully to reach goals of his life.

Therefore, guidance is assistance made available by professionally qualified and adequately trained person to an individual of any age to help to manage one’s life activities, develop one’s own points of view, make one’s own decisions and carry one’s own burdens.

BEHAVIOUR

According to Kozloff (1974) behaviour means saying what one is going to be seeing or hearing. In other words, behaviour means describing what it looks or sounds like – as movement. Good words to use are “observable movements”.

According to Encarta World English Dictionary (1999) the term behaviour means the following:
- The way in which somebody behaves.
- The way in which a person, organism, or group responds to a certain set of conditions.
According to the Shorter Oxford English Dictionary (2002) behaviour means the following:
- Manner of bearing oneself; demeanour, manners; observable actions; treatment shown to or towards another or others.
- An instance or way of behaving. An observable pattern of actions, a response to a stimulus.
- The way in which an object, device, substance, etc., acts or works.
Therefore, the word behaviour means observable action or response of an individual to stimuli.

PROBLEM
According to Encarta World English Dictionary (1999) the term problem means the following:
- A difficult situation, matter or person.
- A question or puzzle that needs to be solved.
According to Collins Cobuild English Dictionary for Advanced Learners (2001) a problem is a situation that is unsatisfactory and causes difficulties for people.
- A doubtful or difficult matter; a matter that exercises the mind.
- A contrived or imagined situation in which the task is to produce or prove some specified result by the exercise of thought.
Therefore, the word problem means deviation from some norm which causes troublesome situation.

BEHAVIOUR PROBLEMS
In one of the official definitions of behaviour problems, they were considered to be reactions to an unfavourable environment and may appear as problems of personality development, as conduct disorders and as neurotic traits and school problems.
According to Herbert (1974) behaviour problem applies to a heterogeneous collection of childhood manifestations ranging from withdrawn
behaviour, dependency, fears and bedwetting to stealing, aggressive behaviour, truancy and poor achievement.

According to Kale (1978) behaviour problem is a deviant behaviour of a child which does not conform to the expectations of the society and is considered detrimental to the welfare of self, family and society.

Jain (1998) regarded behaviour problem as a primary environmental reaction that tended to become persistent and patterned without transforming into psychoneurosis or psychopathy although there was some measure of overlap.

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

MANAGEMENT OF BEHAVIOUR PROBLEMS

According to The Progressive English Dictionary (1985) management means to be able to control whereas management of behaviour problems means to be able to control certain observable movements or actions that cause disturbance or are detrimental in life of an individual to adaptable situations.

STRESS

According to Lazarus (1984) stress is inharmonious fit between person and the environment, one in which the person’s resources are taxed or exceeded, forcing the person to struggle, usually in complex ways and to cope with. Stress is defined as a feeling of tension that is both emotional/physical.

According to Baum (1990) stress is a negative emotional experience accompanied by predictable biochemical, physiological, cognitive and behavioural changes that are directed either towards altering the stressful event or accommodating to its effects.

According to Sharma (1995) stress can only be sensibly defined as perceptual phenomenon arising from a comparison between the demands on the person and his ability to cope with it.

Batra (1997) pointed that stress is an anxiety or distress caused by any pressure or tension. It is an increasing modern symptom, associated with social
pressures, which impose a variety of duties and obligations on the individuals.

According to Paplia, Olds and Feldman (1998) stress is one’s physical emotional and mental response to change, whether the change is positive or negative. It is the extreme physiological and emotional arousal a person experiences when confronted with threatening situation.

According to Encarta World English Dictionary (1999) the term stress means the following:
- Mental, emotional or physical strain caused by anxiety or overwork.
- Something that causes mental or physical strain.

Encyclopedia of Psychology (2000) states that stress is an individual's generalized, systematic mind-body response to demands and stressors. The environmental stress perspective focuses on how the individual evaluates these demands and the biological stress perspective focuses on physiological responses.

According to Dandapani (2001) the term stress originated in the discipline of physics. It refers to the force exerted on a system that deforms, destroys or alters the structure of that system. The resulting change is termed 'strain'.

The New Encyclopedia Britannica (2002) states that stress is any strain or interference that disturbs the functioning of an organism. The human beings respond to physical and psychological stress with a combination of psychic and physiological defenses. If the stress is too powerful, or the defense is inadequate a psychiatric or mental disorder may result.

According to the Shorter Oxford English Dictionary (2002) stress means the following:
- Hardship, adversity, affliction.
- Force, pressure, or violence against a person for the purpose of compulsion or extortion.
- The overpowering pressure of an adverse force or influence.
- Strained exertion, strong effort.
According to Day and Livingstone (2004) stress can be regarded as a psychological threat, in which an individual perceives a situation as a potential threat.

Sharma (2005) pointed that stress means 'to draw light' and may be used to designate a wide range of man’s states arising in response to various extreme effects; as the body's response to any demand made on it.

According to Sharma (2006) stress is the body’s reaction to an event that is seen as emotionally disturbing, disquieting or threatening.

According to Kaur (2006) stress is a general term used to describe tense situations and reactions to them and usually has a very strong emotional content. It is often described as when an individual reaches breaking point, has weakness, reaches overloaded state and breaks down.

According to Jindal (2006) stress has been recognized as an internal load or pressure applied on the individual and viewed as persons response to a disturbance.

Thus, stress is a reaction towards problematic situation which disturbs the individual in performing his normal activities. Stress may also result in response to unfavourable over demanding environment.

COPING

McGrath (1970) has viewed coping as the covert and overt behaviour by which the organism actively prevents, removes or circumvents stress inducing circumstances.

Freedman, Kaplan and Sadock (1975) described coping as conscious and unconscious ways of dealing with stress without changing one’s goals.

George (1981) describes coping as the individuals’ behaviour use to prevent, alleviate or respond to stressful situations.

Lazarus and Folkman (1984) referred coping as the cognitive and behavioural efforts that are used to manage stressful situation and regulate negative emotions.
According to Turnbull and Turnbull (1990) coping is defined as an activity that helps in meeting one's needs.

According to Murphy (1992) coping behaviour may be understood as behaviour which enables the individual to master his external world.

According to Encarta World English Dictionary (1999) coping means to deal successfully with a difficult problem or situation.

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

According to Kaur (2005) coping is defined as any or all responses made by an individual to protect oneself while encountering a potentially harmful outcome.

According to Jindal (2006) coping may be considered as a behaviour, which is employed by a person to adjust and to reduce stress.

According to Seyedfatemi (2007) coping has been viewed as a stabilizing factor that may assist individuals in maintaining psychosocial adaptation during stressful events.

Thus, coping refers to efforts to master conditions that tax or exceed adaptation resources. The term 'coping' has been used to denote the ways of dealing with stress, or the effort to master conditions of harm, threat or challenge when a routine or automatic response is not readily available.

STRATEGY

According to Encarta World English Dictionary (1999) strategy means a carefully devised plan of action to achieve a goal, or the art of developing or carrying out such a plan.

According to Collins Cobuild English Dictionary for Advanced Learners (2001) strategy means the following:
- A strategy is a general plan or set of plans intended to achieve something, especially over a long period.
Strategy is the art of planning the best way to gain an advantage or achieve success.

According to Sharma (2005) strategy is a plan, method or series of manoeuvres for obtaining a specific goal or result.

Therefore, strategy means a plan to deal with circumstances so as to successfully achieve the goal.

COPING STRATEGIES

Maddi and Kobasa (1984) talked about two forms of coping strategies: (a) Transformational – transformation involves altering the events those are stressful. To do this, one has to interact with the events, and by thinking about them optimistically and acting towards them decisively, change them from a stressful direction. (b) Regressive – regressive approach, on the other hand, includes a strategy wherein one thinks about the events pessimistically and acts evasively to avoid contact with them.

Lazarus and Folkman (1984) said that coping strategies consist of behavioural and/or cognitive attempts to manage specific situational demands which are appraised as taxing or exceeding one’s ability to adapt.

According to Holahan and Moos (1987) an additional distinction that is often made in the coping literature is between active and avoidant coping strategies. Active coping strategies are either behavioral or psychological responses designed to change the nature of the stressor itself or how one thinks about it, whereas avoidant coping strategies lead people into activities (such as alcohol use) or mental states (such as withdrawal) that keep them from directly addressing stressful events. Generally speaking, active coping strategies, whether behavioral or emotional, are thought to be better ways to deal with stressful events, and avoidant coping strategies appear to be a psychological risk factor or marker for adverse responses to stressful life events.

According to Kapoor (2004) the term coping strategies refers to the techniques of facing or dealing with problematic situations.
Therefore, coping strategies are the methods or plans of action which are used to obtain desirable results in problematic situations and are helpful for the adaptation of the individual in stressful circumstances.

MENTAL RETARDATION

According to World Health Organization, Technical Report Series (1991) mental retardation is defined as a condition of arrested or incomplete development of the mind, which is specially characterized by impairment, manifested during the developmental period of skills that contribute to the overall level of intelligence, i.e. cognitive, language, motor and social abilities. Retardation can occur with or without any other mental or physical condition.

According to American Association on Mental Retardation (1992) mental retardation is referred to substantial limitations in present functioning. It is characterized by significantly sub-average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests before the age of eighteen.

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 English Dictionary for Advanced Learners (2002) mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behaviour: conceptual, social and
practical adaptive skills. This disability originates before the age of 18.

Thus, mental retardation refers to substantial limitations in mental development, manifested during the development period and is associated with impairment in adaptive behaviour due to which an individual is unable to lead an independent life.

MENTALLY CHALLENGED CHILDREN

Bijou (1963) stated that a retarded individual is one who has a limited repertoire with his environmental contacts and thereby constituting his history.

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

According to Blake (1974) mentally retarded children are those who are below average in intelligence level. They can be classified by degree (i.e. level) or by etiology (i.e. cause) of mental retardation.

Dunn (1987) defines mentally retarded people as those who are deficient in general intellectual ability.

According to Mukherjee (2003) mentally challenged children have retardation that accounts for the lower end of the curve of intellectual abilities.

According to Behl (2006) mentally challenged children have sub-normal mental development. They possess limited intelligence and social inadequacy.

Therefore, mentally challenged children are those who are deficient in cognitive abilities and possess sub-normal intelligence level.

MOTHER


According to Oxford Advanced Learners Dictionary of Current English (1989) mother is a woman who has given birth to a child, takes care of, to acknowledgement the maternity and who has feeling of love for her child.
According to Encarta World English Dictionary (1999) mother means a woman who has a child or a female living being that has produced young.


According to The American Heritage Stedman’s Medical Dictionary (2002) mother is a woman who conceives, gives birth to, or raises and nurtures a child.

Therefore, a mother is the female parent who gives birth to a baby and looks after him/her very protectively.

MOTHER OF MENTALLY CHALLENGED CHILD

According to Jindal (2006) a mother of mentally challenged child is the female parent, who looks after her that child who deviates from the normal children to the negative side of mental dimensions.

According to Behl (2006) mother of mentally challenged child is the one who gives birth to an abnormal child having limited intelligence and sub average mental development.

Thus, the mother of mentally challenged child is the mother of an abnormal child with limited intelligence and sub-normal mental development.

1.4 LIMITATIONS OF THE STUDY

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.
1.5 DELIMITATIONS OF THE STUDY

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.

1.6 OBJECTIVES OF THE STUDY

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

1. To examine the effect of treatment of guidance on mothers for 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.

1.7 HYPOTHESES OF THE STUDY

Following hypotheses were framed after the review of literature:

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.

1.8 SIGNIFICANCE OF THE STUDY

In modern changing scenario, mothers, especially of mentally challenged
children, feel more anxious while facing various problems and difficulties of their
children in life. Further, while managing their mentally challenged children,
difficulties faced by the mothers are giving rise to various problems such as
maladjustment, anxiety, insecurity, tensions, frustration, stress etc. in their day to
day life. Guidance can make a difference in their lives. So, the present study on
the effect of guidance for management of behaviour problems of mentally
challenged children on stress and coping strategies of their mothers has great
significance in understanding and solving their problems.

The study has great significance as knowledge of difference of mothers
with and without guidance about the stressful effects due to their mentally
challenged child may assist in planning social support programmes for such
families. Identification of various factors which can protect families from the
stress will enable professionals and service providers, teachers, counselors in
providing quality care for mentally challenged children.