INTRODUCTION

The lack of self confidence is the only disability in life.
Usually birth of a baby in a family anticipated with great excitement and expectation of the future filled with happiness and success. This exuberance may become muted with the birth of a disabled child. It doesn’t matter in the category of disability is visually impaired, hearing impaired, orthopedically disabled, mentally retarded or mental illness. The family in which this child is born will definitely have certain changes in psychosocial aspects among the family members especially excess in their parents.

When a child is diagnosed with disability, all the attention focused on helping the child. But parents also need assistance in coping with stress, maturity with their emotions and also positive personality approaches are required to them. Parents of children with disabilities have very high level of parenting stress signifying that they perceived more stress in their role as parents than did parents of children without disabilities, many studies highlighted the same aspects in their findings.

The parents are going through many stages of understanding and accepting their child’s disabilities. Before the child’s birth the parents have several expectations but after the birth it might be an emotional earthquake for them regarding their disabled children. Everything seems to be upside down for them. Families caring for and bringing up the child with disability can create strain in the family, social isolation due to the child’s limited and lack of mobility or behavioral problems (Mc Cubbin et al. 1982).
Disability in a child provokes a series of disequilibrium among the parents in their psychological aspects which directly or indirectly affect them in various social and psychological well beings. Parent shows a series of reactions after knowing that their child is disabled and they start showing the guilt, sorrow, denial, anger, which affects different parents differently, so that these sort of stressors lead the parents to physical and mental health problem.

Having a disabled child born into a family and grow into adult is one of the most stressful experiences a family can endure. Parental reactions to the realization that their child is exceptionally usually included depression, stress, anxiety, anger, emotional shock, guilefulness etc. Every individual handles each of these feelings differently and may stay longer in certain stages than others. Some of the parents perceive that their disabled child as an extension of themselves and may feel ashamed, social rejection, ridicules or embarrassed. Parents’ reactions may be affected due to economic status, level of stress, personality traits, emotional maturity or immaturity and marital stability or status.

Lot of problems may provoke in life situations in the families of disabled children, example, lot of financial constraint strain or stress will arise for providing the necessary medical expenditure, special equipment for their easy axis’s, arranging special schools, arranging special transportation, care takers in the absences of the parent, difficulties in entertaining the friends and relatives at their home, marriages for the
siblings etc. may lead to mild to severe stress and also emotional disturbance will occur to the parents of the disabled children.

Parents are usually the primary care given of a child with disability. As such fathers and mothers are responsible for caring for and obtaining services for their child. Acquiring the knowledge, skills and resources necessary to raise a child with a chronic health problems such as physical, intellectual and mental health problems create many challenges for both fathers and mothers and experienced by the Parents caring for a child with disability problem have a strong likelihood of negatively influencing parent’s well-being. If these parents experience with high level of distress and problems in functioning related to the challenge of caring for their child with Physical Intellectual and mental health problems, they will likely to have more difficulty providing that care. Parents need to be functioning as well as possible to enhance the well-being of their child and to assure their own well-being (Bode et al, 2000, Kazdin & Wassell, 2000).

Approximately 3 to 5 percentage of the population of children experience or get affected with physical, intellectual and mental health problems according to the National Health Survey in India and other Western countries. Stress and Emotional problems like depression are more common among the parents of children with disabilities which indirectly impose a significant burden on the society. (Elgar et al, 2003, 2004) Depressive symptoms, stress and emotional pressure have been cited as having the highest disease burden of all health conditions in parents, impairing social and physical functioning and being associated
with suicide, parental separation, divorce problems, increased health care costs, morbidity, crime rate increase, and mortality. (World Health Organization - 2001).

Caring for a child who has disability can involve significant and prolonged periods of time and energy, completion of physically demanding and unpleasant tasks and frequent disruption to family routines and activities. (Seltzer & Heller 1997; Shultz & Quittner 1998) Due to the increased care – giving demands, the parents of disabled children are at increased risk for high levels of personal stress and emotional pressure. When the parent feels overwhelmed by the stress associated with caring for their child with a disability, there can be negative implications for the child, the parent and the family as a whole.

The parenting stress affects parents - child relationships and important child outcomes. Higher levels of parenting stress lead to poorer social and emotional development and higher rates of behavioral problems in both deaf and hearing children (Crinc & Low, 2002; Hintermair, 2006; Leaderberg & Everhart, 2000).

The neurotic parents and family member expressed displeasure with doctors or other professionals over the lack of support then it will be presented as merely as the displacement of anger was originally directed at the children with the disability (Pinkerton, 1972, Zuk, 1962).

The parent stress is associated with coercive parent-child interactions high level of stress can negatively influence the parent’s interaction with other family members and increase the risk of family
Parent stress is associated with care-giving of children’s with disability and also difficulty of completing care – giving tasks with lot of time involvement in completing the tasks (Gallagher et al. 1983; Leyser et al. 1996; Erickson & Upshur 1989; Quittner et al. 1992 & 1998; Floyd & Gallazher 1997; Hastings & Brown 2002; Salovitta etal. 2003; Beckman 1991; Haveman et al – 1997) and the presence of difficulties in child behaviour during the tasks with the level of a child’s disability. Chronic conditions of disability, both physical and emotional, make extra demands on parents, resulting in stress (Tew & Laurence, 1975; Breslan et al, 1982; Stein, 1988; Miller et al, 1992).

Lower socio-economic status of the family is reported to be associated with more stress because of fewer resources (Sameroff et al, 1987) Due to poverty in the family; a child with a disability is regarded as a burden, an evil spirit, and an object of charity without rights, rather than as an unfortunate child (Pal & Choudhury, 1998).

The Marital intimacy is more impaired when the child with disability is female (Padencheri et al, 2011). More stress among parents of girls with intellectual disability (Tangri and Verma, 1992). A female child with disability is likely to be considered even more burdensome, raising the specter of neglect and abuse.

Stress is described as the ongoing relationship between a person and environmental factors (Lazarus & Folkman 1984). It is referred to the
emotion experienced when a situation is perceived as threatening or demanding, and when the parent does not have an adequate coping response.

Parenting is the job with no preparations and no vacations. Parents of disabled children face many special stresses. They have very less opportunities to explore their own needs and also to overcome their difficulties (Loeb 1979). The children with disabilities have special needs that require more attention, greater vigilance and effort from physical, social and psychological effects on families who are expected to arise the social adaptive child with special needs (Senel & Akkok, 1996).

However, psycho-social issues of parents and children with disabilities can be very traumatic for most parents. Raising a child with special needs to achieve his full potential is hard work; it is not easy to raise the child with disability. The parents should be stronger in physical and psychological aspects, adaptive and optimistic, and also they should have a huge sense of humor’s sense - (Naseef, 2001). The happy and healthy parent can teach the child to line in the society in happier manner. Parents of disabled children must view their child as a child first, not as a disabled (Knudson & Coyle 2002; Sloper 2002; Taanila et al 2002).

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The neurotic parents and family member expressed displeasure with doctors or other professionals over the lack of support then it will be presented as merely as the displacement of anger was originally directed at the children with the disability (Pinkerton, 1972, Zuk, 1962). The neurotic parents of the disabled children displays their parental hostility as based on intrinsic neurotic reaction to the birth or diagnosis of a child with a disability, professionals may avoid examining the inadequate system of formal services is implicit removed as an available parental response. If the parent seemed too passive in the face of inadequate services, it was seen as an outgrowth of underlying guilt or denial (McKeith, 1973).

The neurotic parents who simply refuse to acknowledge the reality that something is wrong their child; they argue the nature of diagnosing and the professional labeling the children’s disability (Stanhope & Bell, 1981; Wetter, 1972). The Neurotic Parents involvement and dedication to the welfare of their child as Prima facie evidence of a deep - seated need to compensate for the same underlying guilt complex (Solnit & Stark, 1961).
Stress

The stress phenomenon is an integral part of normal day to day life, when we are in a state of relaxed wakefulness the stress response is very low, but as soon as we start to concentrate and do something, the brain prepare us for action both psychologically and physiologically, and the stress response may thus be viewed as a natural consequence of any human information processing activity (Ketch Wiest, David M. 1983)

Stress in psychology is used in at least two different ways. First it is defined as the state of psychological upset or disequilibrium in the human beings caused by frustrations, conflicts and other internal as well as external strains and pressures. In a more serious condition of the stress, the individual reaches a point where the physical processes are seriously affected and mental processes are confused, and the emotional state is chaotic.

Hans Selye, first introduced the concept of stress in 1939. Derived from Latin, the word “stress” was popularly used in the seventeenth century to mean hardship, straight, adversity or affiliation.

According to Selye (1956), “any external event or internal drive which threatens to upset the orgasmic equilibrium is stress”. He has defined stress as the non-specific response of the body to any demand made upon it.
Lazarus (1960) stated that “stress occurs when there are demands on the person which tax or exceed his adjustment resources”.

Stressors

The factors that affect stress are called stressors. Almost any change in the environment even a pleasant change, such as a vacation demands some copying and a little stress is useful in helping us adapt. But beyond some point, stress becomes distress. What acts to produce distress varies greatly from person to person but some events seem to be stressors too many of as chief among these are injuries or infection of life which force us to cope in new ways, and anticipated or actual threats to our self esteem.

Stress is not always are pleasant or unpleasant, its stressors effects depend merely on the intensity of the demand made upon the adaptive capacity of the body. Any kind of normal activity – a game of chess or even a passionate embrace can produce considerable stress without causing harmful effects (Hans Selye 1984).

Macro Stressors and Micro Stressors

Objective stressing agents have direct impact on subjective experience and behaviors. Their effects are medicated and modified by internal processes of problem concern. Therefore stress effects are not predictable from the objective characteristic of the stressing agents only. Instead, a large variation in stress reactions between and within individual has to be assumed. The variation may refer to the nature of stress responses (e.g. compensatory activity versus deactivation) as well as to intensity and duration. Some individuals remain virtually unaffected in
situations to which a large proportion of the population reacts as begin stressful. On the other hand, some individuals many suffer tremendously from causes that the vast majority regards as insignificant.

There is reason to believe that while macro stressor is gradually eliminated in civilized countries, stressful experience from micro stressors expand and gain practical importance. The current trends of increasing depression in Western civilization, McLean points out that the proportion of “Classical” origins of depression (loss of spouse, unemployment, disability of self or their children’s) are receding, whereas the proportion of other causes, being evaluated from non-patients and minor mischief’s rises. Stress in modern life is induced by a variety of micro stressors rather than a small number of single macro stressors. The total stress induced by multiple problems can be determined by (a) the individual demands of single stressors, (b) the number of separate problems and (c) the compatibility of problem (Robert Hockey 1983).

**Factors of Stress**

There are five factors that make the people more vulnerable to stress. Individual factors, family factors (due to the disabled children), job factors, financial factors and socio - cultural factors.

**Major Types of Stress**

An enormous variety of events can be stressful for one person or another and they are not totally independent. There are four principle types of stress they are 1. Frustration, 2. Conflict, 3. Change, 4. Pressure.
Emotion

During 19th century, Charles Darwin said that there is an innate, or inborn, basis for the facial expression of certain emotions. Izard (1971) indicating that the facial expressions of what are termed as the primary emotions. Frijda (1969) stated people tend to rely more on the facial expression or other non-verbal behavior than on the context in making the judgment.

All civilized members of the society like to think themselves as rational beings that go about satisfying their motives in an intelligent way. Indeed, most of the affairs of everyday life are tinged with feeling and emotion, Joy and sorrow, excitement and disappointment, love and fear, attraction and repulsion, hope and dismay - all these and many more are feelings, everybody experience in the course of a day. On the other hand, when the emotions are too intense and too easily aroused, they can easily get everyone into trouble. They can warp our judgment, turn friends into enemies, and make everyone into miserable as if they were sick with illness.

Genesis of Emotional Disturbances

Dependence on his mother, the ambitions for prestige and success which imbibed the rivalry with his father and the depreciatory attitude toward him, the failure to identify with other men, the whole constellation continued on, still potent, although, for the most part, unconscious, automatic and resistant to conscious efforts to change. The rest of his
personality developed adequately in the direction of those attitudes, feelings and ways of functioning which we are beginning to recognize as mature.

The genesis of emotional disturbances can be reduced with some over simplification to the following steps-

1. Childhood emotional influence interact with the infant’s congenital endowment and development forces, the child being most formative up to the age about six.

2. These influences facilitate, retard or warp the development and cause emotional patterns which persist, mostly unconsciously, in later life.

3. These “nuclear patterns” contain certain vulnerable emotional points; everyone has specific emotional vulnerabilities.

4. The environment exerts certain demands, pressure and frustrations.

5. The individual endeavors to harmonize the conflicting impulses within him and to adjust himself to his environment.

6. In general, the more mature the individual is, the more stably and flexibly he adjusts, but when the pressures impinge upon his emotional vulnerabilities, he reacts with mobilization for fight or flight.
7. The fear and the flight and the danger and hostile aggression tend to be handled as they were in childhood, with partial return to childhood forms of satisfaction, thinking and behavior.

8. These regressive reactions constitute and produce symptoms which can be grouped as about:

(i) Inner (a) psychosomatic (b) neurotic (c) psychotic.

(ii) Acting out (a) masochistic (b) destructive social behaviour (c) criminal

9. The ego reacts secondarily to the tensions and the symptoms over a range from denying to exploiting them.

Maturity

The concept of maturity has not received a great deal of explicit attention in the literature. Delineation of libidinal development has been yielded the important formulation of the “Genital level” and “Object-interest (Freud, 1924)”. Recent emphasis on the conflict between the regressive, dependents, versus the progressive, productive forces in the personality has directed interest toward the more detailed nature of maturity.

Nature of Maturity

1. In cited Yasvir Singh & Mahesh (2005), one of the most obvious pathways of development, long emphasized by Sigmund Freud and Franz Alexander, is from the parasitic dependence of the
fetus to the relative independence of parent, with parental capacity for responsibility for spouse and child.

2. Intimately bound-up with the organism’s development from parasitism on the mother to relative independence from the parents is its increased capacity for responsibility and productivity and its decreased receptive needs. Children learn to control their hostilities, their sexuality and other impulses, and to develop the orientations of maturity largely through the incentive of being loved.

3. Third characteristic of maturity is relative freedom from the well-known constellation of inferiority, egotism and competitiveness.

4. Another aspect of maturity consists in the conditioning and the training necessary for socialization and domestication.

5. Hostile aggressiveness, using the term to include all sorts of anger, hate, cruelty and belligerency, is always a sign of emotional irritation or threat.

6. Another important attribute of maturity is a firm sense of reality.

7. Another characteristic of maturity is flexibility and adaptability.

**Emotional Maturity**

In the present circumstances, youth as well as children are facing difficulties in life. These difficulties are giving rise to many psycho-somatic
problems such as anxiety, tensions, frustrations and emotional upsets in
day to day life. So, the study of emotional life is now emerging as a
descriptive science, comparable with anatomy. The self acceptance is an
important aspect of maturity, and it must be preceded by acceptance from
others.

The concept ‘Mature’ emotional behavior of any level is that which
reflects the fruits of normal emotional development. A person who is able
to keep his emotions under control, which is able to break delay and to
suffer without self-pity, might still be emotionally stunned and childish.
Morgan (1934) stated the view that an adequate theory of emotional
maturity must take account of the full scope of the individuality, powers
and his ability to enjoy the use of his powers.

According to Walter D. Smitson (1974) emotional maturity is a
process in which the personality is continuously striving for greater sense
of emotional health, both intra-psychically and intra-personally.

Kaplan & Baron (2005) elaborate the characteristics of an
emotionally mature person; say that he has the capacity to withstand delay
in satisfaction of needs. He has the ability to tolerate a reasonable amount
of frustration. He has belief in long-term planning and is capable of
delaying or revising his expectations in terms of demands of situations. An
emotionally mature child has the capacity to make effective adjustment
with himself, members of his family, and his peers in the school, society
and culture. But maturity means not merely the capacity for such attitude
and functioning but also the ability to enjoy them fully.
To get rid from the emotionally disturbed behavior the person should try to develop certain matured behavior so that they can overcome their psycho-physiological problems. Especially parents of children with disabilities will come across with these sorts of emotional crises which simultaneously affect in both parents and children in every day to day life situations in their psycho-physiological systems. Hence parents of disabled children should develop more mature behavior during the time of emotions.

**Personality**

Psychologist defines the personality as the qualities within a person and the characteristics of a person’s behavior, or both. Gordon Allport (1937) stated both inner qualities and behavior, but he emphasized the inner qualities of the person. Personality is the dynamic organization within the individual of those psychophysical systems that determines his unique adjustments to his environment.

According to Walter Mischel (1976) stated both inner processes and behavior but he emphasized on behavior. Personality is the distinctive patterns of behavior including the thoughts and emotions that characterize each individual’s adaptation to the situations of his or her life. However, most of the psychologist agrees that personality includes the behavior patterns an individual shows across the situations or the psychological characteristics of the person that lead to those behavior patterns.

According to Cattel (1950) stated personality is that which permits prediction of what a person will do in any situation. The dictionary meaning
stated that personality is the distinctive character of an individual that tells his or her apart from the others. Eysenck stated that personality is the more or less stable and enduring organization of a person's characteristics temperament, intellectual and physique which determine his unique adjustment to the environment. J.B. Watson, stated personality is the sum of activities that can be discovered by actual observation over a long period of time to give reliable information of a person.
Factors influencing the Personality

The development of personality is the result of one’s interactions with the environment. The following factors which influence the personality they are body and its effects of physiological differences, nervous system, sensory differences, intellectual differences, emotional differences, culture, heredity and environment

Role of Parents of Disabled children

The true sufferers are the parents of disabled children. The parents having the female disabled child suffer with more stress, emotional problems and neurotic problems. Likewise the parents’ with mentally retarded child also face intensive problem of stress. Sometimes the parents have to take the advice of their physician or counselor to give some basic training. In Western countries many social issues are advantage to the parents in Government side also. In Indian context the social situations are more pathetic because of the financial problems of the parents and also lack of proper education.

In this juncture the researcher focused his direction to verify the stress levels, emotional maturity levels and personality of the parents in different variables, with the relationships and differences between them.
Disability in India

Over the last fifty years, right to education has evolved in India inspired by a host of factors including judicial interpretations, enactment of special laws and amendment to the constitution. The constitution of India has made education a fundamental right for all children including the children with disabilities in the age group of 6-14 years. Section 26 of Persons with Disabilities Act (1995) affirms the capacity of Indian State to afford free education beyond 14 years of age, particularly in the context of children with disabilities.

According to the Census (2001) there are 2.19 crores people with disabilities in India who constitute 2.13 per cent of the total population. This includes persons with visual, hearing, speech, loco motor and mental disabilities. Seventy five per cent of persons with disabilities live in rural areas, 49 per cent of disabled population is literate and only 34 per cent are employed. The earlier emphasis on medical rehabilitation has now been replaced by an emphasis on social rehabilitation.

In India different definitions of disability conditions have been introduced for various purposes, essentially following the medical model and, as such, they have been based on various criteria of ascertaining abnormality or pathologic conditions of persons. In absence of a conceptual framework based on the social model in the Indian context, no standardization for evaluating disability across methods has been achieved. In common parlance, different terms such as disabled,
handicapped, crippled, physically challenged, are used inter-changeably, indicating noticeably the emphasis on pathologic conditions.

**Persons with Disability Act, 1995**

Through the Act is built upon the premise of equal opportunity, protection of rights and full participation, it provides definitions of disabled person by following the medical model. According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, "Person with disability" means a person is suffering from not less than (40%) forty percent of any disability as certified by a medical authority (any hospital or institution, specified for the purposes of this Act by notification by the appropriate Government). As per the act "Various types of Disability" are,

(i) Blindness; (ii) Low vision; (iii) Leprosy-cured; (iv) Hearing impairment;
(v) Loco motor disability; (vi) Mental retardation; (vii) Mental illness, which were defined as below.

"Blindness" refers to a condition where a person suffers from any of the following conditions,

(i) Total absence of sight.

(ii) Visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses;
(iii) Limitation of the field of vision subtending an angle of 20 degree or worse;

"Person with low vision" means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device;

"Leprosy cured person" means any person who has been cured of leprosy but is suffering from-

(i) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifests deformity;

(ii) Manifest deformity and paresis; but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;

(iii) Extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation, and the expression "leprosy cured" shall be construed accordingly;

"Hearing impairment" means loss of sixty decibels or more in the better ear in the conversational range of frequencies;

"Loco motor disability" means disability of the bones, joints muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy;
"Mental retardation" means a condition of arrested or incomplete development of mind of a person which is specially characterized by subnormality of intelligence;

"Mental illness" means any mental disorder other than mental retardation;

Initially parental response may be a form of emotional disintegration. This may evolve into a period of families’ adjustment and later into reorganization of the families daily day to day life situations. Some of the parents cannot cope up beyond certain level of stress due to the emotional disintegration. So they decide to give their child for adoptions or to aboard or to place the child in any institutions. These decisions are not easy and it is so stressful to the families especially to the parents.

**Government of India Schemes and Benefits for the Disabled**

- Assistance to Disabled Persons for Purchase/ Fitting of Aids and Appliances (ADIP Scheme)
- National Scholarship for Disabled
- Railway Concession including Escort
- Income Tax Exemption for Parents
- National Awards
- Age Relaxation for Employment
- 3% Reservation in govt. employment
- NHFDC Loan Schemes
Union Territory of Puducherry Schemes and Benefits of Disabled

- Disability Pension
- Scholarship
- Marriage Assistance
- Loan Assistance for Self employment
- Group Insurance
- Special school scheme
- Aids and Appliances
- Vocational training
- Transport Allowance
RATIONALE FOR THE STUDY

Over the last three decades India has gradually increased its attention to these groups which is perhaps the only one in those of the suffering human beings to have remained outside the circle of public and professional concern.

The information gathered from the research studies conducted on parents in abroad and India and existing government policies have helped the researcher to understand the overall problem faced by the parents of disabled children. These factors motivated the researcher to conduct research in this area to find out the different problems experienced by the parents of disabled children living in Union Territory of Puducherry in the areas of stress, emotional maturity and personality.

Puducherry seems to be the most suitable area for the present study because so far no study has been undertaken at Puducherry in this area. Many Government organizations like District Disability rehabilitation Centre, Child Guidance Centre of Medical Department is available. Many service clubs like Rotary, Lions and Non-Governmental Organizations are available in the Union Territory of Puducherry. Nearly 25 special schools are available in this area.