

Parental Attitudes Towards Their Moderately Mentally Retarded Children

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Abstract

The study aimed at examining the parents' attitudes towards the moderately mentally retarded children in general. Parents were provided with an attitude scale adapted according to the requirements. A wide range of dimensions were included such as parent - child interaction, marital relations, parental aspiration level, social interaction, recreational participation, training and education, child characteristics and social stigma. Thirty children in the age group 10 to 15 years with moderate levels of retardation were selected along with their parents and 30 normal children with their parents. Parents of retarded and normal children were interviewed so that the attitude towards their mentally retarded children was also observed. The results revealed that parents of retarded children showed much favorable attitude as compared to the parents of normal children. Fathers of mentally retarded children showed favorable attitude as compared to the fathers of normal children. Parents of retarded children showed more positive attitude towards the general referral group as compared to the specific referral group. On the whole, it can be said that the child affects the family who in turn affects the child. This study also has some limitations such as small sample size, sample from urban population only, inclusion of only moderate levels of retardation. Furthermore, comprehensive research work is needed to make some conclusive remarks.

اتجاهات الوالدين نحو أبنائهم المعاقين إعاقة عقلية بسيطة

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الملخص:

هدفت هذه الدراسة الكشف عن اتجاهات الوالدين نحو أبنائهم المعاقين إعاقة عقلية بسيطة (من الدرجة المتوسطة) بشكل عام، حيث طبق على الوالدين مجموعة من استبيانات أعدت خصيصاً لقياس مجال واسع مثل التفاعل بين الوالدين، والعلاقات الزوجية، ومستوى تطلعات الوالدين، والتفاعل الاجتماعي، والمشاركة في الأنشطة الترويحية، والتدريب والتعليم، وخصائص الابن، والنظرة الاجتماعية للإعاقة العقلية بوصفها وصمة. وتكونت العينة من 120 مشاركاً (ذكوراً وإناثاً) من مستوى الإعاقة العقلية البسيطة (أو المتخلفين عقلياً من الدرجة المتوسطة)، منهم 30 طفلاً (19 من الذكور و11 من الإناث) تراوحت أعمارهم بين 10 إلى 15 سنة، ومستوى ذكاء تراوح بين 36 إلى 50 درجة بالإضافة إلى والديهم (30 والداً). والباقي 30 طفلاً من العاديين مع والديهم (30 والداً) استخدموا كعينة ضابطة. ودلت النتائج أن اتجاهات والدي الأبناء المعاقين عقلياً كانت أفضل بالمقارنة باتجاهات والدي الأبناء العاديين، وأن اتجاهات آباء الأبناء المعاقين عقلياً كانت أفضل بالمقارنة بآباء الأبناء العاديين. وأظهر والدي الأبناء المعاقين عقلياً بشكل عام اتجاهات إيجابية مقارنة بوالدي الأبناء العاديين. وبشكل عام ظهر أن الابن يؤثر في الأسرة التي تؤثر بدورها على الابن. وكان لهذه الدراسة حدود مثل صغر حجم العينة، واقتصار العينة على المتخلفين عقلياً من المدن الحضرية، واقتصارها أيضاً على عينة المتخلف العقلية الخفيف. ولهذا فإن هناك حاجة إلى دراسة مستفيضة واسعة حتى يمكن استخلاص نتائج أدق.

Introduction:

Attitude toward handicap vary from one society to another in accordance with cultural, religious and even political backgrounds. They also vary with different kinds of disability and it is quite possible to construct an approximate "hierarchy of handicap", ranking each disability in terms of the public degree of acceptance on the one hand, and the discomfort and dislike on the other.

The birth of a retarded child or the discovery that the child is retarded almost always has a severe emotional impact on parents. These parents experience three kinds of crises: 1- novelty crisis, which is a reaction to sudden impact of a major change in one's life. 2- Value crisis, brought about by the fact that it is necessary to alter one's values to accept the child with few desirable characteristics. 3- reality crisis, a reaction to the concrete kind of problems presented by having such a child.

Parents represent a wide spectrum of human personality variations. And the intensity and quality of their reactions towards the retarded child varies greatly. (Prakash & Sharma, 1985).

Using the Malise Inventory to measure the stress, Bradshaw and Lawton (1978) found that the level was much higher for the mothers of the handicapped ones than the mothers of the normal children. It was also noticed that the level of stress was more closely related to the mother's perception and appraisal of her situation than to the reality of the situation. This stress further induces indices of the emotional state of family members and of interpersonal conflict (McCubbin et al., 1980). Gath (1977) found that the parental reactions, like inner turmoil, grief, disappointment, shattered hopes and sometimes feelings of guilt and failure to be common when the parents become aware of the child's retardation. Blacher (1984) however suggested five categories of reactions (i) shock-confusion (ii) refusal-denial (iii) guilt-anger (iv) despair-depression-disorganization and (v) adjustment-recovery-acceptance.

Using these reactions Grace et al. (1986) explored parents' reactions on a five point Likert scale towards their young and severely handicapped children and noticed that best discriminated parental responding fit for a third category, that is guilt-anger. Based on these reactions, the interaction pattern develops between the retarded children and their parents. Colledge (1980) explained the early mother - child emotional relationship which is very much significant for all future interactions. Failure to develop these meaningful bonds makes it difficult to develop normal reactions, hence a bitter struggle takes over between the parents and the retarded offspring.

Equally hazardous is the parents ignorance about the child's condition. Parental expectation of normal behavior from the retarded child results in frustrating and confused state of mind. As a result, parents sometimes respond by vacillating between denial, overprotection and overt -covert rejection. Rejection is probably the most damaging but the most common reaction of the family members, especially the parents (Pun, 1987). Sen (1986) while comparing two different dimensions of parenting (positive and negative) between the two groups reported that normal children were found to be significantly better in terms of positive parenting like love, encouragement, acceptance, while in the retarded group an opposite trend of autocracy, discouragement, dependency though not significant, was observed.

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Aleksandrovna & Borisonva (2002) found in their study that the pathology in children have negative effect on mother's attitudes and that the degree of deviation in the mothers' attitudes was linked directly to the degree of child pathology of handicapped. Using the Parental Attitude Research Instrument Cook (1963) found that the differences in the diagnostic category and severity of the child's handicap correlated with differences in child rearing attitudes based on different interaction patterns. He reported that a strong authoritarian trend characterized by the mothers of the children with Down's Syndrome and Cerebral palsy tended to be more punitive and strongly authoritarian compared to the mothers of children with other handicaps. Parental rejection was found more likely to be associated with mild handicap while parental overprotection was observed to be associated with more serious conditions. Guralnick, et al. (2003) however, reported that parental attitudes such as beliefs, parent stress, and social support, effects the degree of mental retarded child to form or establish a relationships with his peers.

In addition to identifying the stressful aspects of raising a child with mentally retarded, there are other research who argue that there are data from other family members have suggested that families also experience positive effects. Taunt & Hastings (2002) found that Parents in general have positive perception of the future for their retarded child and their family, such as positive aspects of the child, changed perspective on life, increased sensitivity, support from other family, opportunity to learn and improved family dynamics. These positive attitudes emphasize growth and development of the self and family unit whilst minimizing limitations of the child and problems caused for the family.

Chen & McCollum (2001) interviewed 16 Taiwanese mothers of babies with down syndrome to see parents-child interaction for children's development and to parental roles that support this interaction. The perception seen in these interviews appears to reflect cultural views of parent-child interaction as well as parents' perceptions of and adaptations to the characteristics and needs of their babies with Down syndrome. The Gender differences in coping strategies of parents of retarded children, Sullivan (2002) found that mothers scoring higher than fathers in the following areas: Planning, seeking instrumental social support, seeking emotional social support, suppression of competing activities, turning to religion, and focus on and venting of emotions.

Redmond & Richardson (2003) interviewed 17 mothers from Dublin, Ireland with handicapped children to see how well mothers feel that their own functioning has been affected, negatively or positively, by services offered to them. They found that these mothers to be engaged in stressful but skilled care of their children with a clear wish to continue caring for their child in the family home. Mothers frequently referred to the process of gaining useful information on services as 'haphazard' and most of the services offered to them as uncoordinated, unreliable and difficult to access.

On scanning the Indian literature on mentally retarded along the lines of parental attitudes, limited research work has been reported. The reason could be the theoretical gaps and methodological inadequacies as suggested by Panda (1974).

In the studies by Sheshadri et al. (1983) and Shrivastava (1978), fathers have been excluded from the parental sample. Not only in the Indian studies but even in the western researches, less effort has been made to examine the effects of having a retarded child, on fathers in particular (Byrne & Cunningham, 1985). The reason most often given for the selective exclusion of fathers is lack of participation due to long hours away from home (Wishart et al., 1981). Although, researchers (Wishart, et al., 1980) described fathers of some

groups of mentally retarded children as less content than mothers with the support and services provided.

Impact of child's deficiency on the parental attitude has been examined by Juyal (2002) the negative attitude of the mother is not a healthy indication for mentally handicapped children because they may suffer a lot of problems and their learning may be adversely affected, also mothers problems may increases. It may lead to greater depression, anger, irritation, guilt, different kinds of health problems and feel loneliness. In a comparative study by Chaudhary (1985), the attitudes of parents of mentally retarded and non-mentally retarded was examined, using a forty item attitude scale containing cognitive, and affective components. Results showed more favorable attitudes for the parents of mentally retarded children as compared to those of normal children.

Sharma et al. (1985) developed a specifically formulated interview schedule to record awareness, orientation and negative attitudes of intellectually normal children towards the mentally retarded peer in the neighborhood. In another attempt, Rangaswami (1989) constructed a parental attitude scale towards problem children and covered the dimensions of over protection, acceptance, rejection, permissiveness, domination, hostility, attitude towards education and future, and attitude towards home management. A three point scale pattern was adopted. Attitudes and emotional reactions of parents were found to be of crucial importance in planning for the treatment and rehabilitation of the mentally retarded children.

The present study aimed to examine the nature of maternal and parental attitudes and differences if any, towards the retarded children, the differential patterns of attitudes among the parents of mentally retarded children with those of the parents of the normal children, and the correlates of parental attitudes and the level of functioning of mentally retarded children.

This study has been conducted in two phases. The first phase involved the selection of the mentally retarded children and the parental sample. The second phase involved the actual administration of the instruments to the mentally retarded children and the final form of the attitude scale to the parents along with the interview schedule.

Therefore, it is proposed to examine the following points under the present study:

- 1- To examine the nature of maternal and parental attitudes and differences if any towards the retarded children.
- 2- To study the differential parents of attitudes among the parents on mentally retarded children with those of the parents of normal children.
- 3- To examine the correlations of parental attitudes and the level of functioning of mentally retarded children.
- 4- To study the nature of stimulation of the intellectual capacities of mentally retarded children as provided by the parental attitudes.

Method

SAMPLE:

A total of 150 male and female respondents participated in the present study. Out of these, 30 were children (19 males and 11 females) within the age 10 to 15 years and the I.Q. level ranging from 36 to 50, who served as mentally retarded subjects along with their

parents. The remaining 60 parents belonging to the normal children of the same age range served as the control group. The selection procedure was done in two phases. In the first phase the selection of the mentally retarded children and their parents was made and in the second phase parents of the normal children were selected. Keeping in mind the objectives of this study an attempt was made to obtain a sample of mentally retarded children from the two special educational institutions located in Delhi. These were Okhla Center for the Mentally Retarded, Okhla, New Delhi and Sahan, New Institutional Area, New Delhi.

These institutions provided a fairly well distributed population in terms of socio-economic back ground. The files maintained by the school were scanned with the permission of their psychologist/counselor to prepare a list of students in the age group 10 to 15 years with moderate level of retardation. Thus a group of 34 students was selected. Care was taken to ensure that these students (i) were staying at home with their parents and, (ii) had no gross physical anomaly. Due to the sensitive nature of the study, only those children whose parents had sent their consent to participate were included. Nevertheless, the selected sample of respondents represented a fairly widespread cross-section of age group, income, occupation, and family structure.

Thus the final sample consisted of 30 children from above mentioned institutes and both their parents were involved in the study. Thirty couples were selected at random who had intellectually normal children in the age group 10 to 15 years. At the time of selection, care was taken that these children were (i) residing with their parents, (ii) had no gross physical anomaly and (iii) had no mentally retarded siblings. The selected sample of respondents also represented a fairly widespread cross-section of age group, income, occupation and family structure.

TOOLS:

To study the parental attitudes, an adapted parental attitude scale was used along with structured interview. This psychological test is a useful measure to assess the degree to which a person can think clearly or the degree to which his intellectual functions have deteriorated. It helps in exploring the psychological significance of observed discrepancies between an individual's present capacity for productive thinking and his recall of information.

Three sets (A, Ab, and B) of 12 problems each are designed in such a way so as to assess mental development up to intellectual maturity as accurately as possible. This test indicates whether a person is, capable of (a) forming comparisons and reasoning by analogy, and (b) organizing spatial perceptions into systematically related wholes.

The rationale behind using the measure was to examine the degree to which the moderately retarded children developed the capacity for abstract thinking and were capable of apprehending discrete figures.

Therefore, to study the level of mental and perceptual maturity along with the indicators of brain injury and emotional disturbances in the retarded children, this test was chosen to get a global picture of the level of functioning in this sample group of moderately mentally retarded children.

A parental attitude scale: A parental attitude scale was adapted to explore the parents' attitude towards the retarded children. The 60 item scale covered 8 dimensions: 1.Parent-child 2.Marital relationships 3.Parental aspiration level 4.Social interaction 5.Recreational participation 6.Training and education 7.Child characteristics 8.Social stigma.

In the present study factor analysis of this scale yielded high loaded factors, such as Cognitive/Affective, Behavioral/Subjective, with moderate interfactor correlation. Item-remainder correlation ranged from .29 to .76. Reliabilities ranged from .89 to .93 (alpha) and between .72 and .94 (test-retest), denoting good internal consistency and stability. Criteria-related validity of the scale ranged between .73 and .89 (5 criteria-related), while the loadings of the scale, on a general factor, were .92 and .94 in two-factor analyses.

Attitudinal scales available did not seem relevant as most of them were constructed and standardized on intellectually normal samples (Pun, 1987). Moreover, those that have been standardized on mentally retarded children seem to be more concerned with the cognitive rather than the cognitive aspects.

Therefore, the present study is an attempt to adapt a parental scale based on those prepared by Bhatti & Narayan (1980), and Rangaswami (1989). Although, these scales were constructed on mentally retarded children, the dimensions involved does not make an exclusive set of areas that were desired to be explored in the present study. Areas like parental aspiration level, recreational participation and child characteristics were not touched in the scales under review. Thus items in these areas were gathered from literature and the remaining items were selected and refrained from the available parental attitude scales according to the requirements of the objectives.

The description of the dimensions measured: 1-Parent child interaction, 2-Marital relationship, 3- Parental aspiration, 4- Social interaction, 5- Recreational participation, 6- Training and education, 7- Child characteristics, and 8- Social stigma.

A five point Likert type scale was used to measure the attitudes, however the categories were modified to include a wider variety of responses. Hence, instead of the usual 1 to 5 ratings the scale was divided to include five different class intervals that is:

1. Strongly disagree	6 to 23
2. Disagree	24 to 41
3. Undecided	42 to 59
4. Agree	60 to 77
5. Strongly Agree	78 to 95

Respondents were told to rate every statement and give the appropriate weightage to their responses so that a quantitative measure could be obtained and the wider response range can be examined.

Interview Schedule: The parental attitude scale was a measure to assess the attitudes of the parents in general towards the moderately mentally retarded group of children. Parents of mentally retarded children were also interviewed along with the Parental Attitude Scale. These interviews were planned with a view to gather information about their attitudes towards their mentally retarded child in specific, so that the discrepancy if any, between their attitudes in general and specific to their child can be examined in greater detail.

After selecting appropriate sample and the measures involved, the second phase commenced was the actual administration of the tools and the collection of data. The procedure further involved two phases. In the first phase the data was collected from the mentally retarded children using the above mentioned psychological tests and in the second phase, parents were contacted and the data was collected on the basis of the Parental Attitude Scale and the interview schedule. Later the children were called one by one in a separate room and the psychological tests were administered. Care was taken to ensure that

the child was not fatigued, and was willing to participate. No hard and fast rule was undertaken as to the order of participant position.

The testing procedure was initiated in the morning sessions only as the children were fresh and not fatigued. The procedure started with the rapport formation.

Both parents were explained about the attitude scale, the instructions were explained clearly in case of doubt. They were given scales separately, so that they were not able to exchange their views. It was ensured that they rated the attitude scale on the spot, so that the immediate reactions were known. A structured interview was also taken separately and their responses were noted down with their permission. In case of the parents of the normal children, the parental attitude scale was given to them separately and it was preferred to collect the forms immediately after the recording of their responses. Though, in some cases, due to unavoidable circumstances the forms were collected later on.

RESULTS

Respondents were asked to rate the 60 items in the Parental Attitude Scale in terms of the weight age given for 1 to 5 categories. The evaluation scale in the Parental Attitude Scale ranged from "strongly disagree" to "strongly agree". For every statement the range of response varied from 6 to 95. Taking into consideration the favorable and unfavorable attitudes, all the statements were transformed into favorable cuing and the ratings were analyzed accordingly as mentioned below:

06 to 23	strongly disagree
24 to 41	disagree
42 to 59	undecided
60 to 77	agree
78 to 95	strongly agree

The statistics involved in Studying the Parental Attitude Scale are means, standard deviations and t-tests for both the groups of parents on each dimension.

The present study involved the exploration of eight different areas, these being (1) Parent child interaction (PCI), (2) Marital relationship (MR), (3) Parental aspiration level [PAL], (4) Social Interaction [SI], (5) Recreational participation (RP), (6) Training and education (T&E), (7) Child characteristics CCCI and (8) Social stigma (SS). The primary univariate statistics of means, standard deviations and standard error of means for the two parental populations have been described in Table1.

Table 1: The Primary univariate statistics of the parental sample:

	Parents of Retarded children			Parents of Normal children		
	Mean	SD	SEM	SEM	SD	SEM
PCI	65.39	9.46	1.22	55.12	11.38	1.47
MR	69.16	13.04	1.68	57.35	11.22	1.45
PAL	68.67	9.92	1.28	58.98	11.05	1.42
SI	67.41	12.97	1.67	55.38	14.22	1.83
RP	65.75	10.65	1.36	59.61	12.12	1.56
T&E	75.02	10.49	1.35	69.65	13.89	1.79
CC	53.85	12.18	1.57	53.89	14.20	1.83
SS	63.95	14.08	1.91	51.14	16.95	2.18
			N=60			N=60

It is evident from table 2 that the means are quite similar in all the areas under investigation for the parents of retarded children ($x=53.85$, $sd=12.18$ to $x=69.16$ $sd=13.04$) except in the area of training and education ($x=75.02$, $sd=10.49$). Similarly, the means of parents of normal children on parental attitude scale have also not shown much difference ($x=51.14$, $sd=16.95$ to $x=59.61$, $sd=12.12$) with the exception of the area of training and education ($x=69.65$, $sd=13.89$).

As a part of further analysis between the areas of investigation the t-ratios were computed for the responses of the parents of retarded children on the Parental Attitude Scale to determine if there was any difference between them. These results have been shown in Table 2.

Table 2: t-ratio between areas for parents of mentally retarded children

	MR	PAL	SI	RP	T&E	CC	SS
PCI	1.89	1.86	0.98	0.19	5.32	5.82	0.63
MR		0.23	0.74	1.58	2.72	6.68	2.05
PAL			0.60	1.56	3.43	7.33	2.06
SI				0.77	3.55	5.94	1.36
RP					4.85	5.74	0.76
T&E						10.27	4.75
CC							4.10

(N=60) DF = 59 AT 0.01 $p < 2.39$ AT 0.005 $P < 2.66$.

Similarly, the t-ratios were computed for the responses of the parents of normal children on the Parental Attitude Scale to determine if there was any difference between them. These results have been shown in Table 3.

Table 3: t-ratio for responses of the parents of normal children.

	MR	PAL	SI	RP	T&E	CC	SS
PCI	0.97	0.71	0.10	1.95	5.54	0.46	1.13
MR		1.11	0.84	1.30	4.67	2.20	2.37
PAL			1.55	0.30	4.67	2.20	3.00
SI				1.76	5.59	0.57	1.49
RP					4.23	2.38	3.17
T&E						6.18	6.58
CC							0.96

(N=60) DF=59 AT 0.01 $p < 2.39$ AT 0.005 $P < 2.66$

It can be seen from the Tables 2 and 3 that the areas pertaining to training and education have assumed significance when compared to other areas. In addition to this finding, the dimension of child characteristics has also assumed significance for the parents of the mentally retarded children. The implications of these findings have been explored under the section of discussions.

Table 4 shows the means, and standard deviations of parental attitudes of those having retarded children on the eight dimensions.

Table 4: Means and standard deviations of parents of retarded children

	Father		Mother		Total	
	Mean	SD	Mean	SD	Mean	SD
PCI	65.53	10.69	65.26	8.06	65.39	9.46
MR	70.21	12.33	68.11	13.63	69.16	13.04
PAL	70.64	9.26	66.70	10.16	68.67	9.92
SI	68.78	13.61	66.05	12.14	67.41	12.97
RP	65.79	11.56	65.70	9.46	65.75	10.56
T&E	76.11	12.33	73.93	8.09	75.02	10.49
CC	55.55	11.74	52.10	12.37	53.85	12.18
SS	64.72	14.21	63.19	15.32	63.95	14.08

Similarly Table 5 shows the means, standard deviations of parental attitudes of parents of normal children on the eight dimensions.

Table 5: means and standard deviations of parents pf normal children

	Father		Mother		Total	
	Mean	SDs	Mean	SDs	Mean	SDs
PCI	54.07	13.39	54.40	13.11	55.12	11.39
MR	57.34	11.50	58.14	10.86	57.35	11.22
PAL	59.99	12.35	57.94	9.47	58.98	11.05
SI	54.65	15.42	56.10	12.87	55.38	14.22
RP	58.08	12.11	61.13	11.92	29.61	12.12
T&E	68.40	14.16	70.89	13.51	69.65	13.89
CC	55.41	14.11	52.37	14.13	53.89	14.20
SS	51.14	17.25	51.70	14.28	51.14	16.95

To examine the significance of difference between the two parental samples, within the groups of both parental samples, the Student's t-test was applied and the results were obtained. In Table 6, the t-ratios between the two parental samples have been shown for every variable dimension under study.

Table 6: t-ratio between two parental samples

	PCI	MR	PAL	SI	RP	T&E	CC	SS
M1-M2	10.27	11.81	9.69	12.03	6.14	5.37	-0.04	12.81
T-RATIO	5.37	5.32	5.05	4.84	2.96	2.38	-0.16	4.50

(N=120) df=119 at 0.01 $p < 2.30$ at 0.005 $p < 2.6600$

M1= Means of parents of NC M2 = Means of parents of MRC

Expect in the areas of training and education and child characteristics the two parental samples show significant difference. Similarly, the t-ratios between the mother and fathers of retarded children have been described in table 7.

Table 7: t-ratio between mothers and fathers of mentally retarded children

	PCI	MR	PAL	SI	RP	T&E	CC	SS
M1-M2	0.27	2.10	3.94	2.73	0.09	2.18	3.39	1.53
T-RATIO	0.11	0.63	1.19	0.82	0.02	0.66	1.02	0.46

(N=120) df = 59 at 0.01 $p < 2.390$ at 0.005 $p < 2.6600$

M1= Means of fathers M2 = Means of mothers

No significant differences has been noticed between the mothers and the fathers of mentally retarded children on any of the dimensions. Results of T-tests between mothers and fathers of normal children have been shown in table 8.

Table 8: t-ratio between mothers and fathers of normal children

	PCI	MR	PAL	SI	RP	T&E	CC	SS
M1-M2	-0.33	0.80	2.02	-1.45	-3.05	-2.49	3.04	-0.13
T-RATIONS	-0.01	-0.16	0.46	-0.28	-0.65	-0.53	0.59	-0.23

(N-60) df=59 at 0.1 $p < 2.390$ at 0.005 $P < 2.660$

M1 = means of fathers M2 = means of mothers

Mothers and fathers of normal children do not show any significant differences in their responses over the 8 dimensions under study. To explore the differences in attitudes of mothers of the two groups, t-ratios have been found out and these have been listed in the table 9.

Table 9: t-ratio between mothers of normal and mentally retarded children

	PCI	MR	PAL	SI	RP	T&E	CC	SS
M1-M2	10.86	9.97	8.73	9.95	4.57	3.04	-0.21	11.49
T-RATIONS	3.86	3.13	3.44	3.08	1.64	1.05	-0.06	3.00

(N-60) df=59 at 0.01 $p < 2.390$ at 0.005 $P < 2.660$

M1 = means of Mothers of NC M2 = means of Mothers of MRC

Except three dimensions viz. RP, T&E and CC maternal attitude of the two parental samples differs significantly.

Similarly to examine the differences in attitudes over the eight dimensions of fathers of the retarded children and fathers of normal children the significance of differences statistics have been shown in table 10.

Table 10: t-ratio between fathers of normal and mentally retarded children

	PCI	MR	PAL	SI	RP	T&E	CC	SS
M1-M2	11.46	12.87	10.65	14.13	7.71	7.71	0.14	13.15
T-RATIONS	3.66	4.18	3.77	3.76	2.52	2.24	0.04	3.22

(N-60) df=59 at 0.01 $p < 2.390$ at 0.005 $P < 2.660$

M1 = means of Mothers of NC M2 = means of Mothers of MRC

In all the areas except T&E and CC a significant differences between the fathers of normal and fathers of mentally retarded children has been observed.

An attempt was made to understand the parental attitude towards their mentally retarded children in general and also with special reference to their retarded offspring. For this purpose a structured interview schedule was administered.

Regarding the awareness about the child's retardation, a variety of responses were recorded. Out of the 60 respondents, 23 parents (about 40% comprising of 3.0 mothers and 13 fathers) were found fully aware of their child's condition and knowledgeable enough to understand the implications of having such a child. The respondents knew that this condition could never be cured completely and that they will have to live with it all through their lives.

properly, scolding him, will not help. Out of these 25 respondents, 6 were couples and their home atmosphere was found to be overprotective and pampered. Four belonged to the single family structure and reported to have two or three children including this child.

It was observed that there was a conflict in 15 families as to the upbringing of the child. Fathers were found to be more overprotective and affectionate as compared to the mothers. One possibility could be that the mothers gave more of the time to the children as compared to the fathers. As a matter of fact our cultural ideologies make the mothers more responsible for the upbringing of the children. Since, they have to face these over demanding children, it becomes difficult for them to always overprotect and pamper the child without much reason. So, when mothers try to be a little strict with the child to make him understand, fathers feel that mothers are rude and intolerable towards the child.

Mothers were found to be more realistic in the upbringing of the retarded child. Attitude of relatives and neighbors towards the mentally retarded children as perceived by parents varied from caring and affectionate to pity and sympathetic. 22 parents (15 mothers and 7 fathers i.e. 36%) reported that these people show nice, affectionate and caring attitude towards the child and understand the parents' problems and their circumstances. It was also told that these people include only the close relatives and friends, and not everyone in the neighborhood. Generally, those people who had seen the retarded children before or who by any chance became aware of this condition, tend to show genuine affection and care towards these children as many of the parents reported. They try to be polite and feel concerned.

Contrary to this view, another set of 24 parents (i.e. 40%, 9 mothers and 15 fathers) found that their relatives and neighbors show pity and sympathy towards them and their children which they find unhealthy. Parents feel that others feel sorry for the child which does not show their genuine concern. They also feel that it is the status of the family and parents which makes others ask for the welfare otherwise people do hesitate to come forward. One of the fathers stated that "basically nobody likes such children", but because of parents position and status, the relatives and neighbors hesitate, for a number of reasons to directly avoid the child and the family. That is why they forcefully show concern. But we know that it is not genuine. Mothers stated that one can easily find out that who is really concerned for the child and who simply pretends. It was also reported by the parents that unfavorable attitudes do not trouble much as compared to the double standards of the relatives towards the child and this was found to be more harmful and hurting.

14 parents (6 mothers and 8 fathers, i.e. 24%) have examined the attitude to be indifferent towards the child. Since, the parents do not allow the child to go out alone and restrict their social interactions, people get a little chance to mix up with them and therefore expressed neither favorable nor unfavorable attitudes. It became evident that parents (64%) perceive others attitudes as unhealthy and because of that they restrict interaction of the child with other people in the community. When inquired about the training and education of the retarded child 65% of the parents (17 mothers and 22 fathers) expressed strongly favorable attitudes and explained that the child can gain a lot from training in a sheltered environment under expert guidance. These parents were found to be satisfied from the child's performance and felt that the school atmosphere was encouraging and were happy about the realization and utilization of the child's capacities in proper manner by the efforts of the teachers. These respondents felt that with training the child will become self sufficient, if not fully then partially, Parents also reported that it may help the child to develop social rules and norms and may provide better chances of acceptance by peers of the same

condition.

A few parents (35% i.e. 13 mothers and 8 fathers) however, expressed ambivalent attitude towards the training and education of the retarded child. They find it impossible to train the child because of limited capacities to learn. The idea of six couples behind sending their retarded child to special school was just to keep them busy so that parents get relieved from their naughty behavior and attend to other household chores properly. They were found not much concerned that the child has learned anything or not. Out of 21 such parents 16 (12 mothers and 4 fathers, i.e. 76%) were reported to be totally ignorant about the child's educational responsibilities. In this case either the spouse or the elder siblings were of help to the child.

Hence, it can be pointed out that although a majority of parents find the importance of training and education, others (35%) also send their children to school without understanding much. The reason could be that these parents were not fully aware about the child's capability or the role of education and training in their lives. To them it does not make much of difference if the child was regularly going to the school and gaining something or not. With regard to the attitude towards the social interaction of the child, it was observed that 29 parents (16 mothers and 13 fathers, i.e. 48%) expressed strong feelings for the retarded offspring to mix up and interact with the normal peers and other members of the society. They reported it to be a good way of learning the social norms and values, in the company of the other social beings which can help the child in developing adequate behavioral patterns.

It was also noticed that 21 parents (10 mothers and 11 fathers, i.e. 35%) reported to be a little hesitant to allow the social interaction. However, they also accepted the need for social interaction as an important gesture for the adequate development, but being a little conscientious, they felt that this interaction should only be allowed if others do not, mind having this child in their company, and if it will not harm their position in front of others. Since, these parents were not sure of the responses of others they restricted the child to interact with only those whom they trust. Another set of parents who strongly expressed unfavorable attitude towards the social interaction of the child involved 10 respondents (4 mothers and 6 fathers, i.e. 16%).

It seemed that although, all the parents approved the interpersonal interaction of others with the child as an important tool in the development process, but due to the unfavorable attitudes and uncertainty of responses from others, few parents do restrict the child's social interaction. Responses of 63% of the parents (10 mothers and 28 fathers) showed that the government is not doing anything beneficial for the welfare of the retarded children except that a few schools have been established only in metropolitan cities, and its advantage is restricted to these people only. This group of parents stated that the government has ignored this group of handicapped children especially those in moderate and profound categories. Although, a few parents (30%) were aware of the programs and the facilities provided by the government for those on the borderline cases, it was also reported that if the government has made any scheme for the children, the parents were not aware.

There was another group of 22 parents (20 mothers and 2 fathers) who clearly stated that except a few social organizations who have opened the educational institutes government is not doing anything. Being questioned that whether the mentally retarded child is a burden on the family it was noticed that 38 parents (21 mothers and 17 fathers, i.e. 63%) felt that the child was not a burden on the family, but was rather a part of the family unit. It was

reported by the parents that they treat their children (normal as well as retarded) equally. Mothers specially with an emotional overtone stated that all the children are alike and they never felt their child to be a social stigma. Fathers explained that since most of the time they are away from the home, they did not get a chance to interact with the child so much, the mothers can tell better about this thing. Based on a realistic approach on the other hand, 22 parents (9 mothers and 13 fathers) replied that they definitely found the child a burden. These respondents felt that they have to look after this child constantly throughout their lives and they know that the need of dependency will always remain, even though partially. It is realistic to understand that the burden is there, since they cannot leave the child like other normal siblings on their own. However, at the same time these parents do not consider these children as a stigma and since, this being a life long condition according to them, one has to face the reality and adjust accordingly.

The attitude showed that the parents do not directly state the child to be a burden but indirectly they all feel that they are not free either. A need for dependency and constant supervision is perpetually there. In addition, for both the groups it was felt that the respondents accepted the child's condition and understood the situation. As reported by the parents, help from the community members can be acknowledged in two ways by making others aware and stop showing pity towards these children. 32 parents (20 mothers and 12 fathers, i.e. 53%) reported that community members can teach their children to behave properly and understand the limitations of the retarded peers and accept them as a part of the society. 25% parents suggested that awareness programs can be organized by the government agencies through the media so that the general population can get an appraisal of the situation of the mental retardation.

Along with this view, another group of 21 parents (6 mothers and 15 fathers, i.e. 35%) reported that it will be of great help if others stop showing pity towards the child and feeling sorry for them. "A supporting hand is needed" was the demand made by a father. 12% (4 mothers and 3 fathers) did not express any need of help from the community. However, the general outlook was to receive a healthy social atmosphere.

Another important concern was regarding the future of the child. 80% of the respondents (26 mothers and 22 fathers) expressed uncertainty as to what will happen to their mentally retarded child after they are no more. The remaining 20% parents (4 mothers and 8 fathers) also find the future of the child uncertain. They felt that with training in some vocational field, the child will become self supporting to a little extent and the rest, the siblings will help and support. This group of parents reported that they have left a bank balance for the child, so that whosoever will look after would be able to do so properly.

The general trend of the parents was found to be concerned about the child's future. A strong need for a residential home was felt on which the parents can rely, and leave their child there to learn, earn and live comfortably. Parents were reported to have asked for this favor to be conferred by the government or social agencies. Besides all this, a number of parents added information about the child's special characteristics, like their interest in music and dance, the work of art prepared by the child and the like. 20% of the parents mostly mothers reported the behavioral problems of the child like hyperactivity, stealing, temper tantrums, seizures and others.

Concluding, it can be stated that most of the parents more or less accepted the children with their limitations and were concerned a lot about their welfare and trying their level best to settle down their offsprings. A great need was felt about the awareness programs for the

general public so as to inform them about the real situation and the ideological beliefs set by the culture be modified. Need was also felt to have social support system so that this group of retarded children be helped in a healthy atmosphere instead of feeling sorry for the child and the family. It was demanded that the community members should make themselves more informed and build more favorable ideas and concepts in themselves and their children. And above all a demand for government and social organizations for sheltered workshops and homes for the children was made so that the future of the children became safe.

Discussion

Though, it will be over optimistic to knit all the findings in terms of single theory or model, yet an attempt has been made to see how these findings can be discussed in relation to other studies. Finally, if possible the help of a theory could also be taken to discuss the findings. Attempt has also been made to integrate and highlight the implications of the findings of the present study.

Representing the psycho-social approach, the present study discusses the knowledge gap that exists with regard to the parental perception towards mentally retarded children and their families. Apart from mere exploratory values, the results can serve as a contributing factor in planning appropriate services towards the awareness programs and policies relevant in Indian context. Attitudes may range from the stereotypic level to the subject's actual reported behavior. Since cultural differences play a vital role in the formation of attitudes, an attempt was made to understand the differences in the psyche of parents in the light of this basic variable. A parental attitude scale was adapted and administered on parents of mentally retarded children and of normal children, covering a wide range of dimensions including parent-child interaction, marital relationship, parental aspiration level, recreational participation, social interaction, training and education, child characteristics and social stigma.

The efficacy of the tool lies in the fact that in the areas parse, no significant difference has been observed. Quite similar means were recorded in all the areas under investigation for parents of retarded children except in the area of training and education (Table 1). Similarly, the parents of normal children also do not show much variation in their responses with regard to the dimensions under study (Table 1). The mean values ranged from 51.14 in the area of social stigma to 59.61 in the area of recreational participant, though the highest mean value was reported in the area of training and education (mean=69.65 sd=13.89). This shows that the means are apparently-bunched together in the middle category, i.e. "undecided" (42-59) which is a mixed response of positive and negative evaluations made by respondents (parents of normal children). This may be taken to imply that there is little awareness on the part of the respondents towards mental retardation and its implications. It could also be due to lack of real life situation and little or no contact with this group of handicapped.

However, the area of training and education shows some significance. As it, is evident from Table 3 and 4, all the means pertaining to this area were significantly high for both parental groups. This implies that parents feel training and education can serve as the best way out to help the retarded child. This finding is further corroborated by the observations made in the interview schedule. 65% of the parents of the mentally retarded children expressed strongly favorable attitude towards proper training and education in a sheltered atmosphere under professional guidance so that the child's capacity can be utilized to an optimum level. Researchers have found that a far larger number of people with intellectual

limitations can function outside a protected environment, and appropriate educational program helps in attaining self sufficiency and occupational competence (Koch & Dobson, 1976). Moskovkina, Pakhomova, and Abramova, (2001) found in all of the groups that were surveyed, the of attitudes of teachers, parents, and college students, negative characterizations predominated in description of the mentally retarded child.

Results show that both parental groups agree over the need for organized training and educational programs. However, the parents of the mentally retarded children showed a greater orientation towards the importance of training and education for the benefit of this group of children. They believe that this may help the child in developing social rules and norms and may provide better conditions. Parents with such a healthy attitude can help their handicapped child by actively participating and sharing their knowledge as suggested by Caplan (1976). Supportive evidences have been reported that adequate educational programming helps in enhancing effective interaction between parents and their retarded child (Bromwich, 1976).

Along with the professionals and special educators, parents too, can be trained to channelize the activities of their handicapped ward. Except training and education and child characteristics, there exists statistically significant difference between the two parental samples (Table 6). This emphasizes that parents of mentally retarded children are more favorably predisposed towards the acceptance of the mentally retarded children as compared to the parents of normal children. They do not see their retarded offspring as a source of marital conflict or botheration as a stigma, rather they are perceived as ones who can be trained in the areas of socialization with adequate care and encouragement. They are also thought to be capable of self dependence. These parents of retarded children tend to provide through accepting the limitations of the child and keeping adequate aspiration levels. These results are in Consonance with the findings of Chaudhary (1985) which examined that parents of mentally retarded children viewed this condition more favorably as compared to parents of normal children. In a recent review of such research Shahzadi (2000), found that parents feel a great deal of distress in raising mentally disabled children, because they feel ashamed and embarrassed about it.

The present study also reveals that despite the initial grief and disappointment, the parents were felt drawn closer together and their marriage rather strengthened by their shared "tragedy". Gath (1977) also reported similar findings. During the interview, several parents emphasized strong support from the spouses in handling the situation and reported no marital dissatisfaction because of the presence of retarded child. Mentally retarded child was not seen as a source of lowering the social standing of the family by their parents as compared to the parents of normal children. Studies reviewed by Watson & Midlarsky (1979) are in consonance with the present findings. Parents of mentally retarded children accepted the child and reported to have understood the reality as a life long situation and to which they have adjusted ultimately.

Results also explained that parents of mentally retarded children highly approved the social interaction of the child with others as an important tool in the developmental process as compared to the parents of normal children. Studies by Watson & Midlarski (1979), too underline the findings of the present study. The reactions of society can in general be described as negative or at its best indifferent. Breslau (1983) and Margalit & Raviv (1983) reported that because of the prevailing negative and unfavorable attitudes, there is a decrease in social interaction and activities. These studies appeared to have found an echo in

the present study. Parents reported of restricting their child's interaction with other community members even though accepting social interaction as an important gesture for the adequate socialization.

Parents of retarded children are found accepting the limitations of their offspring and keeping adequate level of aspiration. They also see their retarded child to lead socially useful and productive life as described by Cobb (1972). From interview records, it was noticed that these parents try their best to bring up this child like any other normal child. This attempts to provide them with a real chance to grow and develop keeping a balanced view of his assets and deficits. No significant difference has been observed in the area of child characteristics. Both parental groups show mean values (53.85 for the parents of retarded children and 53.89 for the parents of normal children lying in the category "undecided". This implies ambivalence as to the retarded child's characteristics and temperament as observed and perceived by the parents.

However, a large parental population was reported to be doubtful as to the characteristics of the moderately mentally retarded in general. Since they were more concerned about the betterment of their own child and had seen a large number of such children (in the special institutes) with varying problems, they could not judge exact potentialities of their retarded child. As reported by Goebel (1978), mentally handicapped possess certain normal physical abilities and their overall personality can be developed if given an opportunity to express competence. Keeping in view this variable dimension the present study shows a strong need for the awareness programs towards the capabilities of retarded children, not only for parents in particular but for the whole community.

Review of literature has shown a multitude of studies, especially in the West performed in this area of mental retardation and parental attitudes. However, parental attitudes appear to be misnomer as mothers tend to be the exclusive subjects of much of this area of research. Lack of inclusion of fathers in the sample of these studies has been explained on the basis of their long hours of absence from home (Wishart et al., 1981). Literature in the Indian.

Results indicate no significant difference over any of the dimensions under investigation (Tables 7 and 8) between the maternal and paternal attitudes of both the parental groups. This implies strong agreement as to their ideas and beliefs towards the mentally retarded children and its implications on the families. The area wise interpretation however emphasizes that fathers of the retarded children show stronger marital relations, adequate aspiration level, increased approval for social interaction, greater orientation towards training and education as compared to the mothers of mentally retarded children (Table 9). Fathers of normal children on the other hand show greater mean score in the areas of parental aspiration level and child characteristics only, while mothers of normal children show greater mean values in the areas of marital relationship, social interaction and recreational participation (Table 10). This result is consistence with that of Ansari (2002), who found that fathers showed greater acceptance and mothers showed relatively greater rejection towards the disabled child. Even in the area of training and education, mothers of normal children emphasize on more favorable attitudes as compared to the fathers of the same group. The reason that fathers do not show greater orientation as compared to mothers, could be that mothers are given more responsible position and role in the development of any child by our culture and fathers do not really get involved in the upbringing. However, in case of retarded child both feel equally responsible.

Comparing the maternal attitudes of the two groups results indicate significant difference in the areas of parent-child interaction, marital relationship, parental aspiration level, social

interaction and social stigma (Table 9). This may be taken as a knowledge gap that exists in our culture. The mean values of mothers of mentally retarded children were found greater as compared to mothers of normal children. The present finding has been supported by Watson & Midlarsky (1979).

Similarly, except in the dimensions of training and education, and child characteristics, fathers of the two parental samples show significant difference. Means being greater in the case of fathers of mentally retarded children over all the dimensions suggest more favorable attitudes as compared to fathers of the normal children. They were reported to have understood the child's condition and accepted him as a part of family unit. The important feature of the interview schedule examined the parents' perception of their own child. The underlying findings highlight the parents perception of mentally retarded offspring in conjunction with the related variables. Difference in attitudes toward the mentally retarded children in general and with special reference to their own child gives a lot more insight into parental perception and awareness.

It has been observed that although the parents of mentally retarded children show favorable attitudes toward the parent child interaction (mean=65.39 sd=9.46), 15 families reported to have conflict in rearing the child. Reports suggested mothers to be more realistic as compared to fathers over the upbringing of the child. The reason could be more involvement of the mother as a result of the prevailing cultural norms and long hours of absence of the fathers. Even though the fathers of mentally retarded children show comparatively more favorable attitude towards social interaction and integration of mentally retarded children in general (mean=68.78, sd=13.61), reports of interview suggest fathers to be more hesitant to allow the mentally retarded child to interact with others as compared to mothers. The reason could be higher self respect and egoistic concern for the child as well as for the family. Fathers reported to have comparatively less social support networks. Supportive evidence by Goldberg et al. (1986) shows an echo with the present findings.

It was also noticed that the parents of the retarded children show a greater orientation towards the training and education of these children (mean=75.02 sd=10.49) in the special institutions. Large majority of parental population felt the lack of educational facilities, limited number of special institutions, great distance and no transportation. Similar findings were reported by Prabhu (1970). Strong need was felt by parents to establish more such institutions and make the government policies and programs aware to those who have retarded children and those who do not have such children.

The highlighting issue was that the initial feeling of denial and non-acceptance has now been changed and parents reported to have accepted the mentally retarded children as a part of their life, not considering, them as a stigma. However, a burden was felt, they were found realistic in their orientation and were aware of the added demands and dependency level of the child. Uncertainty of the future of the retarded offspring seemed to concern the parents constantly, which makes them feel the child as botheration and burden. Hirst (1982) also talked about this issue which needs a lot more consideration and attention. Parental reports draw the attention towards the need for residential homes which can be trusted. But lack of such homes in our country has been reported by Gandhi (1979).

Besides, a greater need for social Support system, internal and external resources, emotional empathy and understanding behavior was expressed by the parents. Results of the present study shows a little variation on the ratings made by the parents while discussing the mentally retarded child in general and with special reference to their mentally retarded child. However, more positive attitudes were shown towards the "general referral" group as

compared to the "specific referral" (my child) group. These findings appear to have an echo with the study made earlier by Ferrara (1979) on a group of trainable mentally retardates.

While examining the parental attitude towards these low level functioning subjects, it was observed that parents of 7 subjects expressed over-protective and very concerned attitude towards their child. More of pampered atmosphere was noticed in the rearing practices used by the parents, especially the fathers who view their handicapped offspring as a helpless child who can not be trained much and can never attain self dependence. Although, they desired the need for training and education but they were found not much satisfied with the school efforts. They also reported least improvement seen in the child's condition. They were found rather more concerned about the child's future as compared to the parents of other children.

It was also observed from the parents' reports that these children were restricted to mix up with other people in the community by the parents themselves because they find others making fun of these children. Yet, they take their children along to parties or social gatherings, but they prefer not to leave them alone to interact with other members of the community. They were reported to have a small friendship network. The capacities and capabilities of the child were found not fully known to this group of parents. They overemphasize the child's limitations rather than trying to encourage their potentialities. This, in turn, leads to the unrelenting demands and stressful situations. Results by Smith & Sykes (1984) also showed that some parents prolong the dependence of their retarded child by misjudging the potentialities of the child.

Parents of the other 3 low functioning children expressed more stress and strain as compared to other parents. The main feature was the behavioral problems like hyperactivity and seizures due to which the child was seen more as a menace. Supportive evidences have been suggested by Bradshaw & Lawton (1978) who described the mothers of more demanding children who, either because of behavioral problems or physical disabilities have higher "malise" score. They also found that other characteristics such as social responsiveness, temperament, repetitive behavior or unusual caretaking demands were highly related to stress. It was also found to be linked with social activities (Butler, 1978). Due to the behavioral problems, parents of mentally retarded children feel embarrassed and so restrict the social mobility of these children as well as their own.

On the other hand, parents of 11 children expressed more favorable and positive attitudes, that definitely contributed in the normal development of the child. Encouraging atmosphere at home was found enhancing the overall development of the child. These parents being realistic enough, tried to adjust and cope with the situation, effectively. The fact that stress is experienced by these parents was not denied by them but at the same time the family developed such coping strategies with a collective effort to help the retarded child by accepting him as a part of the family unit and providing opportunities to develop and grow within the optimal levels. These results are similar to that reported by McCubbin, et. al., (1979) and Folkman et al., (1979), explaining that change within the family system decreases the vulnerability of stress.

Rest, parents of 4 children, expressed indifferent attitude that was neither very supporting nor very rejecting. For them, the retarded child was no different from any other child at home, only that a little more extra care was needed and parents do not aspire much for him. They reported to have better interaction with the child and also allowing sufficient social interactions without bothering much about the embarrassment or self esteem. Hence, it can be said that in the present study, parents with low functioning mentally retarded

offspring show significantly different attitudes, emphasizing mainly on overprotection as compared to those with high functioning mentally retarded children.

All the results can be explained in terms of Festinger's theory of social comparison processes (1950, 1954) in which he postulated that an important determinant of group behavior is the individual's striving for self evaluation. Persons who differ considerably are avoided by others, since non-comparability is unsatisfying. Deviations are pressured by others. Need for self evaluations to move towards modal group behavior or, if too deviant, to leave the group is the main concern. Reynolds (1960) emphasized the implications of the Festinger's theory for the study of children who are deviant in ability and stated that "if (ability deviates) are confined to groups of incomparable (i.e. those of the normal ability), we may expect them to be imprecise in evaluation of themselves', relatively unsatisfied in social contacts, and in case of low ability deviates, chronically frustrated and rejected".

India is a land of different religions, and since religious and cultural ideologies play a vital role in attitude formation, an attempt to examine the cultural ideologies could help in studying the difference in attitudes toward the retarded population. 10 percent of the world's population, i.e. about 500 million people are estimated to be suffering from physical or mental handicaps (Sen, 1988). It has also been apprehended that by the end of this century there would be more than 600 million disabled people in the world. Figures reported by National Sample Survey organization (NSSO) of 1981 (reported in 1983), showed that about 12 million people in our country suffer from physical disabilities. Mentally retarded were excluded from this estimate, but these estimates can lie in the figure of 18-20 million (Sen, 1988).

Disabled people like all others are "social beings" and are in no way different from the other able bodied brethren. It is an irony however, that they are not accepted in our society as they are, for it invariably focuses its attention on their disabilities. The condition is much more depressing in the case of the mentally retarded individuals. Even with the moves towards mainstreaming, deinstitutionalization and normalization of the retarded supported by optimistic views, the attitudes of others are conceptualized as unfavorable and unhealthy. This may harm the retarded individual's adequate growth as well as family's self esteem. The interactive effect of the child, family, social environment and the cultural ideologies influence the attitude formation (Wahlen & Henker, 1980). parental attitudes get affected by the prevailing views of the society and culture to a great extent (Blacher, 1984).

Limitations:

In the present study it was not possible to include all areas of the field as wide as mental retardation. One of the most obvious limitations has been the relatively small sample. A large parental sample would have led to statistically more definite results. Another important issue over which the study is limited was the selection of the sample from the urban population and that also of those families who were enlightened enough to send their retarded offspring's to the special institutes. Involvement of parents from rural setup, and those who were not availing the basic facility, could provide better insight into the prevailing concepts about mental retardation and the urban - rural differences. Need for systematic research and its practical implications are required to bridge the knowledge gap that exists.

In the overall perspective, it can be said that the child affects the family who in turn affects the child. This study also faces some limitations like small sample size, sample from urban population only, inclusion of only moderate levels of retarded. Further, more comprehensive research work is needed to make some conclusive remarks.

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