

ANALYSIS OF EITHER AUTISM OR DOWN SYNDROME BABY MOTHERS MENTAL HEALTH

V. Bhavani

Research Scholar, Department of Psychology, Ponnaiyah Ramajayam Institute of Science and Technology, Thanjavur, TamiNadu, India.

E-mail: bhavanisenthilphysio@gmail.com

ABSTRACT: *The key purpose of this research was to review and analyze the psychological health of women whose children had either Autism or Down syndrome. Observed in the present research, the mental state of the moms, who are primary care providers to their 'special' infants, is of considerable concern when evaluating the literature gathered. The data was obtained using Jagadish & Srivastava's constructed and structured Mental Health Inventory (MHI) with the aid of a purposeful sampling method. The tool's credibility has been already defined by the creator. The pilot study was carried out on 30 participants (15 moms of autistic children & 15 moms of children with Down syndrome). The hypothesis are formulated for collecting and analyzing the data. The data collection was done in 'special' schools. They were located in Alwarpet, Raja anamalaipuram, Basentnagar and Neelangarai. The test was administered to the mothers of children with either autism or down syndrome. The data was tabulated and statistically analyzed. The formulated hypothesis was tested and conclusions were drawn from the findings. The results of the study found that the mum's total mental health of 'special' kids is low. There is about the same level of psychological health for the children and families with either autism condition or down syndrome.*

Keywords: *autism, down syndrome, mother's mental health.*

INTRODUCTION

'Special' child in the family

Lord, give me the peacefulness to embrace the stuff that I can't alter, the bravery to adjust things that I should do, and the beauty of understanding the distinction. This is the spirit with which every human being has to live one's life. Insurmountable problems can be varied for different individuals. One such could be nurturing a 'Special' child. The serenity to accept it has a lot to do with one's mental makeup.

Typically, the delivery of a child is awaited with much optimism & hopes, with a future full of peace & success. With the delivery of a mentally challenged child, this enthusiasm can become subdued. If the disorder is a psychiatric deformity or physiological irregularity, it's doesn't matter. In many ways, the community into which this infant is born can alter. It is hard for parents & the entire family to embrace a kid with psychological illnesses, especially when skill & success are highly regarded in the western world. Therefore, when families unexpectedly need to assist someone who has a very small ability, the guardians are placed in a contradictory position that results in a lot of tension.

Among the most difficult things a person can face is often having a 'Special' child in a family. Shock, shame, rage, depression and distress typically include parental responses to the knowledge that their infant is extraordinary. Individuals approach each of these processes individually and remain longer than others at some stages. The 'challenged' child is viewed by certain families as an expansion of themselves & may experience guilt, social exclusion, humiliation or shame. All across their existence, nearly all caregivers who have a special child suffering from grief. The degree of this grief may differ from one adult to another, but most will have signs of grief in varied degrees. Financial condition, personal characteristics & marital stability can influence parenting opinions. There may be an eventual parental reaction in the type of mental disintegration. Well beyond collapse, certain parents can't cope. A variety of practical issues may make it extremely challenging to live with a 'challenged' child. For instance, in the lack of the parent, there could be financial burden, having required medical costs, special facilities, special education & recruiting caretakers; lack of parents' rest & leisure, etc. It could be difficult for parents to carry specialised tools with the infant. Regulation of the everyday needs of a 'special' child can be a time-consuming activity, particularly for mothers. The combined effect of everyday parenting challenges & problems in coping with 'special' children are big stressors which may influence parenting as a result. In short, parents have to give their 'challenged' child 24 hours of attention, for 365 days of the year.

AUTISM – Autism is a neurological disorder that affects brain function and typically appears within the first three year of life

The existence of irregular or delayed growth of social activity and speech and a small range of behaviours and desires are the basic symptoms of Autism Disorder. Based on the developmental phase & historical age of the child, symptoms of the condition differ greatly. Autism Diagnosis is often related to as early childish autism, autism of infancy, or autism of Kanner.

The disorder is severe & maintained in mutual social contact. In use of numerous nonverbal actions to monitor social contact and speech, there can be marked disability. There can be inability to establish friendships that can take various forms at various ages, suitable to the developmental stage. In forming friendships, younger people may have little to no interest. Older people may be involved in friendship, but there is a lack of casual efforts to exchange fun, desires or successes with others.

In speech, the disorder is often characterized and retained & affects both vocal & non-verbal capacity. There may be a pause in the languages spoken, or a complete lack of growth. In people who do communicate, the willingness to start or retain a dialogue with others may be diminished, or a stereotyped & repeated use of language or idiosyncratic language may be used. A shortage of varied, informal make-believe play or socially impressionistic play suitable to the stage of development could also be absent. The pitch, enunciation, pace, speed, & tension can be irregular as speech evolves.

People with autism disorder include actions, desires & behaviours with minimal, routine, & stereotyped patterns. There could be an irregular concern with one or more stereotyped & minimal interest trends, either in severity or concentration; a seemingly inflexible commitment to unique, non-functional behaviours or rituals; stereotyped & repeated movement mannerisms; or a continuous concern with pieces of objects.

Associated Disorders

There is a related condition of mental retardation in most cases, usually in the intermediate scale (IQ 35-50). Around 75 percent of children with Autism Disorder have an incompetent level of function. There can be a host of behavioral manifestations in people with autism illness, including:

- Emotional deregulation
- Low attention span
- Impulsive behavior
- Aggressive behavior
- Self-injurious acts
- Tantrums
- Strange reactions to visual stimuli
- Eating or sleeping disorders
- Mood disorders
- Lack of apprehension in reaction to actual hazards
- Unnecessary fearfulness of innocent artifacts in response.

Prevalence

Epidemiological reports show a prevalence of 2-5 cases of autism disability in 10,000 people. Challenges encountered by parents of autistic children

- A really difficult assignment is raising children with autism. The stress it can place on the mother is enormous. Nearly daily care is expected of a student with Disability. Child's siblings with autism usually feel ignored by the mom, so it is vitally important that she also needs to spend bonding time with her other infants, otherwise they could suffer personal pursuits as techniques for looking for attention.
- Autism can be very complicated when it comes to marriage. Owing to the treatment their adopted kid takes, caregivers almost neglect all their spare time. This can cause depression, withdrawal from care by one caregiver, & can even result to relationship breakdown or abandonment. Small issues will fester under excessive stress & contribute to angry outburst.
- In coping with their autistic child, moms who separate oneself from outside world can only make themselves sound more isolated.
- Many adults do not recognize Autism, since the kids seem average. Owing to the disturbance of the child in public, socialization is virtually unlikely.

DOWN SYNDROME

A disorder of a chromosomal abnormality is Down Syndrome. It is generally possible to classify infants affected from Down syndrome at birth or immediately afterwards.

The human body is composed of cells, called a nucleus, that contain a core. In such cells, the biological material is processed and is classified as dna. This are liable for our genetic features.

Genes are grouped as a form known chromosomes alongside X. There are 23 pairs, or 46 chromosomes, in the nucle within each cell, half of which are transmitted of each parent. So we have 23 of our mother's genes & 23 of our father's.

Even so, in Down Syndrome, the cells typically do not produce 46 nor 47 genes. In certain instances, in chromosome pair amount 21, the extra chromosome exists. This surplus genetic

information results in Down Syndrome in the form of extra chromosomes along the 2nd chromosome.

As 95% in all forms of Down's syndrome exist when there are three chromosomes, it is generally referred to as "Trisomy 21" rather than two in the 2nd pair.

Types of Down Syndrome

a) **Nondisjunction:** This happens either before or at birth. The 2nd chromosome pair does not split, either in the ovaries or in the semen. This resulted in an embryo with three chromosomes with the number 21 rather than two. The extra chromosome is reproduced throughout every cell of the human body as the foetus grows, and is liable for 95 percent of all Down Syndrome events.

b) **Mosaicism:** This happens when the 2nd chromosome is not disjointed in one of the original cell incisions following fertilization. When this occurs, several cell end up having 46 chromosomes, some with 46 chromosomes & some with 47 chromosomes. Those 47-chromosome cells produce an additional 2nd chromosome. The phrase mosaicism is used because of the 'mosaic' like design of the cells. In only one or two percent in all forms of Down syndrome, Mosaicism is liable.

c) **Translocation:** Translocation happens immediately anterior to or at birth, as in nondisjunction trisomy 21. This is a particular kind of chromosomal problem that exists in just 3 to 4 % of Down syndrome individuals. This happens when during cell division, part of the pair 21 chromosome breaks off & binds to another chromosome which is either the pair 13, 14, 21 or 22nd. When this occurs, the actual number of chromosomes in the cells remains 46, the appearance of the Down syndrome characteristics is caused by an added portion of the amount 21 chromosome.

d)

Clinical Features

- The infant is low and also has a lesser guttural voice with faulty articulation.
- Muscular hypotonia, poor tone of muscle
- The boy has a short head (brachycephaly)
- Flat facial shape, a nasal bridge which is very distressed and a narrow nose.
- Excess skin folds are found over the eyelids (epicanthal folds).
- Palpebral fissures, an inward slat to the eyes, oblique.
- Dysplastic ear, an irregular ear shape.
- A single deep crease around the palm core. The palms are low and wide and have a simple palm crease (simian crease).
- Hyper flexibility, an unreasonable capacity to stretch the joints.
- The hand's fifth digit is bent in (clinodactyly).
- Unnecessary space between the big toe & the second.
- Tongue expansion in proportion to mouth size.
- There are associated abnormalities of the heart

Down syndrome and associated medical problems

- Cognitive hypothyroidism
- Reduced basal metabolism
- Enlargement of thyroid gland
- Disturbance of autonomic nervous system.
- Hearing less
- Congenital heart disease
- Vision disorder
- Hypotonia or poor muscle tone

- Atlanto axial instability (malformation of the upper part of the spine)
- Mental retardation

Problems faced by mothers of children with Down Syndrome

- Mothers of children who are affected by Down syndrome have to contend with the child's level of mental retardation and delayed milestones.
- A child with Down syndrome can have severe mood swings and can be emotionally draining on the other.
- Congenital problems of the child with Down syndrome can be an added anxiety for the mother.
- Poor muscle tone of the child with Down Syndrome may need the mother to assist physically in a big way. This could become physically exhausting on the mother.

Mental health

Mental health is an important component of an individual's overall health and wellbeing. It is important to maintain good mental health as it is to maintain good physical health.

Good wellness is the condition of effective execution of brain abilities that contributes to positive behaviors, satisfying relationships with other persons, and the capacity to respond to adjustments & cope with adversity.

Mental health refers to a person's ability to deal with events in his daily life, his functional responsibility in society and his experience of personal satisfaction and enjoyment. It includes a sense of self-esteem as well as a feeling of contentment and inner peace. Mental health is necessary for the complete functioning of the human mind. As it is a basic condition for the growth of the mind.

Mental or emotional health is something everybody has. It includes how people feel, think, behave and also what people think about themselves.

Definitions

World Health Organization (W.H.O) defines mental health in terms of 'complete physical, mental and social well being and not the mere absence of diseases or disability'.

According to **Goldensen**(1920) mental health is the ability to handle everyday demands and situations without excessive strain and stress. A person who is mentally has a sense of well being and functions effectively in life. He can work quickly, think clearly, manage his emotions, enjoy life and be on reasonably good terms with most other people.

On form of integrated personality, Klein (1960) describes mental wellbeing, that is expressed in relation to emotional intelligence, integrated self-conception & the ability to cope with psychological issues.

Chaplan (1961) defines mental health as the 'capacity of an individual to solve his problems in a socially accepted way'. **Dimensions of mental health**

Emotional health

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Social health ← Mental health → Intellectual Health

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Spiritual Health

Emotional Health

This deals with healthy feelings, one has towards oneself, others and to life situation. An emotionally healthy person is able to understand his/her emotions and express them appropriately. Such individuals can adjust to change, solve problems and cope with life successfully.

Intellectual Health

This deals with a person's ability to make effective use of his or her intellectual capacity. To perform such functions as, evaluating information and taking decisions.

Social Health

This deals with person's ability to perform comfortably and effectively in a variety of social roles. This requires ability to assume responsibility, communicate effectively and adapt successfully to one's environment. **Spiritual Health**

This can be expressed through deep religious faith, a feeling of oneness with nature, a sense of inner peace or loving and supportive relationships. They have a purpose in life and are able to experience love, joy and fulfillments.

Factors Responsible for Poor Mental Health**a. Hereditary Factors**

Perhaps in the flawed chromosomes transmitted by the ancestors, the origins of the behavioral disorders are identified. Hereditary possibilities in terms of analytical ability, arrangement of physiology, appearance, etc. put limits on one's mental health and the deficiency and inappropriateness of any sort in these potentialities furnish a fertile soil for the development of mental and nervous diseases.

b. Physiological Factors

Physical health of an individual affects his mental health. Bad fitness, bodily deficiencies, disorders & illnesses lead to a decline in one's power and capacity to fulfill one's duties. It arouses inferiority feelings and mental complexes that creates serious adjustments problems. Improper physical and physiological conditions provides a fertile soil for the growth of poor mental health.

c. Environmental Factors

Social and emotional maladjustment has been found to be the root cause of all mental illness and disorders. No congenial environmental conditions at home, neighborhood, community and society have a direct bearing on one's mental health causing inferiority complexes, unusual conflicts, anxieties and complexes that lead to mental illness ad disorders.

d. Developmental Goals

The act of fixing goals which are unrealistic and faulty may lead to frustration and developmental of poor mental health.

e. Negative Thinking

The impact of negative thinking affect one's skills, confidence and also develops the fear of failures. All these create stress on one's performance affecting one's positive ways of thinking.

Mental Health includes

- Feeling good about oneself and one's life
- Being able to respond constructively to stress in one's life.
- Being able to cope with crisis situations.
- Self esteem and confidence.
- How one views oneself and ones future.
- The status of their psychological health impacts their relations, jobs, tasks, & devotion. In fact, mental wellbeing is shaped by anything & everything you have interacted with others. That implies that anything in a lifetime will have a substantial effect on someone's mental or emotional quality of life. Pressure, depression

& anxiety impact the emotional health of women who provide special children with primary care.

Stress within normal parameters is acceptable for a person's functioning, but when they are too high or for prolonged periods, then the person has to be taught to cope with it. Every individual has a coping capacity. When the stress goes beyond that level, the person could get ill. It's like a scale that needs to balance. **What causes stress?**

Every individual is different and respond differently to situations. Some people get stressed about matters that do not worry other people.

- Family breakdown
- Death of dear ones
- Too many responsibilities
- Natural calamities
- Deadliness to meet
- Unable to express one's true feelings
- Caring for a child with special needs requirement

Stress can create

- Emotional fatigue
- Loss of faith in yourself
- Depression
- Loss of hair
- Skin eruptions

Body's response to stress

- Headaches
- Sore muscles
- Indigestion
- Sleeplessness
- Palpitation

Emotional response to stress

- Nervousness
- Sadness
- Aggression and anger
- Tiredness
- Tension

Anxiety

Fear or Anxiety is a normal sensation that individuals get when they meet something which is risky, complicated, humiliating or overwhelming. The feeling of anxiety can include feeling upset, tense and uncomfortable.

Depression

Everyone feels sad and low from time to time; this is normal, but a persistent feeling of 'sadness' is damaging to one's health both physical and emotional.

Symptoms of Depression

- Felt unhappy & down
- Felt nervous
- Felt desperate
- Felt vacant & numb
- Getting no energy Feeling lonely
- Being bad tempered

- Unable to sleep properly

Low self esteem and confidence

Just how you trust yourself is self confidence. Many individuals have days where they strongly respect oneself, feel positive & believe in oneself. Others are unaware of their value & have concerns. When someone is punished for circumstances that are not attributed to one's responsibility, self confidence & trust are impacted. Evaluating yourself to others continuously will cause certain individuals poor self. Poor self can hurt one's overall sense of well-being.

Need for this study

Mothers shoulder many responsibilities. They play different roles within the confines of the home and outside too. They handle the role of being the emotional support system for their husbands; are the care giver for the elders at home; carry the major responsibility of being an affectionate mother who moulds her children to be god human being, who have to contribute to society; but not the least she manages her domestic and career responsibilities too. A 'special' child in the family means additional responsibility for the mother, as she is the primary care giver. All of these, take away some of her personal time, leaving her over stressed, anxious and fatigued most of the time. In the long run, it may affect her physiological well being. Compared to other disabilities, mental retardation seems to be the worst, because mentally retarded children become lifelong dependents for their parents. Beside mental retardation, disabilities like autism, seems to be more complicated. So far, training has been on a trial and error method and no fool proof methodology is available for training these children. Hence the mothers of these children are especially worried about them. These mother are at times frustrated and lose their hope. Children with Down Syndrome seem to have more potential when compared with other categories of mental retardation, as they are educable and trainable to a certain extent. But the mothers of those children too, do not see a ray of hope with reference to the future of their children. Hence these factors may certainly affect their health, physically and psychologically. Therefore with this in mind, the present researcher wanted to find out the psychological well being of the mothers of children with Autism and those with Down Syndrome.

REVIEW OF RELATED LITERATURE

Need for the review of related literature

The analysis of relevant literature is an important feature of the research project. A researcher undertakes the survey of literature related to the problem as it gives information. This chapter includes facts, concepts, theories and previous research findings.

Significance of the review

It allows the researcher to decide the sample size, choose methods, collect data and choose the experimental instruments, analyze and evaluate the findings.

Miller and Keirn (1978) contrasted MMPI profiles of parents of psychologically ill or non-clinically impaired children with MIRPIs (Minnesota's Multiphase Personality Inventory). A sample of fifty (50) mothers and fathers were selected from each group of emotionally disrupted, psychologically disrupted and normal children. Access was given to parental adaptation using MMPI scores. There were high ratings for psychologically retarded and socially troubled mothers. Mothers with children with emotional issues mostly varied from typical children's mothers. In no group did the fathers vary substantially.

Narayan (1978) investigated the effects on their families of emotionally delayed infants. The research investigated the existence and form of difficulties faced in the day-to-day life of parents of mentally delayed children. Forty Four (44) consecutively registered cases (38 boys and 6 girls) of mental retardates aged 6-10 years with tested I.Q., below sixty seven (67) were

taken. The tools used were an interview schedule based on that of Tizard and Grad (1961) and a modified form of Leeds Anxiety and Depression Scale of mothers. Mothers of mentally retarded kids were more prone to anxiety and depression.

The comparative research on the maternal attitude of retarded children and ordinary children was done by **Seth (1979)**. The results of the study indicate that mothers of children with behavioral retards displayed greater extreme and pathological attitudes than mothers of normal children.

Beckman's (1963) research concentrated on exploring the association between mother-reported infant features and tension. Children's characteristics were growth speeds, social reactivity, temperature, repetitive, conventional actions and additional demands on treatment. There were 31 babies and moms in the study. The boy was between 6.6 and 36.6 months of age. Holmes and Rehe (1967) The instruments used is a resources and stress questionnaire (Holroyd, 1974). Beckman's findings found that the amount of stress recorded by mothers is strongly associated with four of children's traits, temperature, repeated activity patterns of reaction and care demands.

Kazak (1987) studied stress and social networking in three samples in families with handicapped children. 125 parents of handicapped children compared with 127 parents of non-handicapped children from individual surveys about personal tension, marital happiness, scale and density. Only mothers with children with disabilities have had greater burden than parents in comparison. In social network variables, few variations were found.

Donovan (1988) explored mothers' view of family pressures in dealing with autism or psychologically ill teenagers. Study of 36 moms of each party. Samples included. Stress has been assessed by the Stress Capital Questionnaire (QRS) (Fredrich, Greenberg and Crinc). The Wallace marital adjustment short form (Locke and Wallace (1959)) was used to assess marital adjustment and the effect of child tension on family working in general. For coping, the coping wellbeing inventory was used as an indicator of parental coping for the type D (McCubbin and Cauble, 1979). Results revealed discrepancies in the category between maternal stress reports. Any comparison of child-related trauma indicates a higher degree of family stress in moms with autistic teens than in mothers with an emotionally delayed teenager. Marital change by party was not different. In comparison, motherhood coping styles across groups were clear, demonstrating that mothers with youth with disabilities relied strongly on community funds and clinical support to cope.

In Singer, et al. (1988), parents of children with serious disabilities received instruction for stress control and mental retardation. The breadth of skills management instruction was explored as a significant handicap. A recovery group and a waiting list monitoring group were randomly allocated to 36 parents of school children aged 4 to 16 years old with significant disabilities. The intervention consisted of eight self-monitoring courses, incremental muscle relaxing, constructive coping and cognitive reframing. Depression and anxiety measurements increased greatly in the therapy community. The results show that an occupational psycho-psycho-compatibility strategy in the support group may be a successful method for parents to help.

For autistic children's mothers **Sandra, N, et.al. (1989)** studied greater tension and depression and poorer marital familiarity than for the mothers of average children and the down syndrome children's mothers.

E.M. Livag. (1989) A family stress analysis and dealing with autistic children's mothers and husbands. A research exploring the stresses that cope with families with autistic children attending treatment, participated 13 mothers and 12 fathers. In Step 1, parents answered a questionnaire assessing the demographic profiles of family parents. In Step 2, a Sentence Completion Form and in-depth interviews encouraged parents to respond emotionally to the autistic child and to their reactions to the condition. Content analyzes of the SCF results

suggest that households are more vulnerable to autism defects and delays, including speech absence, hyperactivity and tantrum behavior. The permanence of the child's welfare and the concern that the child would never feel normal is a second cause of tension. Two ways of coping, instrumental adaptation and emotional acceptance were established.

Ryde – Brandt and Brita (1990) have researched mothers with children with various disorders with anxiety and protection mechanisms. The hospital anxiety and depression scale (HAD) has been applied to 18 mothers with mentally-administered infants, 18 mothers with motor challenged children, 13 mothers of children with Down's syndrome, and 13 mothers of autistic children. In mothers of psychotic infants, high levels of anxiety were especially frequent. A precept genetic methodology was also used to evaluate all Ss, which illustrated problems triggered by a hostile stimuli and enabled defensive strategies. Ss with such signs of fear and few defensive measures had strong HAD ratings. This response trend was present in 50 percent of mothers who HAD anxiety levels. This mix was exceptional (8%) in children's mothers with other disorders with high HAD anxiety rates.

Steven. J. Etherwise (1990) study has found that mothers of over-the-top hyperactive boys and normale boys within 6 to 9 n years have shown significantly more cumulative tension in their relationship with their children when displaying more behavioural issues than mothers of over-the-top condition hyperactive moms. Moms of the omnipresent have found themselves to be less capable, less constrained and dissatisfied than mothers in charge. Mothers with situational hyperactives showed that their sons had more behavior difficulties and had more parental stress than typical mothers. Standard control mothers have been classified as socially qualified as mothers with hyper-active situational boys.

E.M. Et.al., (1990) analyzed mothers of mentally handicapped children through their perceived load and coping styles. The presumed pressure of the sex of the boy was unlikely to vary. In normal family events, ss reported substantial disturbance. When the children have a lot of similar issues. Extreme burden on mental health was recorded by 70.9 percent of mothers. The most common coping styles for the Ss were denial, rehearsal of alternative scenarios, results and quest for help.

Jan. I. Wallander et.al. (1990) examined the contribution to the transition of 119 mothers of visually handicapped children from infant functionality and mammalian psychological stress. Maternal tension was special to the mental health of mothers. In fact, everyday difficulties and disorders leading to emotional tension placed moms at risk for psychiatric problems.

Patricia Sloper, et.a1., (1991) investigated that elevated pressures are caused by the psycosomatic symptoms of parents. For mothers the behaviour issues of the children is closely correlated with psychosomatic problems of enthusiasm and level of self-sufficiency.

The characteristics of treatment in adult households with autism and down syndrome were studied in **Non Homes and Janet Carr (1991)**. Most treatment was given to the mothers, while fathers primarily assisted them with supervision rather than physical attention or homework. Autistic adults had far more behavioral problems than adults with Down Syndrome.

The social pressure faced by mothers of handicapped children was analyzed by **Tangri and Verme (1992)**. The study was made up of mothers with 50 children who were physically challenged and 50 children with mental disorders aged 35 and 70. Physically disabled infants had orthopedic disorders and more average intelligence. It consists of 0 of 24 objects arranged in 6 separate categories: the financial burden, disturbance of family regular tasks, disruption of family recreation, obstruction of family contact. Social burden was used. Impact on other people's physical health and effect on other people's mental health. Moms with children with mental disorders reported greater social burdens than those of children with physical disabilities.

In the family with children with disabilities, **Dyson (1993)** examined maternal stress and family function over time. In the initial study, 74 (74) out of 100 (110) families took part in this study. Thirty-eight families (38) were from the disability group, and 30 (36) were from the non-disability group due to disability in their children. Resource and stress questionnaire (Fredrich and Greenberg, 1983) and Family Climate Scale were instruments for the study (Moos and Moos, 1981). The findings suggest a greater continuity in the functions of households with autistic children and a limited degree of consistency over time. Families with children with disabilities have been characterized by the extremely higher stress level.

Krauss (1993) produced a study which examined whether substantial differences in the amount of child-related and parenting stress existed between mothers and fathers of young children with disabilities. The subjects were 121 mothers and fathers with disabled children. There were 221 mothers. Parenting Burden index, child stimulation scale localus, parent assistance scale, family adaptability and stability appraisal scales 2 and bayley children's growth scales were the instruments used. The personal effects of parental treatment were more traumatic for mothers.

Orr et.al., (1993) examined developmentally delayed families with an infant. A pre-school, middle-aged group, and a teenage group were allocated for mothers of children aged 2 to 18 years. In order to assess stress, the parenting Stress Index (Abidin) was used. Four Factor's Social Status Index, Hollingshead's, was used for calculating family social status. There have been results that children from all three classes have been a strong cause of tension for mothers. The second apparent finding was that mothers in the middle childhood community regularly registered higher stress levels than mothers in the other two categories.

Mary Roach and Orsmond (1999) also shown that Down's parents get more treatment than the parents of average child-developing children with challenge and stress linked to their parents (incompetence, depression, psychiatric problems and task restriction). Mothers who reported more childcare obligations, were barely aware of their fitness, function constraints and spousal support.

Anneren and Wikblad (2000) studied children with Down Syndrome and their self-perceived wellbeing. In the survey, fields such as physique, vitality and mental wellbeing were analyzed. Results also shown that children with Down Syndrome mothers have registered far less vitality and mental wellbeing than those children's dads.

Hedov.G. Hedov. And Anneren.G (2002) examined parents with Down syndrome and normal control groups in parenthood transition capability. The burden was best handled by those with higher consistency ratings. Moms with children with Down Syndrome were more stressful than moms in regular control groups, impacting their overall mental health.

Greenberg, et. al. (2004) studied the consistency and mediation of this impact by dispositional optimism between maternal care providers and adults with disabilities for mother's health. The three classes were Autism, Down Syndrome and Schizophrenia children. Optimism was associated with increased emotional and physical health for all three classes. The results underlined the value for family members in individuals with a disorder in dispositional optimism, a relational advantage virtually overlooked.

Bonjs S. (2016) Stress and parents with children with autism by synthesizing the effect of parents' familiarity of caring for children with autism (ASD) and recognizing the influence of parental stress and decision making on parenthood. Study and procedure guidelines include early detection intervention implementation and parental stress relief intervention

Vernhet C., 2019, Child Autism Spectrum Disorder Coping Mechanisms. To contend with stress, ASD parents we copy techniques to overcome the difficult state of their child's rest.

Disorder De Pape AM, 2015 analyzed the parent's relationship of childcare with the Autism spectrum, an analysis of observational facts, search and electronic data incorporating and abstract review 4,148. 4,148. They established themes of Sir, forecasting, diagnosis,

adjustment of the family life, device navigation, parental permission and development. The results will guide the implementation of family programs and resources and offer insight for health professionals.

PrijankaMuhrota, AvcenaMuhrota, VidhyaBhashanGupa. – 2009 – Parental stress tested in India Child with Disabilities Assessment of parental stress among parents in India Children with Disabilities.

Mahapatra, Sinha. Rajeshwari. – 2019 The research seeks to decode parent understanding of ASD and to recognize the early signs of ASD awareness in parents pursuing a care that takes their experiences and challenges in the whole process, as well as the challenges of the behavioral condition system. The consequence is lack of understanding and an authentic recovery facility. In order to save time in the diagnosis and initiate timely care on ASD, it is equally important to create a referral and counter referred process.

EWA Picula. – 2012 Parent stress study Mother and fathers with children with emerging disabilities in households of children with down-syndrome disabilities tend to be affected by a variety of stress-related causes, greater stress levels in child parents with developmental disabilities relative to the mother and father with normally child development. Research has found that based on the child's disability, the level of parental tension varies.

NimbalkarSomashekhar 2014. Qualitative analysis of the psycho-social problem among parents in two tertiary care clinics in India of children with cerebral paralysis. Exploring the psychosocial concern in rural and urban areas that children with cerebral paralysis face. The parents of children with CP face a wide variety of psycho-social issues.

E. Picula 2020. Parenting stress and coping styles in moms and fathers of autistic and down syndrome pre-school children The study analyzed the stress profile in mothers and fathers of autism and down syndrome pre-school children. The finding indicates the parents with children with autism have higher stress levels. In parental stress, mothers rate higher than dad.

KS Crittendan, Shin, NV Khan. – 2006 Their finding that mothers has faced more tension from fathers. Mother and fathers with small children with developmental delays in Vietnam

Nishi Tripathi (2015) studied parenting and stress of autism spectrum disorders infants. The research focuses on the method of parenting used in children with autism spectrum disorders by parents who were depressed at various stages.

Keller and Sterling (2004) researched tension for school-aged children with disorder between mothers and parents. Trail analyzes found that childhood demands and caring needs are more closely associated with material tension and infant acceptability of parents. Therapists or special teachers who served families with children with disabilities to engage in intervention services to help fathers become more expressive towards their atypical children.

Hastings et al. (2005) analyzed the prediction of depression in moms for maternal tension and positive thinking. Stress in moms was associated with developmental illness of their children (not adaptive or autistic) and the depression of their spouses. Sabin and Sajid (2005) demonstrated that parents of autistic children endured significant tension. In contrast with husbands, mothers faced more discomfort. In parents with the rising age of children the level of tension was different.

In 54 children with ASD (M = 26.9 months), **Davis and Carter (2008)** revealed children's actions and parenting tension in the mothers and fathers. More parental stress has been documented by mothers and fathers. A loss of social connection in autistic children was linked with complete maternal tension, parent-child issues and mothers' and fathers' agony. Problems in mothers were attributed to stress, while habits outsourced to parental stress. IT, contact disruptions and unusual behaviors were not attributed exclusively to parental tension. Medical review of parental tension, identification of disparity between mothers and fathers' autism in their experiences of parenting.

Estes et al. (2009) explored the impact of childhood on tension and emotional suffering among moms and dads. The research consisted of mothers and pre-school children matched with ASD (N=51) and emerging lag (DD) (N=22). The results showed that mothers and fathers had higher levels of stress and emotional anxiety than the DD group among the mothers in the ASD group. Increased maternal tension and depressive depression in the mothers in ASD and DD classes is associating children's problem behaviors. The DD party has a better association. The desire to survive on a regular basis was not associated with parental stress or feelings.

Phetrasuwan and Supapak (2009) have found that the main source of parental stress in mothers is behavioural symptoms. There was no connection between the characteristics of the infant and parental tension. Moms that have more maternal burden have more signs of depression and poorer health standards.

In his report, Burrows (2010) said that children with autism's mothers and fathers can be overwhelming because of the way that they nurture a child with autism. The quality of life and health of this community will cause this tension. This parents require services to enhance their physical health and well-being (e.g. rest, nutrition, fitness). One of the main techniques used by these parents for handling stress levels efficiently is to commit consistently to physical exercises. Results revealed exceptionally high stress levels for caregivers with children with autism. A reverse week of parental workout involvement ($r = 0.16$) was observed and physical activity was not exercised ($r = 0.24$). While these relationships are statistically important ($p < 0.05$), the association is not strong enough, as shown by their determination coefficients. In future studies, testing is required to determine causality. Future research on the effect of physical exercise, wellness and well-being on depression can help parents identify ways to reduce stress levels efficiently.

Vidyasagar, Nischa and Koshy, Susan (2010) observed that children's mothers who have autism are more stressful than typical children's mothers and more likely to be more stressful when finding social assistance, absorbing or reassessing their condition completely more often than normal children's mothers. The use of confrontational coping for mothers of children with autism demonstrated a significant positive association between stress.

Pottie and associates (2009) analyzed 93 autism parents and reported that higher daily affirmative levels of temperature were related to more poignant and influential support as well as a lower degree of parenting and uncooperative tension. Greater daily depressing mood was related to troubling support and more parental tension, intolerable experiences and disturbing behaviour of children. The stress-mood relationship was moderated by emotional encouragement, unsupportive relationships and upsetting children's behaviour.

The meetings of mothers with an autistic child in the rational design of the qualitative belief have been discussed by **Kucuk, Derela, and Bilgin (2010)**. 43 mothers were interviewed about their encounters with their autistic children in semi-structured fashion. Mothers heard of difficulty and endless anxiety about their child's autism behaviours, their own responsibility and prospects, and about their children's complication in home treatment.

A mild to positive association between perceived seriousness's of aberrant conduct and parental tension was observed in **Cheryl Shaffer (2012)**. Low negative associations were also observed between family support assessments and parental stress, and between future aspirations and parental stress. Unlike the prediction, a low adverse correlation was observed between maternal and parental stress. The most important parental expectations and presumed seriousness of aberrant behavior, reflecting 32% of the overall difference in recorded parenting stress levels.

The relationship between the opinions of the parent pair on the styles of the family and the capabilities of its autistic children, examined by **Nuovo and Azzara (2012)**. The study found that stability, connectivity and happiness in the family system are improved if there is no

correlation between intellectual disability and autism. The stability, resilience and the communication level of the family system contribute to higher cognitive abilities in the infant, while verbal and attentive speech and affective language defects are due to unequalled familial workings. In healthy forms of families fewer maladaptive traits were observed in infants. The opposite association between child visual engine imitation and family harmony may be related to a person's difficulties in articulating and detecting the signs of successful imitation in a strongly cohesive structure correctly.

The impacts of stressors and assistance for families of people with ASD have been measured by **Meadan, Halle and Ebata (2010)**. The center focuses research into stressors and encourages stress in the following areas: (a) marital subsystem stress; (b) parental subsystem stress; (c) family-based coping strategy; and (d) implicit and structured help sources that families utilize.

Stoddart (2011) has demonstrated that income shortage is related to detrimental effects that could hamper children's growth, more specifically, the development of disabled children. In addition, eminent levels of mother depression, stress and decreased social assistance are attributed to income scarcity or conditions at risk. In principle, the burden faced by mothers and fathers or children in the group can be minimized by social assistance. The parental factors employed along with the use of social welfare, questions of access to institutional support and perceived social assistance.

269 moms and young people and older individuals with autism were investigated by **Greenberg and Seltzer (2011)**. The study showed that a higher social network is related to better well-being for mothers. Higher levels of negative reinforcement and an increase of negative support is related to increases in signs of depression and negative effects and positive effects. Social help expected improvements in well-being beyond the effects of issues with children's behaviour.

Sander and Morgan (1997) researched the influence of autism on families after diagnosis.

Nigel V. March (2019) Parental and potential anxieties have been examined. The effect of the intellectual condition of an infant.

RukuyeAylaz – (2017) examined Anxiety assessment and coping mechanisms for parents of autistic children. The findings of the report were higher among parents with children with disabilities who receive clinical and social aid in dealing with anxiety.

KumaranRajan, Deuri Sonia (2017) In the mothers of children with developmental disabilities, anxiety, depression and quality of life were examined. The study showed that mothers with mentally disabled children had greater angst and depression than mothers of stable children.

A.S. The psychological condition and the treatment of care providers of people with developmental disabilities and mental disorders have been examined in **Panicker, S. Ramesh (2019)**. The conclusion is that the level of treatment and outcomes of proper coping style will mitigate the consequences of their signs and mental wellbeing play an important part.

Sandra & Michael Hayes (2020) have been researching the mental health of parents of autistic children. Parents of developmentally disabled children have impaired mental health. They need mental health interventions and resources.

METHODOLOGY

The quest for information applies to the popular language scholar. Study is the empirical and systematic search for useful knowledge on a given topic. Study is a technology research art. It's indeed a learning trip. This section offers a description of the issues, the research targets and the hypotheses, the instruments chosen for the study and the sample procedure.

Statement of the Problem

Identify the mental health level of women with autism or a down syndrome in their children.

Objectives of the Study

1. Studying mothers who have either autism or down syndrome regarding their levels of mental wellbeing.
2. Comparing the mental wellbeing level of mothers whose children are either autistic or down depending on the mental health factor.

Selection of Tool

“The Mental Health Inventory” developed by Jagdish and Dr.A.K.Srinivastava was used for this study.

Description of Tool

Mental Health Inventory questionnaire developed by Jagdish and Dr.A.K.Srinivastava. This scale has six dimensions. They are :

1. Positive self evaluation
2. Realistic perception
3. Integration of personality
4. Autonomy
5. Group oriented attitudes
6. Environmental mastery

This stock contains a selection of statements in accordance with one's thoughts for oneself in real life (totally 55 statements). One is presented with four alternatives to each declaration, that is, still, most of the time, r, which most aptly shows the strength of one's thoughts and opinions. The inventory expects all statements to be answered without leaving any statement unanswered.

Rationale

This test was administered to mothers since it was found suitable to assess the good mental health or psychological wellbeing of the individual. It was standardized on Indian population and hence the researcher used it for the present study.

Administration Procedure

The questionnaire with 55 statements along with the bio-data requirement was neatly typed with enough space to enable the respondents to put a mark in the respective boxes or spaces. The questionnaire was distributed to a number of potential respondents after explaining to them the purpose of the study and the related instructions with respect to filling up the questionnaire.

Scoring

The questionnaire was divided into positive questions and negative questions and the marks for the respective positive and negative questions were allotted as follows:

Total no. of questions	Positive question number	Positive scoring if marked as
25	2,5,6,11,18,19,25,26,28,30,31,33,37,38,40,42,43,44,45,49,50,51,53,54,55	Always -3 Most of the times-2 Sometimes-1 Never-0

Total no. of questions	Negative question number	Negative scoring if marked as
30	1,3,4,7,8,9,10,12,13,14,15,16,17,20,21,22,23,24,27,29,32,34,35,36,39,41,46,47,48,52	Never- 3 Sometimes -2
		Most of the times - 1 Always -0

Interpretation

A high score attributed to good mental health and a low score to poor mental health.

Pilot Study

To find out the feasibility of the test, the pilot study was conducted. The researcher initially administered the test to 30 subjects and obtained their responses. The procedure adopted is as follows.

Test administration procedure

The mental health questionnaire prepared in English was given to 15 mothers whose children have Autism and to another 15 mothers whose children have Down syndrome.

Themes have been chosen from numerous "Special Schools" in Chennai City. The investigator clarified the examination and made his reservations clear. Accordingly the subjects answered the questionnaire and returned their responses sheets within a few days. The researcher enquired if they respondents faced any difficulty while answering them. All the respondents informed the researcher that they understood all the questions and had answered honestly, based on their feelings. Hence the researcher decided that the mental health questionnaire could be administered without making any notifications.

Validity

The author has already decided the validity of the test. Hence the present researcher did not make any attempt to find out the validity again.

Reliability

The test-retest reliability was established for the mental health inventory during the pilot study test. The first test was administered to 15 mothers whose children have Autism and 15 mothers whose children have Down syndrome and again after a gap of 2 weeks, the researcher administered the same test to the same subjects and found out the correlation between the first test and the second test score. The correlation value was 0.85 which is significant at 0.01 level.

Sampling Techniques

Objective sampling methods have been used to assess mental health levels in mothers with autism disorder or Down syndrome among their children.

Main Study

60 mothers with autism deficiency or down syndrome were chosen to perform the primary research. The researcher approached four special schools in Chennai, namely MathruMandir, Rasa, V-Excel and we can. The researcher sought the permission of the heads of these institutions to conduct this study. 'V-Excel' and 'We Should' are institutions for children with Autism and Rasa is an institution for children with diverse conditions, and MathruMandir is

an institution specifically for people with Down syndrome. The researcher approached 10 mothers at Rasa and 25 mothers at MathruMandir and distributed the Mental health questionnaire along with the bio-data sheet. All the instructions were given to them orally. The filled in questionnaires were collected after a week. In the mean time to the Mental Health questionnaires and bio-data forms were distributed to 16 months in 'V-Excel' and to 9 mothers in 'We Can' on different days. Instructions were given orally each time. The completed questionnaires were returned after two weeks. The heads of the above mentioned institutions and their respective staff were extremely co-operative and helpful in this endeavor.

Selection of Sample

Institutions	Mothers of Children with Autism	Mothers of children with Down syndrome
Rasa	5	5
MathruMandir	Nil	25
V-Excel	16	Nil
We Can	9	Nil

Flow Chart

Sample Distribution

Λ

Mothers of children with Autism

Mothers of children with Down syndrome

(n) Sample size 30

(n) Sample size 30

Selection Criteria

Inclusive Criteria

Mother with autism and Down syndrome children from diverse socio-economic backgrounds, age classes, education levels, and the family is considered by the researchers.

Exclusive Criteria

Fathers, grandparents or siblings of 'special children'; Mothers of children who have other disabilities like cerebral palsy, mental retardation, visual or auditory impairment, or any other form of physical impairment

RESULTS AND DISCUSSIONS

Table No. 1: Important Deviation in mental wellbeing rate for mothers with autism and those with down syndrome. Indicates Mean

S. No	GROUP	N	MEAN	S. D
1.	Mothers of children with autism disorder	30	105.50	22.12
2.	Mothers of children with Down Syndrome	30	110.93	24.11

The table above shows the mean and normal deviations of mothers with autism and those with Down's syndrome from their mental wellbeing.

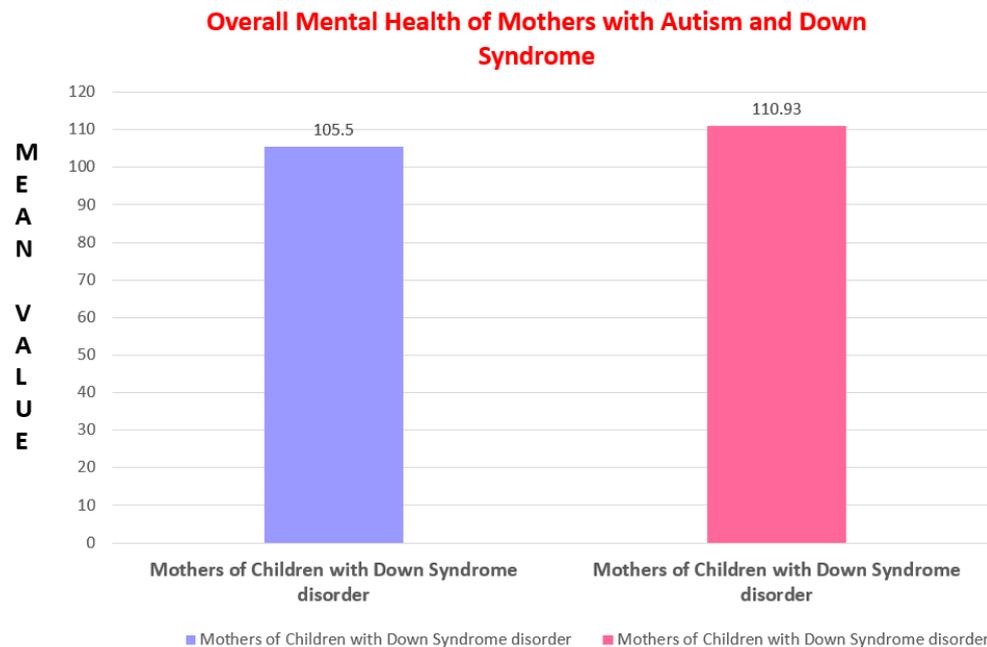


Table No. 2: Displays mean, standard deviation, SEM and 't' meaning of mothers of children with autism and Down syndrome

S.No	Group	N	Mean	S.D	SEM	't' VALUE	level of Significance
1.	Mothers of children with Autism disorder	30	105.50	22.12	5.97	0.91	Not significant
2.	Mothers of children with Down Syndrome	30	110.93	24.11	5.99	0.95	Not significant

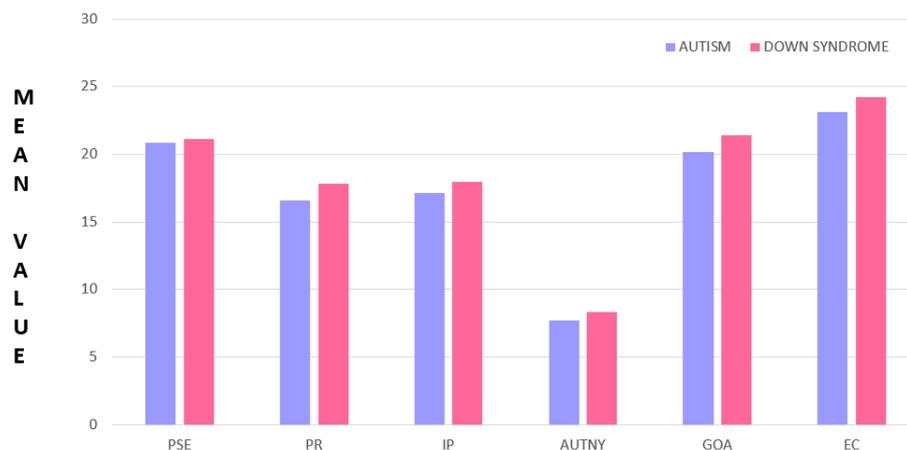
The table above indicates a value of 't' of 0.91, which at any stage is not important. This result suggests that the level of mental health among mothers with children with Autism Disorder or Down Syndrome does not vary greatly. This conclusion rejects the theory No.1 I "The mental illness levels of mothers of children with Autism Disorder and Down Syndrome will differ significantly." From this finding, we can conclude that regardless of whether an infant is suffering from Autistic Disorder or Down Syndrome, these children's mothers have to take care of all of their needs to find solutions to their issues and face the daily pressures that occur through child-breeding. These causes may be the potential explanations for these mothers' equitable mental health, regardless of the disability of their children. Sandra (1989) considers this unacceptable for women with autistic children, who have been suffering greater tension, depression and poorer marital intimacy than in Down syndrome mothers.

Table No. 3: Shows the Mean, Standard deviation of dimensions of mental health of mothers of children with Autism disorder and those with Down Syndrome

Dimensions of M.H.	Groups	Mean	SD	SEM	t-value
Positive Self	Autism	20.85	2.09	0.93	0.28

Evaluation	Down Syndrome	21.14	5.09		
Perception of reality	Autism	16.57	3.43	0.98	1.29
	Down Syndrome	17.84	4.16		
Integration of Personality	Autism	17.12	6.42	1.33	0.61
	Down Syndrome	17.95	3.81		
Autonomy	Autism	7.71	1.27	0.51	1.17
	Down Syndrome	8.35	2.70		
Group Oriented Attitudes	Autism	20.14	4.60	1.27	0.99
	Down Syndrome	21.42	5.30		
Environmental Mastery	Autism	23.11	4.31	0.95	1.16
	Down Syndrome	24.23	3.05		

MENTAL HEALTH AMONG AUTISM AND DOWN SYNDROME PARENTS



DIMENSIONS OF MENTAL HEALTH

. The above table reveals that positive self-evaluation 't' value is 0.28 , Perception of reality 't' value is 1.28, integration of personality 't' value is 0.61, Autonomy 't' value of 1.17, Group oriented attitude 't' value is 0.99 and Environmental mastery 't' value is 1.16, Which at any stage is not relevant. This observation reveals that the mental health of children's mothers with autism and Down-Syndrome is not substantially different.

SUMMARY AND CONCLUSION

The present research investigated the level of mental wellbeing in women with autism and Down syndrome in their children. It is critically necessary to have the mental health of women who provide these "special" children with primary care. The research contrasted the analysis of the collected literature. The study was carried out using Jagadish and A.K Srivastava's mental health inventory. A total of 60 subjects in the study were taken and

interrupted by 30 mothers of autism-disorder children and 30 mothers of Down syndrome children. For data collection, a purposeful sampling approach was used.

It is already known by the author that the tool is valid. In order to test the tool's reliability, the pilot study was carried out on 30 subjects (15 mums of children with autism and 15 moms with children with down syndrome). Fifteen hypothesis were formulated for collecting and analyzing the data. The data collections was done in four 'special' schools. They were located at Alwarpet, Raja Annamalaipuram, Besant nagar and Neelankarai. It was given to mothers with autism or down syndrome. The evaluation was done. It took almost a month to finish the data collection. The collected data was tabulated and statistically analyzed. The formulated hypothesis were tested and the conclusions were drawn from the findings.

Results

The results of the data analysis have shown that mental health affects the psychological well being of the mothers. The overall results proved the following.

- Moms with children with Autism or Down syndrome suffer from a mental health disability.
- In the sense of constructive self assessment, presumed reality, personality integration, autonomy, group-oriented behaviors and environmental skills, the emotional wellbeing of mothers of children has either autism or mental disorder syndrome.

Major Conclusions

At times human beings are bound to succumb to external pressure, but the resilience has to surface at those times. Awareness of one's limitation is important but it should not dampen spirits. Moving forward with time is crucial to progress. Mothers are the pivot around which the lives of these 'special' children revolve. Hence these mothers can work in unison with the special educators who are handling their children. At the same time these mothers have to realize that they are individuals in their own right. Pursuing an interest would do a world of good to these mothers. Exercise, Meditation and yoga could help to distress in the philosophy 'When times are tough, the tough get going' should enable these mothers to derive strength from within.

Limitations of the Study

- More number of responders could have been included in the survey to minimize sampling errors.
- The rural areas have been almost unexplored.
- The personality traits, personal events and health of the responders were not taken into consideration.
- The responders were mostly from the middle and upper income groups. More of the lower income groups could have been included.

Implications

- This research allows children's mothers suffering from autism and down syndrome to be conscious of their social well-being. These mothers can foresee anxiety or worry and stay in good mental health.
- This study can be a useful resource to special educators and rehabilitation professionals involved in counseling these mothers and their family members.

Suggestions for Further Research

The following are some of the suggestions for future researchers in the area of the present study.

- The same study could be done on a larger sample.
- The same study could be done for the mothers of children from all categories of mental retardation (ie) from mild to profound.
- The same study could be done for the mothers of children from rural background exclusively.
- The same study could be extended to mothers from different socio economic background.

Recommendations

- Special schools have to conduct periodic workshops, related to ‘Stress Management Programme’. For these mothers. The module can contain segments relating to yoga, aerobics. Meditations, positive self-evaluation and time management to enhance a stable personality.
- Counseling sessions have to be made available, on a constant basis, for both parents, especially these mothers. This would go a long way in maintaining the psychological well being of these mothers.

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