

## Efficacy of Positive Therapy in the Reduction of Stress among the Parents of Mentally Challenged

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The mentally challenged show behavioural problems and deficits in their adaptive behaviour in various areas, such as communication skills, self-help skills, socialization, application of basic academic skills to daily life activities, social skills, vocational and social performance and responsibilities, which lead to lot of stress and depression in the parents. All these, in turn, will affect the well-being of the parents. To help the Parents of the Mentally Challenged to manage Stress, Depression and Enhance their General Well-being through Positive Therapy, 100 parents of mentally challenged were selected through purposive sampling from Saandhya Residential School, M.V. Shetty School, Chetana Special School, Lions Special School and Mangala Jyothi Integrated School, Mangalore, Karnataka. They were assessed using Case Study Schedule, Stress Inventory and WHO General Well-being Index. Psychological Intervention, Positive Therapy was administered to parents of the mentally challenged for 6 sessions, each session lasting for about one hour, over a period of 2 weeks on alternate days. After 2 weeks the entire subjects were reassessed using Case Study Reassessment Schedule, Stress Inventory and WHO General Well-being Index. Follow-up was done after 6 months. After undergoing Positive therapy the parents of the mentally challenged had a significantly reduced level of stress and depression further general well-being was very well enhanced. There was statistically significant difference in the stress, depression and general well-being before, after and follow-up. Thus Positive Therapy was found to be effective in the management of stress, depression and enhancement of general well-being.

Keywords : Positive Therapy, Stress, Parents of Mentally Challenged.

Mental Retardation is a particular state of functioning that begins in childhood and characterized by limitation in both intelligence andaptive skills. Mental Retardation reflects the "fit" between the capabilities of individuals and the structure and expectations of their environment.

Mental Retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills. Its disability originates before age 18 (American Association on Mental Retardation, 2002).

The Parents having a mentally challenged child home come across a lot of hardship. Especially parenting, which is the process of promoting and supporting the physical, emotional, social, and

intellectual development of a child from infancy to adulthood. Parenting refers to the activity of raising a child rather than the biological relationship. There is no single or definitive model of parenting. What may be right for one family or one child may not be suitable for another. With authoritative and permissive (indulgent) parenting on opposite sides of the spectrum, most conventional and modern models of parenting fall somewhere in-between.

According to Huxley LMFT: "Nothing describes parenting better than stress". Stress is any physical or emotional demand that one feels unable to handle. These demands encompass all of the little hassles one experiences every day, from the moment one tries to get children up for school

to the moment finally get them to bed at night. Even though these daily hassles are often considered trivial, over time, these hassles add up, building in pressure, until they are ready to burst out with anger and frustration. Taking care of a normal child is an easy task for the parents when compared to that of the child with disability. Parents of children with disabilities have a greater number of stressors and a higher number of days during which they have at least one stressor. They also report to experience a greater number of physical health problems. Parents with disabled children experiences stress 'sometimes or always' while trying to balance the responsibility of caring for their children and other obligations. Parents with children with mild to moderate disabilities report their child's condition is the 'main source of stress'.

Every parent aspires to have a healthy and normal child. But when they have a disabled child all their expectations are vanished away. They try to make their child normal at any cost. They take them to doctor when it does not work they believe in God and pray to God to make them normal. It will take long period to any parent for accepting their child's disability. They exhibit various defense mechanisms like denial, rejection, bargaining, depression and finally acceptance. They accept their child because of child's life long adjustment. In order to assist the parents in dealing with the situation counselling is essential, as a part of the whole management plan. Counselling helps them to bear the shock and frustration, giving information regarding the existing services available for their children, providing timely assistance during crisis periods and Genetic Counselling. Family counselling to the other members of the family helps the family to adjust with the child and in managing their problems.

The diagnosis of mental retardation in a child can trigger a range of emotional response in parents and across family system. For some it will constitute a crisis that requires extraordinary psychological adjustment on a parent's part and contains elements of harm, loss and weakness. For others the birth of a disabled child will be viewed as an unfortunate event. The initial parental

response may be a form of emotional disintegration.

A family with retarded child will experience many challenges such as "repeated physical and emotional crisis, interactive family issues, ruined schedule and additional expenses which can create financial burden for a family. It may be during these times of physical and emotional stress that parents will take out their frustration on each other, the other children, or even the child with disability or illness (Gohei, Mukherjee & Choudhary, 2011).

Oshansky (1962) has speculated that almost all parents who have a mentally retarded child suffer from chronic sorrow throughout their lives. The extent of this sorrow may differ from one parent to another but most will have manifestation of sorrow in varying degrees.

The birth and continuing care of mentally retarded children are often stressful experiences for family members as these children's difficulties inevitably touch the lives of those around them (Critic, Friedrich & Greenberg, 1983; Featherstone, 1980).

Stress as a physical, mental, or emotional response to events that causes bodily or mental tension. Stress is any outside force or event that has an effect on our body or mind. Most of the parents of the mentally challenged experience stress at all the time. Since excessive or prolonged stress can be harmful. A situation may be stressful for some parents but the same situation may be challenging for others. Parents feel little stress when they have the time, experience and resources to manage a situation. They feel great stress when they think they can't handle the demands put upon them. Stress is therefore brings a negative experience to these parents. And it is an inevitable consequence of an event. It depends a lot on people's perceptions of a situation and their real ability to cope with it.

The level of adjustment and attitude of parents of children with mental retardation was assessed by Ravindranadan and Raju (2007) among 50 parents of children diagnosed as mentally

retarded. The results indicated that parental religion, income and education do not have any significant influence on adjustment variables, but there was change in parental attitude among different religious groups. Locality of parents influences only on the dimensions of social adjustment and parental attitude. Further Boström, Broberg and Hwang (2010) explored the variation of parents' descriptions and experiences of their child that was identified to have an Intellectual Disability. They applied interpretative phenomenological analysis and analysis of narrative style looking at content and form of parental narratives. Three factors indicated the parents' level of processing (i) emotional expressions regarding the child varying between limited and balanced/affectonate (ii) experience of the disability varying between preoccupation and acceptance and (iii) time orientation varying in terms of flexibility and temporal focus. Although parents of children with Intellectual Disability describe negative emotions in relation to the child and the disability, most of these parents also describe positive emotions that seemed to balance the negative experiences.

Hurley and Levitas (2004) conducted a therapeutic engagement of the Family for Treatment of Individuals with Intellectual Disability who had experienced chronic sorrow, denial, anger, sadness and acceptance, this cycle repeats itself when the child was passing through major developmental milestones as well as during crisis and times when the service system was providing inadequate supports. Suggestions for awareness and helping parents and families were made. Hill and Rose (2009) studied parenting stress in mothers of adults with an intellectual disability, Parental Cognitions in relation to child characteristics and family support and found that the cognitions of parents of children with Intellectual Disabilities (ID) play an important role in influencing parental stress.

Parent stress, parenting competence and family-centered support to young children with an intellectual or developmental disability was examined by Dempsey, Keen, Pennell, Neilands and O'Reilly (2009). The results suggested that

important components of family-centered practice were significantly associated with parent stress, but that a meaningful association between parenting competence and family-centered practice was yet to be demonstrated.

Stress in parents of the mentally challenged was conducted by Upadhyaya and Havalappanavar (2008). In the areas of care, emotional and social stress, mothers reported higher stress and in the area of financial stress, both fathers and mothers reported equal levels of stress. It is noticed that more than one mentally challenged children in the family; higher levels of behaviour disorder; lower age of the mentally challenged individual, parents and lower income of the family were associated with higher stress.

Upadhyay and Havalappanavar (2007) compared the stress level among parents and single parent of Mentally Retarded Children. Results showed that single parents differed significantly regarding total stress and in all four areas of stress (care, emotional, social and financial stress). Widows and widowers differed significantly in their social, financial, emotional and total stress. Single parent families of mentally retarded children experienced higher levels of stress compared to such families where both parents were alive. Fujian and Li (2005) found a significant correlation between stress of Mentally Retarded Children's Parents and Behaviour of Mentally Retarded Children, Coping and Quality of Life. Whereas there was no significant sexual difference existed in the stress of Parents of Mentally Retarded Children.

Thenu and Hemalatha (2009) screened forty parents of mentally challenged with stress and administered Positive Therapy for six sessions. The symptoms reported by majority of the sample were sleep disturbance, confusion, fatigue, loss of appetite, headache, weakness and body pain. There was a significant reduction in the stress after Positive Therapy as well as drastic reduction in the negative emotions and symptoms of the sample.

Further it required for a general well-being that refers to the state of being or doing well in

life while handling the mentally challenged child will be difficult. Thus in order to increase the well-being and stress coping among the parents of the mentally challenged the Positive Therapy which was successful in reducing stress and depression and help in the enhancement of general well-being is a package combining the Eastern Techniques based on Yoga and Meditation with the Western Techniques based on Cognitive Behaviour Therapy. It helps people to have a pleasing personality with positive perception. It helps to deal with problems more effectively and lead a successful life. Hence, the researcher conducted a study to help the parents of mentally challenged to manage their stress and depression and enhance the general well-being through Positive Therapy.

#### Objectives:

- i. To identify the Level of Stress in Selected Parents of Mentally Challenged
- ii. To identify the Level of General Well-being in the Parents of Mentally Challenged
- iii. To help the Parents of the Mentally Challenged to Manage Stress, Depression and Enhance their General Well-being through Positive Therapy

#### Hypotheses

1. There will be a negative relationship between Stress and General Well-being in the Parents of Mentally Challenged.
2. The Stress level among the Parents of Mentally Challenged will be reduced significantly due to Positive Therapy.
3. Parents of Mentally Challenged General Well-being will be enhanced significantly due to Positive Therapy.
4. There is a significant difference between Before, After and Follow-up periods of Positive Therapy in the level of Stress experienced by the Parents of Mentally Challenged.
5. There is a significant difference between Before, After and Follow-up periods of Positive Therapy in the level of General Well-being experienced by the Parents of Mentally Challenged.

## Method

### Sample:

100 parents of mentally challenged were selected from Saamidhya Residential School, M.V. Shetty School, Chetana Special School, Lions Special School and Mangala Jyothi Integrated School, Mangalore, Karnataka as the sample. The criteria for selection of the subjects were with High and Very High Stress / Low General Well-being.

### Tools:

*The Case Study Schedule* (Gayatri Devi and Sushmitha, 2008), *Stress Inventory*, *WHO General Well-being Index* (1998), *Case Study Reassessment Schedule* (Gayatri Devi and Sushmitha, 2008).

*Positive Therapy - for healthy, happy and successful living* (Hemalatha, 2004) was used to provide intervention to the parents. It is a package, which combines the Eastern Techniques of Yoga and the Western Techniques of Cognitive Behaviour Therapy have four strategies namely, Relaxation Therapy, Counselling, Exercises and Behavioural Assignments. In this action research, all the techniques were used.

### Procedure:

The Case Study Schedule was used to obtain information from the subjects individually. The information gathered includes the demographic details, risk factors, negative thoughts and causes of stress. Stress Inventory and WHO General Well-being Index was administered to the subjects to assess their level of Stress and General Well-being. The subjects were provided with the Psychological Intervention called Positive Therapy for 6 sessions, each session lasting for about one hour, over a period of 2 weeks on alternate days. Subjects were given counselling to change their recurring negative thoughts and their life style positively, educate them in coping skills and to face the problems boldly and successfully without any negative thoughts. The subjects were assessed with the same tools after therapy and follow-up was done after six months.

**Results and Discussion**

Table 1 shows the results of the symptoms of the subjects during before, after and follow-up of the parents of mentally challenged. In the modern world stress is inevitable. People face stress in all phases of their lives. Stress affects physical and mental health and leads to various psychosomatic disorder such as headache, migraine, backache, insomnia, asthma, etc. Parents of disabled children had greater number of stressors and majority of the days they had at least one stressor. They also reported experiencing a greater number of physical health problems.

The results of the percentage analysis of the negative symptoms such as headache, insomnia, back pain, joint pain and general weakness are presented in the Table 1. The specific symptoms of stress widely vary from person to person. Most of the subjects suffered from Headache (66%), Insomnia (54%) and Back Pain (32%). The other symptoms suffered by the subjects are Joint Pain (29%) and General Weakness (21%).

A study on, 'Management of Stress in Tea Estate Workers through Positive Therapy' was conducted by Gayatri Devi and Preetha (2011). Fifty Tea Estate Workers from Devi Tea Estate, Pallada, Nilgiris, were screened using Case Study Schedule (Hemalatha, 2008) and Stress Inventory (Hemalatha and Nandini, 2005). Thirty two subjects (23 Females and 9 males) in the age range of 17-50 years were selected by Purposive Sampling Method. Positive Therapy was used as the Psychological Intervention to help the sample to manage stress. The subjects were divided into 3 batches of 10 to 11 in each batch and were given

**Table 1. Symptoms of the Subjects Before, After and Follow-up**

Symptoms	Before		After		Follow-up	
	N	%	N	%	N	%
Head Ache	66	28	28	14	14	14
Insomnia	54	20	20	9	9	9
Back Pain	32	19	19	10	10	10
Joint Pain	29	22	22	18	18	18
General Weakness	21	12	12	8	8	8

**Efficacy of Positive Therapy**

Positive Therapy for one hour per session. Five sessions were given for five consecutive days. Two weeks after the therapy, the sample was reassessed using Case Study Reassessment Schedule and Stress Inventory. The results showed initially, the entire sample (100%) had 'High' stress. After the treatment of Positive Therapy, most of them (81%) had 'Low' stress. There was statistically significant reduction in the mean stress of sample from 'High' to 'Low'. The main sources of stress were heavy workload and procrastination. The symptoms of stress reported by most of the sample were insomnia, loss of concentration and anxiety. The negative emotions experienced by majority of the sample were fear, worries, anger and anxiety. After the administration of Positive Therapy, there was an enormous reduction in the number of subjects experiencing symptoms and negative emotions due to stress. Thus, there was a great influence of Positive Therapy in reducing the stress, symptoms and negative emotions of the selected Tea Estate Workers. Thus this study supports the effectiveness of Positive Therapy in reducing the negative symptoms and negative emotions.

It is amazing to find that after Positive Therapy, the percentage of negative symptoms reduced drastically. Twenty eight percent of the subjects experienced Headache, 20% experienced insomnia, 19% back pain, 22% joint pain and 12% weakness. Positive Therapy was practiced by the parents for 6 months showed drastic reduction in the symptoms of Headache (14%), Insomnia (9%), Back Pain (10%), Joint Pain (18%) and Weakness (8%).

The above Table 2 shows the results of percentage analysis of the level of stress among the parents of mentally challenged. Initially, 97% of the subjects had Very High (27%), High (60%) and Moderate Stress (10%) and only 3% had Low Stress. After Positive Therapy, 27% had 'Very High' Stress and 17% had 'Low' Stress. In follow-up, stress had reduced to 9% and 31% of the subjects had low stress. The present result is supported by a study on 'Management of Stress in Diabetic Patients through Positive Therapy' was

**Table 2. Stress level of the Subjects**

Stress	Before		After		Follow-up	
	N	%	N	%	N	%
Very High	27	27	1	1	0	0
High	60	60	27	27	9	9
Moderate	10	10	55	55	60	60
Low	3	3	17	17	31	31

examined by Saranya and Gayatri Devi (2009). The results indicated that there was a significant reduction in the mean stress from 'High' (15.77) to 'Moderate' (2.69) after Positive Therapy, significant at 0.01 level. This suggests that Positive Therapy has been very effective in managing the stress of the subjects.

Percentage Analysis of General Well-being of the Parents of Mentally Challenged is presented in the Table 3. Before Positive Therapy 55% of the subjects had low and very low general well-being and 17% had good and very good general well-being and increased to 63% after positive therapy, during follow-up 98% of the subjects had good and very good general well-being due to Positive Therapy. The Therapy has been very effective in enhancing the general well-being of the subjects.

Positive Therapy was found to be effective in identifying subject's personal problems, reducing their level of stress, depression and its symptoms and also enhancing the general well-being. It will definitely help the subjects to overcome their problems and help them to face it boldly and successfully. The subjects were assessed before, after positive therapy and follow-up phase, which found to show a significant difference in the overall development in them.

**Table 3. General Well-being of the Subjects**

Stress	Before		After		Follow-up	
	N	%	N	%	N	%
Very Low	20	20	0	0	0	0
Low	35	35	0	0	0	0
Moderate	28	28	37	37	2	2
Good	15	15	49	49	52	52
Very Good	2	2	14	14	46	46

**Table 4. Mean and SD's of Before, After and Follow-up in Stress among the Parents of Mentally Challenged**

Stress	Before		After		Follow-up	
	Mean	S.D.	Mean	S.D.	Mean	S.D.
Very Low	20	20	0	0	0	0
Low	35	35	0	0	0	0
Moderate	28	28	37	37	2	2
Good	15	15	49	49	52	52
Very Good	2	2	14	14	46	46

The results of the analysis of Mean, SD, ANOVA and Post-hoc Analysis of the effect of Positive Therapy on stress among the parents of Mentally Challenged are presented in the Table 4, 5 and 6. The mean stress before therapy is 15.86 and after therapy it reduced to 8.01 and in follow-up it is reduced to 6.24 which indicates that the stress level reduced drastically after the treatment due to relaxation. Some of the physiological changes that takes place due to relaxation, are decrease in metabolism and heart rate, muscle relax and lowers blood pressure. According to Benson Relaxation is "Timeless Healing" and he mentioned that repeated activation of the relaxation response can reverse sustained problems in the body and mind, the internal wear and tear brought on by stress.

Table 5 shows the ANOVA results of stress among the parents of mentally challenged. The 'F' value is 153.60 which indicate that there is significant difference between before, after and follow-up periods of positive therapy in the level of stress experienced by the parents of mentally

**Table 5. Approximate 'F' for Before, After and Follow-up in Stress among the Parents of Mentally Challenged**

Stress	Sum of Squares	df	Mean Squares	F
Between Group	5243.33	2	2621.66	153.60**
Within Group	5069.27	297	17.07	

\*\*p<0.01

**Table 6. Post-Hoc Analysis for Before, After and Follow-up in Stress among the Parents of Mentally Challenged**

Variable	Group	Mean	S.D.	Before	After	Follow-up
Stress	Before	15.86	5.52		**	**
	After	8.01	3.67	**		**
	Follow=up	6.24	2.70	**	**	

\*\*p<0.01 level

challenged. Post-hoc analysis shows significant decrease in stress levels after Positive Therapy with sustained and significant decrease in the follow-up. The effectiveness of Positive Therapy helped the parents to improve their confidence level and reduce their negative emotions to a large extent. Counselling techniques were provided to the parents to change their attitude towards their children and life. The parents promised to continue with the therapeutic training and the results showed that the improvement in self confidence and reduction in stress level before, after and follow-up.

The Duncan's Analysis on Post-hoc Before, After and Follow-up of the Parents of Mentally Challenged in Stress level shows a significant difference among the three time periods. The follow-up period could be due to the adaptation of the different techniques of Positive Therapy which helped them to reduce their stress level to a greater extent. The parents self confidence is improved and they learned to share their feelings. A healthy lifestyle is an essential companion to any stress-reduction programme. General health and stress resistance can be enhanced by regular exercise, a diet rich in a variety of whole grains, vegetables and fruits and by avoiding excessive alcohol, caffeine and tobacco. Physical exercise is any bodily activity that enhances or maintains physical fitness and physical and mental health (Baer, 2010).

**Table 7. Mean and S.D.'s of Before, After and Follow-up in General Well-Being among the Parents of Mentally Challenged**

Stress	Before	After	Follow-up
	Mean	S.D.	Mean
General well-Being	10.37	4.93	20.79
		3.32	2.20

Table 7 shows that the mean of the General Well-being before therapy was 10.37 and after therapy it increased to 17.65 and during follow-up it increased to 20.79, which indicates that there was enhancement of General Well-being after treatment due to Positive Therapy. As Positive Therapy helps to have a pleasing personality with positive perception, that improves both the physical and mental health and promotes cheerfulness. With the regular practice of behavioural assignments it keeps the individual fresh, healthy, happy and enhances the general well-being.

Table 8 shows the ANOVA results in general well-being among the parents of mentally challenged. The F' value is 213.18 indicates that there is a significant difference in the General Well-being among the parents of mentally challenged due to Positive Therapy. In order to ascertain the difference during before, after and follow-up periods of Positive Therapy, the Post-hoc analysis was done to find out the difference in the General Well-being after Positive Therapy.

Positive Therapy helps to replace debilitating negative thoughts with positive, self-enhancing thoughts. Parents reported that when they changed their thoughts they noticed change in their behaviour. It helped them in the development of positive personality such as courage, confidence, optimism, etc. and to face the problems with a

**Table 8. Approximate F' for Before, After and Follow-up in General Well-Being among the Parents of Mentally Challenged**

General Well-Being	Sum of Squares	df	Mean Squares	F
Between Group	5714.48	2	2857.24	
Within Group	3980.65	297	13.40	213.18**

\*\*p<0.01

**Table 9. Post-Hoc Analysis for Before, After and Follow-up in General Well-Being among the Parents of Mentally Challenged**

Variable	Group	Mean	S.D.	Before	After	Follow-up
Stress	Before	10.37	4.93		**	**
	After	17.65	3.32	**		**
	Follow=up	20.79	2.20	**	**	

\*\*p<0.01

smile. Thus, Positive Therapy facilitates sound mental health, leading to better adjustment.

Post-hoc analysis (Table 9) reveals a significant improvement in General Well-being after and follow-up period, due to the effectiveness of Positive Therapy. It helped the parents to improve the general well-being and health. Counselling techniques were provided to the parents to change their attitude towards their children and life. General Well-being significantly increased among the parents after and follow-up periods. The subjects cooperated well with the treatment. Further, this improvement in their well-being level was due to Positive Therapy such as Relaxation Training, Counselling and practicing Behavioural Assignments regularly. The findings of the present study are in line with the findings of Pushpaveni and Gayatri Devi (2010) conducted a study on 'Management of Depression and Enhancement of General Well-being in Institutionalized Senior Citizens through Positive Therapy'. The results showed that there was reduction in depression and enhancement of General Well-being after Positive Therapy.

The Post-hoc Test of Duncan for Before, After and Follow up of Positive Therapy among the parents of mentally challenged in the General Well-being shows a significant increase among the three time periods. The difference between Before and After and After and Follow-up period was due to the adaptation of the different techniques of Positive Therapy which helped them to improve their way of living, cope with the problems, satisfied with whatever they have and lead a happy and successful life.

### Conclusion

It was amazing to note that the stress level of the parents of mentally challenged were

significantly reduced due to positive therapy. This suggests the effectiveness of positive therapy in managing the stress in the parents. It also helped the parents to enhance their level of general well-being. One of the strategy of Positive Therapy is Relaxation Training and Deep Breathing, in this the body will be fully relaxed, but the mind is alert and under conscious control. The goal is to "Quiet the Mind", slowing down thoughts and concerns and simply existing in a relaxed state. It prevents distracting thoughts by concentrating on breathing. It is amazing to note that even parents reported similar kind of experience; they even felt lightness in the body and mind. Breathing is probably the simplest relaxation because it focuses on a natural body function. It can be performed on its own or combined with other techniques. In Positive Therapy, relaxation is combined with autosuggestion and other techniques. Under stress the chest expands the shoulders rise and individual breath rapidly in order to take in air quickly. During Relaxation abdomen expands with each breath in (Posen, 2006).

### References

- American Association of Mental Retardation (2002). *Mental Retardation. Definition, Classification and systems of support.* Washington DC.
- Baer, R. (2010). *Stress Management.* Global Vision Publishing House, Delhi.
- Boström, P. K., Broberg, M. & Hwang, P. (2010). Parents description and experiences of Young Children recently diagnosed with Intellectual Disability. *Child Care, Health and Development, 36, 1, 93-100.*
- Crnic, K. A., Friedrich, W. N. & Greenberg, M. T. (1983). Adaptation of families with Mentally Retarded Children: A Model of Stress, Coping and Family Ecology. *American Journal of Mental Deficiency, 88, 125-138.*

- Dempsey, I., Keen, D., Pennell, D., Neilands, J. & O'Reilly, J. (2009). Parent Stress, Parenting Competence and Family-centered Support to Young Children with an Intellectual or Developmental Disability. *Research in Developmental Disabilities, 30*(3), 558-566.
- Featherstone, H. (1980). *A difference in the Family Living with a Disabled Child*. New York, Penguin Books.
- Fujuan, Z. & Li, J. (2005). Stress in Parents of Children with Mentally Retarded and Relevant Factor. *Psychological Science (China), 28*(2), 347-350.
- Gayatri Devi, S. & Preeha, H. (2011). Management of Stress in Tea Estate Workers through Positive Therapy. *Indian Journal of Positive Psychology, 2*(1), 62-66.
- Gayatri Devi, S. & Sushmitha, A. A. (2008). *Case Study Schedule and Case Study Reassessment of Psychology*. Unpublished Manuscript, Department of Psychology, Avinashilingam University for Women, Coimbatore, Tamil Nadu, India.
- Gohel, M., Mukherjee, S. & Choudhary, S. K. (2011). *Psychosocial Impact on Parents of Mentally Retarded Children in Anand District, 2, 2*.
- Hemalatha, N. & Nandini, M. (2005). *Stress Inventory* (Revised). Unpublished Manuscript. Department of Psychology, Avinashilingam University for Women, Coimbatore, Tamil Nadu, India.
- Hemalatha, N. (2004). *Positive Therapy - Handbook for Health: Happy and Successful Living*. Ganesh Krupa Publishers, Coimbatore, Tamil Nadu, India.
- Hill, C. & Rose, J. (2009). Parenting Stress in Mothers of Adults with an Intellectual Disability, Parental Cognitions in relation to Child Characteristics and Family Support. *Journal of Intellectual Disability Research, 53*, 12, 969-980.
- Hurley, A. D. & Lewias, A. S. (2004). Therapeutic engagement of the Family for Treatment of
- Individuals with Intellectual Disability. *Mental Health Aspects of Developmental Disabilities, 7*(2), 77-80.
- Olschansky, S. (1962). Chronic Sorrow: A response to having a Mentally Defective Child. *Social Case Work, 43*, 190-192.
- Posen, D. B. (2006). *The Little Book of Stress Relief*. Jaco Publishing House, Mumbai.
- Pushpavani, P. & Gayatri Devi, S. (2010). *Management of Depression and Enhancement of General Well-being in Institutionalized Senior Citizens through Positive Therapy*. Unpublished Manuscript. Avinashilingam University for Women, Coimbatore, Tamil Nadu, India.
- Ravindranadan, V. & Raju, S. (2007). Adjustment and Attitude of Parents of Children with Mental Retardation. *Journal of the Indian Academy of Applied Psychology, 33*(1), 137-141.
- Saranya, S. & Gayatri Devi, S. (2009). *Management of Stress in Diabetic Patients through Positive Therapy*. Unpublished Manuscript. Avinashilingam University for Women, Coimbatore, Tamil Nadu, India.
- Themu, C. T. & Hemalatha, N. (2009). *Management of Stress in Parents of Special Children through Positive Therapy*. Unpublished Manuscript. Avinashilingam University for Women, Coimbatore, Tamil Nadu, India.
- Upadhyay, G. R. & Havalappanavar, N. B. (2007). Stress among Single Parent Families of Mentally Retarded Children. *Journal of the Indian Academy of Applied Psychology, 33*(1), 47-51.
- Upadhyaya, G. R. & Havalappanavar, N. B. (2008). Stress in Parents of the Mentally Challenged. *Journal of the Indian Academy of Applied Psychology, 34* (Special Issue), 53-59.
- WHO (1998). *General Well-being Index*. [http://cure4you.dk/354/WHO-5\\_English.pdf](http://cure4you.dk/354/WHO-5_English.pdf)
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