

THEORETICAL CONSIDERATION OF DEPRIVATION AND USE OF PSYCHOLOGICAL TESTS AND ITS EFFECTS

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ABSTRACT

This single, important factor is emphasized by Margaret A. Reibel. In his book, "The Rights of Infants", the author has developed the concept of mother and emphasized the importance of mother's care for the development of the young child. She explains that all of the child's primary urges must be satisfied by his mother if she grows up and becomes an independent person. Describing the complexity of the child's developmental processes and the mother's role in helping to create them, Reibel states that mothering will establish the smooth reflexes that allow for the oxygen supply that the young infant needs so much, especially of brain cells in development. In this way, mothering lays the foundation of thinking. The mother must meet the baby's hunger and sucking needs, because by mouth activity, three areas of activity develop. Supporters of finding a home have gone through various stages of cess development. Previously, the emphasis was on the moral values of the home. Subsequently, social workers became heavily identified with the child and reached the point of demanding unrealistic perfection. In this paper I have discussed Theoretical Consideration of Deprivation and Use of Psychological Tests and Its Effects. Mental health is the level of psychological well-being or absence of mental illness. It is the condition of someone who is "acting at a satisfactory level of emotional and behavioral adjustment".

Keywords: Growth, Development, Children, Emotions, maternal etc.

1. INTRODUCTION

The first involves the presentation of data related to the child's physical growth. After this there will be discussion of emotional development in the child. The third section will refer to the absence, causes and effects on children. Child care including Foster Home Care and Adoption will be presented in the fourth section. Finally, the final section will contain some material that deals with the use of psychological tests to evaluate a child's ability prior to placement. Perhaps, one of the basic concepts, which can be presented in presenting a discussion on child development and care is, is in keeping with the fact that the field of child development is very closely related. Child development has been described as consisting of physical, social and intellectual development. These three aspects cannot be distinguished, such as physical illness, or having well-affected emotions. Emotions in turn can affect physical health. Finally, intellectual development can be influenced by emotional or physical development.

2. PHYSICAL GROWTH

Arnold Gesell and Catherine S. Amatura has studied physical development in children. As a result of his research, he has indicated some important theories regarding development. They state that the sensor motor development of the child occurs in an organized manner, and moves in a direction from head to foot. This means that as the child grows, it can be expected to hold its head before sitting. He does this before standing up. There are different stages of development, and some stages appear at different age levels. At the same time, however, there is no single clear cut phase, and one phase is clearly another successful one. The child is, first of all, helpless and very dependent on his environment. As he grows, he develops innate abilities and becomes more independent in meeting some of his physical needs. Some understanding of children's developmental patterns is important for social workers to apply their knowledge in evaluating children's development in their care.

3. EMOTIONAL GROWTH

Another aspect of development is emotional development. It occurs at birth and cannot be affected without maternal love. This single, important factor is emphasized by Margaret A. Reibel. In his book, "The Rights of Infants", the author

has developed the concept of mother and emphasized the importance of mother's care for the development of the young child. She explains that all of the child's primary urges must be satisfied by his mother if she grows up and becomes an independent person. Describing the complexity of the child's developmental processes and the mother's role in helping to create them, Riebel states that mothering will establish the smooth reflexes that allow for the oxygen supply that the young infant needs so much, Especially of brain cells in development. In this way, mothering lays the foundation of thinking. The mother must meet the baby's hunger and sucking needs, because by mouth activity, three areas of activity develop. They are nurturing (test or chewing of food), emotional (smiling and kissing) and intellectual (word making).

Serves as an important factor in integrating the various functions of the infant's activities. The child needs the help of the mother if it is to succeed as it goes through each stage of development. L The author states that it is "motherhood growing up from her fulfillment as a woman, intelligent, gentle, and mature, which alone can make this subtle contribution to the well-being of an infant. Rene Spitz added another aspect of emotional development. They have pointed. At birth, like every other act, emotions are indifferent and disorganized. In fact, the baby does not have ego. In the five year of life, the six areas of the ego organization are quite indifferent and disorganized. This means that the organism will react to mental or somatic shock in an unspecified manner. According to Spitz, an important feature found in the second half of the five year is the child's ability to attach his feelings to a person, usually his mother. In emphasizing the relationship of the child. For his mother, Spitz says that this emotional interchange alone can make a child a wise and friendly human being.

Summarizing the material in this section, it is seen that emotional development in the child results from birth and maternal love is the only specific factor to influence it. If the child's basic needs are met, he will grow into a mature, independent adult. Furthermore, her ability to relate to people will depend on her relationship with her mother. It is to be remembered that the child does not have an ego, and therefore as a whole life, whether it is emotional or somatic. Therefore, if the trauma is sufficiently severe, the NIL areas of development will be retarded.

4. DEPRIVATION AND ITS EFFECTS

As a result of recent studies, lack of maternal love has been proposed as the most important deprivation factor for the child's physical and emotional development. In discussing the development of children, Gesell and Amatruda state that development is the result of integration of heredity and environment. I If there is a proper balance between these factors, the growth will be continuous. This means that a normal child brought up under favorable circumstances would be normal. The same applies to sub-abnormal and superior children. The authors further state, "Prospects of development are primarily determined. Their boundaries are set by inheritance and constitution. Prospects of development reflect repetitive inexperience." With this understanding of growth potential, it is possible to study its absence and its effects on development as determined by many authors. Rebel states that a child is a potential person but his mother must work for him for many years, and separation from him would be psychologically damaging. In fact, the most important factor for a child from birth to speech is the element of continuity in care. The latter statement is emphasized by Spitz who warns against infants deprived of prolonged emotional intercourse. This should be avoided especially in the second half of the five year when children should not be deprived of their love items for a period of more than 5 years without adequate choice.

The effects of deprivation have been studied on children who have been clinicalized. Gesell and Amatruda point out that clinical environments produce specific traits. The child is the center of attraction in the home, but not in the clinic. Unfortunately, the effects of clinicalization are cumulative and maturity does not necessarily erase these effects. Although clinicalization does not lead to above-average intelligence, it creates syndromes that indicate difficulties in growth and development. The impact of clinicalization on children has also been emphasized by Buxbaum. - She says that psychiatrists had noticed that children who had not spent more than a year in clinic had a chance to return to normalcy again. However, those who were clinical by the age of three were subject to irreversible emotional disturbances. Goldfarb said that by the age of three, children exhibited retarded intelligence in clinic, and this was their specialty at all ages. Spitz has used the term "hospitality" to describe the harmful effects on children clinically from an early age. Buxboom and Ribble emphasized the fact that children who were clinically developed from time to time had psychiatric disturbances. Ribble specifically mentions that children who were denied maternal love received themselves for a relocation stimulus.

Autoerotic activity was found to be the most frequent. In addition, children who did not have emotional attachment to their mother may develop eating and eradication difficulties, or speech or locomotor difficulties. This observation is relevant in relation to the adjustment of some children in foster homes. One of the motivating factors of problems in clinical children is the fact that there are changing employees in clinic. As a result, children cannot form any real emotional engagement. This is especially important after the child reaches the age of four months. The according to Buxbaum, are that infants become physically retarded or may die due to lack of physical relationships. Their mental and emotional development becomes extremely disturbed. A summary of the section on deprivation suggests that recent studies put the lack of maternal love as the biggest deprivation factor. It is particularly important that children are not

deprived of close maternal care for long periods of time, and especially during the second half of the first year of life when the child begins to identify and identify with their mother. The effects of deprivation on clinical children have been studied. It has been found that the effects are cumulative, and children may be mentally or physically retarded. The reason for deprivation in clinical children is that personnel change and children are unable to form close relationships. It has been learned that the consequences of deprivation on clinical children can be seen in other children deprived of close maternal care.

5. ADOPTION

Possibly, the largest numbers of children who may be accustomed to suffer the ill effects of maternal deprivation are out of birth. Previously, they were placed in clinic, but now, child care agencies are trying to make more permanent plans for these children. Adoption seems to provide more permanent protection to the child. Adoption is a complex process, and a large number of people are involved. Furthermore, a great deal of skill is required to influence it. First is an unmarried mother who needs help. She must decide what plans she will make for the baby, whether she can take care of him, or if she decides to abandon him. There should be an understanding and skilled caseworker to help him.

If the child is abandoned for adoption, it requires temporary care. Therefore, more professional help is needed to plan for this. Foster parents will also need the support and knowledge of the social worker in their undertaking. Finally, permanent placement plans should be made for the child. This means that a social worker should select future adoptive parents who will provide the best home for the child.

Supporters of finding a home have gone through various stages of development. Previously, the emphasis was on the moral values of the home. Subsequently, social workers became heavily identified with the child and reached the point of demanding unrealistic perfection. Nowadays, as Dorothy Hutchinson points out, social workers should seek out generally grateful individuals, as do prospective adoptive parents. In working with them, Caseworker must understand the real motivation for adoption. If this is done, she will learn what kind of parents they will be for the child. Miss Hutchleson states that "the desire for a child of 50 often refers to a desire to love or be loved. Usually the woman who is most restless to adopt the child, although in this case, the husband only gets involved." Referring to the boarding home mother, Miss Hutchinson stated that "she is 15 and more likely, with experience and supervision, to develop the idea of service for all children. Because, there will always be parents who take care of their children." Unable to take care of, the homes still have to be raised. The author stated that "the boarding mother deserves the greatest respect."

There are some risks faced by a child in the foster home. The most serious is the replacement of LS. Sometimes a foster child has been changed several times before adoption, or other types of placements have been squeezed. It turns out that foster mothers can condense children more easily than actual mothers. Replacements are painful experiences to face these children. Upon arrival in a new foster home, there should be sufficient flexibility in training to allow them to develop again and then, when they have become more secure, to move into a new phase of development. If children are rotated too repeatedly, they are less and less capable which creates deeper emotional engagement. As a result, their overall personality and development is affected by it. It has been said that replacements should be properly timed. Within the first half of the child's first year, his needs are mostly physical, and he is able to accept substitute care. From one year to three years of age, the child may react more seriously to replacement. Before placing the child in the adoptive home, it is necessary to evaluate the child's personality and ability. Social workers have witnessed the progress of children. In addition, children have been sent for psychological testing. However, there are difficulties associated with using the test. This is because a child who is tested below average in intelligence can stay in a foster home for a long time, until he or she retires, and shows average intelligence. This may mean he may be deprived of a permanent appointment if he becomes too old. Also when he is changed from his foster home to an adopted home, it becomes more difficult for him to transfer. As a result of this, Bowlby emphasizes in his book "Maternity Care and Mental Health" that very little study has been done on adoption problems, and recommends. There should be more research in this area.

At the present time, social workers in the childcare sector are as ill as other professional individuals, advising that the child be placed in an adoptive home at an early age. If this is done, he will form a close emotional connection with his mother, and will be able to develop his ego and super-ego in the house. There will be no stress around the Oedipal period which occurs when the child is separated from his foster family. When the child enters the home at the age of a few months, the adoptive parents, too, will feel that it is their own, and it will be easy for them to identify with their personality. Although social workers recommend an initial appointment, they recommend a probationary period of one year to help parents make their advertisement to the child. It also gives them an opportunity to study the development of the child, so that they can find out that there is nothing wrong with the child, or its placement.

The foregoing indicates that adoption, and preferably, an early adoption, seems to be the best plan for the child, who is without a family. The complex work of foster child care in temporary homes, such as adoptive homes, is performed by professional workers in child welfare agencies. ; As the process of temporary appointment and adoption has gone through many changes, more research is needed in this area.

6. SERVICE DEVELOPMENT FOR PEOPLE WITH MENTAL RETARDATION

Services provided to people in Western countries are similar, usually publicly funded, and include residential housing, productive day participation, relief services such as respiration or parent training and some clinical services Huh. Substantial numbers of people are entered on the public waiting list for residential housing, as events lag behind due to varying degrees of demand in different nations, provinces or states. Typically, both public agencies and charitable organizations provide service, providing a tendency for public agencies to provide clinical or highly specialized (eg, intensive care) services and supportive services to charitable organizations. There has also been a trend for the delivery of a wide range of ancillary services to residential, especially community residential, daytime, clinical and charitable areas from the public.

Residential options may include specialized clinical settings, non-specialized clinic (eg, nursing care or mental health facilities), group homes serving a handful of 10–15 people, each specialized and non-specialized foster care, Assisted apartment living with drop. In supervision, and for some, home purchase subsidies. Options for the day may include multiple programs, including residency, prevailing, vocational preparation, adult educational and addressing competitive or supportive employment. Day services can be highly personalized, or provide relatively non-personalized programs, and can be either center-based in their activities, or delivered throughout communities. Diagnostic services are often provided by hospitals, specialized clinics, community clinics, university-based clinics, and charitable organizations. In some instances, professionals who are public employees may supplement specific clinical services in short supply. Supportive services, which have grown enormously in their availability and diversity over the past 15 years, are typically provided on demand and in a sequential manner by charitable organizations.

There are significant differences in the availability and character of mental retardation services not only between nations, but also between provinces or states and between localities in provinces or states. These differences reflect differences in national and local policies, historical levels of public financial commitment to health and social services, cultural considerations, and federal and local priorities for the use of scarce public funds. Differences in the availability of services can vary widely between regions and between states.

6.1 Inadequate care during infant and childhood

6.1.1 Indifferent Maternal Care

A precocious or indifferent mother, a mother who is exaggerated with the care of many children, or a mother who is hostile to her child or her role as a mother by an environment of personal warmth or an environment in which There is a variety of stimulation and accountability that can provide minimal physical care. . Macmillan (1961) reported the case of a mentally deranged boy whom he had separated since childhood. His parents were highly concerned with his colic and tried to ignore him by isolating him in his buggy. The increasing excitement brought social reform but there was no increase in his scores on a series of intelligence tests over a period of years. Bourne studied sixteen severely defective children who demonstrated no clear biological reason for their deficit. In each case, they found that infants began to show symptoms at the age of two and that before that time they had been cared for by troubled individuals or had been denied a mother figure for a long time. No one was raised in the clinic. These children were in no way above the average (average intelligence, about 40) children with retarded mental capacity. Physically, they were more beautiful and well-developed, but they performed striking modalities, such as head banging, screaming, destruction, and foresight and even deafness.

6.1.2 Sensory deprivation

The reciprocal relationship between the mother's figure and the child may be a very important variable in itself, but recent experimental studies have guided the critical role of variation and amount of arousal in the child's environment, as well as scepticism. As we have seen, a decrease in maternal affinity is accompanied by a decrease in sensory stimulation, and the general result is intellectual retardation. Studies involving subjects aged 5 to 14 years children that have shown little stimulation of sensory receptors can even severely disturb intellectual functioning due to short periods or such deprivation too indifferent to be indifferent. Under conditions of insufficient sensory stimulation, sense organs may fail to develop.

6.1.3 The Behavioral Variables

Extreme Environmental Deprivation

Two types of deprivation are often included in studies of extreme environmental deprivation. There is an impressive absence. Many activists in the areas of mental hygiene, clinical psychology, and psychiatry believe that continued affective relationships with other people are necessary for a child's general emotional, social, intellectual impairment, not resulting from this type of deprivation. The second type of environmental restriction studied is general sensory deprivation. Primarily, there is evidence from lower animals that a person's functional level is lower when sensory deprivation is extreme and chronic. There is still much to be determined to reduce this level of adjustment.

The deprivation characteristic of many of the mentally retarded people, especially the family type, includes both material or affective and general environmental or sensory types. There is some evidence that for some children who are mentally

retarded, and who come from very unfavorable social conditions, Cortineau mentally improves to improve beyond the age at which mental development normally stops (Clark And Clarke, 1958). This suggests that the rare effects of early deprivation may not be irreversible.

Another recent study has extended these findings. In an clinic, children were placed in arbitrary groups to what extent their early life was lacking. A follow-up study over a period of six years showed that children whose prior clinical life had been "most deprived" received an average of 16 IQ points, while a group of children faced a lower degree of deprivation. Achieved an average of 10 IQ scores in the same period (Clarke and Clarke, 1958). These results also suggest that the lethal effects of early deprivation may, to a lesser extent, go away in later life.

6.1.5 Effects of Environmental Enrichment

A study can serve as illustration of such research

Valuable dividends can be found. Kirk (1958) studied children living in the community and some in the clinic were given special clinical experience for one to three years before entering first grade and some of whom were not intentional. They found that the overall effects of the clinical experience were positive: 70 percent of the children who were afforded the opportunity improved mental and social development on average by about 10 points on various measures of intelligence and social maturity, and they maintained themselves The profit during the following period was kept, which for some was up to five years to eighteen years. After five year of clinical, however, many control children who were living in the community tended to catch up with the experimental clinical group. This was not true for children from very disadvantaged households or community control groups. For them, the clinical experience provided a particular advantage, accelerating their progress or at least preventing a decline in the level of competence that was specific to their siblings or the control group at the clinic. Kirk's discovery in particular was that children known without brain damage, who probably set the best criteria for cultural – family retardation, were in fact children who were the greatest extrovert from the clinical experience.

This evidence suggests that, by providing early enrichment experiences for children from very disadvantaged backgrounds, we can move substantially against mild mental retardation. However this piece of well-designed and well-executed research, is only a small step in the right direction. It is to be hoped that future activists will explore different amounts, perhaps with younger children as well as older ones, to counter the effects of deprivation and discouragement.

6.1.6 Home Environment

There are several research studies on the impact of home environments on the level of intelligence. However, none of these studies differentiate some of the effects from mental hygiene and health on mentally retarded children in the effects discussed earlier. Adoption in a given type of home is usually incorporated into a given culture, social class, and mental health. This means that these other factors have also been included in the study of the effects of the home environment. A study of the effects of rising in different types of households on children's intelligence test scores began. Since then, many such studies have been reported.

From these and similar studies, the following generalities appear to be warranted:

1. Children are adopted in their own homes and see an increase in IQ compared to comparable children living in their homes.
2. When young children are placed in better homes, the increase in their IQ was higher.
3. The longer the period of residence in a superior home, the greater the increase in their IQ.
4. The unrelated children living in the same house resemble each other with the same number of siblings as in different houses.

The type of home a child is raised in affects his intelligence test scores, and certainly contributes significantly to his normal level of functioning.

Some child-training practices and experiences have an impact on intellectual and emotional development during the first five years to 18 years of life, clinical and experimental studies have shown. The effect of the mother's prolonged absence or lack of "mothering" reduces the child's accountability or awareness of ongoing activities as the mother is an almost exclusive source of the child's external stimuli, it would be expected that her accountability would be reduced by her will be a function of the degree of excitation. In the absence of satisfaction, accountability is more likely to be extinguished than reinforced. The following pictorial case has been taken from Curewell Physiotherapy & Rehabilitation Clinic.

When you go out of your house today, try to observe people around our environment, and we will find that not everyone can act physically like us or on a normal level. For example, there are individuals who are blind, deaf, and also that they are not able to speak or move. Typically, people refer to them as physically disabled, so we will refer to this group of people in a parking space of a person with special privileges, such as a shopping complex, special parking was designed with the label "disabled". On the other hand, there are people who, like most of us, cannot function mentally on a normal level. They may not be able to control the speed of their bodies, their intelligence, social interaction as well as language from birth or from childhood. In this case, we are referring to them as mental retardation.

7. USE OF PSYCHOLOGICAL EXAMINATIONS

When social workers undertake a permanent plan for a child in their care, they refer her for a psychological examination, and the results play a considerable role in the child's over-all assessment. Although social workers may look at psychological consequences for conclusive answers about children's ability to adopt, the results cannot be used in this way. A working relationship between casework and psychologist is necessary, as the latter must use social work data related to the child's development and social data. The psychological consequences should be interpreted in light of what is known about the child. Gesell has developed developmental tests used to estimate a child's development until the age of three. Another test used on young children is the Psychoeducational Test. This exam I.Q. And measures infant development from 5 to 18 years. The Gesell test divides behavior into four distinct areas of behavior e.g. Motor, adaptive, language and personal social. Gesell feels that developmental testing can be used for predictive purposes. He said that diagnosis and prediction are inseparable to deal with developmental problems. If retardation is present, an accurate diagnosis determines whether the child may become more retarded, whether he will continue to progress at the same rate, or whether he will improve. They have developed a developmental quotient that only relates between maturity age and actual age as expressed in percentage value. According to "developmental diagnosis" I.Q. is an analytical tool, a diagnostic indicator that limits itself to frequent maturation problems. Although Gesell maintains that developmental testing has a long-term predictive value, other authors do not agree with it. In "Maternal Care and Mental Health", Bowlby states that developmental tests cannot justify the perceived value for a child's later mental development. Furthermore he does not agree with the practice of keeping a child in a temporary home, until the time of retiring will show improvement. He feels that by doing so the child may become even more retarded, thus creating a false retard, which may prevent the child from adopting at all. Baulbee sees the developmental test being used as a weight chart, ie as an indicator of current development. Harriet Reynold has reported on a study and mentioned very interesting hypotheses as a result of this study. Over a two-year period, 29 children were screened for Jewish children from the Chicago Children's Bureau. Children were placed in boarding houses, and were given psychological tests to determine their eligibility for adoption. There were 19 boys and 10 girls. At the time of examination, he ranged in age from 5 years to 18 years and four months. As a result of these tests, the children were divided into two groups. It was found that infants raised alone did better on Gessels than children who were placed in foster homes with other infants.

In addition, raising children "alone" made a better social adjustment for the examiner than children raised with other infants. The author wondered whether this could be due to the fact that the latter received less attention and, therefore, less excitement.

8. CONCLUSION

In the several hypotheses were put forward. The author wondered whether a child placed with other infants could receive less stimulation from a close relationship with them, other than a close relationship with an adult, and questioned whether the child had poor social advertising justification in the absence of an examiner. May be unknown unknown. Finally, if the infant of three or four months did not have a satisfactory affective relationship, he or she may have difficulty forming a satisfactory relationship with the adult.

It was felt that if the child does not have a close, sweet relationship, it may develop slowly, or show little emotional warmth. Consequently, the author concluded that the infant home is more like an clinical life. In addition, since adoption is determined on the basis of an examination, psychologists may punish children raised with other infants.

The summary of the foregoing material suggests that children's physical development shows a developmental pattern, and this. Motherhood is love which makes it possible for the child to go through each successive stage of development. One of the most serious deprivation factors in a child's life.

There is a lack of maternal love. This can cause the child to develop intellectually retarded as well as compensatory activities. These facts have come out from studies of clinical children. Children who lack maternal love the most are born of wedlock. To prevent the devastating effects of clinicalization and deprivation, many are being put up for adoption. It is a complex process, involving many people, and requires skill and knowledge. All parties involved should be evaluated. One method used to evaluate children's ability has been the use of psychological tests, particularly the Gessel development schedule and the Manas kettle. While some experts have found these tests useful, others have stated that they cannot be used to estimate a child's intelligence, and to place the child in a foster home to await further test results. Caution is taken against In fact, the current trend is to have children placed in adoptive homes as soon as possible.

Mental hygiene the science of promoting mental health and preventing mental illness through the application of psychology and psychology. Today a more commonly used term is mental health. In 1908, the modern mental hygiene movement took root as a result of the public reaction to Clifford Beare's autobiography, *A Mind That Found Foundlf*, which described his experiences in clinic for the insane. Beer adopted the name Mental Hygiene (suggested by Adolf Meyer) to describe his ideas, and established the Connecticut Society for Mental Hygiene (1908) and the National Committee for Mental Hygiene (1909), the group that formed the National Association for Mental Health was organized.

1950. Each of these groups sought to improve the quality of care for mentally ill people, prevent mental illness where possible, and to ensure that accurate information about mental health was widely used. Was available from The National Institute of Mental Health has been responsible for the major part of American research in mental illness since 1949. The mental hygiene movement has been completed among other hygiene, widespread improvements in clinical care, the establishment of child-guidance clinics and public education regarding mental hygiene. The concepts of mental health and hygiene have gained international acceptance since the founding of the United Nations. As defined in the 1946 constitution of the World Health Organization, "health is a state of complete physical, mental, and social well-being, not simply the absence of disease or debility." The term mental health represents a variety of human aspirations: rehabilitation of mentally disturbed people, prevention of mental disorder, stress reduction in a stressful world, and achieving a state of well-being in which individual actions correspond to it at one level or His mental capacity. As noted by the World Federation for Mental Health, the concept of optimal mental health refers not to an absolute or ideal state but to the canker of the best possible state for changing circumstances. Mental health is considered as a person's position relative to that person's abilities and socio-environmental context. Mental hygiene includes all measures taken to promote and preserve mental health. Community mental health refers to the organization and functioning of a community that is or is compatible with the mental health of its members.

People who have been mentally disturbed throughout the ages have been seen with a mixture of fear and rebellion. Their fates have generally been one of rejection, neglect and ill treatment. Although there are references to mental disturbance in ancient medical writings that exhibit similar views to modern human attitudes, contradictions in the same literature are examples of socially accepted cruelty based on the belief that mental disorders have supernatural sins such as demonic possession. Even reformers sometimes used harsh methods of treatment; For example, the 18th-century American physician Benjamin Rush endorsed the practice of controlling mental patients with his infamous "cool chair".

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