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Ego-States and Value System of Parents as Related to Mental Retardation of their Children

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University of Rajshahi

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**EGO-STATES AND VALUE SYSTEM OF
PARENTS AS RELATED TO MENTAL
RETARDATION OF THEIR CHILDREN**

Thesis submitted for the degree of
Doctor of Philosophy

Md. Solaiman



**Department of Psychology
University of Rajshahi**

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Thesis submitted for the degree of
Doctor of Philosophy

by

Md. Solaiman

Under the supervision of
Professor Dr Anwarul Hasan



**Department of Psychology
University of Rajshahi**

June 2005

Certificate

Certified that the thesis entitled **Ego-states and Value system of Parents as related to Mental retardation of their children** has been completed by Mr. Md. Solaiman, Department of Psychology, University of Rajshahi for the award of Ph.D. Degree and the work has been done under my supervision.

I now recommend the examination of the thesis.



Professor Anwarul Hasan
Research Supervisor

Abstract

This research entitled 'Ego-States and Value system of the parents as related to mental retardation of their children' was designed mainly to see whether the ego-states and values of the parents of mild mentally retarded children differ from the ego-states and values of the severely retarded children. But during study the researcher also compared the ego-states and values of the parents of mentally retarded and non-retarded children, male and female mentally retarded children, child and adult mentally retarded persons, and rural – urban mentally retarded children. He also compared the ego-states and values of the mothers and fathers of the mentally retarded children of different levels of retardation, residential status, sex and age groups. The researcher also measured the ego-states and values of the parents of the severe mentally retarded children before and after counseling.

To complete the above mentioned works the researcher selected 30 mild, 30 moderate and 30 severe mentally retarded children at random from Dhaka city, Rajshahi city and the villages of Auchpara Union of Rajshahi District. He also selected 30 mentally retarded adults and 30 matched non-retarded children from Rajshahi city. Both the mothers and the fathers of these mentally retarded persons and the matched non-retarded children were the respondents of this study.

To select the level of retardation of the mentally retarded children, one especially designed behaviour checklist was used. The parents answered the Bengali version of the Ego State Inventory, AVL Study of Values and a Questionnaire.

The research was done during 2000 and 2004 mainly in Rajshahi area and Dhaka city. The methods included case studies, survey of opinion, observation and interviews.

It was concluded that there are differences in the ego states and values between the parents of mild and severely retarded children; there are differences in the ego states and values between the parents of mentally retarded and non-retarded children; there are differences in the ego states and values between the parents of child and adult mentally retarded

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persons; there are differences in the ego states and values between the parents of mentally retarded children living in urban and rural areas; there are differences in the ego states and values between the mothers and fathers of the mentally retarded children; there are differences in the ego states and values between the parents of male and female mentally retarded children; and the ego states and values of the parents change after counseling.

The researcher also observed that all the parents are very much worried about the future of their mentally retarded children. The parents of severely retarded children were found more worried than the parents of the mildly retarded children. The urban middle class parents were found most worried persons. The rural parents were observed more relaxed. The parents of child mentally retarded persons were observed very much anxious. The parents of the adult mentally retarded persons were found not that much anxious. The parents of the adults were found gradually adjust with the problems. Both the mothers and the fathers of the female mentally retarded persons were found more anxious than the parents of the male mentally retarded persons. The parents of the child mentally retarded persons seek all possible medical and other professional help to do something for their disable children. With the gradual aging of the children their initiatives gradually reduces and at some stage they give up. All the parents feel that government should take the responsibility of establishment of some residential homes for the mentally retarded persons. Most of the middle class and rich families expressed that they can pay some expenditure for the stay of the mentally retarded persons in such residential homes. All the urban families feel that such residential homes are essential at least for short stay of the mentally retarded persons when both the parents need to go somewhere in emergency.

Finally the researcher wants to mention that in Bangladesh the mentally retarded persons are also the tax payers and when they become adults are included in the list of voters. According to the constitution of the country they possess all other rights equally as citizens of this country. But except in the government hospitals they are deprived from all other benefits. They can not enroll in the government primary schools, they do not get any social welfare benefit and in the job market they are not given any quota for the jobs they can do.

Therefore, the parents of the mentally retarded children become anxious when they come to know that they have a child with disability and they will have to bear all responsibilities for the

professional staff of the special schools and centres that assisted him in data collection.

He is especially indebted to Mr. Alimur Rahman Sumon, Mr Tanzir Ahmed Tushar, Mr Shahinur Rahman Kajol, students of Rajshahi University Psychology Department, who assisted him in data processing and computer works. He is also thankful to Mr Abdul Halim Babu, Computer Operator of Dr Sufi's office for his sincere co-operation during last moment editing and printing of this thesis.

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Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma in any University and contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

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child until their death. Such anxiety changes the personality pattern of the parents.

Some Social welfare benefit or monthly pension from the Government for the mentally retarded persons will increase the social status of the mentally retarded persons and their parents.

Both institutional and home based counseling programs are urgently needed for the parents to help them realize the exact condition of their handicapped children and plan what to do for them.

A national policy for the mentally retarded persons is also urgently needed in the country.

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Chapter I

Introduction

Preamble

The researcher is involved with the services for the mentally retarded persons in Rajshahi since 1992 as the founder secretary general of the SIVUS Institute. The SIVUS Institute is a program to uplift the condition of the mentally retarded persons in the North Western part of Bangladesh. This Institute runs a Day Centre for the mentally retarded children in Rajshahi city. There are approximately 100 mentally retarded persons affiliated with this Day Centre. The students of Rajshahi university psychology department work as volunteer teachers at this Day Centre. The researcher monitors all the activities of the mentally retarded children and the university students. In addition to this Day Centre the SIVUS Institute also affiliated about 700 mentally retarded persons around Rajshahi city. The SIVUS Institute volunteers render home based care programs to these mentally retarded persons in the rural areas. The researcher accompanied most of the team of volunteers and visited all the mentally retarded persons and their family members in the villages.

The researcher had to interact with many parents of the mentally retarded children when they came to the SIVUS Institute for first assessment of the Children and during follow-up visits. The researcher observed that large majorities of the parents of the mentally retarded children take time to realize the exacts situation of their children, they also have many personality patterns which are different from the parents of the normal children.

Such observations created interest among the researcher and his volunteer team members to study the personality pattern of the parents of the mentally retarded children. The researcher observed that the parents of the mentally retarded children possess some attitudes and beliefs those are different from other people. Sometimes they blamed their own acts, the treatments given by the physicians, the services provided by the Government, lack of

awareness of the society as reasons of their miseries and sufferings with their mentally retarded children. Some of the parents feel that it is their sole responsibility to take care of their mentally retarded children. Some of them have some expectations that the state or some agencies should share their responsibilities to look after the mentally retarded children.

The researcher personally listened to hundreds of parents during different counseling sessions at the SIVUS Institute. The parents narrated not only their ideas about the factors of mental retardation of their children but also narrated different problems faced by them at home to take care of their mentally retarded children. They also narrated how their neighbors behaved with them, how they became social stigma, humiliated or sympathized by the close relations, neighbors and community members. The researcher also observed that the problems of the parents of the severely retarded children are more in nature, number and seriousness compared to the parents of the mildly retarded children.

One of the major concerns of the SIVUS Institute is to provide proper counseling to the parents of the mentally retarded children. But as the counseling depend on the availability of data related to the personality traits of the parents and the exact condition of the children it became necessary to generalize some personality traits of the parents of the mentally retarded children. To help facilitate such personality trait generalization the researcher felt that if the ego states and values of the parents with severely and mildly retarded children can be properly assessed, the counselors will be able to provide appropriate counseling to the parents. Therefore, the researcher planned to study the ego states and values of the parents of the mentally retarded children with different degrees of mental retardation.

However, before entering into the main objects of this research it is pertinent here to describe the terms: Ego-States, Values and Mental Retardation. These three concepts are briefly described in the following pages of this thesis.

Ego State

An ego state may be described phenomenologically as a coherent system of feelings related to a given subject, and operationally as a set of coherent behavior patterns; or pragmatically, as a system of feelings which motivates a related set of behavior patterns.

The concept of Ego State is one which is associated with the personality theory of Transactional Analysis developed by Eric Berne. Berne (1961) used the term Ego State to denote a state of mind and its related behaviour patterns. He defines Ego state in the following manner:

“An ego state may be described phenomenologically as a coherent system of feelings related to a given subject, and operationally as a set of coherent behaviour patterns; or pragmatically, as a system of feelings which motivates a related set of behavior.”

The personality is conceived as having three psychic organs, the exteropsyche, neopsyche, and archaeopsyche and these manifest themselves phenomenologically as extero-psyche, e.g. identifiatory; neo-psyche, e.g. data processing; and archa-psyche, e.g. regressive, ego states (Berne, 1961). These are referred to as the Parent, Adult, and Child respectively. Ego States are not seen as roles but as psychological realities with each individual having a limited repertoire of these behaviours (Berne, 1964).

In further delineating his thinking about the choice of these three Ego states in his theorizing, Berne (1964) lists three “pragmatic absolutes”, i. e. conditions to which no exceptions have been found and three general hypotheses which are every grown- up individual was a child.

Every human being with sufficient functioning brain tissue is potentially capable of adequate reality testing and every individual who survives into adult life has had either functioning parents or someone in loco parents.

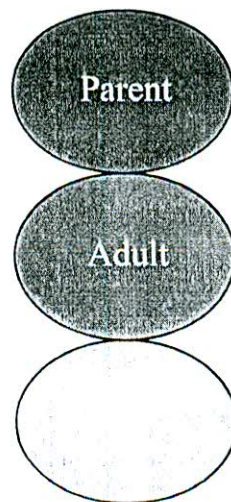
According to Berne (1964) the corresponding hypotheses related to ego states are:

Those relics of childhood survive into later life as complete Ego States (Archaeopsychic relics).

That reality testing is a function of discrete Ego States and not an isolated “capacity” (Neopsychic functioning).

That the executive may be taken over by the complete ego states of an outside individual, as perceived (Exteropsychic functioning) (Berne, 1961).

The following is a structural diagram of the personality which can be drawn for any individual.



An Ego State is a system of feelings and related behaviour patterns. At any moment an individual behaves or “comes on” from any one of these principal Ego States, the Parent, the Adult and Child. To know from which ego states a person typically responds and the relative strength of his various Ego States is to understand behaviour in a heretofore unexamined way. Understanding an individual’s ego states enables the examiner to expect and predict certain behaviours, especially on the intrapersonal and interpersonal level.

Based on the theory of Eric Berne, Dr. David McCarley (1971) of Albarta University developed the Ego State Inventory for the

purpose of transactional analysis oriented research works. He distinguished two subdivisions in the Parent and Child Ego States which makes five Ego States in all. These Ego States are:

The Punitive Parent (PP) which is a subdivision of the Parent Ego state and contains a huge collection of “no’s”, “don’ts” and admonitions. This is the center of the rigidly internalized data which comes from authority. This kind of Parent is seen as non-rational, prejudiced, arbitrary and usually prohibitive.

The Nurturing Parent (NP) which has sometimes been equated with the “Good Parent” is often seen in supportive or sympathizing behaviour.

The Adult (A) is a data processing computer in the individual that estimates probabilities about reality which are essential for him to interact effectively with his environment. Old data is checked out in the light of new information and then updated or discarded. It is that part of the individual which calculates solutions to problems.

The Rebellious Child (RC) is the impulsive, assertive and self-indulgent part of the personality. It is expressed as a resentment of authority and a lack of concern for the rights of others.

The Adaptive Child (AC) is formed by the influence of parental demands. Compliant and withdrawal behaviours are common.

The Ego State Inventory based on Eric Berne’s theory and developed by Dr. D. G. McCarley, in 1971, has been used in this research as a measuring tool. The techniques of measurement and other related issues are described in Methodology chapter of this thesis.

The Ego and Self

Any discussion of personality or socialization would be incomplete without consideration of the ego or self. The ego includes a person's estimate of himself and of his major roles in relation to others. Obviously, then, Understanding and predication of a person's social behavior require knowledge about his ego.

It is much easier for the psychologist to study motor abilities, language, memory, emotions, and intelligence than to deal with a complex synthesis like the ego. Between about 1910 and 1940 most psychologists preferred not to mention "ego" or "self" in their writings. When it became clear that the subject is one of their proper concerns, they found that certain early psychologists and sociologists had already worked out a number of productive ideas about the "self" and its development.

To the philosopher and psychologist of the late nineteenth century, "self" was the closest approximation to what we now call "personality" James saw the significance of social components in the broad and complex self and realized the importance of what came to be called later "role-playing" or "role-taking. He did not, however, devote much attention to the origin and development of the self.

James Mark Baldwin (1913), a pioneer developmental psychologist and contemporary of James, asserted emphatically that self is a social product.

Baldwin was one of the first to use terms like "social environment" and "culture" to designate the social milieu with which the child constantly interacts. He saw language, play, art, and inventions as necessary means for growth of the self. His views represent a fusion of contemporary tendencies in philosophical, evolutionary, psychological, and sociological thinking, and set the stage for the influential ideas of Cooley (1902) and Mead (1934). Charles Horton Cooley and George Herbert Mead were two early American sociologists whose contributions centered about the origin and development of the "social self".

Like James (1890) and Cooley (1909) interpreted the self as involving all that is included in the feeling of "self", i.e., all the persons, ideas, and activities with which the individual identifies himself. He agreed with Baldwin that self or personality is a social product which can arise only through social interaction.

In the process of social interaction, said Cooley (1909), imagination plays a vital part. Each of us exists as a social person only in the minds of others; "the imaginations which people have of one another are the solid facts of society." Furthermore, "any study of society that is not supported by a firm grasp of personal ideas is empty and dead mere doctrine and not knowledge at all."

For Cooley (1909), the social self is a system of ideas, based on communication with others, which the mind cherishes as its own. Hence an individual's idea of self depends on the way others treat him. Cooley's famous theory of the looking-glass self describes succinctly how the self develops out of social interaction. The child gradually acquires the ability (1) to imagine how he appears to another person; (2) to imagine how the other person judges him; and (3) to have a resulting feeling such as pride or mortification. Our self-estimates depends on interaction with others; we become socialized by understanding the reactions we produce in others.

The most significant "others" for Cooley (1909) are the primary, intimate, face-to-face groups to which every child belongs: the family play group, and neighborhood. These primary groups he regarded as the nursery of human nature and social life, in which are developed the fundamental virtues and ideals which are the real basis of human nature. Contacts with the more impersonal secondary groups, such as social institutions, are more casual and superficial, hence less significant to human development. In the primary groups, said Cooley, "human nature comes into existence. Man does not have it at birth; he cannot acquire it except through fellowship, and it decays in isolation." Cooley's views on the significance of primary groups have been verified by many empirical studies, such as those mentioned in Chapters 4 and 5 above.

According to Mead (1934), the birth and rise of the self depends upon the individual's ability to be an object to himself. Through communication with others, first by gestures and later by symbolic

speech, the child learns what reactions his words produce in others. He learns to introject or imitate other people's responses to him; that is, he learns to take the role of others do; he perceives himself only after he has perceived others.

Role-taking, for Mead (1934) was an essential aspect of the child's development. He noted that the young child identifies himself with his mother, brother or sister and others.

The child learns roles, continues Mead (1934), from his observation of the behavior of others, and also through control exercised by adults. He is told by his parents, teachers, and other adults what kind of behavior is expected of him-e.g., what a "good little boy" or good little girl" should do. These learned patterns of expected behavior became integral parts of his personality. Out of a kind of synthesis or distillation from all his role-taking experiences emerges own general role, which has arisen from his hundreds of social contacts. A significant part of this role is the child's conception of himself or self-image.

The self is not, however, merely an integration of roles the child has learned from others. These make up the "me" according to Mead; in addition the "I" develops, which is the self as actor and which gives the personality its dynamic and unique character. The "I" and "me" are always closely related. "Taken" together they constitute a personality as it appears in social experience. The self is essentially a social process going on with these two distinguishable phases.

Thus, according to Mead, the "I" and the "me" are both integral parts of self or personality. The "me" based upon role-taking, reflects social experience and represents the more permanent aspect of the self. The more intangible and unpredictable "I" is the emergent factor which makes a person unique, which endows him with "ego strength."

On the whole, however, the self was considered outside the pale of the experimentally oriented early twentieth-century psychology. A few psychologists, particularly the Gestaltists Koffka and Lewin, did give the ego, or self, a place in their systematic formulations. But by and large, from the time of James and Baldwin until the late 1930's "the ego (or self) became sidetracked and lost to view" as Gordon Allport (1943) pointed out.

The ego was “rediscovered” by psychologists chiefly because a concept of this sort became essential to help explain various experimental findings like level of aspiration ego-involvement etc.

The three psychologists most responsible for revival of interest in the ego as a systematic concept are Sherif, Cantril, and Allport. In 1936 Sherif showed how we build up attitudes from our contacts with established social values or norms. These attitudes serve as frames of reference to guide our conduct. In fact, says Sherif, one's ego is made up chiefly of these interiorized social values derived from parents, teachers, and others close to the child. The ego is a genetic or developmental product which determines in large measure the goals for which one strives, the likes and dislikes one has, and the satisfactions one obtains. Thus Sherif interprets the ego as primarily an interiorized or learned constellation of social norms acquired from one's social environment. In his interpretation of social movements, Cantril agrees with Sherif's concept of the ego, though with minor modifications. For example, Cantril stresses the ego-drive—a person's constant attempt to maintain or enhance his own feeling of self-regard. He maintains that the ego is not entirely bound by the surrounding culture, since some people rebel against dominant culture patterns. Ego or self-regard may be determined “by standards derived from their own creative intellectual activities”.

Gordon Allport (1943) reports that, all writers agree that the ego designates only one portion of the personality the one in closest relation to the external world. As it is the “contact-region” of the personality, it is also the conflict-region. The ego develops gradually “as the child comes to mark himself off from his environment and from others human beings. The ego can be considered neither conscious nor unconscious. The “subjective sense of the ego” varies greatly from time to time; it contracts, expands, and changes in content. However, this does not deny to the ego a stable and recurring structure. “If you know a person well enough,” says Allport, “you find that you are able to predict with marked success what items will and items will not be linked to his ego. Also, there are degrees of ego-involvement, since a person may be intensely or only moderately partisan.

In 1947, Sherif and Cantril published the first book devoted to a psychological treatment of the ego. They define the ego as a cluster

or constellation of attitudes related to what the individual considers me, I, my, mine. These ego attitudes thus "determine the more or less enduring character of one's personal identity. In a more recent formation, the Sherifs define the ego or self as "a developmental formation (a subsystem) in the psychological make-up of the individual consisting of interrelated attitudes which are acquired in relation to his own body, to objects, family, persons, groups, social values, and institutions and which define and regulate his relatedness to them in concrete situations. When ego attitudes are aroused, the individual's experience and behavior become ego-involved.

Ego-involved activity is goal directed, and, says the Sherifs (1947), "characteristically reveals heightened selectivity, increased effectiveness of the person's perception, judgment, memory and action. In functional terms, the consistency revealed in ego-involved behavior is the outcome of this heightened selectivity and sensitized psychological processes concentration on the relevant aspect of the stimulus field or on the ongoing psychological activity.

Social values and norms of many kinds enter into the formation of the ego. (These are the essence of the Freudian superego, which is thus included in the psychologists' conception of ego.) These values "serve the individual as frames of reference by means of which he makes those judgments that affect him; that define for him success and failure; that determine his loyalties and allegiances; that spell out what he conceives to be his role, his status, his class. One's ego-involvements are significant in determining one's goals, loyalties, and responsibilities, identifications with persons and groups, and even enjoyment of reading, movies, and radio programs.

Sherif and Cantril (1947), emphasize that the ego develops gradually, its basic pattern being determined through the child's primary social contacts in the family, play group, school, and church. The ego is modified or re-formed at adolescence as the individual identifies himself with new groups and assimilates adult values and norms. As a result of environmental pressure or of certain organic disturbances, the ego may break down.

We are now at the beginning rather than at the final stages of understanding the ego. It is agreed that the ego or self is a particularly dynamic aspect of personality, but disagreement exists as to its precise origin, structure, and function. The early self theorists stressed its development from social experience but were somewhat vague as to its content and over-all function in the life of the individual. Freud found the origins of the ego in modifications imposed by the external world upon the primal id and noted the important role of parental wishes and commands in the genesis of the superego. But he gave little attention to such social influences. He saw the motivational function of the ego as self-preservative, seeking to adjust the conflicting demands of the id, superego, and environment.

Recent psychological interpreters have drawn upon both earlier approaches. They agree that the ego develops slowly, largely in response to social experience. They find that it has an integrating and guiding function directed toward self-realization or self-enhancement. Psychologists development of a self-image or concept of self whose fulfillment makes for self-esteem and happiness. Others emphasize "ego-involvement" rather than the "self-image," suggesting that one becomes ego-involved when ego-attitudes are evoked, whether or not a self-image exists.

The ego is a dynamic, patterned system within the personality, consisting of those attitudes, values, beliefs, and purposes which have become nearest and dearest to the individual through his life experience. The persons, things, and activities which satisfy him most completely come to have strong positive valence. The child soon comes to think of these as not only desirable but as definitely "mine." The attitudes toward them get organized into an embryonic ego, and the child becomes ego-involved with respect to them.

The child's ego-structure changes rapidly as new experiences succeed one another. There are kaleidoscopic shifts in his enthusiasms from one toy to another, from one playmate to another, from drawing to skating to hammering to radio thrillers to stamp-collecting to magic tricks to baseball. But as he grows older, his ego-structure becomes more patterned and more consistent. In large part this patterning is a function of his developing self-image.

The child learns gradually to distinguish between self and the world about him; physically, first, then in a more psychological sense. He slowly becomes aware of himself as a person.

Normally there is fair consistency between the child's ego-involved activities and his self-image. When they are inconsistent, conflict and frustration occur.

Development of a self-image depends in large part upon the child's increasing command of language and ability to conceptualize. He becomes cognizant of his major social roles—that of child or adolescent, boy or girl, big brother or little sister, pupil, or perhaps athlete or leader. These are incorporated into his self-image and help to channel or pattern his interests and ego-involvements. The older child's desire for independence from his family leads to identification with "age-mate groups," giving him belongingness and status. As a result of increased understanding of his groups with which he is affiliated, the ego-structure of the older adolescent and young adult becomes more stable and consistent. The specific ego-structure and self-image, of course, are not solely a product of social influences. They are affected by his physique, temperament and intelligence, reflected in interaction with his social milieu. Thus, a sensitive, intelligent, articulate boy becomes aware of himself as a good student and leader and identifies himself thoroughly with a high-school club in which he is accepted and given status. A less intelligent and articulate and may have a poorly conceptualized self-image and may also be less completely accepted in the social groups to which he belongs.

Thus at any stage of a person's development a certain ego-structure exists. He has become identified or ego-involved with various persons, objects, activities, and goals. The corresponding needs and attitudes are organized into a less well-articulated pattern, the pattern, the self-image. The individual brings fulfillment of the ego-needs produces delight; that which threatens or is inconsistent with the ego-structure causes distress.

Ego-involvements obviously affect the course and intensity of much social behavior, at the level of the small group, of the community, and even of national and international affairs.

The ego or self develops through all of our life experiences and is a constantly dynamic process. Cultural, sub cultural, and situational factors will determine the constant unfolding of the ego and its involvements. In traveling in different regions or in other countries, or in observing members of a different occupation from, one's own, one is reminded of the various ways in which individuals project their egos into a situation.

Our contacts with other individuals will structure our definition of given events, and the kind of emotional involvement relevant to these events. One's ego-involvements often have compensatory value; they are found in areas in which one feels inferior or insecure.

Values

Howard. C. Warren (1933) defined Value in the Dictionary of Psychology as:

1. the quantitative or numerical measure of any datum in a general scale or in terms of a standard;
2. the subjective appreciation or measure of the importance of the given datum or factor in relation to other data or factors of the same class.

J. Atkinson. E. Berne and R.S. Woodworth (1987) defined Value in the Dictionary of Psychology as:

1. A quantitative measure or score
2. The worth or excellence of anything
3. A social end or goal considered desirable of achievement

Personal Value System is one of the directive factors of mental processes like perception, thinking, etc. through which the behaviours are shaped. It is the basis of any personal system of philosophy that operates, consciously and otherwise, in determining specific attitudes, points of views and other aspects of behaviour (Lowry, 1944). According to Scott (1965) a personal value (or moral ideal) is any individual's conceptions of an ideal relationship between people a state of affairs that he considers ultimately, absolutely and universally good. A value is identified, not by its content, but by the attitude of the person toward it. No matter what state a given individual regards as ultimately, absolutely and universally good, that state constitutes for him, a value.

Assessment of personal value is important also for personal counseling vocational guidance selection and placement purpose(Mowardi,1952). According to social psychologist Kluckhohn (1951) a value is a conception, explicit or implicit, distinctive of an individual or characteristic of a group, of the desirable which influences the selection from available modes, means, and ends to action.

Adler (1956) out lined four approaches to the definition of values which taken in combination, exhaust most of the conceptual possibilities.

Lewin (1951) speculated that values determine which types of activity have a positive and which have a negative valence for an individual in a given situation. According to Rokeach (1973) Values are “standards employed to tell us which beliefs, attitudes, values and actions of others are worth trying to influence or change”. Values have the conceptual property of the ability to motivate goal directed behaviour in the person by inducing valences (or incentive values) on certain environmental objects, behaviours or states of affairs. Rokeach (1973) assumes that values are intimately bound up with a person’s sense of self. Rokeach (1968) suggests that values occupy central position in cognition networks of attitudes and beliefs.

From the above discussion it may be concluded that value or value systems are parts of personal integrated cognitive system serving the function of developing, maintaining and enchanting the self. They are shape to the process through which people come to describe, explain and understand themselves and the world around them.

Types of values

In selecting his six types, springier may be said to hold a somewhat flattening view of human nature. He does not allow for formless or valueless personalities, nor for those who follow an expedient or hedonistic philosophy of life. The neglect of sheerly sensuous values is a special weakness in his typology. His attempt to reduce hedonistic choices partly to economic and partly to aesthetic values seems unconvincing. If the present scale appears to the user to take a somewhat exalted view of the organisation of personality neglecting both the "baser" values and values that are not permitted to reach the level of conscious choice the limitation must be regarded as inherent in spranger's original formulation.

1. The theoretical: The dominant interest of the theoretical man is the discovery of truth. In the pursuit of this goal he characteristically takes a "cognitive" attitude, one that looks for identities and differences; one that divests itself of judgments regarding the beauty or utility of objects, and seeks only to observe and to reason, since the interests of the theoretical man are empirical, critical, and rational, he is necessarily an intellectualist frequently a scientist or philosopher. His chief aim in life is to order and systematize.

2. The Economic: The economic man is characteristically interested in what is useful. Based originally upon the satisfaction of bodily needs (self-preservation), the interest in utilities develops to embrace the practical affairs of the business world the production, marketing, and consumption of goods, the elaboration of credit, and the accumulation of tangible wealth. This type is thoroughly "practical" and conforms well to the prevailing stereo type of the average American businessman.

The economic attitude frequently comes into conflict with other values. The economic man wants education to be practical, and regards unapplied knowledge as waste. Great feats of engineering and application result from the demands economic men make upon science. The value of utility likes wise conflicts with the aesthetic value, except when art serves commercial ends. In his personal life the economic man is likely to confuse luxury with beauty. In his relations with people he is more likely to be interested in surpassing them in wealth than in dominating them

(political attitude) or in serving them (social attitude). In some cases the economic man may be said to make his religion the worship of mammon. In other instances, however, he may have regard for the traditional God, but inclines to consider Him as the giver of good gifts, of wealth, prosperity, and other tangible blessings.

3. The Aesthetic: The aesthetic man sees his highest value in form and harmony. Each single experience is judged from the standpoint of grace, symmetry, or fitness. He regards life as a procession of events; each single impression is enjoyed for its own sake. He need not be a creative artist, finds his chief interest in the artistic episodes of life.

The aesthetic attitude is, in a sense, diametrically opposed to the theoretical; the former is concerned with the diversity, and the latter with the identities of experience. The aesthetic man either chooses, with Keats, to consider truth as equivalent to beauty, or agrees with Menckel, that, "To make it true." In the economic sphere the aesthete sees the process of manufacturing, advertising, and trade as a wholesale destruction of the values most important to him. In social affairs he may be said to be interested in persons but not in the welfare of persons; he tends toward individualism and self-sufficiency. Aesthetic people often like the beautiful insignia of pomp and power but oppose political activity when it makes for the repression of individuality. In the field of religion they are likely to confuse beauty with purer religious experience.

4. The social: The highest value for this type is love of people. In the study of values it is the altruistic or philanthropic aspect of love that is measured.

The social man prizes other persons as ends, and is therefore himself kind, sympathetic, and unselfish. He is likely to find the theoretical, economic, and aesthetic attitudes cold and inhuman. In contrast to the political type, the social man regards love as itself the only suitable form of human relationship. Springier adds that in its purest form the social interest is selfless and tends to approach very closely to the religious attitude.

5. The political: The political man is interested primarily in power. His activities are not necessarily within the narrow field of politics but whatever his vocations, he betrays himself as a *machtmensch*. Leaders in any field generally have high power value. Since competition and struggle play a large part in all life, many philosophers have seen power as the most universal and most fundamental of motives. There are however, certain personalities in whom the desire for a direct expression of this motive is uppermost, who wish above all else for personal power, influence, and renown.

6. The Religious: The highest value of the religious man may be called unity. He is mystical, and seeks to comprehend the cosmos as a whole, to relate himself to its embracing totality. Spranger defines the religious man as one "whose mental structure is permanently directed to the creation of the highest and absolutely satisfying value experience." Some men of this type are "immanent mystics," that is they find their religious experience in the affirmation of life and in active participation therein. A Faust with his zest and enthusiasm sees something divine in every event. The "transcendental mystic." On the other hand seeks to unite himself with a higher reality by withdrawing from life; he is the ascetic, and meditation. In many individuals the negation and affirmation of life alternate to yield the greatest satisfaction.

Mixtures, Spranger does not imply that a given man belongs exclusively to one or another of these types of values. His depictions are entirely in terms of "ideal types," a conception fully explained in his types of men.

Mental Retardation

The terms mental retardation, mental deficiency, Hypophrenia, Oligophrenia, persons with intellectual deficiency, etc are often synonymously used and it is sometimes hard to define these separately.

The scientists of the developed countries concentrated their attention to the concept of mental retardation seriously during the decade of sixties. They understood that mental retardation refers to sub-average general intellectual ability of a child and is associated with impairment in adaptive behaviour. The sub-average general intellectual functioning group includes all individuals whose performance on suitable objective tests of general intellectual ability is more than one standard deviation below the population mean. The upper limit of the developmental period is considered to be at approximately sixteen years.

Adaptive behaviour is manifested in three principle manners:

Maturation,
Learning, and
Social adjustment.

Each of these three factors assumes primary importance during a certain stage of developmental period. Thus maturation, which refers to the rate of development of the sensory motor skills such as sitting, walking, talking is the important criterion of adaptive behaviour during the pre school years. Learning defined as ability to acquire academic skills, is important during the school age years. Social adjustment assumes primary importance at the adult level.

The degree to which the individual is able to maintain himself independently in the community and in gainful employment as well as his ability to meet and to conform to other personal and social responsibilities and standard set by the community (Heber, 1959).

The quality of interpersonal relationship is an important manifestation of adaptive behaviour during the Pre School and school periods. However, social adjustment is considered the primary criterion of adaptive behaviour only at the adult level.

The American association of mental deficiency (AAMD) has defined mental retardation as:

Significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the developmental period (AAMD, 1973).

Mental retardation is thus defined in terms of level of behavioural performance. The definition says nothing about casual factors – which may be primarily biological, psychological or socio-cultural or a combination of all these factors.

The American Psychiatric Association has adopted the same definitional approach for its latest classification listing Mental Retardation as a disorder that has its onset after age 18 must be considered dementia rather than mental retardation. The distinction is an important one because it has been pointing out, the psychological situation of the individual who acquires a Pronounced impairment of intellectual functioning after attaining maturity is vastly different from that of the individual whose intellectual resources were subnormal throughout all or most of his early development.

Kolb (1962) writing the preface to mental retardation has the following pertinent comment to make. 'We are concerned here with a consideration of those conditions given innately through genetic determinants or as they occur in the early development process of the growing or fetus or infant which lead to arrest or limitation of cerebral development so as to preclude the successful evolution of an intellectual capacity adequate for an independent social Existence'.

Such a broadly based statement will not only include conditioned that produce chemical and anatomical disturbance chemical and anatomical disturbance of the nervous systems which limit the capacity of the brain to respond to environmental stimuli and to integrate such stonily bur also those conditions resulting from environmental deprivations that impair the full functioning of the brain otherwise well developed and intact central nervous system.

With the change of attitude towards the mentally retarded Persons throughout the world the definition of mental retardation also has changed a lot. We find the most recent definition given in the 7th world congress of the International Association for the Scientific Study on Mental Deficiency, as follows.

Mental retardation is not a disease or single Entity, rather a term applied to a condition of retarded mental development Present at birth or in Early childhood and is characterised mainly by limited intelligence combined with difficulty in adaptation. Hence mental retardation is impaired mental ability. Retarded child learns more slowly and at maturity his capacity to understand will be less than normal. He finds difficulty in learning, social adjustment and Economic Productivity (Sen and Dutta, 1985)

Degree of mental retardation

APA (1968) classifies mental retardation into the following five categories according to the degree of retardation:

Borderline

IQ 68 through 83 corresponding to a maximum adult mental age of 11 to 13 years. This category numbers roughly 15 percent (Almost 1 in every 6 persons) of the general population. All other degrees of mental retardation, with IQ less than 68, number roughly 3% of the total population.

Mild: IQ 52 through 67 (between 2 and 3 standard deviations below the mean) corresponding to a maximum adult age of about 8 to 11 years. Mild retardation is about 8 times as frequent as all three more severe degrees of retardation combined. These children usually look normal, and show no signs of congenital malformations or physical handicaps. Such factors combine to make it unlikely that mild retardation will be recognised until after the child starts school and is identified as a slow learner. The absence of brain pathology has led mild retardation being described in such terms as physiological, clinical, residual, primary, endogenous and cultural familial.

During age 0 to 5 years they can acquire social and communication skills and they are rarely distinguished from the normal intelligent people until later age. They can learn academic skills to approximately 6th grade level by late teens. Mildly retarded children are also educable and at the age of 18 years and over, they are capable of social and vocational adequacy with proper education and training. But they frequently need supervision and guidance under serious social or economic stress.

Moderate

IQ 36 through 51 (between 3 and 4 standard deviation below the mean) corresponding to a maximum adult mental age of about 7 years. In adult life, individuals classified as moderately retarded attain intellectual levels similar to that of the average 7 year old child. With early intervention, special education, and proper training they can learn the self-help activities and the social adaptive behaviour. Under sheltered workshops they can become semi-skilled workers.

Severe

IQ 20 through 35 (Between 4 and 5 standard deviations below the mean) corresponding to a maximum adult mental age of about 3 to 5 years. Usually their motor and speech developments are severely retarded. Sensory defects and motor handicaps are common among them. They can develop very limited skills for maintains personal hygiene and self-help. Throughout their whole lives they will be dependent on others for care.

Profound

IQ under 20 (more than 5 standard deviations below the mean) corresponding to an adult mental age no greater than that of the average 3 year old child. The profoundly retarded are totally dependent. They number only one in a thousand of the general population, and represent only 3% of all mentally retarded persons, but roughly 30% of the institutionalized retarded. During 0 to 5 years, they have gross retardation; minimal capacity for functioning in sensory motor areas; and they need extensive nursing care; during age 6 to 18 years, some motor developments occur; they cannot profit from training in self help. Thus they remain totally incapable of self-maintenance and need complete care and supervision.

Assessment of the mentally retarded children

Assessment of people with mental retardation is one of the big problem for the persons engaged in the services for the mentally retarded persons from the very beginning. Different authors have given Lot of recommendations and proposals. Hogg and Raynes (1987) have mentioned that four broad classes of approach to assessing people with mental handicap can be suggested: (i) norm referenced; (ii) assessment of adaptive behaviour; (iii) criterion referenced; (iv) techniques of behavioral observation.

It is very difficult to identify a mentally retarded person if the level of retardation is not severe or profound. Standard intelligence test are not suitable to assess the IQ of the mentally retarded persons.

During fieldwork, the researcher used this Behaviour Checklist in order to identify the level of mental retardation of the persons. Teacher/Counsellor of the Day Centre help him Prepare a list of the

mentally retarded Persons. They were very confused what mental retardation is. They sometimes fixed-up mental illness, spasticity or other Physical handicapped conditions with mental retardation. To help them, the researcher used a checklist.

The checklist is attached to Appendix II of this thesis. The original checklist was earlier developed by the research supervisor in 1987 to identify cases in Rajshahi City. Finally it was used to study about 3000 cases of mental retardation in different Places of Bangladesh during 1988-1992.

The checklist that was used in this study contained only 32 items related to different conditions and ability. Level of the subjects. Toilet Training 2. Clothing 3. Self Eating 4. Gesture 5. Speech 6. Hearing 7. Vision 8. Smell 9. Taste 10. Skin Sensations 11. Follow Instructions 12. Physical Development 13. Intelligence 14. Memory 15. Activity 16. General Knowledge 17. Behaviour at School 18. Behaviour at Home 19. Social Behaviour 20. Play Behaviour 21. Behaviour with Music 22. Behaviour in Roads 23. Behaviour when Guests come 24. Behaviour at other house 25. Behaviour in Market 26. Behaviour with teachers 27. Behaviour with parents 28. Behaviour with Siblings 29. Behaviour with Known People 30. Behaviour with Unknown 31. Behaviour with same age Group 32. Cleanliness.

For each item there were five given answers. The answers were arranged gradually from 0 to 4 the answers given in 4 indicate very high level of functioning and 0 indicate Profound.

Parents of the mentally retarded children

Every couple has the dream of becoming the parents of, at least one child. But few people realized how difficult to be a parent until it really happens. Parents are totally responsible for the safety, welfare, and education of a tiny infant who quickly becomes a growing, ever changing, maturing child. Parents have to set their own rules, develop their own routines, and form their own expectations. Among parents, differences of opinions have to be worked out with the greater good of the child held aloft. In fact they have a change and sacrifice much for the betterment of their child.

However, the dream of becoming the parents of a normal child does not always fulfill. Unfortunately some parents can have a, either physically or mentally disabled child. Children with learning disabilities, attention deficit/hyperactivity disorder (ADHD), and related disorders puzzle parents because of their many abilities and disabilities. It can also be difficult to understand how much of their behavior the nature of the condition and how much is oppositional. It is all too easy for parents to catch a child's feelings of inadequacy and then feel bad as a parent. Parenting approaches that include clear, concise instructions, structure without rigidity, nurturing a child's gifts and interests, and constant approval of positive behavior help parents feel better and help children feel safe. It takes time for both children and parents to embrace the concept that being different does not mean being inferior and, in fact, can be a good thing. Parents need to be nurtured and praised to help them nurture and praise their children. It is assumed that most parents use almost every resource they have to help their children flourish, and still, they worry they are not doing a good enough job. Emotionally this population is very immature and fragile. These children tend to personalize things that have nothing to do with them. For example, when family members are laughing at something, children with special needs are often convinced that they are being laughed at, and, as a result, they get very upset. Furthermore, their moods swing widely, and a child may be laughing one moment, crying the next (Smith, 1995). This emotional lability is hard to live with. Children with learning disabilities and ADHD are prone to depression (Smith, 1991). Their sense of defeat and failure is contagious and, sometimes, the whole family feels their helplessness and despair. Often adults,

otherwise incredibly competent in their daily lives, feel incredibly incompetent when with these children. This can take a toll on parents, and support and education may be necessary to bolster parents' sense of confidence and competence in effectively parenting the child with learning disabilities.

Discovering a mentally retarded child's special needs is often a confusing and painful process for parents. First of all, because learning difficulties can be subtle, multiple, and difficult to pinpoint it can be hard for parents to know whether things are normal or not. Especially with a first child, parents may not know when to expect vocalizing, playing with sounds, and learning to speak. It is also difficult to distinguish between a healthy, very active toddler and a hyperactive toddler with ADHD. What is the difference between the child who is a little clumsy and a child having significant motor skills problems what are the indications of children being off course in their ability to listen and follow directions-may take some time for parents to recognize and articulate concerns.

Expectation of the parents

All parents expect that they will have a healthy and normal child. They possess expectations that the child will grow-up normally and will be able to adjust, cope, interact with daily life like all other normal children. But when they discover that the child is handicapped and cannot follow the norms they become frustrated. This situation disturbs their psychological well being they begin to experience chronic sorrow the term used by Olshansky (1962) to describe a pervasive psychological phenomenon observed in parents of mentally retarded children. He contends that chronic sorrow is a natural and understandable response to a tragic event, and is manifested throughout the lifespan of the parent-child relationship.

Kubler-Ross (1980) and Smith (1995) extensively studied parent's role in dealing with disabled children. Both of them mentioned that even after a diagnosis, parents often face a whole gamut of emotions before they can grapple effectively with the stark truth that their child has learning disabilities. Parents may move through emotions of grief, initially denying that there is a problem and rationalizing why it is not a problem, then having to deal with the fear, the

anger, and the guilt of having a child who experiences many difficulties. It is normal for parents to want to blame somebody - anybody - and to bargain in the sense of thinking that changing neighborhoods, schools, or doctors might make the problems go away. Grieving for what might have been follows, and finally parents can come to accept the child's strengths and weaknesses and try to figure out a helpful plan of action.

Sally L. Smith (2002) (of the American University Washington, in her paper entitled 'What Do Parents of Children with Learning Disabilities, ADHD, and Related Disorders Deal With', published in the journal of Pediatric Nursing) mentioned that learning disabilities of a child can be hard on a family. One parent, often the mother, may recognize and face the problem sooner or more readily than the other. Misunderstanding and conflict can result. Brothers and sisters often resent the amount of attention given to a child with special needs and may proclaim knowingly that the child is a spoiled brat who is perfectly capable. Grandparents tend to blame parents for not doing enough, not being disciplined enough, organized enough, or not giving enough direct help to the child. Neighbors can be intolerant if the child is very hyperactive or has low frustration tolerance and tends to explode or cry at each hurdle. On a daily basis, children with special needs typically raise the irritant factor in family life. They tend to leave everyone on edge because their behavior is unpredictable, erratic, inconsistent and full of ups-and-downs. Children with learning disabilities and ADHD are usually much disorganized. They have trouble dealing with sequences and order, so they do not plan well. They are distracted easily and often impulsive. Just getting washed and dressed in the morning can be an arduous task. Such incidents sometimes resulting in explosions on the part of the children, their parents, or both. Clashes frequently emanate from a child's misunderstanding of instructions or going off on a tangent. To complicate the problem, when wrong or criticized, children with learning disabilities tend to fall apart, withdraw into day dreaming, or strike out in one form or another.

Addressing relationship difficulties. While children with learning disabilities face challenges academically, a problem that many parents find more troubling than difficulties with the 3 R's (reading, writing, arithmetic) is the 4th R: relationships. Many children with

learning disabilities cannot play successfully with even one child and certainly not two. They don't read social signals: facial expressions, gestures, or tones of voice any more than they read letters or words. Additionally, many of these children are literal and concrete; they can not deal with subtleties, nuances, inferences, or multiple meanings. This affects family life and peer relationships because they often can not understand jokes, subtle teasing, or sarcasm. One of the consequences of this is that they have to be taught explicitly how to relate to others. Parents have to work with them on reading faces, reading gestures and movements, and learning what is and is not appropriate to say.

Parents role. Parents may have to coach them through common social situations until they develop appropriate interpersonal behaviors. Parents can provide their children with practice in anticipating what might happen in various social situations. They can role-play with their children about what to do or say when they want to join a game that their cousins or friends are playing, or when grandparents say, Read this to me. Some parents have found it useful to show the wrong way of handling a situation and then to have their children critique them. The process of acting situations out, problem solving, and talking about the situations, helps many children with learning disabilities and ADHD think through various options.

Promoting self-esteem. Early on, children with learning disabilities begin to notice that others can do tasks easily that are intensely difficult for them, and they begin to feel bad about themselves. They may receive frequent criticism or, at best, global praise such as You are doing better (better than what?), You are doing fine (what is fine?), You are making progress (what is progress?). Criticism damages self-esteem, and global praise is often too abstract to be meaningful to concrete thinkers.

By training themselves to comment on the positive as much as possible, by offering concrete comments on what their child is doing well, and by using very specific praise, parents will cultivate desired behaviors and boost their children's self-esteem (Smith, 2001). Examples of specific praise include phrases such as: You finished the assignment, You are listening carefully, You are sitting properly and looking at me, You remembered to bring home the work you have do, You cleaned the table after dinner, You picked

up the bag the lady dropped. Thank you. With specific praise, a child can be very clear on what behaviors are liked and expected. Visual, concrete proof of progress also helps children notice and feels confident about their progress and accomplishments. Home made certificates, gold stars, stickers, charts, and check lists with lots of checks can be used when children work hard on tasks at home, such as remembering to take out the garbage, shopping without forgetting, setting the table correctly, making their beds, and putting the toilet paper into the holder when the last piece has gone.

Parents and teachers also boost children's self-esteem by seeking out what they can do well and fostering and supporting these areas to the hilt. Whether it is an art form, science, nature, photography, computer work, selling things, inventing, or telling stories, children with learning disabilities need parental support to become the best in this area at home and to bring their talent into school. It won't help them feel better about their academic performance, but it will help them feel better about themselves.

Teaching children that many people have overcome difficulties to become successful is another valuable parenting strategy. One way to do this is to read or play tapes of biographies in which children or adults have had to struggle to achieve their goals -adventures where the characters got lost or had to fight sharks or other beasts; stories of achieving despite illness or disability; or stories of fighting prejudice or unfairness. Children enjoy and benefit from discussing these kinds of challenges. Additionally, when parents can introduce their children to highly effective members of society who struggle with disabilities, particularly disabilities similar to those the child faces, children can hold their heads higher. All members of society who are functioning well with learning disabilities and ADHD - firemen, policemen, plumbers, day care center workers, business executives, park rangers, recreation coaches, athletes, and celebrities can serve as role models and inspiration for children with learning disabilities.

When parents learn to cherish diversity, their children learn there are many different ways to celebrate birthdays, get married, raise children, and so forth (Smith, 1994). These children feel better about themselves when they understand that doing things differently, learning differently, being different is OK, and that

differences can enrich our lives. Artist Chuck Close said, I think accomplishment is figuring out your own idiosyncratic solutions. Accomplishment is being able to do what you want to do even if you don't do it the way everybody else does it (Smith, 1991).

Empowerment: Children with learning disabilities and ADHD often feel powerless and inadequate. They tend to be passive learners and need to be totally involved in activities to make them active learners. Parents can encourage hands-on activities, such as cooking, cleaning, shopping, and running errands to show children that they can make things happen. These learning activities have the additional benefit of resulting in tangible, visible products appreciated by the whole family.

Parents must beware of doing too much for children with learning disabilities because that does not empower them. The effects of active engagement are in fact neurological. California neurobiologist Marion Diamond's research (Diamond & Hopson, 1998) shows that the sights and sounds of enriched environments cause dendrites to form neural pathways that she calls magic trees of the mind. Her data demonstrate that the curious mind, stimulated to further inquiry, makes the central cortex thicker, activating the brain to further enhance learning (Smith, 1995).

Parents can also empower their children to view obstacles as challenges and to know that they have a lot going for them and a team behind them. It helps children with learning disabilities when parents can adopt a problem-solving mode rather than always providing the answers. It helps to say. What can we do about this? What options do we have? Let's figure out where we can find the information we need instead of doling out the right answer much of the time.

Parenting children with learning disabilities and ADHD demands enormous amount of problem solving, and on top of that, parents need to help turn their children into outstanding problem solvers. Grappling with adversity, figuring out strategies that work for them, and learning when to ask for help and who to ask are crucial life skills that these children must learn and will hold them in good stead.

Parents can foster curiosity in their children and lay the framework for thinking and questioning. When children's minds are questioning everything, their bodies are active, and their hands are into things, children are helped to achieve the highest cognitive development possible. Parents work with their children to develop critical thinking skills when they have them look at photos or drawings and piece together what could be going on; when the family watches a TV show and the children are asked what the big message was; when a mystery story has been read and the children guess who did it; or when a family plays games like chess, checkers, Clue, and Strategy. Children often can teach their parents how to work computers, and programs like Hyper Studio allow children to draw, to photograph, to speak, to scan objects from the Internet, and to make rewarding, satisfying multimedia presentations that simultaneously use and develop many skills.

Cultivating Parental Optimism

Because it can be frustrating to parent children with learning disabilities and behavioral challenges, it is encouraging for parents to know that some of the negative behaviors of their children very often become positive attributes in adulthood. For example, the most stubborn children often turn out to have fierce determination. The most manipulative children often turn out to be fabulous entrepreneurs, leaders, or politicians. The children who argue all the time like jail house lawyers actually become lawyers, and those who doodle and draw all through school may well become artists in adulthood. In 35 years of experience at the Lab School in Washington, DC, this pattern has been evidenced again and again. The boy who sold his mother's jewelry for 25 cents apiece grew up to be a real estate mogul. The boys who were tinkerers, taking everything apart, became mechanical engineers. The girl who tried to help her classmates avoid arguing, who was teased because she was always trying to make peace and never projected any opinion of her own, became a mediator - and a good one at that! Numbers of very hyperactive youngsters have turned out to be very energetic, productive entrepreneurs. The inflexible one way kids have often become scientists who study one problem in depth for many years or airplane controllers who focus intensely on the task at hand. Many bright children with ADHD, who were impulsive, very distractible, and had poor attention spans, have grown up to be outstanding emergency health care specialists, paramedics, and firemen. In an emergency, their adrenaline is apparently stimulated,

so they become highly focused, able to put their excellent analytic abilities to use while doing many tasks.

Self-care should be a priority for parents of children with learning disabilities. Parents themselves need nurturing to help nurture their child with special needs. They need to go out and have fun regularly. They need more sleep than other parents, for these children sap their energy and their condition demands help from parents constantly. Finding supportive friends or relatives, or locating a support group or an online parent support community can provide a place for parents to vent frustrations and obtain valuable suggestions, strategies, and support. Laughter is also important for parents and the whole family. Children with learning disabilities and ADHD need to feel that it is not the end of the world that they have these disabilities - nuisances - and they need to laugh at some of the nonsense they go through. Parents, too, need lightness and humor. When parents can have fun with their children - even being silly and laughing - and can enjoy life as much as possible together, everyone benefits.

It is hard to be a grownup, difficult to be a parent, even more challenging to be a parent of a child with special needs when the parent must become the analyst, the interpreter, the problem solver, the cheerleader, the lawyer, the psychiatrist, the spiritual advisor, the organizer, the note taker, the friend, companion, advocate, and disciplinarian. Most parents use every resource they have to help their child flourish, and yet, they worry they are not doing enough or a good enough job. Chances are parents are doing an incredibly fine job under difficult circumstances. Professionals need to realize and appreciate the heavy load carried by parents of children with learning disabilities, ADHD, and other related disorders.

Bangladesh is not a social welfare country. Here the parents are entirely responsible to look after their mentally retarded children. Yet there is no pension scheme or financial sponsored can program, too. Therefore, the parents remain under stress.

Review of Literature

Personality, feelings, emotions, etc, of the parents of disable children were studied by many social scientists in different countries some of these studies which were are relevant to this research work are briefly described below.

MacKeith (1973) in his article 'The feelings and behaviour of parents of handicapped children' published in the journal of *Developmental Medicine and Child Neurology*, mentioned that the birth of a mentally retarded child in to a family may give negative feelings which can be found in parents of disabled children at early and later periods in the life-cycle and they are the following: protectiveness of the helpless; revulsion at the abnormal; inadequacy of reproduction; inadequacy of rearing; anger; grief; shock; guilt; and embarrassment. Dale (1996) in his book 'Working with Families of Children with Special needs' supported MacKeith's above mentioned statements.

Olshansky (1962) first used the term "chronic sorrow" to describe a pervasive psychological phenomenon observed in parents of mentally retarded children. His work was based on his clinical experience as a counsellor. He contends that chronic sorrow is a natural and understandable response to a tragic event, and is manifested throughout the lifespan of the parent-child relationship. This is in contrast to the previous theorists who believe the non-resolution of mourning to be an unhealthy response. Olshansky disputed the closure stage of other theorists as it symbolises acceptance, which he sees as a simplistic and static concept. He argues that sorrow is a normal response to an overwhelmingly tragic event.

Crnic, Friedrich & Greenberg (1983) in their article 'Adaptation of Families with Mentally Retarded Children: A Model of Stress, Coping, and Family Ecology' which was published in the *American Journal of Mental Deficiency* mentioned that the effect of a disabled child on its parents, especially when the child lives at home. They found that parents and siblings of retarded children individually, as well as the family as a whole, are at-risk of numerous difficulties in comparison to families with non-retarded children.

Holroyd, J., Brown, N., Wikler, L. & Simmons, J. (1975) in their article 'stress in families of institutionalized autistic children' which was published in the Journal of Community Psychology also mentioned that the Parents of children with mental retardation often experience feelings of stress and anxiety.

Carpiniello, Piro, Pariente and Carta (1995) in their research article 'Psychiatric morbidity and family burden among parents of disabled children' revealed that parents of disabled children had significantly higher levels of psychiatric symptoms and were more likely to meet criteria for depressive disorders, compared with the parents of the non-retarded children. They found that between the parents of mentally retarded children and parents of the non-retarded children there was no significant difference in personality traits.

Phillips M. (1991) in his article 'Chronic sorrow in mothers of chronically ill and disabled children' presented the hybrid model of concept development to examine the emotions present in mothers who care for their chronically ill children at home. In particular the study attempts to examine the presence or non-presence of chronic sorrow in three mothers using of observation and intensive interview techniques. The population for this study varied in diagnosis, sex, age, prognosis, and family structure. The commonalities included an uncertain future, a significantly changed life-style as a result of the child's illness, and the presence of nursing care in the home. The emotion called chronic sorrow, introduced in 1962 by Olshansky, has had limited exposure in the literature. The concept was originally intended for examinations of parents of severely mentally retarded children. Recently it has been examined in varied populations. Although many different reactions have been presented in the literature regarding the emotions of parents of chronically ill children, chronic sorrow has not been one of them. The examination of this emotion has been disease specific. The presence of this emotion in this population has implications for nurses working in all care settings.

Cummings, Bailey and Rie (1966) in their article 'effects of the child's deficiency on the mother: A study of mothers of mentally retarded, chronically ill and neurotic children' published in the American Journal of Orthopsychiatry found that compared to parents of non-retarded children, mothers of retarded children show

interests and the perception of the family as enmeshed. The perceived quantity and quality of social support was less adequate for mothers of mentally handicapped children than for mothers of children with motor handicaps.

A negative experience of the social network was most pronounced in mothers of psychotic children. The perception of the social network as inadequate was related to feelings of anxiety. A particularly strong correlation was found between anxiety and low number of friends.

Wolf, Noh, Fisman and Speechley (1989) demonstrated an elevated risk for dysphoria in mothers of autistic children; their mean score was significantly higher than the normal average, but not significantly different from the Down sample. Within-sample comparison between mothers and fathers illustrated the well-established gender-depression relationship of higher mean scores for mothers in all four groups.

Chen, Wang Liu and Ji (1992) found that mothers of learning disabled children and attention deficit disorder with hyperactivity had higher hypochondriasis, depression, problems with assuming social responsibilities, dependency, anxiety, intervention, dominance, and /or neurotic-like personality disorders.

Trute (1995) showed similar levels of variance explained in depression of mothers and fathers. Mothers with younger children and fathers with male children appeared to be at higher risk for depression. Personal or intra-psychoic coping resources (self-esteem) and strong-tie social support resources were significant predictors of depression in both mothers and fathers.

Cummings (1976) in his research article 'the impact of the child's deficiency on the father: a study of fathers of mentally retarded and chronically ill children' which was published in the American Journal of Orthopsychiatry mentioned that the fathers of retarded children have also been found to be depressed, to have lower self-esteem, to express a lack of interpersonal satisfaction and to undergo long term personality changes resembling a pattern of neuroticism.

But there are also findings to the contrary. According to Andersson (1993) there were no differences between the mean values for parents of mentally retarded and non-disabled children, neither concerning anxiety nor depression. He made use of the HAD scale by Zigmond and Snaith (1983). Ryde-Brandt (1988) did not find any extensive feelings of sorrow in the mothers of primary school children with Down syndrome. According to the scores of the HAD scale, only three out of the thirteen mothers had values on the borderline of depression, and none of them had a value above that. Previous research presents certain conflicting results. Some studies found that mothers of disabled children were more depressed than control mothers and some of them revealed that there was no significant difference between the parents of disabled children and control groups.

Assessment of depression and other personality problems of the parents of the disabled children attracted attention of the psychologists after the Second World War. Beck, Ward, Mendelson, Mock and Erbaugh, (1961) developed an scale known as 'Beck Depression Inventory' most widely used inventory to assess the depressive symptoms of the parents of the disabled children. Each of the 21 questions describes one of the symptoms of depression, and each question provides a severity score of 0 through 3 for that symptom. The person circles the answer that best describes how he or she feels at the moment. The symptoms are divided into mood, thought, motivational and physical sets. The inventory consolidated systematically into 21 symptoms and attitudes which could be rated from 0 to 3 in terms of intensity. The 21 symptoms and attitudes were: (a) Mood (b) Pessimism, (c) Sense of Failure, (d) Lack of Satisfaction, (e) Guilty Feeling, (f) Sense of Punishment, (g) Self-Hate, (h) Self Accusations, (i) Self-punitive Wishes, (j) Crying Spells, (k) Irritability, (l) Social Withdrawal, (m) Indecisiveness, (n) Body Image, (o) Work Inhibition, (p) Sleep Disturbance, (q) Fatigability, (r) Loss of Appetite, (s) Weight Loss, (t) Somatic Preoccupation, and (u) Loss of Libido. When self-administered, the instrument generally takes 5-10 minutes to complete and is scored by summing the ratings given to each of the 21 items (Beck & Steer, 1987; Beck, Steer, Garbin, 1988). According to Beck (1967) the mean BDI scores for the minimal, mild, moderate, and severe classifications are 10,9 (SD = 8,1), 18,7 (SD = 10,2), 25,4 (SD = 9,6), and 30,0 (SD = 10,4), respectively.

Leskinen (1994) also constructed a questionnaire to assess the emotional problems of the special children in Finland. There are 26 statements about positive and negative emotional states: eighteen 7-point scales, where parents estimated their negative and eight 7-point scales, where parents estimated their positive emotional states (1-very seldom, 7-very often).

A lot of researchers have found similar results. For example Fisman and Wolf (1991) found also significantly greater depressive symptoms in mothers of autistic than in mothers of developmentally normal children; in mothers of Down syndrome children, the above symptoms fell between these two groups. Breiner (1989) shows that it is very important to understand the lack of measured depression, but according to Breiner and Young (1985) common assessment tools (i.e., the Beck Depression Inventory) may not gap the type of depression in mothers of children with both delays and noncompliance experience. They suggest that these mothers may be experiencing depression that relates to less frequent and rewarding social interactions.

De Myer (1979) found that mothers and fathers of autistic children experienced substantial effects in their daily lives from having a handicapped child. Mothers reported more feelings of guilt, physical complaints, tension, and doubts about their ability to be effective parents than fathers did.

Gath, A. (1990) in his article 'Down's syndrome children and their families' which was published in the American Journal of Medical Genetics compared the depressive symptoms in mothers and fathers of Down syndrome infants. He finally reported more depressive symptoms in mothers than fathers of Down syndrome infants.

According to Hoddapp (1995) modern research on parenting of a child with retardation can be found in maternal and paternal reactions and the reactions of the family as a whole. Important fields are maternal personality characteristics and nature of disability.

Dykens, Hoddapp and Leckman, 1994, Sobesky, Porter, Pennington and Hagerman, (1995) mentioned that mothers who carry the fragile X gene have been found to be more often shy,

greater depressive and dysphoric affect, less enjoyment of the child.

Baumeister, R. F. & Tice, D. M. (1990) in their article 'anxiety and social exclusion' which was published in the *Journal of Social and Clinical Psychology* found that the tendency towards social isolation often encountered in families with a disabled child may affect the mother in the form of a real or threatening exclusion from the social environment and may be an important factor in anxiety.

Bristol, M. M., Gallagher, J. J. & Schopler, E. (1988) in their article 'Mothers and fathers of young developmentally disabled and non-disabled boys: Adaptation and spousal support' published in the *Journal of Developmental Psychology* found that mothers are especially influenced by the presence of a disabled child in the family as the increased demands and inconveniences associated with such a situation are still most often met by mothers. Westbom, (1991) in his article 'children with chronic illness: epidemiology, living conditions and use of health services' agree with the opinion in his Doctoral dissertation at the University of Lund.

According to Kobe and Hammer (1994) parent ratings from the Children's Depression Inventory were significantly associated with maternal depression and negative self-image, anxiety, and conduct problems in children. However, the assessment of feelings of anxiety and depression in mothers of disabled children has demonstrated that mood disturbances are related to the type of disability of the children (Holroyd & McArthur, 1976).

According to Ryde-Brandt (1992) feelings of anxiety and depression were particularly common in mothers of children with childhood psychosis whereas mothers of children with Down syndrome or with motor handicaps suffered from emotional distress to a lesser extent. Anxiety and depression scores were significantly higher among the mothers of the psychotic children, although no defined signs of depression were recorded. Anxiety was associated with an overall negative or critical experience of the family. Anxiety was strongly associated with a blaming attitude towards some family members. There were also significant relations between anxiety and the experience of lack of common

anxious, and withdrawn compared to mothers of children with other types of disabilities.

Family adaptation to a disabled child is not a single event but a lifelong process. Counselors need to understand the process of adaptation so that appropriate and timely interventions are considered. The quantity and, especially, the quality of formal and informal sources of social support bear a relationship to the family's ability to cope and adapt (Seligman, 1983, 1991).

In an earlier study, Veisson et al. (1996) have shown that parents of disabled children with low depression are more able to cope with life. According to Veisson et al., (1996) comparing depressed and non-depressed parents within the disabled group we revealed that 1) depressed mothers and fathers of disabled children are significantly older than non-depressed parents; 2) depressed parents are less happily married; 3) depressed fathers of disabled children have significantly lower education and lower professional status; 4) depressed parents need more information about how to teach the child, they want to speak more about their problems with clergymen, meet other parents of disabled children, need more time for themselves, support from husband (wife), have less mental and physical energy, have more problems in coping with home activities and in realization of their needs.

Singhi PD, Goyal L, Pershad D, Singhi S, Walia BN (1990) in their article 'Psychosocial problems in families of disabled children' mentioned that the psychosocial problems faced by parents and other family members were studied in 50 families with a physically disabled child (PD group), 50 with a mentally retarded child (MR group) and 50 with a healthy child (control group). A semi-structured questionnaire assisted interview and standardized scales were used to measure social burden, marital adjustment and maternal neuroticism. Families with disabled children perceived greater financial stress, frequent disruption of family routine and leisure, poor social interaction, and ill effects on their physical and mental health as compared to families of control children. The overall social burden scores were significantly higher in both the groups with disabled children as compared to controls (mean scores PD 17.8, MR 14.6, C 0.72, p less than .001), and showed a significant inverse correlation with the socio-economic and educational status of parents. The neuroticism scores were also

significantly higher (PD 23.7, MR 19.0, C 9.6, p less than .01), and the marital adjustment scores lower (PD 75, MR 79, C 86, p less than .01) in families with disabled children. Appropriate management of these problems should be part of rehabilitation programmes.

Pain (1999) of the University of Southampton in his article 'Coping with a child with disabilities from the parents' perspective: the function of information' mentioned the findings of an interview of 20 parents of the disabled children. It was mentioned that Fifteen semi structured interviews were conducted with 20 parents (n = 5 with both parents; n = 10 with mother only) of disabled children who had a range of physical and learning difficulties, to explore what information they had received about their child's disabilities, from whom and whether they had found it useful. Information needs were also explored. The interviews were audio taped and transcribed, then analyzed for content. The reasons for needing the information were examined for themes. Personal communication was the most frequently cited medium of information. Parents most frequently reported professionals as their source of information, but parents and voluntary organizations were also mentioned. Information was found to assist the process of adjusting emotionally to their child's disabilities, to enable parents to access services and benefits, and to improve their management of their child's behaviour. Parents' comments indicated that information was usually useful, but occasionally of mixed benefit.

Marika Veisson (1999) of Tallinn Pedagogical University, Estonia in her research article 'Depression Among Parents With A Mentally Retarded Child' reported her findings after interviewing 151 mothers and 57 fathers of mentally retarded children and 101 mothers and 55 fathers of non-retarded children of Estonia. She mentioned that depression symptoms in the parents of mentally retarded children were significantly higher than in mothers of control group. She mentioned that more than a half of the parents of disabled children in her study had mild to moderate or moderate to severe depression. Most parents from control group had no depression or it appeared at minimal level. She also found that parents of disabled children had significantly higher level of negative emotions and lower level of positive emotions. However, in conclusion she gave the opinion that her results are not final. Her study should be repeated some years later, because Estonian

society is changing very quickly both socially and economically. Also it should be necessary to compare the parents of children with different types of disabilities.

Lawenius & Veisson (1996) found no significant differences in personality characteristics between parents of handicapped and non-handicapped children.

Many scientific investigations on mental retardation are being carried out throughout the world. These investigations are concerned mainly with the prevalence and assessment of mental retardation, the etiology and treatment of mental retardation, and rehabilitation programs for the mentally retarded persons.

Marfo, Walker and Charles, (1986) have concluded that children in developing countries are extremely vulnerable to many adverse biological and environmental factors which cause handicapping conditions. The principal causes of childhood disability in these countries are related to such factors as malnutrition, poor medical care and preventive measure that adversely affect children and pregnant mothers.

Recently some research studies on mental retardation have been carried out in Bangladesh. Synopses of some important studies are cited below.

Zaman & Afroze (1979) studied the risk factors related to Mental Retardation among children in Bangladesh. The research was a pilot study to find out pre-natal and post-natal physical and socio cultural causes of mental retardation among a small sample of children in Bangladesh. A total of 30 cases of mental retardates were examined. Analysis of the data revealed that 56% of the subjects were moderately retarded. Genetic factors and prolonged labour were found as the main causes of retardation among the subjects. The higher educational level and higher socio-economic status of parents of the sample indicated that the study used a biased sample. It was concluded that survey studies need to be done with larger representative samples of children to find out the prevalence of mental retardation in Bangladesh.

Zaman and Ferial, (1985) studied the Etiological factors of Mental Retardation in a rural area of Bangladesh. In this study 978

children and their mothers were interviewed belonging to 8 villages of Dhamrai Union of Dhaka district (24 miles from Dhaka City). Total number of household visited were 590. The study revealed that a number of disabilities and diseases such as night blindness, hearing problems, seizures, etc, were associated with mental retardation and there was a significant relation between levels of intelligence and nutritional status of the children in the rural areas of Bangladesh.

Zaman and Munir (1988) mentioned that birth asphyxia causes multiple disabilities among a large number of children in Bangladesh.

In another study Development of early intervention programme for the handicapped in Bangladesh, Zaman and Munir (1987) concluded that early intervention is, in fact, effective. The authors also recommended for the developments of clinic for early diagnosis, early intervention programmes, portage guide to early education, WHO training manual for the disabled, self help group in rural area, distance training package for the outreach, etc. in Bangladesh.

Zaman and Akhtar (1984) in their study entitled Effects of early and late intervention among retarded children: Bangladesh experience mentioned that a handicapped child is still considered as a stigma in the family. Majority of the parents due to prevailing attitude, superstition and ignorance tend to either hide their retarded child or continue to have higher expectation and pressurize the child to behave normally and finally become frustrated when their children fail to meet their demands. In such a situation the need to discuss and evaluate the effects of early and late intervention is especially significant in Bangladesh.

Zaman and Akhtar (1990) in their study entitled A comparative study of attitudes of mothers of Mentally Retarded children who have been working as special education teachers and those who have not been working found that the mothers who were involved in teaching, taking care and management of retarded children in special education classes had more positive attitude towards their own child by being more caring, loving, accepting and adhering to discipline etc. as compared to mothers who were not teachers. This study reveals a significant fact that mother's of retarded children if

involved in the management of other retarded children understand mental retardation better and this help them in accepting their own child as well. This study also revealed that the teachers who were not mothers were slightly better in taking care, following curriculum, adhering to discipline and acquiring knowledge on mental retardation thus displaying more positive attitude as compared to teachers who were mothers. This study thus proves that counselling of the parents of mentally retarded children will be more effective, if the parents become involved in the management of other retarded children.

Zaman and Rahman (1982) in their study entitled 'A comparative study of attitudes and personality traits of mothers of mentally retarded children with and without intervention programmes' revealed that the mothers of the mentally retarded with intervention have more liberal attitude even when compared to mothers of normals. It was also found that the mothers of Mentally Retarded Children without intervention significantly overestimated the ability of the children as compared to mothers of retarded children with intervention.

Zaman, Banu, Huq and Ilyas (1987) in their study Attitudes towards Mental Retardation in Bangladesh investigated the opinion of general people towards mental retardation. Results of the study indicated that the three categories or subjects (general public, specialists and parents of the Mentally Retarded) differed significantly in their attitude towards, and knowledge about the mentally retarded persons. Persons of specialist group were found to have their most scientific attitude. It was interesting to note that the parents of Mentally Retarded were more scientific in their knowledge and ideas than the general public, Furthermore, the results revealed that the general public and parents of the MR from Urban areas had more positive attitude and awareness than that of the rural subjects.

Zaman and Ara (1989) in their study comparison of main streaming and special school system for mentally retarded children compared improvement of social behaviour of two matched groups of mentally retarded children attending a special school and a normal school. Gunzberg's Progress Assessment chart was administered to assess the social behaviour of both group before attending the school and after attending the school. The results

indicated improvement in social behaviour of both the groups and no significant difference was found between the two groups.

Zaman (1990) carried out an investigation in five sites of Bangladesh with a view to validate the Ten Questions (TQ) with probes as a tool for screening childhood disabilities in communities where formal resources for disabled children are scarce, if available at all. The types of disability covered by the TQ are blindness, deafness, mental retardation, speech problems, epilepsy and movement disorders.

The child's interaction and experiences with his mother, fathers and siblings provide the beginnings of the life-long process of socialisation. However, father, siblings and other persons generally have not been given the credit mothers have for influencing the child's cognitive, emotional, social, and personality development. Psychologists agree that parent's attitude towards child rearing or perception of her abilities for raising children is the first criteria for a child's success in life (Banu and Ara, 1990).

Like any other human being, the retarded child does not live in a vacuum. He needs, as do all persons, close emotional relationships with others and these relationships must be satisfying and stress reducing if he has to achieve maximum potentialities. The relationships between the retarded child and parents are of great importance. If the parents manifest negative feelings towards child's deficient abilities, then it becomes more difficult for healthy relationships. The greater the negative feelings of the parents, the less likely that the child will achieve the desired level of maturity he is capable of attaining. Negative reactions of the parents, thus, can adversely affect the full maturational development of the mentally retarded child. Studies have shown that parent's perception of abilities for setting child rearing goals are largely determined by the social norms (Banu & Ara, 1990). Bell (1961) pointed out that parent's attitudes, perceptions and beliefs about child rearing variables were greatly influenced by the attitudes and values of their parents. In addition to this some parents evaluate his/her child's behaviour in terms of standard followed by other parents of the social group to which he or she belongs. But it has also been found that some families disagree with this common viewpoint and follow different standards (Strom, et.al, 1981).

However, these families were found to be small in number and parents, in general, are in favour of accepting the collective viewpoint for making any decision or perceiving their abilities in raising children. Studies on parental attitudes toward child rearing almost always involve families consisting of normal, healthy children for identifying strength and weaknesses inherent in perceived parental duties and responsibilities. Psychologists have become concerned to the damaging effects of the traditional child rearing expectations mentally retarded child's attempt to master various skills as those expectations are based on normal young population. The absence of knowledge about the ineffectiveness of such expectations for a retarded child makes the parent socially isolated (Banu & Ara, 1990).

Many studies have shown that when a child behaves according to the demands made by the parents, both of them enjoy mutual relationships and develop self-confidence. Conversely, if the child fails to meet unrealistic parental demands, the likely result is mutual frustration and insecurity (Goldman, 1968; Goldman and Goldman, 1982 as quoted by Strom, R.D., 1984). In a family where all the children are normal the affectionate relationships between mother and child, mutual trust, confidence and security remain undisturbed. Sometimes balance between parent's demands and child's behaviour may be disturbed but soon they are resolved and both become happy and satisfied. But the birth of a handicapped child disrupt such a bond between parent and child. Due to lack of understanding of special need of a mentally handicapped child the parent expects similar behavior usually shown by normal children to occur. But due to deficient capacities the child fails to meet parental expectations (Webster, 1970).

Some studies found that parents of handicapped children in Australia and America expressed essentially same child rearing expectations (Strom, Rees, Slaughter, and Wurster, 1981), (Strom, Rees, and Wurster, 1983). But the studies did not reveal as to how parents of mentally retarded children differ from parents of non-handicapped children. Rees's (1982) findings as quoted by Strom (1984) also did not suggest any significant difference in expectations of parents of mentally retarded children with brain damage or Down's Syndrome. Results of another study, however, showed difference in child rearing expectations regarding control

Objectives of the study

Though a mentally retarded child is problematic in every society and culture, the psychological reaction to this is to a large extent determined by culture. Secondly Bangladeshi society is not yet ready both socially and economically to deal with the problems of mentally retarded children and their families sufficiently. This should be an argument to study this problem in this society. Therefore, the main objective of this study was to find out if parents with mentally retarded children in Bangladesh have disturbing personality traits compared with the parents of non-retarded children. And the following are the specific objectives of the study.

1. To study the trend of ego states and values of the parents in relation to the degree of retardation of the children.
2. To investigate whether the ego states and values of the parents of the mentally retarded children are different from those of the parents of the non-retarded children.
3. To investigate whether the ego states and values of the parents of the younger and those of aged mentally retarded persons are different.
4. To compare ego states and values of the parents of the mentally retarded children living in urban and rural areas in Bangladesh.
5. To compare the ego states and values of the fathers and those of mothers of the mentally retarded children.
6. To compare the ego-states and values of the parents of male and female mentally retarded children.
7. To investigate whether the ego states and values of the parents of the mentally retarded children change after awareness development and counseling.

The researcher also desires to find out specific counseling issues to alleviate personality problems of the parents of the mentally retarded children and to find out ways and means those will increase insight among the parents of the mentally retarded children in Bangladesh.

Significance of the study

Even today, not only the illiterate people of the country, but also many well-educated persons have confusion about Mental Illness and Mental Retardation. In general, there are many misconceptions and superstitious beliefs about mental retardation and its causes. Besides, owing to lack of statistical data, the Government and NGOs could not yet frame any curriculum, norms, standards, etc. in their special education classes and other retardation programs

The findings will also help counselors to provide appropriate counseling to the parents of the mentally retarded children.

The findings will help counselors to develop appropriate in sight among the parents.

It is assumed by the researcher that the parents of the mentally retarded children possess lesser 'Adult' Ego-State and relatively more Nurturing Parent (NP) and Adaptive child (AC) Ego-States.

If the parents possess more Nurturing parent (NP) and Adaptive child (AC) ego-states and lesser 'Adult' Ego-State than they will not be able to cope properly in the society and their own personal life. They will possess such expectations from others which they may not ultimately receive from others and ultimately may cause frustration in them. The best way to help them with more knowledge and information about mental retardation.

The findings of the research will help parents to perceive the reality and plan appropriate programs for their children. The findings will also help formulation of a national policy program for the mentally retarded persons and their family members.

Chapter II

Method and Procedure

This research was mainly designed to study the Ego-states and values of the parents as related to mental retardation of their children. However, with this main objective several other objectives were set to determine like whether there were differences in ego-states and values of parents of younger and older mentally retarded children, male and female retarded children, living urban and rural areas. Comparison would also be made on between fathers and mothers of mentally retarded children. It was also planned to study ego-states and values whether there was any change in ego-states and values of parents of these children after awareness development through counseling. Following are the descriptions of the sample, instrument used and Procedure.

Sample:

To conduct the study 120 couples, or in other words, 240 parents were selected as sample of the study. The researcher visited the Day Centres at first. The staff members, teachers introduced him to the mentally retarded subjects. The researcher observed some of the activities of the subjects at the Day Centres. He was given an opportunity to read their personal files and detail case histories. He also obtained the home addresses of the subjects from the Day Centres. Then he established contact with the guardians of the mentally retarded and requested them to answer his questions. To do the above mentioned works 90 mentally retarded children, 30 mentally retarded Adults and all their 240 parents (Father = 120, Mother = 120) were selected as sample. In addition, to compare the ego-states and values of the parents of the mentally retarded and non-retarded children 30 matching non-retarded children their 60 parents were also selected as subjects only in Rajshahi City. Following paragraphs show the number, residential area and category of the subjects.

However, the researcher had to select the following persons at random as samples.

- The mentally retarded children
- The mentally retarded adults
- Matching group of normal children
- The parents of the mentally retarded children
- The parents of the non-retarded children

The mentally retarded children

Rajshahi City	30	10 mild, 10 moderate, 10 severe
Dhaka city	30	10 mild, 10 moderate, 10 severe
Auchpara Union	30	10 mild, 10 moderate, 10 severe

The mentally retarded adults

Rajshahi City	30	10 mild, 10 moderate, 10 severe
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Matching group of non-retarded children

Rajshahi City	30	matched Age and SES with the 30 mentally Retarded children of the city
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The parents of the mentally retarded children

Rajshahi City	30mother & 30 father	10 mild, 10 moderate, 10 severe children
Dhaka city	30mother & 30 father	10 mild, 10 moderate, 10 severe children
Auchpara Union	30mother & 30 father	10 mild, 10 moderate, 10 severe children

The parents of the non-retarded children

Rajshahi City	30mother & 30 father	of the matched group of non-retarded children
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Justification of selection of the study areas:

In this research the subjects were selected only from Dhaka City, Rajshahi City and the village of Auchpara Union of Rajshahi District. Dhaka City was selected as in this city the first care program for the mentally retarded persons was started in 1977. The parents of the mentally retarded children possess opportunity to discuss with the best professionals of the country only in this city. In Dhaka city several NGOs are working for the mentally retarded persons and the available services are best in Dhaka City in the whole country.

Rajshahi City, though officially city, corresponds to the District level towns of the country. The services for the mentally retarded persons available in this city are more or less similar like other District towns.

The village of Auchpara Union of Rajshahi District are typical village of Bangladesh. Yet there are many villagers row boats and pull rickshaw vans which are the only available transports. Most of the villages are not yet connected with the electricity supply lines. Approximately 98% of the populations of these villages are engaged in agro based professions. Physicians practice in any place inside the Union. The entire medical care facilities are in the hands of the Homeopaths and quack medical practitioners. Therefore, the three places selected in this study represent three different demographic conditions. The facilities available in these three places are different, too.

The main respondents of this study were the parents of the mentally retarded children and adults. The parents were termed as Respondents in this thesis and the mentally retarded persons were termed as Subjects. The subjects of this study were selected at random from the mentally retarded persons affiliated with different NGOs. These NGOs are working in Dhaka city, Rajshahi city and different villages of Auchpara Union of Rajshahi District.

To select the subjects first of all, the researcher visited the Day Centers for the mentally retarded children in Dhaka and Rajshahi city. In Dhaka the Day Center is run by the Society, for the Welfare of the Intellectually Disabled, (SWID) and in Rajshahi city the Day Center is run by the 'SIVUS Institute'. The NGO that is working in the villages of Auchpara Union of Rajshahi District is also the SIVUS Institute.

The researcher spent several days in each Day center and observed the children. He had discussion with the special teachers and he read the case history files of the children. He prepared a list of the mentally retarded children who fulfill the following criteria. The selection criteria were as follows. Both Parents are alive, live together in Rajshahi and Dhaka city and in different villages of Auchpara Union of Rajshahi District.

With the Permission of the concerned organizations, the researcher established contact with the families of these children; He met the Parents and requested whether they will answer some of his questions. Some families agreed with interest. Some families did not agree, did not show enough interest or one of the parents were out of station, etc. Therefore, the researcher had to consult the relevant organizations again and to change the children. Then from the entire list of the mentally retarded children of Dhaka City, Rajshahi City and Auchpara Union 120 mentally retarded children were randomly selected. In the same way he also selected 30 mentally retarded Adults in Rajshahi City at random. The mothers and father of all these 150 randomly Selected Mentally Retarded Subjects are considered as the respondents from the mentally retarded group.

Matching group:

The researcher purposively found out 30 non-retarded children of Rajshahi City who are students of different schools. All these children are of such intelligence that they can cope up well with their curriculum and with all social interactions. These children are practically a well-matched counter group of the 30 mentally retarded children in the following respects:

- Age and sex.
- Both parents are alive and live together in Rajshahi City.
- Possess same number of siblings; sex and the rank of the children are same as the mentally retarded child counterpart.
- Age of the parents.
- Education of the parents.
- Profession of the parents.
- Total number of family members.
- Same socioeconomic background of the counterpart mentally retarded child.
- Similar standard and facilities of the residential houses.

The researcher established contact with the families of these non-retarded children and had primary discussion with the parents of these children whether they will answer his detail questions. Some of the families agreed and some families did not show enough interest. However, finally the researcher could succeed to select the 30 children and their parents. All the 60 parents father 30 and mother 30 are are the respondents of this study who are described as parents of the non-retarded children.

Instruments used

1. (ESI) Ego State Inventory
2. AVL Study of Values
3. Behaviour check list
4. Questionnaire

ESI (Ego State Inventory)

Dr David Gordon McCarley of the University of Alberta in 1971 developed an inventory to measure different Ego States, which was named as The Ego State Inventory (ESI).

The Ego State Inventory provides a means for a better understanding of the personality dynamics of an individual and his interpersonal relations. By studying the ESI profile of individual, valuable information may be obtained which aids the examiner in making diagnostic, prescriptive and treatment decisions. The inventory was designed to use with adolescents and adults and has been administered to a large number of individuals and groups in a wide variety of settings. It requires approximately one and a half-hour to answer all the questions. Its scoring is objective.

The inventory contains 52 items which consists of cartoon drawing of two or more people in social situations. In each cartoon the first person makes a statement or asks a question. The second person in the cartoon is provided with five choices of response that he could make. The subject is asked to choose one of the statements he imagines the second person would make and mark his answer on a separate answer sheet. The ESI yields five scores, one for each of the ego states: Punitive Parent (PP), Nurturing parent (NP), Adult (A), Rebellious Child (RC) and Adaptive Child (AC).

Since the pictures and some of the situations in the original ESI Booklet were from American Culture, they were modified by Dr Sultana Nazneen of the Institute of Bangladesh Studies of Rajshahi University in 1992 in order to adapt them to Bangladeshi culture.

Administration of the ESI: The inventory is administered without a time limit, but subjects are encouraged to “work as quickly as possible”. The printed instructions on the first page of the ESI are as follows:

In this booklet there is a series of pictures in which there are two people talking to each other. The person on the left always speaks first and asks a question or makes a comment. To the right of the figures is a list of possible replies to the person who speaks first. Your task will be to look at each scene and imagine what the second person would say. Read all the replies in the column to the right of each picture and then choose one reply from that column which is closest to the way you would reply. Black the appropriate circle in the corresponding number on your separate Answer sheet. Be sure to mark an answer on the answer sheet for each picture. There is no right or wrong answer. You can begin now.

Occasionally individual respondents ask questions concerning the inventory such as ‘how should I answer these’? These kinds of questions are handled by the researcher with statements such as, ‘just answer the way you would like to’ or some similar non-directive response.

Scoring of the ESI : The answer sheets were scored by using five ego state stencils. The stencils were placed in turn over each of the columns of answers on the answer sheets and the blackened spaces were counted. The raw scores were added for each ego state. Each subject received a score for each of the five ego states. A high score on any ego state indicates a high degree of presence of that respective ego state and low scores indicate an absence of the Ego State.

Adaptation of the ESI in Bengali : To adapt the original ESI for Bangladesh, the following steps were taken by Dr Nazneen.

1. The entire ESI was translated into Bengali language which include in following:
 - a. the instruction in the manual of ESI
 - b. all the stimulus sentences
 - c. all the response sentences

2. All the pictures containing western costumes were re-drawn showing persons wearing Bengali costumes/ dresses.
3. All the pictures containing slightly ambiguous signs and scenes which were assumed difficult for quick perception by the students were modified with new signs and symbols.
4. The modified and translated ESI booklet was photocopied and was given a booklet form with the translated instruction page on the top of the booklet.
5. One, five point rating scale form was designed to obtain opinion of the experts towards modification and translation.
6. The translated version with the original ESI was given to five experts. Four of them were Professors of Psychology and one was Professor of English. They studied each item carefully and gave their individual opinion that how the Bengali version reflects the particular ego states. They gave opinion for each picture and five ego states in each picture.
7. Since the opinions of the five experts were unanimous that the modification and translation work truly projects particular ego states, designed to measure that a particular ego state, the revised version was accepted for use in the study.

The Bengali Version of the Ego States Inventory was administered on 648 students of 9 public universities of Bangladesh during 1992 – 1994 to study their interpersonal relations (Nazneen, 1994).

Rationale for using ESI: Human beings, whatever the backgrounds are, play some hidden games in their everyday behavior. The behaviors projected during different interpersonal relations are the outcomes of dormant or recessive conditions of different Ego States of the persons.

It is understood that the Ego States of human beings are mainly of five different types. These are PP (Punitive Parent), NP (Nurturing Parent), A (Adult), RC (Rebellious Child) and AC (Adaptive Child). If one Ego State increases, the other decreases.

It is assumed that parents of the mentally retarded children having higher PP and RC Ego States will behave differently with their children compared to the parents of the mentally retarded children having higher Adult(A), NP and AC Ego States.

Ego- States are the factors determining how the parents of the mentally children will behave with their children. Ego- States are the determiners of what attitude of the parents of the mentally retarded children will have towards their mentally retarded children. For all these reasons the ESI originally designed by Dr. David McCarley (1971) and adapted by Dr Sultana Nazneen (1994) was selected as an instrument of this research.

The Bengali and English version of the ESI are enclosed in Appendix of this thesis.

AVL Study of Values

The 'Allport-Vernon-Lindzey Study of Values' popularly known as AVL Study of Values was originally developed in the year 1931 (Vernon and Allport, 1931). Continuous study by the Authors resulted in the 1951 edition and then a third edition published in 1960. The scale is a successful attempt to obtain some measures of whole personality. Allport-Vernon-Lindzey constructed their test with the six values rationally determined by Spranger: the theoretical, the economic, the aesthetic, the social, the political, and the religious.

The scale is designed primarily for use with college students, or with adults who have had some college (or equivalent) education. Although the study of values is self scoring it should be used only when there is supervision and guidance in the interpretation of the results by individuals who have had considerable experience in psychological testing and personality theory.

The test consists of a number of questions, based upon a variety of familiar situations to which two alternative answers in part I and for alternative answers in part II are provided. In all there are 120 answers, 20 of which refer to each of the six values. The subject records his preferences numerically by the side of each alternative answers. His score on each page are then added and the totals transcribed on to the score sheet. The page totals belonging to each of the six values are then summed. After applying certain simple corrections these six total scores are plotted on a profile, so that the subject may see the significance of his standing on all the values simultaneously.

AVL Study of Values is a widely accepted scale for measuring value (Kelly, 1950). It has been used effectively by psychologists in research, counseling and education (Vernon and Allport, 1931). Many foreign translation of the scale has been approved by the Authors and publishers. This famous scale, however, can not be properly used in Bangladesh for two reasons: First; the test is in English and Second, some of the items are culturally unfamiliar to the student population here in Bangladesh.

Hence Latif, M.A. (1991) translated and adapted this famous scale to make it suitable for measuring values of our people.

In order to determine the split-half reliability of the newly constructed Bengali version of the test, the items measuring each value were divided into equal halves of sub-scales. The sub-scales were composed in such a manner that there was approximately the same number of pairing between the value under study and all the measuring values. Both the sub-scales were administered to the same subjects and correlation between the scores was computed through product moment method.

For ascertaining the test- retest reliability the newly constructed Bengali version was administered to the subjects following the standard procedure on two occasions at an interval of one month. The consistency between the two sets of scores was computed by product- moment method. The correlation coefficients computed for assessing the split- half and test- retest reliabilities of the adapted scale were found acceptable.

Administration procedure AVL Study of Values:

It is not absolutely necessary to give verbal instructions to the persons taking the test. However, the following written instruction was given on the front page of the questionnaire. A number of controversial statements or questions with alternative answers are given below. Indicate your personal preferences by writing appropriate figures in the boxes to the right of each question. Some of the alternatives may appear equally attractive or unattractive to you. Nevertheless, please attempt to choose the alternative that is relatively more acceptable to you. For each question you have three points that you may distribute in any of the following combinations.

1. If you agree with alternative (a) and disagree with (b), write 3 in the first box and 0 in the second box, thus
2. If you agree with (b); disagree with (a), write
3. If you have a slight preference for (a) over (b), write
4. If you have slight preference for (b) over (a), write

The diagram consists of six vertical dashed lines. Each line has a small square box at a specific height. The boxes are arranged in two rows of three. The top row has boxes labeled 'a' and 'b' above them. The bottom row has boxes labeled 'a' and 'b' below them. The first line has a box labeled 'a' above it. The second line has a box labeled 'a' above it. The third line has a box labeled 'a' above it. The fourth line has a box labeled 'b' above it. The fifth line has a box labeled 'a' above it. The sixth line has a box labeled 'b' above it.

Do not write any combination of number except one of four. There is no time limit, but do not linger over any one question or statement, and do not leave out any of the questions unless you find it really impossible to make a decision.

Each of the following situations or questions is followed by four possible attitudes or answers. Arrange these answers in the order of your personal preference by writing, in the appropriate box at the right, a score of 4, 3, 2, or 1. To the statement you prefer most give 4, to the statement that is second most attractive 3, and so on.

4 in the box if this statement appeals to you most.

3 in the box if this statement appeals to you second best.

2 in the box if this statement appeals to you third best.

1 in the box if this statement represents your interest or preference least of all.

You may think of answers which would be preferable from your point of view to any of those listed. It is necessary, however, that you make your selection from the alternatives presented, and arrange all four in order of their desirability, guessing when your preferences are not distinct. If find it really impossible to state your preference, you may omit the question. Be sure not to assign more than one 4, one 3, etc., for each question.

In Part II it is well to point out that the first choices (highest value judgment) should be given a score of 4, the lowest a score of 1.

Most subjects require about 20 minutes to answer the questions in the test. Although they should not be stopped before finishing, they should be discouraged from spending too long a time over the questions.

If taken at home it is desirable to caution the subject against answering it in collaboration with others, or against spending too much on it.

Bias of one sort or another is likely to affect the scores of those who are familiar with the significance of the questions.

Guesses are frequently as significant as more deliberate choices, and omissions make the scoring more complex.

If the examiner detects an air of suspicion or opposition among the subjects, it should be explained that the study of Values is not a disguised scale for measuring intelligence or social skills. The subject must be given to understand that the results will not be used in any way detrimental to him. Experience has shown that, with a little encouragement, even groups that are unfamiliar with psychological tests develop keen interest, especially if they are to be informed of their scores.

Rationale for using AVL Study of Values

Value is an important factor that gives direction to human behaviour. As a member of a family, group and society every human being learns some values. From our childhood our parents, our guardians, our teacher try to mould us with some social, religious, economic values. Gradually when grow up these values play a role to shape our behaviours.

After becoming the father and mother people try to teach values to there offspring's on the one hand and try to behave according to their on values on the other. Thus the value system within and individual directs his/ her behaviours to the children. A particular value within a person determines how he/she will deal with his/her child.

As the parents of mentally retarded children face more difficulties with there children thus these may be some differences in their behaviour as compared to the parents of normal children. In this study attempts would be made to study the value patter of parents of mentally retarded and those of non-retarded children. To do this, AVL study of values scale would be used which measure six types of values, i.e. theoretical, economic, aesthetic, social, political and regilious.

It will help to determine whether there is any difference in these values between parents of mentally retarded and non-retarded children. In fact, AVL scale, adapted by Latif, is an appropriate instrument to measure the basic values of human being.

The Behaviour Checklist

It is very difficult to identify a mentally retarded Person if the level of retardation is not severe or profound. people sometimes mix-up mental illness, spasticity or other physical handicapped conditions with mental retardation. Secondly, the standard Intelligence tests like Reveries standard progressive matrices, Alexander pass along test, etc. Were found as useless instrument to assess the level of IQ of mentally retarded persons. Therefore, the researcher used a specially designed behaviour check list in this study to assess the levels of retardation of the subjects.

The checklist is shown in Appendices of this thesis. The original checklist was developed by the research supervisor in 1987 to identify cases in Rajshahi City. It was used to study about 3000 cases of mental retardation in different Places of Bangladesh during 1988-1992. Later the check list was sued by some of researcher too. The researcher, for the convenience of this study and considering the answering abilities of the Parents reduced the number of items of the checklist.

The checklist that was used in this study contained only 33 items related to different conditions and ability. Level of the subjects.

1. Toilet Training 2. Clothing 3. Self Eating 4. Gesture 5. Speech 6. Hearing 7. Vision 8. Smell 9. Test 10. Skin sensations 11. Follow 12. Physical development 13. Intelligence 14. Memory 15. Activity 16. General Knowledge 17. Behaviour at school 18. Behaviour at home 19. Social behaviour 20. Play behaviour 21. Behaviour with music 22. Behaviour in roads 23. Behaviour when guests come 24. Behaviour at other's house 25. Behaviour in market 26. Behaviour with teachers 27. Behaviour with parents 28. Behaviour with siblings 29. Behaviour with known people 30. Behaviour with unknown 31. Behaviour the same age group 32. Cleanliness 33. Co-operation in school works.

For each item there were five given answers. The answers were arranged gradually from 0 to 4 the answers given in 4 indicate very high level of functioning and 0 indicate Profound.

The Questionnaire

One questionnaire was also used in this study. The Questionnaire including the Information Blank for the parents that was used in this study contained several sections. The sections included items like name, address, age, educational level, income, source of income, ownership of residence.

Parents of the mentally retarded children filled-up this information blank. Mothers and fathers filled-up individual information blank. However, they were given options that they may not write their names and addresses in the information blank. Secondly they were assured that the researcher would keep all given information as secret and maintain their privacy.

The questionnaire also contained a Case study Form to assess the problems and prospects of the mentally retarded persons. The Case study form to assess the mentally retarded children, used during this research work is a part of the case study form which was originally developed by the research supervisor for his own doctoral research during 1988. The original form was used to study about 3000 mentally retarded children and adults during 1988-1992 at different places of the country. A panel of experts made little amendment of the original form for this study. The panel of experts comprised of.

1. The research supervisor.
2. One Teacher of Rajshahi Medical College with long experience with the mentally retarded persons.
3. Two teachers of Rajshahi University Psychology Department.
4. One special teacher of a day center.

There are many items in the contents of this form. The researcher read each item of the form and the guardians gave their opinion. In the present study the guardians responded on the basis of their own observation and rated the mentally retarded person's functional levels. The items included were mainly related to sensory levels, eating, dressing, walking, playing, social interactions, aggression, emotion, memory, personality, motivation, etc. of the children.

Though it is a short case study form but the form helps quick assessment of a case. The background basis of amendment and editing of the form by the researcher and the panel of experts were

observation of the behavioral aspects of the mentally retarded children at home and special education schools; informal interviews with several parents of mentally retarded children in study area; discussion with some special education teachers, counselors, welfare staff, etc. who worked with the mentally retarded persons.

Methods used

The researcher mainly followed Interview method in this study. In addition, observation and free discussions were extensively done during the case studies. In order to have reliable information, interview technique associated with observation was used. He also had free and informal discussions with the parents in relation to the problems and prospects of their children. Field notes were maintained, too which ultimately helped to come into conclusion.

Procedure

The researcher made contact with the parents of the mentally retarded children at their home through personal visits. Before formal interviewing of the parents of the mentally retarded children, he first observed the mentally retarded children. He allowed the parents to express their own feelings about their children. All the information given by the parents in the case-study forms were checked by the researcher through questioning them. Besides some additional information were also gathered where necessary.

The questionnaire, were administered to each of the parents in individual session at their home. Literate parents were asked to follow the standard instructions printed on the top of the Questionnaire, the Ego-State inventory and the study of Value. In case of problems faced by the respondents, the researcher offered necessary explanations. Parents were also assured that the information given by them would be kept secret.

It was mentioned earlier that in addition to case study Interview Method the researcher had to follow some other sub methods, such as,

- Observation,
- Interview,
- Question and answer and
- Free Discussion.

In this research observation method was used mainly to study the behavioural aspects of the mentally retarded cases. The parents, guardians and the family members reported the behavioural aspects to the researcher on the basis of their own observation. The researcher himself studied the behaviour of the mentally retarded children mainly at Day Centres and at their residence, too. The researcher also visited most of the houses of the mentally retarded persons to observe them while they are engaged in different Daily living activities. He also observed how the parents handle them and nurse them in Daily Living Activities at home.

The main focus was to find out the Ego-states and Value system of the parents of the mentally retarded children. The researcher also observed the behaviour of the parents related to the items of the questionnaire. He tried to observe the emotion, stress, conflicts and confusions present among the parents.

Data Collection and analysis

The researcher mainly interviewed the parents at their own home. The researcher tried to establish some rapport before starting the interview. He had free discussion with the respondents to know their family problems and prospects. The mothers usually spend more time than the fathers during Interview sessions. In most of the cases he did not administer the questionnaire or the Ego-state inventory and Study of Values during the first visit. The researcher tried to talk as informally as possible. The respondents were given the opportunity to talk more. The researcher used to keep note in his diary. The parents of the mentally retarded children told him about the birth, illnesses, treatment patterns, behavioural aspect, problems and prospects of the children. Then in the next visits the researcher obtained answers of the questionnaire, Ego-state Inventory and Study of Values. First, the parents had an impression that case studies of their mentally retarded children are being done. But later they understood that their own problems and feelings are being studied. This created lot of interest among them. They were somehow happy to see that their problems are also being given importance, which were ignored by others.

The researcher used to keep records of all his observation in his notebook as descriptively as possible. Finally, the researcher compiled the information from questionnaire, Ego-state Inventory and Study of Values, case history and observation in the tabulation sheets in numerical figures.

Important findings from the questionnaire and the Ego-state inventory and study of value are shown in different tables in Chapter III of this dissertation. Some of the observations, which were recorded in the notebook, are discussed in chapter IV of this thesis.

Chapter-III

Results

The findings of this study have been presented in the following section under two broad headings which are-

- A. Ego states of the parents, and
- B. Values of the Parents

Under these major headings there are several sub-tables those represent the results. The findings of the results are also given in text below the tables.

Ego- States of the parents of the mentally retarded Children.

The following tables show the Ego-States of the parents. The parents of the mentally retarded children were mainly divided into three groups. These groups are the parents of the mild, moderate and severe mentally retarded Children. Again they were categorized as parents of Rajshahi city, Dhaka city and the parents of Auchpara Union. The ego-states of these parents were compared with the ego-states of the parents of a matched group of non-retarded children. To study the significance of the findings Standard Deviations of the mean was calculated and t-test was done.

Table No. 1.1**Mean and SD of Ego-states of the parents of mild, moderate and severe mentally retarded children**

Ego-states	Mild N=30		Moderate N=30		Severe N=30	
	M	SD	M	SD	M	SD
PP (Punitive Parent)	9.27	1.95	10.32	2.94	10.97	2.66
NP (Nurturing Parent)	13.72	4.01	12.74	3.03	10.72	2.86
A (Adult)	8.33	1.96	8.19	1.92	8.75	1.73
RC (Rebellious Child)	7.84	2.29	7.35	1.81	8.84	1.78
AC (Adaptive Child)	12.84	2.18	13.40	3.93	12.72	3.19

The above table shows the mean of all the five ego-states of the parents of children with three levels of mental retardation. It was found that Punitive Parent (PP) ego-states are higher in parents with mild retarded children compared to other two groups. On the other hand Adaptive Child (AC) ego-states are higher among parents with moderate and severe mentally retarded children than the parents with mild mentally retarded children. It was also found that Nurturing Parent (NP), Adult (A) and Rebellious Child (RC) ego-states are more or less similar in these three groups of parents.

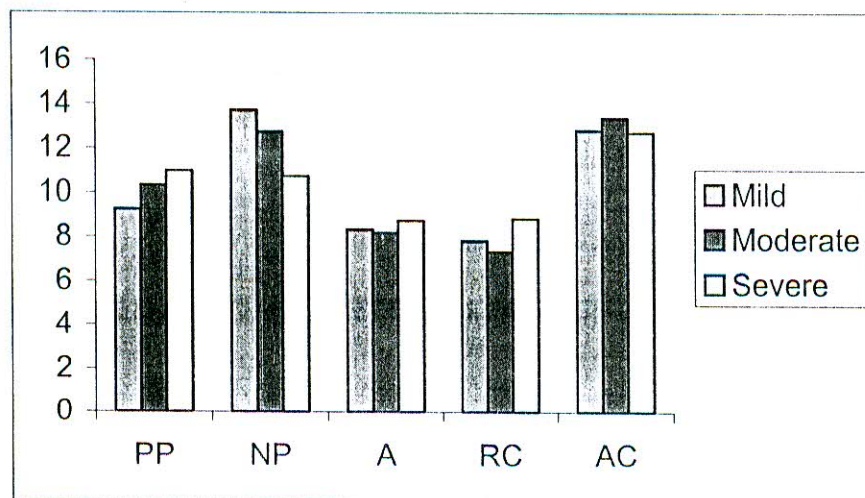


Figure-1.1 Ego Scores of the parents of children with three levels of mental retardation.

Table No. 1.2**Summary of Analysis of Variance of Ego-State scores for parents of different levels of mental retardation**

Source of Variance	SS	df	MS	F	Level of Significance
Between groups	0.32	2	0.16	0.027	P<0.01
Within groups	69.74	177	5.81		
Total	70.06	179			

(F=0.027, df=2, 177, P<.01)

The findings shown in the above table shows that the main effect of different levels of mental retardation on Ego-State score was not significant

Table No. 1.3**Mean and SD of Ego-states of the parents of mild and moderate mentally retarded children**

Ego-states	Groups	N	M	SD	df	t	Level of Significance
PP (Punitive parent)	Mild	30	9.27	1.95	58	1.61	Not Significant
	Moderate	30	10.32	2.94			
NP (Nurturing parent)	Mild	30	13.72	4.01	58	1.05	Not Significant
	Moderate	30	12.74	3.03			
A (Adult)	Mild	30	8.32	1.96	58	0.28	Not Significant
	Moderate	30	8.19	1.92			
RC (Rebellious child)	Mild	30	7.84	2.29	58	0.90	Not Significant
	Moderate	30	7.35	1.81			
AC (Adaptive child)	Mild	30	12.84	2.18	58	0.60	Not Significant
	Moderate	30	13.40	3.93			

t- test was used to find out whether there is any significant difference in all five types of ego-states between parents of mild and moderate retarded children. The findings are shown in the above table. It is seen that significant differences do not exist in Punitive Parent (PP), Nurturing Parent (NP), A (Adult), Rebellious Child (RC) and Adaptive Child (AC) ego-states between parents of mild and moderate retarded children.

Table No. 1.4**Mean and SD of Ego-states of the parents of mild and severe mentally retarded children**

Ego-states	Groups	N	M	SD	df	t	Level of Significance
PP (Punitive parent)	Mild	30	9.27	1.95	58	2.78	Significant
	Severe	30	10.97	2.68			
NP (Nurturing parent)	Mild	30	13.72	4.01	58	3.22	Significant
	Severe	30	10.72	3.02			
A (Adult)	Mild	30	8.33	1.96	58	0.76	Not Significant
	Severe	30	8.75	2.23			
RC (Rebellious child)	Mild	30	7.84	2.29	58	1.78	Not Significant
	Severe	30	8.84	1.98			
AC (Adaptive child)	Mild	30	12.84	2.18	58	0.32	Not Significant
	Severe	30	12.72	2.11			

t- test was used to find out whether there is any significant difference in all five types of ego-states between parents of mild and severe retarded children. The findings are shown in the above table. It is seen that there are significant differences in Punitive Parent (PP) and Rebellious Child (RC) ego-states between parents of mild and severe retarded children. It is seen that Punitive Parent (PP) ego-state of the parents of severe retarded children are more compared to the parents of mild retarded children. On the other hand Nurturing Parent (NP) ego-states of the mild retarded children are more compared to the parents of severe retarded children. There are no significant differences in Adult (A), Rebellious Child (RC) and Adaptive Child (AC) ego-states between parents of mild and severe retarded children.

Table No. 1.5**Mean and SD of Ego-states of the parents of moderate and severe mentally retarded children**

Ego-states	Groups	N	M	SD	df	t	Level of Significance
PP (Punitive parent)	Moderate	30	10.32	2.94	58	0.89	Not Significant
	Severe	30	10.97	2.68			
NP (Nurturing parent)	Moderate	30	12.74	3.03	58	2.55	Significant
	Severe	30	10.72	3.02			
A (Adult)	Moderate	30	8.19	1.92	58	0.81	Not Significant
	Severe	30	8.75	2.23			
RC (Rebellious child)	Moderate	30	7.35	1.81	58	3.04	Significant
	Severe	30	8.84	1.98			
AC (Adaptive child)	Moderate	30	13.40	3.93	58	0.82	Not Significant
	Severe	30	12.72	2.11			

t- test was used to find out whether there is any significant difference in all five types of ego-states between parents of moderate and severe retarded children. The findings are shown in the above table. It is seen that there are significant differences in Nurturing Parent (NP) and Rebellious Child (RC) ego-states between parents of moderate and severe retarded children. The Nurturing Parent (NP) ego-states between parents of moderate and severe retarded children. The Nurturing Parent (NP) ego-states of the parents of moderate retarded children are more compared to the parents of the severe retarded children. On the other hand, the Rebellious Child (RC) ego-state of the parents of the severe retarded children are more compared to the moderate retarded children. There are no differences in Punitive Parent (PP), Adult (A), and Adaptive Child (AC) ego-states between parents of moderate and severe retarded children.

Table No. 2.1**Mean Ego-state scores of the parents of the mentally retarded and non-retarded children**

Ego-states	Parents of the mentally retarded children. N=(60)	Parents of the Non-retarded children N=(60)
PP (Punitive Parent)	9.30	8.00
NP (Nurturing Parent)	9.00	13.00
A (Adult)	10.70	11.80
RC (Rebellious child)	11.00	9.20
AC (Adaptive child)	12.00	10.00

The above table shows the mean of five ego-states of the parents of mentally retarded children and non-retarded children. It was found that Nurturing Parent (NP) and Adult (A) ego-states are higher in parents of non-retarded children compared to the parents of mentally retarded children. It was also found that Punitive Parent (PP), Rebellious Child (RC) and Adaptive Child (AC) ego-states are more or less similar in these two groups of parents.

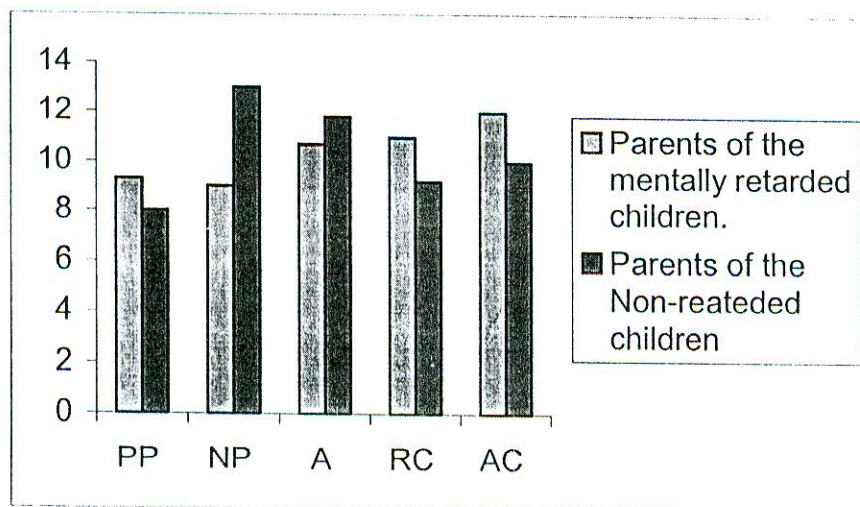


Figure 2.1 Ego scores of the parents of the mentally retarded and non-retarded children.

Table No. 2.2

Comparison of Mean and SD of Ego-states of parents of mentally retarded and non-retarded children

Ego-States	Category of Parents	N	M	SD	df	t
PP (Punitive Parents)	Mentally Retarded Children	60	9.30	3.33	118	2.6*
	Non-retarded Children	60	8.00	1.98		
NP (Nurturing Parents)	Mentally Retarded Children	60	9.00	3.00	118	7.01*
	Non-retarded Children	60	13.00	3.21		
A (Adult)	Mentally Retarded Children	60	10.70	3.58	118	2.39*
	Non-retarded Children	60	11.80	3.82		
RC (Rebellious child)	Mentally Retarded Children	60	11.00	3.63	118	3.00*
	Non-retarded Children	60	9.20	2.95		
AC (Adaptive child)	Mentally Retarded Children	60	12.00	3.86	118	2.98*
	Non-retarded Children	60	10.00	3.59		

* $P < 0.05$

t- test was used to find out whether there is any significant mean difference in all the five ego-states between parents of mentally retarded and non-retarded children. The findings are shown in the above table. It is seen that there are significant mean differences in all the five ego-states between parents of mentally retarded children and parents of non-retarded children.

Table No. 3.1**Mean Ego-State scores of the parents of the Child and Adult mentally retarded persons**

Ego-State	Parents of the Child mentally retarded N=30	Parents of the Adult mentally retarded N=30
PP (Punitive Parents)	10.40	9.53
NP (Nurturing Parents)	12.67	11.84
A (Adult)	7.66	8.81
RC (Rebellious child)	7.62	9.01
AC (Adaptive child)	13.65	12.81

The above table shows the mean of five ego-states of the parents of Child and Adult mentally retarded persons. It was found that Punitive Parent (PP) and Nurturing Parent (NP) ego-states are higher among the parents of retarded children compared to the parents of Adult mentally retarded persons. On the other hand Adult (A) ego-state is higher among the parents of the adults compared to parents of children. It was also found that Rebellious Child (RC) and Adaptive Child (AC) ego-states are more or less similar in these two groups of parents.

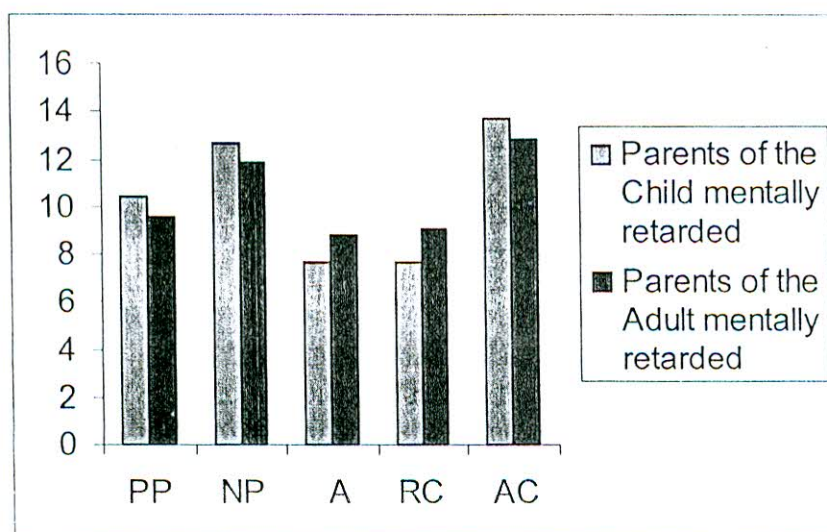


Figure 3.1 Ego scores of the parents of the Child and Adult mentally retarded persons.

Table No. 3.2**Mean and SD of Ego-states of the parents of the Child and Adult mentally retarded persons**

Ego-States	Category of Parents	N	M	SD	df	t
PP (Punitive Parents)	Mentally Retarded Children	30	10.40	2.48	58	1.38
	Non-retarded Children	30	9.53	2.35		
NP (Nurturing Parents)	Mentally Retarded Children	30	12.67	2.95	58	1.18
	Non-retarded Children	30	11.84	2.41		
A (Adult)	Mentally Retarded Children	30	7.66	2.48	58	1.82
	Non-retarded Children	30	8.81	2.33		
RC (Rebellious child)	Mentally Retarded Children	30	7.62	2.43	58	2.31*
	Non-retarded Children	30	9.01	2.18		
AC (Adaptive child)	Mentally Retarded Children	30	13.65	2.92	58	1.12
	Non-retarded Children	30	12.81	2.86		

t- test was used to find out whether there is any significant mean difference in all the five ego-states between the parents of Child mentally retarded and parents of Adult mentally retarded persons. The findings are shown in the above table. It is seen that there are significant mean differences in Rebellious Child (RC) ego-states between parents of the child mentally retarded and parents of the Adult mentally retarded persons. There are no differences in Punitive Parent (PP), Nurturing Parent (NP), Adult (A) and Adaptive Child (AC) ego-states between parents of the child mentally retarded and parents of the Adult mentally retarded persons.

Table No. 3.3**Mean ego-states of the parents of the fathers and mothers of the Child and adult mentally retarded persons**

Ego-State	Parents of the Child mentally retarded		Parents of the Adult mentally retarded	
	Father N=15	Mother N=15	Father N=15	Mother N=15
PP (Punitive Parents)	10.53	10.26	9.19	9.86
NP (Nurturing Parents)	12.13	13.20	11.67	12.00
A (Adult)	6.63	8.71	8.59	9.03
RC (Rebellious child)	7.51	7.73	9.43	8.61
AC (Adaptive child)	15.20	12.10	13.12	12.50

The above table shows the mean of five ego-states of the fathers and mothers of Child and Adult mentally retarded persons. It was found that Punitive Parent (PP) and Nurturing Parent (NP) ego-states are higher among the parents of children retarded compared to the parents of adult mentally retarded persons. On the other hand Adult (A) ego-state is higher among the parents of the adults compared to the parents of children. It was also found that Rebellious Child (RC) and Adaptive Child (AC) ego-states are more or less similar in these two groups.

Table No. 3.4**Mean and Standard Deviation of Ego-states of the Fathers of Adult and child and adult mentally retarded persons**

Ego-States	groups	N	M	SD	df	t
PP (Punitive Parents)	Father of the Child mentally retarded	15	10.53	2.56	28	1.48
	Father of the Adult mentally retarded	15	9.19	2.23		
NP (Nurturing Parents)	Father of the Child mentally retarded	15	12.13	2.93	28	2.46*
	Father of the Adult mentally retarded	15	11.67	2.34		
A (Adult)	Father of the Child mentally retarded	15	6.63	1.75	28	2.59*
	Father of the Adult mentally retarded	15	8.59	2.30		
RC (Rebellious child)	Father of the Child mentally retarded	15	7.51	2.46	28	1.72
	Father of the Adult mentally retarded	15	9.43	3.09		
AC (Adaptive child)	Father of the Child mentally retarded	15	15.20	3.32	28	2.08*
	Father of the Adult mentally retarded	15	13.12	2.89		

* P<0.05

t- test was used to find out whether there is any significant mean difference in all the five ego-states between the father of Child mentally retarded and father of Adult mentally retarded persons. The findings are shown in the above table. It is seen that there are significant mean differences in Nurturing Parent (NP), Adult (A) and Adaptive Child (AC) ego-states between fathers of the child mentally retarded and fathers of the Adult mentally retarded persons. There are no differences in Punitive Parent (PP) and Rebellious Child (RC) ego-states between fathers of the child mentally retarded and fathers of the Adult mentally retarded persons.

Table No. 3.5**Mean and SD of Ego-States of the Mothers of the Adult and Child mentally retarded children persons**

Ego-States	Groups	N	M	SD	df	t
PP (Punitive Parents)	Mother of the Child mentally retarded	15	10.26	2.80	28	0.38
	Mother of the Adult mentally retarded	15	9.86	2.69		
NP (Nurturing Parents)	Mother of the Child mentally retarded	15	13.20	3.20	28	1.15
	Mother of the Adult mentally retarded	15	12.00	2.91		
A (Adult)	Mother of the Child mentally retarded	15	8.71	1.84	28	1.17
	Mother of the Adult mentally retarded	15	9.03	2.03		
RC (Rebellious child)	Mother of the Child mentally retarded	15	7.73	2.36	28	2.55*
	Mother of the Adult mentally retarded	15	8.61	3.17		
AC (Adaptive child)	Mother of the Child mentally retarded	15	12.10	3.04	28	0.35
	Mother of the Adult mentally retarded	15	12.50	3.01		

* P<0.05

t- test was used to find out whether there is any significant mean difference in all the five ego-states between the mothers of Child mentally retarded and mothers of Adult mentally retarded persons. The findings are shown in the above table. It is seen that there are significant mean differences in Rebellious Child (RC) ego-states between mothers of the child mentally retarded and mothers of the Adult mentally retarded persons. There are no differences in Punitive Parent (PP), Nurturing Parent (NP), Adult (A) and Adaptive Child (AC) ego-states between mothers of the child mentally retarded and mothers of the Adult mentally retarded persons.

Table No. 4.1**Mean and SD of Ego-States of the parents of mentally retarded children of urban and rural areas**

Ego-states	Groups	N	M	SD	df	t
PP (Punitive Parent)	Urban	30	9.73	3.06	58	0.67
	Rural	30	10.40	2.53		
NP (Nurturing Parent)	Urban	30	12.33	3.23	58	1.50
	Rural	30	13.73	3.89		
A (Adult)	Urban	30	8.26	1.96	58	0.56
	Rural	30	8.55	1.94		
RC (Rebellious Child)	Urban	30	7.73	1.98	58	1.20
	Rural	30	7.08	2.21		
AC (Adaptive Child)	Urban	30	13.95	3.11	58	2.19*
	Rural	30	12.24	2.87		

* P<0.05

t- test was used to find out whether there is any significant mean difference in all the five ego-states between the parents of mentally retarded children of urban and rural areas.. The findings are shown in the above table. It is seen that there are significant mean differences in ego-states between the parents of mentally retarded children of urban and rural areas. There are no differences in Punitive Parent (PP), Nurturing Parent (NP), Adult (A) and Rebellious Child (RC) ego-states between parents of mentally retarded children of urban and rural areas.

Table No. 5.1

Mean Ego-States scores of the fathers and mothers of Rajshahi, Dhaka and Auchpara

Ego-State	Fathers of the mentally retarded N=90	mothers of the mentally retarded N=90
PP (Punitive Parents)	9.90	10.02
NP (Nurturing Parents)	12.64	12.95
A (Adult)	8.25	8.35
RC (Rebellious child)	7.36	8.45
AC (Adaptive child)	13.85	12.23

The above table shows the mean of five ego-states of the fathers and mothers of the mentally retarded children. It was found that Adaptive Child (AC) ego-states are higher in fathers of the mentally retarded children compared to mothers of the mentally retarded children. On the other hand Punitive Parent (PP) and Adult (A) ego-states are higher in mothers of the mentally retarded children compared to fathers of the mentally retarded children. It was also found that Nurturing Parent (NP) and Rebellious Child (RC) ego-states are more or less similar in these two groups.

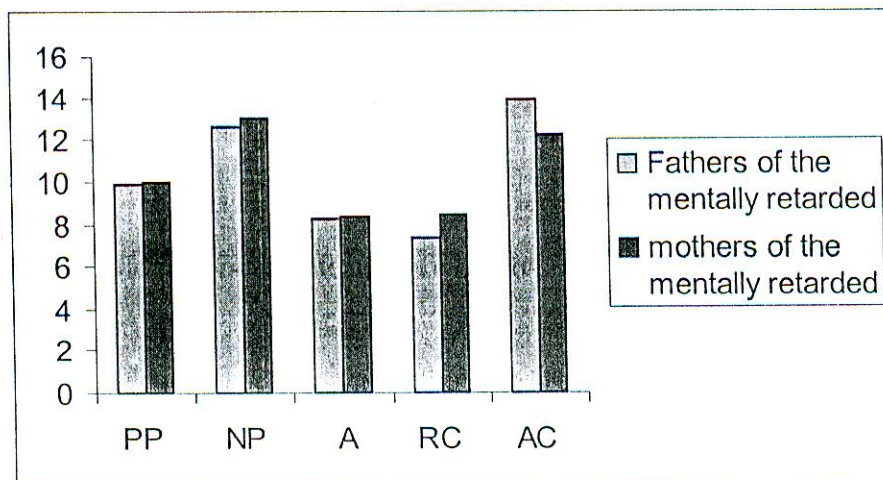


Figure 5.1 Ego scores of the fathers and mothers of Rajshahi, Dhaka and Auchpara.

Table No. 5.2

Mean and SD of Ego States of fathers and mothers of Rajshahi Dhaka and Auchpara

Ego-States	Study Area	Groups	N	M	SD	df	t
PP (Punitive Parent)	Rajshahi	Father	30	9.86	2.07	58	1.06
		Mother	30	10.06	2.75		
	Dhaka	Father	30	9.30	2.83	58	0.98
		Mother	30	9.73	3.06		
	Auchpara	Father	30	10.53	2.53	58	0.38
		Mother	30	10.26	2.96		
NP (Nurturing Parent)	Rajshahi	Father	30	10.90	2.64	58	1.54
		Mother	30	12.60	3.06		
	Dhaka	Father	30	12.53	3.23	58	0.82
		Mother	30	13.30	3.89		
	Auchpara	Father	30	14.50	2.71	58	2.37*
		Mother	30	12.96	2.20		
A (Adult)	Rajshahi	Father	30	8.60	2.03	58	1.92
		Mother	30	8.50	1.94		
	Dhaka	Father	30	7.83	2.21	58	0.50
		Mother	30	8.10	1.91		
	Auchpara	Father	30	8.33	1.96	58	2.63*
		Mother	30	8.76	1.74		
RC (Rebellious Child)	Rajshahi	Father	30	8.47	2.78	58	0.83
		Mother	30	9.07	2.77		
	Dhaka	Father	30	5.63	2.06	58	3.68*
		Mother	30	7.73	2.28		
	Auchpara	Father	30	6.86	1.94	58	0.89
		Mother	30	7.30	1.80		
AC (Adaptive Child)	Rajshahi	Father	30	14.16	3.11	58	1.23
		Mother	30	12.30	3.10		
	Dhaka	Father	30	16.70	3.57	58	3.92*
		Mother	30	13.13	3.38		
	Auchpara	Father	30	10.70	2.87	58	2.77*
		Mother	30	10.96	3.52		

* P<0.05

t-test was used to find out whether there is any significant difference in all five types of ego-states between fathers and mothers of all the mild, moderate and severe mentally retarded children of Rajshahi, Dhaka and Auchpara. The findings are shown in the above table. It is seen that there are significant differences in Nurturing Parent (NP), Adult (A), Rebellious Child (RC) and Adaptive Child (AC) ego-states of the fathers and mothers. There are no differences in Punitive Parent (PP) ego-states of the fathers and mothers of mild, moderate and severe mentally retarded children.

Table No. 5.3**Mean and SD of Ego States of fathers and mothers of Mild and Moderate retarded children of Rajshahi City**

Ego-states	Groups	N	M	SD	df	t	
PP (Punitive Parent)	Mild	Father	10	9.00	2.21	18	0.86
		Mother	10	9.80	2.69		
	Moderate	Father	10	10.60	1.95	18	1.22
		Mother	10	7.60	5.82		
NP (Nurturing Parent)	Mild	Father	10	11.20	2.43	18	1.02
		Mother	10	12.30	2.09		
	Moderate	Father	10	11.40	2.92	18	1.52
		Mother	10	13.80	3.71		
A (Adult)	Mild	Father	10	8.30	1.62	18	1.19
		Mother	10	9.30	1.95		
	Moderate	Father	10	8.50	2.28	18	3.16*
		Mother	10	8.30	1.90		
RC (Rebellious Child)	Mild	Father	10	10.20	1.66	18	2.43*
		Mother	10	7.50	2.69		
	Moderate	Father	10	7.20	3.84	18	1.65
		Mother	10	10.00	3.34		
AC (Adaptive Child)	Mild	Father	10	13.30	2.38	18	1.70
		Mother	10	13.10	3.50		
	Moderate	Father	10	14.30	3.85	18	0.11
		Mother	10	12.30	3.79		

* P<0.05

t-test was used to find out whether there is any significant difference in all five types of ego-states between fathers and mothers of mild and moderate mentally retarded children. The findings are shown in the above table. It is seen that there are significant differences in Adult (A) and Rebellious Child (RC) ego-states of the fathers and mothers of mild and moderate retarded children. There are no significant differences in Punitive Parent (PP), Nurturing parent (NP) and Adaptive Child (AC) ego states between fathers and mothers of mild and moderate mentally retarded children.

Table No. 5.4**Mean and SD of Ego States of fathers and mothers of mild and severe retarded Children of Rajshahi City**

Ego-states	Groups	N	M	SD	df	t	
PP (Punitive Parent)	Mild	Father	10	9.00	2.21	18	0.86
		Mother	10	9.80	2.69		
	Severe	Father	10	10.10	2.05	18	2.12*
		Mother	10	12.80	2.73		
NP (Nurturing Parent)	Mild	Father	10	11.20	2.43	18	1.02
		Mother	10	12.30	2.09		
	Severe	Father	10	10.10	2.58	18	0
		Mother	10	10.10	3.38		
A (Adult)	Mild	Father	10	8.30	1.62	18	1.19
		Mother	10	9.30	1.95		
	Severe	Father	10	9.00	2.19	18	1.13
		Mother	10	7.90	1.96		
RC (Rebellious Child)	Mild	Father	10	10.20	1.66	18	2.43*
		Mother	10	7.50	2.69		
	Severe	Father	10	8.00	2.83	18	1.4
		Mother	10	9.70	2.28		
AC (Adaptive Child)	Mild	Father	10	13.30	2.38	18	1.70
		Mother	10	13.10	3.50		
	Severe	Father	10	14.90	3.85	18	2.23*
		Mother	10	11.50	3.79		

* P<0.05

t-test was used to find out whether there is any significant difference in all five types of ego-states between fathers and mothers of mild and severe mentally retarded children. The findings are shown in the above table. It is seen that there are significant differences in Punitive Parent (PP), Rebellious Child (RC) and Adaptive Child (AC) ego-states of the fathers and mothers of mild and severe retarded children. There are no significant differences in Nurturing parent (NP) and Adult (A) ego states between fathers and mothers of mild and severe mentally retarded children.

Table No. 5.5**Mean and SD of Ego States of fathers and mothers of Moderate and severe retarded Children of Rajshahi City**

Ego-states	Groups	N	M	SD	df	t	
PP (Punitive Parent)	Moderate	Father	10	10.60	1.95	18	1.22
		Mother	10	7.60	5.82		
	Severe	Father	10	10.00	2.05	18	2.12*
		Mother	10	12.80	2.73		
NP (Nurturing Parent)	Moderate	Father	10	11.40	2.92	18	1.52
		Mother	10	13.80	3.71		
	Severe	Father	10	10.10	2.58	18	0
		Mother	10	10.10	3.38		
A (Adult)	Moderate	Father	10	8.50	2.28	18	3.16*
		Mother	10	8.30	1.90		
	Severe	Father	10	9.00	2.19	18	1.13
		Mother	10	7.90	1.96		
RC (Rebellious Child)	Moderate	Father	10	7.20	3.84	18	1.65
		Mother	10	10.00	3.34		
	Severe	Father	10	8.00	2.83	18	1.4
		Mother	10	9.70	2.28		
AC (Adaptive Child)	Moderate	Father	10	14.30	3.85	18	0.11
		Mother	10	12.30	3.79		
	Severe	Father	10	14.90	3.85	18	2.23*
		Mother	10	11.50	3.79		

* P<0.05

t-test was used to find out whether there is any significant difference in all five types of ego-states between fathers and mothers of moderate and severe mentally retarded children. The findings are shown in the above table. It is seen that there are significant differences in Punitive Parent (PP), Adult (A) and Adaptive Child (AC) ego-states of the fathers and mothers of moderate and severe retarded children. There are no significant differences in Nurturing parent (NP) and Rebellious Child (RC) ego states between fathers and mothers of moderate and severe mentally retarded children.

Table No. 5.6

Mean and SD of Ego States of fathers and mothers of mild and moderate retarded Children of Dhaka City.

Ego-states	Groups	N	M	SD	df	t	
PP (Punitive Parent)	Mild	Father	10	8.30	3.29	18	0.94
		Mother	10	7.20	3.22		
	Moderate	Father	10	9.90	3.00	18	2.22*
		Mother	10	13.00	4.65		
NP (Nurturing Parent)	Mild	Father	10	13.00	2.32	18	0.82
		Mother	10	14.90	6.53		
	Moderate	Father	10	12.80	3.68	18	1.75
		Mother	10	10.20	2.52		
A (Adult)	Mild	Father	10	7.70	2.24	18	1.44
		Mother	10	9.20	2.18		
	Moderate	Father	10	7.70	2.24	18	0.10
		Mother	10	7.80	1.99		
RC (Rebellious Child)	Mild	Father	10	5.10	1.87	18	2.28*
		Mother	10	7.80	3.03		
	Moderate	Father	10	5.10	1.78	18	3.76*
		Mother	10	8.60	2.15		
AC (Adaptive Child)	Mild	Father	10	17.90	3.24	18	3.35*
		Mother	10	12.90	3.11		
	Moderate	Father	10	16.50	3.5	18	2.00
		Mother	10	12.40	5.06		

* $P < 0.05$

t-test was used to find out whether there is any significant difference in all five types of ego-states between fathers and mothers of mild and moderate mentally retarded children. The findings are shown in the above table. It is seen that there are significant differences in Punitive Parent (PP), Rebellious Child (RC) and Adaptive Child (AC) ego-states between fathers and mothers of mild and moderate retarded children. There are no significant differences in Nurturing parent (NP) and Adult (A) ego states between fathers and mothers of mild and moderate retarded children.

Table No. 5.7**Mean and SD of Ego States of fathers and mothers of mild and severe retarded Children of Dhaka City**

Ego-states	Groups		N	M	SD	df	t
PP (Punitive Parent)	Mild	Father	10	8.30	3.29	18	0.94
		Mother	10	7.20	3.22		
	Severe	Father	10	9.70	2.20	18	0.66
		Mother	10	9.90	2.32		
NP (Nurturing Parent)	Mild	Father	10	13.00	2.32	18	0.82
		Mother	10	14.90	6.53		
	Severe	Father	10	11.80	3.71	18	1.98
		Mother	10	14.80	2.64		
A (Adult)	Mild	Father	10	7.70	2.24	18	1.44
		Mother	10	9.20	2.18		
	Severe	Father	10	8.10	2.17	18	0.91
		Mother	10	7.30	1.55		
RC (Rebellious Child)	Mild	Father	10	5.10	1.87	18	2.28*
		Mother	10	7.80	3.03		
	Severe	Father	10	6.70	2.53	18	0.099
		Mother	10	6.80	1.66		
AC (Adaptive Child)	Mild	Father	10	17.90	3.24	18	3.35*
		Mother	10	12.90	3.11		
	Severe	Father	10	15.70	3.97	18	1.08
		Mother	10	14.10	1.97		

* P<0.05

t-test was used to find out whether there is any significant difference in all five types of ego-states between fathers and mothers of mild and severe mentally retarded children. The findings are shown in the above table. It is seen that there are significant differences in Rebellious Child (RC) and Adaptive Child (AC) ego-states between fathers and mothers of mild and severe retarded children. There are no significant differences in Punitive Parent (PP), Nurturing parent (NP) and Adult (A) ego states between fathers and mothers of mild and severe retarded children.

Table No. 5.8**Mean and SD of Ego States of fathers and mothers of moderate and severe retarded Children of Dhaka City**

Ego-states	Groups	N	M	SD	df	t	
PP (Punitive Parent)	Moderate	Father	10	9.90	3.00	18	2.22*
		Mother	10	13.00	4.65		
	Severe	Father	10	9.70	2.20	18	0.66
		Mother	10	9.00	2.32		
NP (Nurturing Parent)	Moderate	Father	10	12.80	3.68	18	1.75
		Mother	10	10.20	2.52		
	Severe	Father	10	11.80	3.71	18	1.98
		Mother	10	14.80	2.64		
A (Adult)	Moderate	Father	10	7.70	2.24	18	0.10
		Mother	10	7.80	1.99		
	Severe	Father	10	8.10	2.17	18	0.91
		Mother	10	7.30	1.55		
RC (Rebellious Child)	Moderate	Father	10	5.10	1.78	18	3.76*
		Mother	10	8.60	2.15		
	Severe	Father	10	6.70	2.53	18	0.09
		Mother	10	6.80	1.66		
AC (Adaptive Child)	Moderate	Father	10	16.50	3.5	18	2.00
		Mother	10	12.40	5.06		
	Severe	Father	10	15.70	3.97	18	1.08
		Mother	10	14.10	1.97		

* P<0.05

t-test was used to find out whether there is any significant difference in all five types of ego-states between fathers and mothers of moderate and severe mentally retarded children. The findings are shown in the above table. It is seen that there are significant differences in Punitive Parent (PP) and Rebellious Child (RC) ego-states between fathers and mothers of moderate and severe retarded children. There are no significant differences in Nurturing parent (NP), Adult (A) and Adaptive Child (AC) ego states between fathers and mothers of moderate and severe retarded children.

Table No. 5.9**Mean and SD of Ego States of fathers and mothers of Mild and Moderate retarded Children of Auchpara Union**

Ego-states	Groups	N	M	SD	df	t	
PP (Punitive Parent)	Mild	Father	10	12.00	1.97	18	2.47*
		Mother	10	10.30	2.64		
	Moderate	Father	10	10.00	2.83	18	0.63
		Mother	10	10.80	2.52		
NP (Nurturing Parent)	Mild	Father	10	15.40	2.57	18	2.78*
		Mother	10	12.20	2.33		
	Moderate	Father	10	14.50	2.72	18	0.74
		Mother	10	13.70	1.79		
A (Adult)	Mild	Father	10	7.20	1.78	18	1.13
		Mother	10	8.30	2.33		
	Moderate	Father	10	8.00	1.90	18	0.88
		Mother	10	8.70	1.49		
RC (Rebellious Child)	Mild	Father	10	7.10	2.12	18	0
		Mother	10	7.10	1.96		
	Moderate	Father	10	6.60	1.92	18	0
		Mother	10	6.60	1.98		
AC (Adaptive Child)	Mild	Father	10	10.30	2.24	18	0.37
		Mother	10	9.90	4.35		
	Moderate	Father	10	12.70	3.07	18	3.85*
		Mother	10	12.20	2.04		

* P<0.05

t-test was used to find out whether there is any significant difference in all five types of ego-states between fathers and mothers of mild and moderate mentally retarded children. The findings are shown in the above table. It is seen that there are significant differences in Punitive Parent (PP), Nurturing parent (NP) and Adaptive Child (AC) ego-states between fathers and mothers of mild and moderate retarded children. There are no significant differences in Adult (A) and Rebellious Child (RC) ego states between fathers and mothers of mild and moderate retarded children.

Table No. 5.10**Mean and SD of Ego States of fathers and mothers of Mild and Severe retarded Children of Auchpara Union**

Ego-states	Groups	N	M	SD	df	t	
PP (Punitive Parent)	Mild	Father	10	12.00	1.97	18	2.47*
		Mother	10	9.30	2.64		
	Severe	Father	10	9.60	2.80	18	0.70
		Mother	10	10.70	3.74		
NP (Nurturing Parent)	Mild	Father	10	15.40	2.57	18	2.78*
		Mother	10	12.20	2.33		
	Severe	Father	10	13.60	2.84	18	0.47
		Mother	10	13.00	2.50		
A (Adult)	Mild	Father	10	7.20	1.78	18	1.13
		Mother	10	8.30	2.33		
	Severe	Father	10	9.80	2.29	18	1.91
		Mother	10	9.30	1.42		
RC (Rebellious Child)	Mild	Father	10	7.10	2.12	18	0
		Mother	10	7.10	1.96		
	Severe	Father	10	9.90	1.79	18	1.68
		Mother	10	8.20	1.47		
AC (Adaptive Child)	Mild	Father	10	9.30	2.24	18	0.37
		Mother	10	9.90	4.35		
	Severe	Father	10	9.10	3.32	18	0.95
		Mother	10	10.80	4.19		

* P<0.05

t-test was used to find out whether there is any significant difference in all five types of ego-states between fathers and mothers of mild and severe mentally retarded children. The findings are shown in the above table. It is seen that there are significant differences in Punitive Parent (PP) and Nurturing parent (NP) ego-states between fathers and mothers of mild and severe retarded children. There are no significant differences in Adult (A), Rebellious Child (RC) and Adaptive Child (AC) ego states between fathers and mothers of mild and severe retarded children.

Table No. 5.11

Mean and SD of Ego States of fathers and mothers of Moderate and Severe retarded Children of Auchpara Union

Ego-states	Groups	N	M	SD	df	t	
PP (Punitive Parent)	Moderate	Father	10	10.00	2.83	18	0.63
		Mother	10	10.80	2.52		
	Severe	Father	10	9.60	2.80	18	0.70
		Mother	10	10.70	3.74		
NP (Nurturing Parent)	Moderate	Father	10	14.50	2.72	18	0.74
		Mother	10	13.70	1.79		
	Severe	Father	10	13.60	2.84	18	0.47
		Mother	10	13.00	2.50		
A (Adult)	Moderate	Father	10	8.00	1.90	18	0.88
		Mother	10	8.70	1.49		
	Severe	Father	10	9.80	2.29	18	1.91
		Mother	10	9.30	1.42		
RC (Rebellious Child)	Moderate	Father	10	6.60	1.92	18	0
		Mother	10	6.60	1.98		
	Severe	Father	10	9.90	1.79	18	1.68
		Mother	10	8.20	1.47		
AC (Adaptive Child)	Moderate	Father	10	12.70	3.07	18	3.85*
		Mother	10	12.20	2.04		
	Severe	Father	10	9.10	3.32	18	0.95
		Mother	10	10.80	4.19		

* P<0.05

t-test was used to find out whether there is any significant difference in all five types of ego-states between fathers and mothers of moderate and severe mentally retarded children. The findings are shown in the above table. It is seen that there are significant differences in Adaptive Child (AC) ego states between fathers and mothers of moderate and severe retarded children. There are no significant differences in Punitive Parent (PP), Nurturing parent (NP), Adult (A) and Rebellious Child (RC) ego-states between fathers and mothers of moderate and severe retarded children.

Table No. 6.1

Mean Ego-States scores of the parents before and after counseling

Ego-State	Before counseling	After counseling
	Parents N=60	Parents N=60
PP (Punitive Parent)	11.40	9.95
NP (Nurturing Parent)	10.10	9.90
A (Adult)	8.45	14.10
RC (Rebellious Child)	8.85	9.00
AC (Adaptive Child)	13.20	9.05

The above table shows the mean differences of five ego-states between parents of the mentally retarded children before and after counseling. It was found that Adult (A) and Adaptive Child (AC) ego-states changed between parents of the mentally retarded children after counseling. On the other hand Punitive Parent (PP), Nurturing Parent (NP), Rebellious Child (RC) ego-states are more or less similar in these two groups.

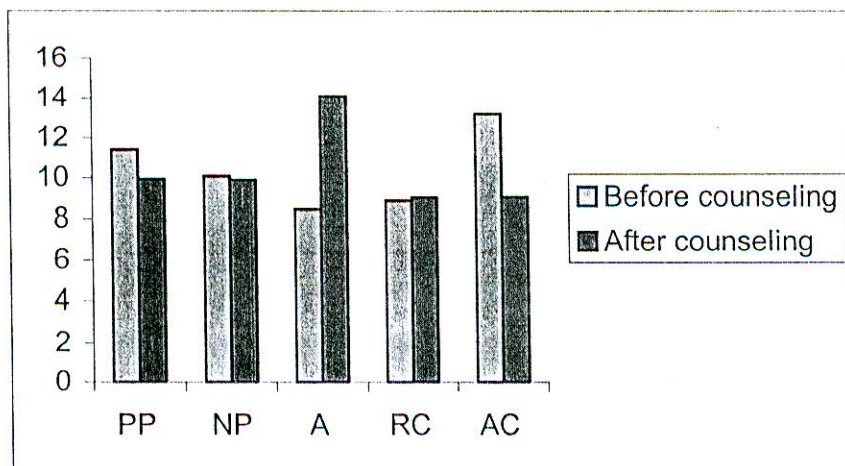


Figure 6.1 Ego scores of the parents before and after counseling.

Table No. 6.2**Mean Ego-state scores of the parents before and after counseling**

Ego-State	Before Counseling		After Counseling	
	Father N=30	Mother N=30	Father N=30	Mother N=30
PP (Punitive Parents)	10.00	12.80	9.90	10.00
NP (Nurturing Parents)	10.10	10.10	10.00	9.80
A (Adult)	9.00	7.90	14.80	13.70
RC (Rebellious child)	8.00	9.70	8.20	9.50
AC (Adaptive child)	14.90	11.50	9.10	9.00

The above table shows the mean differences of five ego-states between fathers and mothers of the mentally retarded children before and after counseling. It was found that Adult (A) and Adaptive Child (AC) ego-states changed between fathers and mothers of the mentally retarded children after counseling. On the other hand Punitive Parent (PP), Nurturing Parent (NP) and Adaptive Child (AC) ego-states remained more or less similar before and after counseling.

Table No. 6.3**Mean and SD of Ego-states of Fathers of mentally retarded children**

Ego-States	Phase	N	M	SD	df	t
PP (Punitive Parent)	Father Before counseling	30	10.00	2.58	58	0.082
	Father after counseling	30	10.10	2.55		
NP (Nurturing Parent)	Father Before counseling	30	10.10	2.05	58	3.61*
	Father after counseling	30	14.80	3.00		
A (Adult)	Father Before counseling	30	9.00	2.19	58	4.83*
	Father after counseling	30	14.80	3.60		
RC (Rebellious child)	Father Before counseling	30	8.00	2.83	58	0.148
	Father after counseling	30	8.20	2.90		
AC (Adaptive child)	Father Before counseling	30	14.9	3.85	58	3.87*
	Father after counseling	30	9.10	2.35		

* P<0.05

t-test was used to find out whether there is any significant difference in all five types of ego-states between fathers before and after counseling. It is seen that there are significant differences in Nurturing Parent (NP), Adult (A) and Adaptive Child (AC) ego-states between fathers before and after counseling. There are no differences in Punitive Parent (PP) and Rebellious Child (RC) ego-states between fathers before and after counseling

Table No. 6.4**Mean and SD of Ego-states of Mothers of mentally retarded children**

Ego-States	Phase	N	M	SD	df	t
PP (Punitive Parent)	Mother Before counseling	30	12.80	2.73	58	1.6
	Mother after counseling	30	10.00	3.59		
NP (Nurturing Parent)	Mother Before counseling	30	10.10	3.38	58	0.23
	Mother after counseling	30	9.80	3.27		
A (Adult)	Mother Before counseling	30	7.9	1.96	58	4.46*
	Mother after counseling	30	13.70	3.39		
RC (Rebellious child)	Mother Before counseling	30	9.70	2.28	58	0.19
	Mother after counseling	30	9.50	2.23		
AC (Adaptive child)	Mother Before counseling	30	11.5	3.79	58	1.58
	Mother after counseling	30	9.00	2.89		

* P<0.05

t-test was used to find out whether there is any significant difference in all five types of ego-states between mothers before and after counseling. It is seen that there are significant differences in Adult (A) ego-states among the mothers before and after counseling. There are no differences in Punitive Parent (PP), Nurturing Parent (NP), Rebellious Child (RC) and Adaptive Child (AC) ego-states among the mothers before and after counseling

Table No. 7.1

Mean Ego-State scores of the parents of the Male and female mentally retarded children.

Ego-State	Parents of the Male mentally retarded N=48	Parents of Female mentally retarded N=42
PP (Punitive Parent)	10.14	11.73
NP (Nurturing Parent)	12.04	10.98
A (Adult)	8.57	7.98
RC (Religious Child)	8.98	8.48
AC (Adaptive Child)	12.27	12.83

The above table shows the mean of five ego-states of the parents of Male and Female of the mentally retarded children. It was found that Nurturing Parent (NP), Adult (A) and Rebellious Child (RC) ego-states are higher in parents of male retarded children compared to the parents of female retarded children. On the other hand Punitive Parent (PP) and Adaptive Child (AC) ego-states are higher among parents of female retarded children compared to male retarded children.

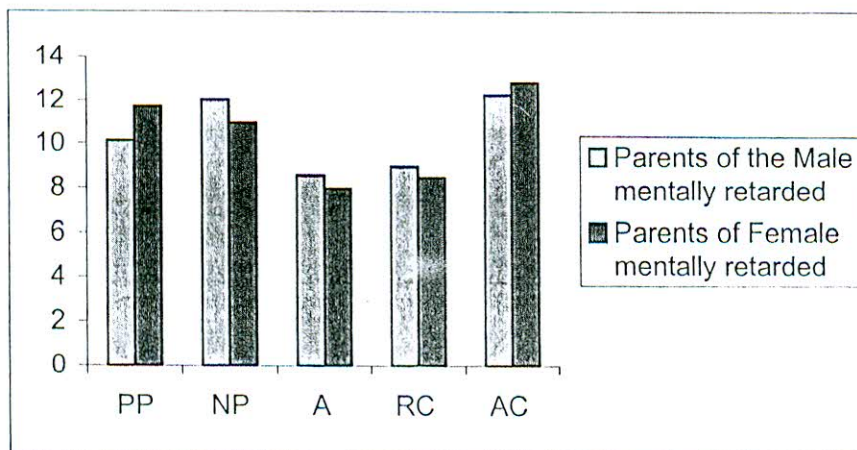


Figure 7.1: Ego scores of the parents of the male and female mentally retarded children

Table No. 7.2

Mean Ego-State of the fathers and mothers of the Male and female mentally retarded children

Ego-State	Parents of Male mentally retarded		Parents of the female mentally retarded	
	Father N=48	Mother N=48	Father N=42	Mother N=42
PP (Punitive Parent)	10.37	9.90	12.50	10.95
NP (Nurturing Parent)	10.64	13.45	9.33	12.64
A (Adult)	8.50	8.64	7.94	8.02
RC (Religious Child)	9.64	8.32	8.84	8.12
AC (Adaptive Child)	12.85	11.69	13.39	12.27

The above table shows the mean of five ego-states of the fathers and mothers of Male and female retarded children. It was found that Nurturing Parent (NP) and Adult (A) ego-states are higher among the fathers and mothers of male retarded children compared to the fathers and mothers of female retarded children. On the other hand Punitive Parent (PP) and Adaptive Child (AC) ego-states are higher among the fathers and mothers of female retarded children compared to fathers and mothers male retarded children. It was found that Rebellious Child (RC) ego-states are more or less similar in these two groups of parents.

Table No. 7.3**Mean and SD of Ego-States of the fathers and mothers of the Male retarded children**

Ego-State	Category	N	M	SD	df	t
PP (Punitive Parent)	Father	48	10.37	2.48	94	0.82
	Mother	48	9.90	3.05		
NP (Nurturing Parent)	Father	48	10.64	2.68	94	4.19*
	Mother	48	13.45	3.77		
A (Adult)	Father	48	8.50	1.94	94	0.34
	Mother	48	8.64	2.09		
RC (Religious Child)	Father	48	9.64	2.37	94	3.00*
	Mother	48	8.32	1.92		
AC (Adaptive Child)	Father	48	12.85	2.27	94	2.32*
	Mother	48	11.69	3.12		

* P<0.05

t-test was used to find out whether there is any significant difference in all five types of ego-states between fathers and mothers of the male mentally retarded children. It is seen that there are significant differences in Nurturing Parent (NP), Rebellious Child (RC) and Adaptive Child (AC) ego-states between father's and mother's of the male retarded children. There are no differences in Punitive Parent (PP) and Adult (A) Child (AC) ego-states between father's and mother's of the male retarded children.

Table No. 7.4**Mean and SD of Ego-States of the fathers and mothers of the female retarded children**

Ego-State	Category	N	M	SD	df	t
PP (Punitive Parent)	Father	42	12.50	3.23	82	2.42*
	Mother	42	10.95	2.62		
NP (Nurturing Parent)	Father	42	9.33	2.86	82	2.19*
	Mother	42	12.64	3.45		
A (Adult)	Father	42	7.94	2.24	82	0.11
	Mother	42	8.02	1.94		
RC (Religious Child)	Father	42	8.84	1.76	82	1.71
	Mother	42	8.12	2.10		
AC (Adaptive Child)	Father	42	13.39	3.31	82	1.60
	Mother	42	12.27	3.11		

* P<0.05

t-test was used to find out whether there is any significant difference in all five types of ego-states between fathers and mothers of the female mentally retarded children . It is seen that there are significant differences in Punitive Parent (PP) and Nurturing Parent (NP) ego-states between father's and mother's of the female retarded children. There are no differences in Adult (A) Rebellious Child (RC) and Adaptive Child (AC), ego-states between father's and mother's of the female retarded children.

Table No. 7.5**Mean and SD of Ego-States of the Parents of Male and female retarded children**

Ego-State	Category of parent	N	M	SD	df	t
PP (Punitive Parent)	Male	48	10.14	3.52	88	2.30*
	Female	42	11.73	3.06		
NP (Nurturing Parent)	Male	48	12.04	3.23	88	1.49
	Female	42	10.98	3.52		
A (Adult)	Male	48	8.57	2.78	88	1.13
	Female	42	7.98	2.21		
RC (Religious Child)	Male	48	8.98	1.94	88	0.98
	Female	42	8.48	2.78		
AC (Adaptive Child)	Male	48	12.27	3.10	88	1.00
	Female	42	12.83	2.20		

* P<0.05

t-test was used to find out whether there is any significant difference in all five types of ego-states between fathers and mothers of the male and female mentally retarded children. It is seen that there are significant differences in Punitive Parent (PP) ego-states between father's and mother's of the female retarded children. There are no differences in Nurturing Parent (NP), Adult (A) Rebellious Child (RC) and Adaptive Child (AC), ego-states between father's and mother's of the male and female retarded children.

Values of the parents

The following tables show the Values of the parents. The parents of the mentally retarded Children were mainly divided into three groups. These groups are the parents of the mild, moderate and severe mentally retarded Children. Again they were categorized as parents of Rajshahi city, Dhaka city and the parents of Auchpara Union. Values of these parents were compared with the values of the parents of a matched group of non-retarded children. To study the significance of the findings Standard Deviation of all the mean was calculated and t-test was done.

Table No. 8.1

Mean and SD of Values of the parents of mild, moderate and severe mentally retarded children

Values	Mild N=30		Moderate N=30		Severe N=30	
	M	SD	M	SD	M	SD
Theoretical	38.50	4.97	36.99	4.95	38.67	5.67
Economic	42.02	4.75	40.23	4.56	42.52	4.58
Aesthetic	42.42	4.86	43.59	5.02	39.56	5.41
social	35.54	4.46	39.96	3.32	36.35	4.23
Political	41.22	4.66	39.34	4.38	40.46	3.39
Religious	40.30	3.36	39.89	5.80	42.44	4.37

The above table shows the mean of all the six values of the parents of children with three levels of mental retardation. It was found that Social Values are higher in parents of the moderate retarded children compared to other two groups. On the other hand Religious Values is higher among parents of the moderate and severe retarded children than the parents of mild retarded children. It was also found that Theoretical, Economic, Aesthetic and Political values are more or less similar in these three groups of parents.

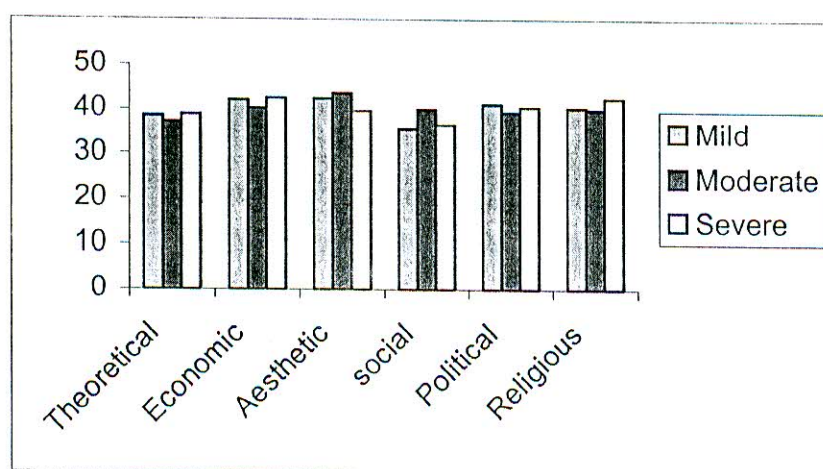


Figure 8.1 Values scores of the parents of children of three levels of mental retardation.

Table No. 8.2**Summary of Analysis of Variance of value scores for parents of different levels of mental retardation**

Source of Variance	SS	df	MS	F	Level of significance
Between groups	1666.75	2	833.37	8.13	P<0.01
Within groups	1537.45	177	102.49		
Total	3204.2	179			

(F=8.13, df=2, 177, P=<.01)

The finding shown in the above table shows that the main effect of different levels of mental retardation on values score was significant.

Table No. 8.3**Mean and SD of Values of the parents of mild and moderate mentally retarded children**

Values	Groups	N	M	SD	df	t
Theoretical	Mild	30	38.50	4.97	58	1.16
	Moderate	30	36.99	4.95		
Economic	Mild	30	42.02	4.75	58	1.46
	Moderate	30	40.23	4.56		
Aesthetic	Mild	30	42.42	4.86	58	0.90
	Moderate	30	43.59	5.02		
social	Mild	30	35.54	4.46	58	4.29*
	Moderate	30	39.96	3.32		
Political	Mild	30	41.22	4.66	58	1.59
	Moderate	30	39.34	4.38		
Religious	Mild	30	40.30	3.36	58	0.31
	Moderate	30	39.89	5.80		

* P<0.05

t- test was used to find out whether there is any significant difference in all six types of values between parents of mild and moderate retarded children. The findings are shown in the above table. It is seen that there are significant differences in Social Values between parents of mild and moderate retarded children. There are no differences in Theoretical, Economic, Aesthetic, Political and Religious values of the parents of mild and moderate retarded children.

Table No. 8.4

Mean and SD of Values of the parents of mild and severe mentally retarded children

Values	Groups	N	M	SD	df	t
Theoretical	Mild	30	38.50	4.97	58	0.12
	Severe	30	38.67	5.67		
Economic	Mild	30	42.02	4.75	58	0.40
	Severe	30	42.52	4.58		
Aesthetic	Mild	30	42.42	4.86	58	2.11*
	Severe	30	39.56	5.41		
social	Mild	30	35.54	4.46	58	0.71
	Severe	30	36.35	4.23		
Political	Mild	30	41.22	4.66	58	1.07
	Severe	30	40.46	3.39		
Religious	Mild	30	40.30	3.36	58	2.00*
	Severe	30	42.44	4.37		

* $P < 0.05$

t- test was used to find out whether there is any significant difference in all six types of values between parents of mild and moderate retarded children. The findings are shown in the above table. It is seen that there are significant differences in Aesthetic and Religious Values between parents of mild and severe retarded children. There are no differences in Theoretical, Economic, Social and Political values of the parents of mild and severe retarded children.

Table No. 8.5**Mean and SD of Values of the parents of moderate and severe mentally retarded children**

Values	Groups	N	M	SD	df	t
Theoretical	Moderate	30	36.99	4.95	58	1.21
	Severe	30	38.67	5.67		
Economic	Moderate	30	40.23	4.56	58	1.90
	Severe	30	42.52	4.58		
Aesthetic	Moderate	30	43.59	5.02	58	2.94*
	Severe	30	39.56	5.41		
social	Moderate	30	39.96	3.32	58	3.64*
	Severe	30	36.35	4.23		
Political	Moderate	30	39.31	4.38	58	1.12
	Severe	30	40.46	3.39		
Religious	Moderate	30	39.89	5.80	58	1.80
	Severe	30	42.44	4.37		

* P<0.05

t- test was used to find out whether there is any significant difference in all six types of values between parents of moderate and severe retarded children. The findings are shown in the above table. It is seen that there are significant differences in Aesthetic and Social Values between parents of moderate and severe retarded children. There are no differences in Theoretical, Economic, Political and Religious values of the parents of moderate and severe retarded children.

Table No. 9.1**Mean value scores of the parents of the mentally retarded and non-retarded children**

Values	Parents of the mentally retarded children. N=(60)	Parents of the non-retarded children N=(60)
Theoretical	43.45	40.50
Economic	38.00	36.00
Aesthetic	39.00	40.00
Social	34.55	37.50
Political	41.00	47.00
Religious	44.00	39.00

The above table shows the mean of six values of the parents of mentally retarded children and non-retarded children. It was found that Social and Political Values are higher in parents of non-retarded children compared to the parents of the mentally retarded children. On the other hand Theoretical and Religious Values are higher in parents of mentally retarded children compared to the parents of non-retarded children. It was also found that Economic and Aesthetic values are more or less similar in these two groups.

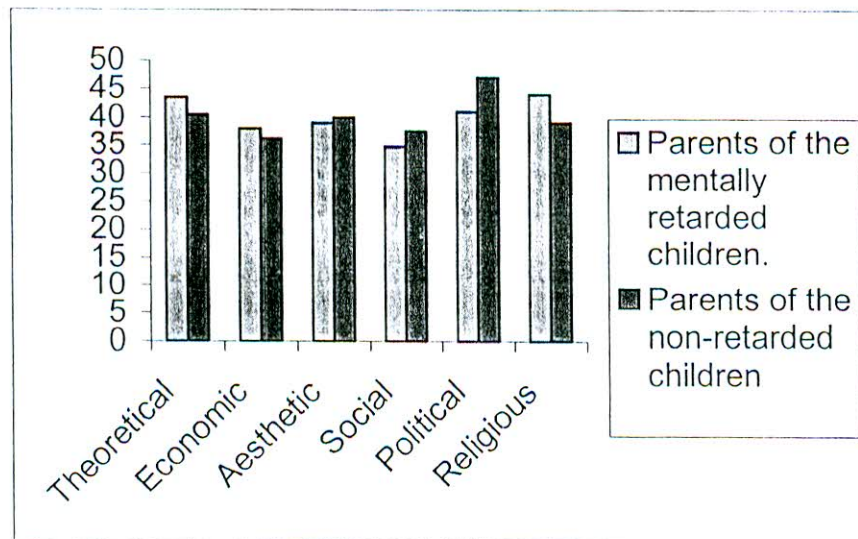


Figure 9.1 Values scores of the parents of the mentally retarded and non-retarded children.

Table No. 9.2**Comparison of mean and SD of values of Parents of mentally retarded and non-retarded children**

Values	Groups	N	M	SD	df	t
Theoretical	Parents of Mentally Retarded Children	60	43.45	5.02	118	3.17*
	Parents of non-retarded Children	60	40.50	5.17		
Economic	Parents of Mentally Retarded Children	60	38.00	5.04	118	1.94
	Parents of non-retarded Children	60	36.00	6.19		
Aesthetic	Parents of Mentally Retarded Children	60	39.00	4.56	118	1.19
	Parents of non-retarded Children	60	40.00	4.61		
Social	Parents of Mentally Retarded Children	60	34.55	5.07	118	3.20*
	Parents of non-retarded Children	60	37.5	4.98		
Political	Parents of Mentally Retarded Children	60	41.00	5.31	118	6.10*
	Parents of non-retarded Children	60	47.00	5.38		
Religious	Parents of Mentally Retarded Children	60	44.00	6.25	118	5.06*
	Parents of non-retarded Children	60	39.00	4.31		

* P<0.05

t- test was used to find out whether there is any significant mean difference in all the six values between parents of mentally retarded children and parents of non-retarded children. The findings are shown in the above table. It is seen that there are significant mean differences in Theoretical, Social, Political and Religious Values between parents of mentally retarded children and parents of non-retarded children. There are differences in Economic and Aesthetic values between parents of mentally retarded children and parents of non-retarded children. But these differences are not statistically significant.

Table No. 10.1

Mean Value scores of the parents of the Child and Adult mentally retarded persons

Values	Parents of the Child mentally retarded N=30	Parents of the Adult mentally retarded N=30
Theoretical	38.50	39.35
Economic	45.03	39.81
Aesthetic	41.53	42.68
Social	33.71	37.17
Political	41.21	39.29
Religious	41.28	41.63

The above table shows the mean of six values of the parents of Child mentally retarded and parents of the Adult mentally retarded persons. It was found that Economic and Political values are higher among the parents of child retarded compared to the parents of Adult mentally retarded persons. On the other hand social values is higher among the parents of the Adults compared to parents of child retarded. It was also found that Theoretical, Aesthetic and Religious values are more or less similar in these two groups of parents.

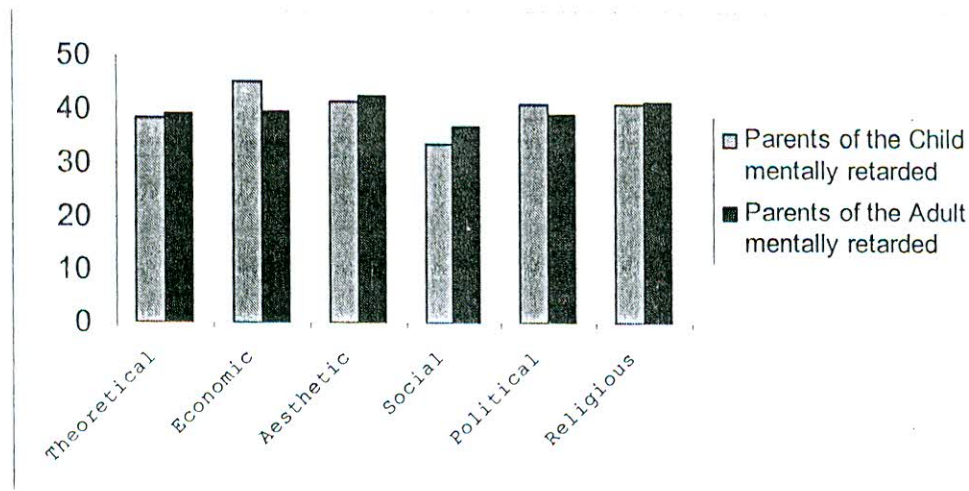


Figure 10.1 Values scores of the parents of the Child and Adult mentally retarded persons.

Table No. 10.2**Mean and SD of Values of the parents of the child and Adult mentally retarded persons**

Values	Groups	N	M	SD	df	t
Theoretical	Parent of the Child mentally retarded	30	38.50	5.23	58	0.75
	Parent of the Adult mentally retarded	30	39.35	3.15		
Economic	Parent of the Child mentally retarded	30	54.03	5.30	58	4.53*
	Parent of the Adult mentally retarded	30	39.81	3.28		
Aesthetic	Parent of the Child mentally retarded	30	41.53	3.64	58	1.22
	Parent of the Adult mentally retarded	30	42.68	5.57		
Social	Parent of the Child mentally retarded	30	33.71	4.02	58	3.32*
	Parent of the Adult mentally retarded	30	37.17	3.90		
Political	Parent of the Child mentally retarded	30	41.21	3.14	58	2.31*
	Parent of the Adult mentally retarded	30	39.29	3.23		
Religious	Parent of the Child mentally retarded	30	41.28	3.41	58	0.40
	Parent of the Adult mentally retarded	30	41.63	3.26		

t- test was used to find out whether significant mean difference in exists the six of values between the parents of Child mentally retarded and parents of Adult mentally retarded persons. The findings are shown in the above table. It is seen that there are significant mean differences in Economic, Social and Political values between parents of the child mentally retarded and parents of the Adult mentally retarded persons. Significant differences does not exist in Theoretical, Aesthetic and Religious values between parents of the child mentally retarded and parents of the Adult mentally retarded persons.

Table No. 10.3**Comparison of mean Values of the fathers and mothers of the child and Adult mentally retarded persons**

Values	Parents of the Child mentally retarded		Parents of the Adult mentally retarded	
	Father N=15	Mother N=15	Father N=15	Mother N=15
Theoretical	38.25	38.75	42.25	36.45
Economic	47.35	42.71	40.86	38.91
Aesthetic	39.60	41.45	41.10	44.25
Social	30.30	37.12	34.32	40.02
Political	44.50	37.92	44.46	34.12
Religious	40.50	42.05	37.01	46.25

The above table shows the mean of six values of the parents of Child mentally retarded persons and the parents of the Adult mentally retarded persons. It was found that Economic Values is higher among the parents of child retarded compared to the parents of Adult mentally retarded persons. On the other hand Religious values are higher among the mothers of the Adults compared to the mothers of child mentally retarded persons. It was also found that Theoretical, Aesthetic, Social and Political values are more or less similar in these two groups.

Table No. 10.4**Mean and SD of Values of the Fathers of the Child and Adult mentally retarded persons**

Values	Groups	N	M	SD	df	t
Theoretical	Father of the Child mentally retarded	15	38.25	5.53	28	1.91
	Father of the Adult mentally retarded	15	42.25	5.57		
Economic	Father of the Child mentally retarded	15	47.35	3.62	28	5.22*
	Father of the Adult mentally retarded	15	40.86	3.11		
Aesthetic	Father of the Child mentally retarded	15	39.60	3.31	28	1.18
	Father of the Adult mentally retarded	15	41.10	3.44		
Social	Father of the Child mentally retarded	15	30.30	3.98	28	2.51*
	Father of the Adult mentally retarded	15	34.32	4.51		
Political	Father of the Child mentally retarded	15	44.50	5.30	28	0.02
	Father of the Adult mentally retarded	15	40.46	5.02		
Religious	Father of the Child mentally retarded	15	40.50	4.52	28	3.25*
	Father of the Adult mentally retarded	15	37.01	3.91		

* P<0.05

t- test was used to find out whether significant mean difference exists in the six of values between the fathers of Child mentally retarded and fathers of Adult mentally retarded persons. The findings are shown in the above table. It is seen that there are significant mean differences in Economic, Social and Religious values between fathers of the child mentally retarded and fathers of the Adult mentally retarded persons. Significant differences does not exist in Theoretical, Aesthetic and Political values between fathers of the child mentally retarded and fathers of the Adult mentally retarded persons.

The economic and religious values of the fathers of child mentally retarded persons are higher than the fathers of the adult mentally retarded persons. The social values of the fathers of adult mentally retarded persons are higher than the fathers of child mentally retarded persons.

Table No. 10.5**Mean and SD of Values of the Mothers of the Child and Adult mentally retarded persons**

Values	Groups	N	M	SD	df	t
Theoretical	Mother of the Child mentally retarded	15	38.75	5.21	28	1.20
	Mother of the Adult mentally retarded	15	36.45	4.90		
Economic	Mother of the Child mentally retarded	15	42.71	5.10	28	2.06*
	Mother of the Adult mentally retarded	15	38.91	4.65		
Aesthetic	Mother of the Child mentally retarded	15	41.45	4.97	28	1.44
	Mother of the Adult mentally retarded	15	44.25	5.31		
Social	Mother of the Child mentally retarded	15	37.12	5.63	28	1.31
	Mother of the Adult mentally retarded	15	40.02	6.06		
Political	Mother of the Child mentally retarded	15	37.92	6.92	28	3.95*
	Mother of the Adult mentally retarded	15	34.12	5.35		
Religious	Mother of the Child mentally retarded	15	42.05	4.78	28	2.22*
	Mother of the Adult mentally retarded	15	46.25	5.25		

* P<0.05

t- test was used to find out whether there is any significant mean difference in all the six of values between the mothers of Child mentally retarded and mothers of Adult mentally retarded persons. The findings are shown in the above table. It is seen that there are significant mean differences in Economic, Political and Religious values between mothers of the child mentally retarded and mothers of the Adult mentally retarded persons. There are no significant mean differences in Theoretical, Aesthetic and Social values between mothers of the child mentally retarded and mothers of the Adult mentally retarded persons.

The economic and political values of the mothers of child mentally retarded persons are higher than the mothers of adult mentally retarded persons. The religious values of the mothers of adult mentally retarded persons are higher than the mothers of child mentally retarded persons.

Table No. 11.1**Mean and SD of values of the parents of mentally retarded children of urban and rural areas**

Values	Groups	N	M	SD	df	t
Theoretical	Urban	30	38.73	5.84	58	1.24
	Rural	30	37.08	4.16		
Economic	Urban	30	42.83	3.28	58	0.06
	Rural	30	42.77	4.05		
Aesthetic	Urban	30	42.35	3.63	58	2.34*
	Rural	30	39.44	5.64		
Social	Urban	30	35.84	4.23	58	2.00*
	Rural	30	38.10	4.43		
Political	Urban	30	39.84	4.62	58	0.21
	Rural	30	39.57	5.03		
Religious	Urban	30	40.41	5.23	58	2.12*
	Rural	30	43.04	4.18		

* P<0.05

t- test was used to find out whether there is any significant mean difference in all the six values between the parents of mentally retarded children of urban and rural areas.. The findings are shown in the above table. It is seen that there are significant mean differences in Aesthetic, Social and Religious values between the parents of mentally retarded children of urban and rural areas. There are no significant mean differences in Theoretical, Economic and Political values between parents of mentally retarded children of urban and rural areas.

The aesthetic values of urban parents are higher than the rural parents. The social and religious values of the rural parents are higher than the urban parents.

Table No. 12.1**Mean Value scores of the fathers and mothers**

Values	Fathers of the mentally retarded N=90	mothers of the mentally retarded N=90
Theoretical	39.69	36.68
Economic	43.53	42.10
Aesthetic	39.94	42.81
Social	35.62	38.16
Political	42.20	37.55
Religious	39.02	42.68

The above table shows the mean of six values of the fathers and mothers of all the mentally retarded children. It was found that Aesthetic, Social and Religious values are higher in mothers compared to the fathers of the mentally retarded children. On the other hand Theoretical, Economic and Political values are higher in fathers of the mentally retarded children compared to mothers of the mentally retarded children.

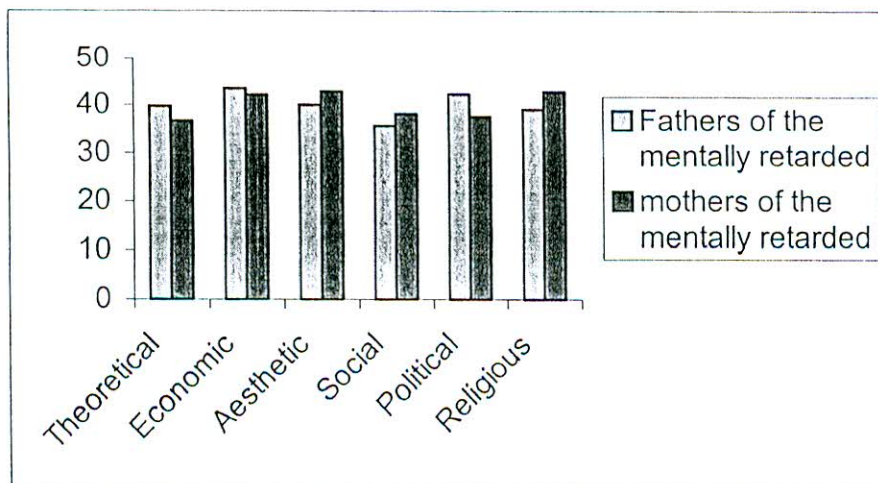


Figure 12.1 Value scores of the fathers and mothers

Table No. 12.2

Mean and SD of Values of fathers and mothers

Values	Study Area	Groups	N	M	SD	df	t
Theoretical	Rajshahi	Father	30	40.25	5.31	58	2.72*
		Mother	30	37.60	5.06		
	Dhaka	Father	30	40.32	4.61	58	2.99*
		Mother	30	36.78	4.63		
	Auchpara Union	Father	30	38.49	4.98	58	0.68
		Mother	30	35.67	4.56		
Economic	Rajshahi	Father	30	44.18	3.37	58	3.06*
		Mother	30	40.81	4.88		
	Dhaka	Father	30	45.80	4.11	58	4.36*
		Mother	30	40.56	5.03		
	Auchpara Union	Father	30	40.61	5.19	58	3.24*
		Mother	30	44.93	4.99		
Aesthetic	Rajshahi	Father	30	40.35	3.38	58	2.30*
		Mother	30	43.13	5.18		
	Dhaka	Father	30	41.73	4.69	58	1.68
		Mother	30	44.18	6.25		
	Auchpara Union	Father	30	37.75	4.82	58	2.34*
		Mother	30	41.13	6.13		
Social	Rajshahi	Father	30	32.31	4.25	58	4.80*
		Mother	30	38.57	5.85		
	Dhaka	Father	30	35.46	4.58	58	1.14
		Mother	30	37.03	5.85		
	Auchpara Union	Father	30	39.10	4.31	58	1.63
		Mother	30	37.10	5.03		
Political	Rajshahi	Father	30	44.98	5.36	58	6.13*
		Mother	30	35.71	6.15		
	Dhaka	Father	30	41.30	4.37	58	2.39*
		Mother	30	37.88	6.38		
	Auchpara Union	Father	30	40.10	4.89	58	0.76
		Mother	30	39.05	5.63		
Religious	Rajshahi	Father	30	37.91	4.24	58	7.29*
		Mother	30	44.15	5.02		
	Dhaka	Father	30	35.38	5.20	58	4.98*
		Mother	30	43.95	4.79		
	Auchpara Union	Father	30	43.79	5.06	58	2.69*
		Mother	30	39.94	5.81		

* P<0.05

t-test was used to find out whether any significant difference exist in all six types of values between fathers and mothers of all the mentally retarded children of Dhaka, Rajshahi and Auchpara. The findings are shown in the above table. It is seen that there are significant differences in all the six values except theoretical, social and political values between mothers and fathers of Auchparea Union. Significant mean differences do not exist in aesthetic and social values of mothers and fathers of Dhaka City.

Table No. 12.3

Mean and SD of Values of fathers and mothers of Mild, Moderate and Severely retarded Children of Rajshahi City

Values	Level of Mental Retardation	Groups	N	M	SD	df	t
Theoretical	Mild	Father	10	40.20	5.22	18	1.81
		Mother	10	36.10	5.11		
	Moderate	Father	10	38.00	6.57	18	0.22
		Mother	10	38.70	4.48		
	Severe	Father	10	42.56	4.14	18	4.06*
		Mother	10	37.15	3.59		
Economic	Mild	Father	10	42.50	2.0	18	3.10*
		Mother	10	37.35	4.57		
	Moderate	Father	10	51.00	4.04	18	6.0*
		Mother	10	39.60	4.03		
	Severe	Father	10	45.50	4.08	18	2.66*
		Mother	10	39.04	6.04		
Aesthetic	Mild	Father	10	39.10	2.61	18	3.26*
		Mother	10	44.46	4.19		
	Moderate	Father	10	43.70	4.92	18	1.58
		Mother	10	47.50	5.22		
	Severe	Father	10	38.25	2.61	18	0.36
		Mother	10	37.45	6.13		
Social	Mild	Father	10	32.95	3.66	18	1.72
		Mother	10	36.08	4.05		
	Moderate	Father	10	26.80	3.55,	18	6.11*
		Mother	10	43.00	7.13		
	Severe	Father	10	37.20	5.55	18	0.19
		Mother	10	36.65	6.38		
Political	Mild	Father	10	50.15	5.20	18	5.26*
		Mother	10	37.35	5.14		
	Moderate	Father	10	40.90	3.33	18	4.61*
		Mother	10	30.70	5.75		
	Severe	Father	10	43.90	7.55	18	1.34
		Mother	10	39.10	7.58		
Religious	Mild	Father	10	35.10	3.32	18	7.65*
		Mother	10	47.80	3.73		
	Moderate	Father	10	39.60	4.18	18	3.99*
		Mother	10	40.50	5.24		
	Severe	Father	10	39.05	5.23	18	1.90
		Mother	10	44.15	6.11		

* P<0.05

t-test was used to find out whether there is any significant differences in all six types of values between fathers and mothers of mentally retarded children. The findings are shown in the above table. It is seen that there are significant differences in all the six values between fathers and mothers of mild, moderate and severe mentally retarded children.

Table No. 12.4

Mean and SD of Values of fathers and mothers of Mild, Moderate and Severe retarded Children of Dhaka City

Values	Level of Mental Retardation	Groups	N	M	SD	df	t
Theoretical	Mild	Father	10	42.45	4.63	18	2.66*
		Mother	10	37.70	3.78		
	Moderate	Father	10	35.50	6.60	18	0.49
		Mother	10	36.95	5.79		
	Severe	Father	10	42.70	2.61	18	4.16*
		Mother	10	35.80	4.33		
Economic	Mild	Father	10	48.10	5.19	18	2.72*
		Mother	10	42.10	4.10		
	Moderate	Father	10	44.20	4.02	18	2.78*
		Mother	10	38.85	4.16		
	Severe	Father	10	45.10	3.14	18	1.73
		Mother	10	40.75	6.85		
Aesthetic	Mild	Father	10	41.50	5.30	18	0.52
		Mother	10	43.50	7.44		
	Moderate	Father	10	41.50	3.47	18	3.47*
		Mother	10	48.35	4.81		
	Severe	Father	10	42.20	5.31	18	0.39
		Mother	10	41.10	6.53		
Social	Mild	Father	10	31.70	4.15	18	1.96
		Mother	10	36.70	6.46		
	Moderate	Father	10	41.00	5.46	18	1.14
		Mother	10	38.05	5.47		
	Severe	Father	10	33.70	4.13	18	1.14
		Mother	10	36.35	5.63		
Political	Mild	Father	10	44.20	6.95	18	2.29*
		Mother	10	36.30	7.63		
	Moderate	Father	10	41.00	2.84	18	1.27
		Mother	10	37.75	7.12		
	Severe	Father	10	38.70	3.33	18	0.48
		Mother	10	39.60	4.41		
Religious	Mild	Father	10	32.05	5.14	18	5.52*
		Mother	10	45.30	5.06		
	Moderate	Father	10	36.50	6.58	18	1.25
		Mother	10	40.05	5.35		
	Severe	Father	10	37.60	3.90	18	4.81*
		Mother	10	46.50	3.98		

* P<0.05

t-test was used to find out whether there is any significant differences in all six types of values between fathers and mothers of mentally retarded children. The findings are shown in the above table. It is seen that there are significant differences in Theoretical, Economic, Aesthetic, Political and Religious values between fathers and mothers of mild, moderate and severe mentally retarded children. There are no differences in Social values between fathers and mothers of mild, moderate and severe mentally retarded children.

Table No. 12.5

Mean and SD of Values of fathers and mothers of Mild, Moderate and Severe retarded Children of Auchpara Union

Values	Level of Mental Retardation	Groups	N	M	SD	df	t
Theoretical	Mild	Father	10	40.69	5.19	18	1.21
		Mother	10	39.00	2.36		
	Moderate	Father	10	34.25	6.35	18	1.94
		Mother	10	38.25	6.23		
	Severe	Father	10	40.55	3.42	18	2.67*
		Mother	10	29.78	5.11		
Economic	Mild	Father	10	35.45	5.28	18	3.8*
		Mother	10	44.30	4.56		
	Moderate	Father	10	40.75	6.19	18	1.68
		Mother	10	45.00	4.38		
	Severe	Father	10	45.65	4.11	18	0.06
		Mother	10	45.50	6.04		
Aesthetic	Mild	Father	10	39.40	4.27	18	2.07*
		Mother	10	44.40	5.82		
	Moderate	Father	10	38.50	4.46	18	1.13
		Mother	10	42.00	5.55		
	Severe	Father	10	35.35	5.74	18	2.53*
		Mother	10	43.00	7.04		
Social	Mild	Father	10	39.48	5.02	18	1.32
		Mother	10	36.35	5.04		
	Moderate	Father	10	41.95	3.59	18	2.42*
		Mother	10	37.00	4.97		
	Severe	Father	10	36.10	4.34	18	0.86
		Mother	10	38.01	5.08		
Political	Mild	Father	10	41.35	5.38	18	1.26
		Mother	10	38.00	5.83		
	Moderate	Father	10	39.45	3.85	18	0.21
		Mother	10	40.00	6.78		
	Severe	Father	10	39.70	5.44	18	0.09
		Mother	10	39.50	4.29		
Religious	Mild	Father	10	43.63	4.65	18	2.45*
		Mother	10	37.95	5.17		
	Moderate	Father	10	45.10	5.41	18	2.69*
		Mother	10	37.75	6.17		
	Severe	Father	10	42.65	5.12	18	0.55
		Mother	10	44.12	6.10		

* P<0.05

t-test was used to find out whether there is any significant difference in all six types of values between fathers and mothers of mentally retarded children. The findings are shown in the above table. It is seen that there are significant differences in Theoretical, Economic, Aesthetic, Social and religious values between fathers and mothers of mild, moderate and severe mentally retarded children. There are no differences in Political values between fathers and mothers of mild, moderate and severe mentally retarded children.

Table No. 13.1

Mean value scores of the parents before and after counseling

Values	Before counseling	After counseling
	Parents N=60	Parents N=60
Theoretical	39.86	40.32
Economic	42.26	40.78
Aesthetic	37.85	35.18
Social	36.93	41.17
Political	41.50	40.23
Religious	41.60	42.32

The above table shows the mean differences of six values between parents of the mentally retarded children before and after counseling. It was found that Social Values changed between parents of the mentally retarded children after counseling. On the other hand Theoretical, Economic, Aesthetic, Political and Religious Values are more or less change in these two groups.

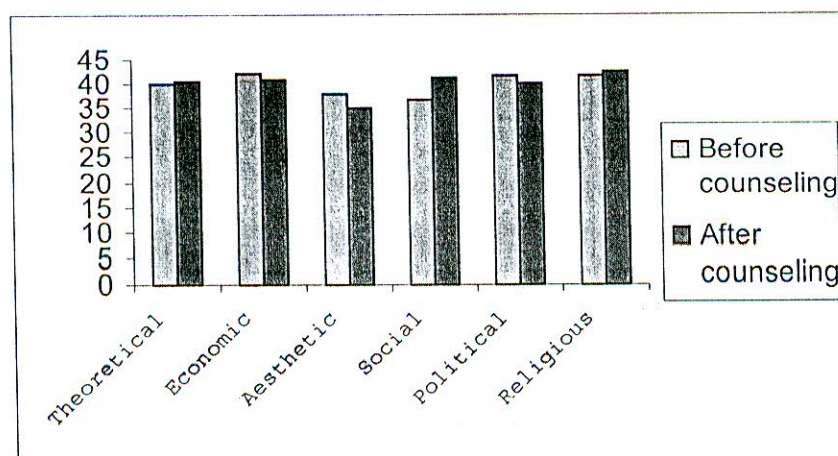


Figure 13.1 Values scores of the parents before and after counseling.

Table No. 13.2**Mean value scores of the fathers and mothers before and after counseling**

Values	Before counseling		After counseling	
	Parents of the severe Retarded children		Parents of the severe Retarded children	
	Father N=30	Mother N=30	Father N=30	Mother N=30
Theoretical	42.56	37.15	41.64	39
Economic	39.04	45.50	39.55	42
Aesthetic	38.25	37.45	35.36	35
Social	37.20	36.65	41.36	41
Political	43.90	39.10	42.45	38
Religious	39.05	44.15	39.64	45

The above table shows the mean differences of six values between fathers and mothers of the mentally retarded children before and after counseling. It was found that Social Values changed between fathers and mothers of the mentally retarded children after counseling. On the other hand Theoretical, Economic, Aesthetic, Political and Religious Values are more or less change in these two groups.

Table No. 13.3

Mean and SD of values of Fathers before and after counseling

Values	Groups	N	M	SD	df	t
Theoretical	Father Before counseling	30	42.56	2.00	18	0.83
	Father after counseling	30	41.64	5.22		
Economic	Father Before counseling	30	39.04	6.04	18	0.21
	Father after counseling	30	39.55	4.03		
Aesthetic	Father Before counseling	30	38.25	2.61	18	1.40
	Father after counseling	30	36.00	4.05		
Social	Father Before counseling	30	37.20	3.55	18	3.05*
	Father after counseling	30	41.36	2.05		
Political	Father Before counseling	30	43.90	4.65	18	0.98
	Father after counseling	30	42.45	2.01		
Religious	Father Before counseling	30	39.05	5.23	18	0.26
	Father after counseling	30	39.64	4.18		

* P<0.05

t- test was used to find out whether there is any significant mean difference in all the six values between fathers before counseling and after counseling of the mentally retarded children. The findings are shown in the above table. It is seen that there are significant mean differences in Social Values between fathers before counseling and fathers after counseling. There are no differences in Theoretical, Economic, Aesthetic, Political and Religious values between fathers before and after counseling of the mentally retarded children.

Table No. 13.4

Mean and SD of values of Mothers before and after counseling

Values	Groups	N	M	SD	df	t
Theoretical	Mother Before counseling	30	37.15	5.22	58	0.75
	Mother after counseling	30	39.00	3.61		
Economic	Mother Before counseling	30	45.50	4.14	58	1.67
	Mother after counseling	30	42.00	2.31		
Aesthetic	Mother Before counseling	30	37.45	4.57	58	1.86
	Mother after counseling	30	35.00	3.21		
Social	Mother Before counseling	30	36.65	3.38	58	3.15*
	Mother after counseling	30	41.00	2.42		
Political	Mother Before counseling	30	39.1	4.51	58	0.63
	Mother after counseling	30	38.00	2.67		
Religious	Mother Before counseling	30	44.15	4.11	58	0.46
	Mother after counseling	30	45.00	3.78		

* $P < 0.05$

t- test was used to find out whether there is any significant mean difference in all the six values between mothers before counseling and after counseling of the mentally retarded children. The findings are shown in the above table. It is seen that there are significant mean differences in Social Values between mothers before counseling and mothers after counseling. There are no differences in Theoretical, Economic, Aesthetic, Political and Religious values between mothers before and after counseling of the mentally retarded children.

Table No. 14.1

Mean Value scores of the Parents of the Male and female mentally retarded children

Values	Parents of the Male mentally retarded N=48	Parents of the Female mentally retarded N=42
Theoretical	37.50	38.22
Economic	44.07	44.03
Aesthetic	38.47	39.39
Social	36.32	34.56
Political	42.10	42.35
Religious	41.55	41.45

The above table shows the mean of six values of the parents of Male and Female of the mentally retarded children. It was found that Social values are higher in parents of male retarded children compared to the parents of female retarded children. It was also found that Theoretical, Economic, Aesthetic, Political and Religious values are more or less similar in this two groups of parents.

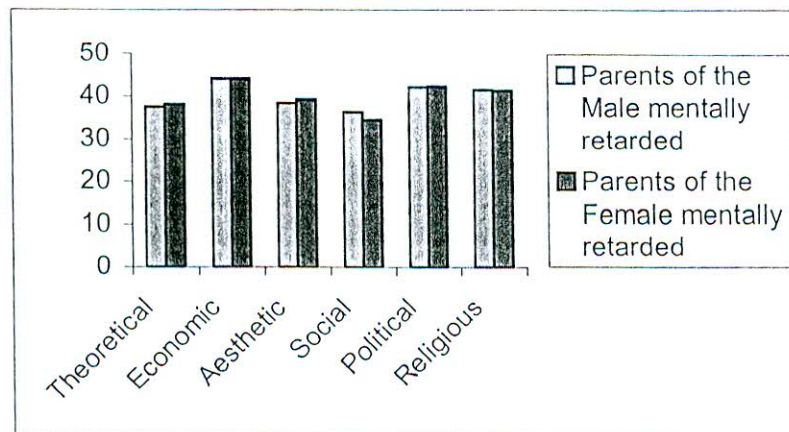


Figure No. 14.1: Value scores of the parents of the male and female mentally retarded children

Table No. 14.2**Mean and SD of Values of the fathers and mothers of the male retarded children**

Values	Category	N	M	SD	df	t
Theoretical	Father	48	38.00	4.05	94	1.06
	Mother	48	37.00	5.02		
Economic	Father	48	43.94	4.79	94	0.30
	Mother	48	44.20	3.36		
Aesthetic	Father	48	37.96	4.93	94	3.13*
	Mother	48	40.96	4.37		
Social	Father	48	34.00	4.21	94	2.93*
	Mother	48	36.64	4.56		
Political	Father	48	46.00	5.72	94	7.35*
	Mother	48	38.20	4.55		
Religious	Father	48	40.10	4.89	94	2.84*
	Mother	48	43.00	5.02		

* P<0.05

t-test was used to find out whether there is any significant difference in all six types of values between fathers and mothers of the male mentally retarded children. It is seen that there are significant differences in Aesthetic, Social, Political and Religious between father's and mother's of the male retarded children. There are no differences in Theoretical and Economic values between father's and mother's of the male retarded children.

Table No. 14.3

Mean and SD of Values of the fathers and mothers of the female retarded children

Values	Category	N	M	SD	df	t
Theoretical	Father	42	39.00	3.13	82	1.91
	Mother	42	37.43	4.25		
Economic	Father	42	44.43	5.02	82	0.72
	Mother	42	43.63	4.96		
Aesthetic	Father	42	38.45	5.63	82	1.71
	Mother	42	40.32	4.56		
Social	Father	42	33.62	4.31	82	1.94
	Mother	42	35.50	4.56		
Political	Father	42	44.25	5.04	82	3.94*
	Mother	42	40.44	3.64		
Religious	Father	42	40.25	3.36	82	2.81*
	Mother	42	42.64	4.31		

* $P < 0.05$

t-test was used to find out whether there is any significant difference in all six types of values between fathers and mothers of the female mentally retarded children. It is seen that there are significant differences in Political and Religious values between father's and mothers of the female retarded children. There are no differences in Theoretical, Economic, Aesthetic and Social values between father's and mothers of the female retarded children.

Table No. 14.4

Mean and SD of Values of the Parents of male and female retarded children

Values	Category of the parents	N	M	SD	df	t
Theoretical	Male	48	37.50	3.90	88	0.71
	Female	42	38.22	5.47		
Economic	Male	48	44.07	4.02	88	0.03
	Female	42	44.03	6.95		
Aesthetic	Male	48	38.47	3.33	88	1.16
	Female	42	39.39	4.13		
Social	Male	48	36.32	6.40	88	1.67
	Female	42	34.56	3.30		
Political	Male	48	42.10	2.10	88	0.58
	Female	42	42.34	2.00		
Religious	Male	48	41.55	5.22	88	0.09
	Female	42	41.45	5.30		

t-test was used to find out whether there is any significant difference in all six types of values between fathers and mothers of the male and female mentally retarded children . It is seen that there are no significant differences in all the six values between fathers and mothers of the male and female retarded children.

Chapter IV

Discussion

The main objectives of this research work were to study the Ego States and Values of the parents of the mentally retarded children. The research was initiated to help facilitate counseling services of the organizations working for the mentally retarded children in Bangladesh. The objective is to provide more information to the counselors about the problems and prospects of personality adjustment of the parents of the mentally retarded children. As the concept 'Personality' is very wide, the researcher gave emphasis on only two traits of the personality – the Ego States and the Values. The researcher also observed other traits of the personality, too. But those other traits were not measured in this research work.

The researcher had several interactions with each parents in different situations during the tenure of this study. He also observed many of them before the formal study was initiated. The researcher observed how the parents react when they first came to know that their child is mentally retarded and then how they gradually adjust with the disable condition of the child. He has observed the differences of reactions shown by the fathers and the mothers of the same child during first announcement of the child's disable condition and then the gradual development of the child.

In this study, the researcher also compared the ego-states and values of the parents of the mentally retarded and the non-retarded children, child and adult mentally retarded persons, male and female mentally retarded children, urban and rural mentally retarded children, mothers and fathers of the mentally retarded children. He also studied the ego-states and values of the parents of the mentally retarded children before and after counseling.

The findings of these specific studies were shown in different tables of the preceding chapter of this thesis. Here, in this chapter the researcher attempts to interpret the findings on the basis of different theories and other research findings and his personal observation.

However, it is to consider first that in Bangladesh the first formal professional initiative to care the mentally retarded persons were started in 1977 in Dhaka. At present there are some Day Centres in some of the District towns of the country for the mentally retarded persons. Practically nothing was done for the large majorities of the mentally retarded persons living in the rural areas. Yet there is no National Policy for the mentally retarded persons in Bangladesh, though the constitution of the country clearly specified that the state should ensure appropriate care program for the disable persons. Secondly, the mentally retarded persons are also the tax payers and the adult mentally retarded persons are enlisted as voters of the country, but practically nothing was done to uplift their condition by the state.

Though several population censuses were done in Bangladesh, correct data related to the prevalence of mentally retarded persons are not available. The researcher also observed that a huge number of mentally retarded and other disable children die within two years age span. Those who survive after babyhood suffer many complications and the professionals do many trials and errors with them in the absence of any national policy for the disable in the country.

He also observed that the mentally retarded persons receive equal attention like non mentally retarded persons by the physicians in the government health centres. But in the government primary schools the mentally retarded children do not get admission as a student.

During interview sessions with the parents the researcher perceived that the parents of the female mentally retarded persons are more worried than the parents of the male mentally retarded persons in Bangladesh. And all the parents are worried with the future of their mentally retarded children. Many parents told to the researcher that they are trying their best to care their children but will become happy if the disable child dies normally before their own death. However, such opinions were given mainly by the parents of the severely handicapped mentally retarded children. The researcher also observed that the parents of the severely retarded children avoid many social visits and social interactions.

The effects on various members of the family are often misunderstood. Male and female responses may be quite different and marital relationships can be strained if there is an expectation that partners must grieve together. The mother usually has more opportunities to talk to service providers, whereas the father may be left behind, keeping his feelings on hold. Parents need to be informed about how grieving responses vary for each individual and that siblings' needs must not be ignored, both in their experience of the disability and their changed family dynamics.

In this research the present ego-states and values of the parents were measured. It is not known whether these parents had the similar ego-states and values before the birth of their mentally retarded children. In Bangladesh, the awareness about the mentally retarded persons among the general population is relatively poor compared to the neighboring country India. In India, the concerned professionals are engaged in service development for many years and the Indian media focused the problems and prospects of the mentally retarded persons with more sincerity which promoted general awareness.

In Bangladesh yet the concerned professionals do not know the exact number of the mentally retarded persons living in the country and yet all the NGOs could not enlist 1% of the country's total mentally retarded population under any care program. Though there is no national program and government care program, the NGOs are working inside the country which is gradually increasing awareness among the general population.

The researcher feels that programs are needed not only for the mentally retarded persons, but also for their parents and siblings. He feels that the assessment and counseling services must be given due importance parallel to the promotion of special education centres. It is not known when the government will undertake care programs for the mentally retarded persons in this country. Until government programs are opened the families, especially the parents are plan the future of their disable children. But it is not possible for all the parents to know the problems and prospects of their disable children, what to do and not to do with them.

Parents need professionals who can remain supportive over a long period. It is never enough to simply reassure parents that their grief is 'normal' and leave it at that. The grief might be normal but it is also painful and challenging. Support and understanding and opportunities to 'work through' the grief and adjustments are still needed. To pronounce the experience as normal is often dismissive and an abdication of professional responsibility.

Parents will feel a great deal of urgency to understand and cope with the child's condition. Bruce et al (1991) found that there were no significant differences in reports of happiness in parenting between the disabled and non-disabled group over the previous year, indicating the capacity for a satisfying experience of parenting any child. This conclusion is also indicative of the intense level of attachment of many parents.

Professionals need to be cautious in applying theories of grieving as fact. Suggesting parents need formal counseling might not be appropriate. Often what is needed is a trusting, stable relationship that offers choices in support and an understanding about change and loss reactions when the individuals are ready. Being able to support parents when they are angry, blaming, fearful, depressed or fighting each other is essential to the relationship of partnership with the family. Within this partnership, professionals often experience the anger and blame of parents towards them and their services. Being able to recognize these emotions and continue to work through the difficult times is a key example of how grief issues can impact on this partnership.

All the parents expect that their children will be healthy children with all the normal developmental stages in life. They have many dreams and expectations related to their children. But when they find that their children possess some disability of permanent nature and not curable, they become emotionally disturbed.

When the physicians and other professionals assess a child as mentally retarded whose parents don't know about the condition, preferably the parents should be forewarned that they will be hearing bad news. Information should be supported by reading materials, and contacts for further support.

Professionals need to be aware that often the composure of parents masks a quiet desperation and an urgent need to gain control of the situation. In keeping this composure, parents may feel unable to ask for further explanation at the time of diagnosis.

Following this initial crisis of discovery there is often a slow, unfolding, learning process about the significance of diagnosis which affects professionals and parents in different ways. An understanding of the grieving process in relation to diagnosing a disability is helpful in all interactions with parents because professionals may be:

- The bearers of bad news.
- Required to explain and impart relevant information.
- Involved with the ongoing and unfolding nature of the loss.
- Involved in making assessments during critical transition stages for the child (eg. starting pre-school or school).
- Asked to assist parents in decision-making.
- Affected by their own grief response to the child's condition.
- An advocate for children in recognition of their abilities and accessing appropriate services.

Grieving although not viewed is relevant to the grieving process of parents of a child with a disability as they move from one stage to the next and finally towards acceptance of their child's condition. In this adaptation, acceptance has been considered to be reached when the parent presents a realistic view of their child's disability both in type and degree. Unresolved grief has in turn been interpreted as a lack of acceptance of the child's disability.

Parents are also sometimes forced to rework long held negative and confronting beliefs and attitudes about disability. Guilt may accompany these normal feelings. Coupled with the child's continuing vulnerability, parents will often intensify their attachment to the child. Parents might be viewed as experiencing various intensities of anxiety as their child continues to be threatened and vulnerable.

Other perspectives that might be helpful in understanding grief and loss are related to questions of meaning and adaptation to changed

circumstances. Marris (1974) argues that a major loss or bereavement "shatters the structure of meaning" and "breaks the thread of continuity which makes the world intelligible". Grieving can be best understood as a response to loss of meaning. In the case of disability, parents are forced to embark on a dual process of learning a new world while simultaneously building purpose and meaning around their child's disability. This process represents an ongoing task with greater and lesser challenges throughout their child's lifespan.

In grief work it is thought that mourning may not proceed until there is a clear image of what is lost. The psychoanalytical approach suggests that in order to facilitate the process parents require an opportunity to review their thoughts and feelings about the "wished-for child". For parents of children with disability, the loss continues to evolve; the grief work is necessarily more complex and ongoing.

Worden (1991) outlines a range of thoughts, feelings, behaviours and physical symptoms associated with grieving. These experiences may be useful to consider as typical responses that might accompany grieving. In the case of disability, it is conceivable that parents will experience various intensities and permutations throughout their lifespan, including:

- Thoughts, such as disbelief, confusion, preoccupation.
- Feelings, such as anxiety and fear, sadness, anger, guilt, inadequacy, hurt, relief, loneliness.
- Behaviours, such as sleep disturbances, appetite disturbances, absent-minded behaviour, social withdrawal, dreams, avoiding reminders, searching and calling out, restless over activity, crying.
- Physical symptoms, such as hollowness in the stomach, tightness in the chest, tightness in the throat, over-sensitivity to noise, a sense of depersonalization, lack of energy.

The birth of a child with a disability may well challenge parents and extended family members who rail against the unfairness of it all, wonder how this could have happened to them and even ask

why they are being punished. Those who wish to assist the family of a child with a disability need to understand what the experience means to its various members and not presume to know. Several authors have focused specifically on grieving as it affects parents of children with disability.

Families may still experience many joys and satisfaction with their child and his or her progress, and love them intensely, even while grieving. The level of attachment of parent to their child is intense and complex and can exist despite severe disability, limited life expectancy and the burden of care the disability imposes.

Olshansky (1962) challenged the relevance of bereavement-related grief in relation to its relevance to a child with a disability and introduced the notion of chronic sorrow. Olshansky's view is that parents need permission to grieve from time to time if that is how they feel. This sorrow can peak at critical times such as entry to kindergarten or birthdays, or any time when the parent is starkly reminded of the child's disability. Most parents with a disabled child suffer chronic sorrow throughout their lives. The intensity of this sorrow varies from time to time, from situation to situation and from one family member to another. Some show their sorrow clearly, others attempt to conceal it as these feelings can be very difficult to share.

The sentence "The child's parents haven't yet accepted their son/daughter's disability" is heard and used many times by teachers, social workers, doctors and others. Olshansky suggests that when parents are asked to accept their child's disability it is not clear what they are being asked to do. The great emphasis professionals place on "acceptance" might suggest to the parents that they should perceive their child from the point of view of the professional helper not as "their" child. In this case, it is useful to differentiate between emotional and intellectual acceptance.

Another question professionals may ask is: "Why doesn't this parent want to have that assessment done?" It is often assumed that the parent is reluctant to move forward. Here, the notion of acceptance recurs again. Alternatively, from a grieving perspective, the response may indicate that the parent is overwhelmed and is trying to negotiate the pace at which they learn further about their

child's disability. In many instances, where the child is not endangered, this may be considered emotionally adaptive.

The professional who sees chronic sorrow as a normal psychological reaction will support the parent over a long period of time in which the parent may adjust feelings and organize internal and external resources to meet their own and the child's needs. Rather than working inexorably towards the acceptance of the disability, the immediate goal is to increase the parent's level of comfort in living with the child and coping with the added difficulties this may present from day to day.

Helen Featherstone (1980) in her book *A Difference in the Family* refers to acceptance as the "emotional promised land". She suggests it may be more helpful to talk in terms of adjustment and readjustment as age and circumstances alter. She writes: "disability is never as clear cut as death. Grief usually mingles with confusion and uncertainty. As parents learn more, either through their own research or through professional consultation the picture changes. Too often earlier professional predictions are contradicted. Not knowing what fate to mourn, parents face a thousand alternative scenarios. Parents looking for a diagnosis are frightened and immensely vulnerable. They may have already suffered days, months, even years of agonizing doubt. They stand exposed and powerless before the 'experts'. Indifference, condescension, or equivocation wound them deeply."

In Australia, a recent study by Elizabeth Bruce (1991) and others has looked more fully at the concepts of grieving in relation to the parenting role. Bruce found that unresolved grief is better understood as a normal response rather than a failure or inadequacy on the part of the parent. That is, if we look at the complicated nature of loss, its changing perspectives over time, the problem of unresolved grief may not lie with the parent but in the constantly changing nature of the loss.

The nature of parental grief will be influenced by:

- The social context which provides images of normality.
- The disability and its manifestations.
- The passage of time.

When the child's disability is diagnosed, the parent is forced to embark on two processes:

- Learning exactly what has been lost.
- The process of grieving.

In the past the literature has focused on the initial reactions to the impact of diagnosis, rather than the lifelong nature of loss. It is noted that as the child's uncertain future unfolds, the very maturation process can present further fear of the future, along with concerns about provision for the child when the parents are no longer able to provide care.

Parents have a wide range of feelings and reactions, e.g. anger, jealousy, frustration, irritability, sleeplessness, resentment, hostility, abandonment, embarrassment, fear, blame and marital conflict. Although aspects of these feelings reflect a grieving response, they can also represent a realistic response to the lack of concrete information about their child's future, the lack of appropriate and responsive services, and the inappropriate reaction of family and social networks to the loss.

Parents describe the task of coping with a disabled child as surviving each day and holding on to their grief until later, or perhaps not being able to address it at all. Difficult feelings of anger, envy, jealousy, and denial, etc. are part of the grieving process and professionals have a role in helping parents work through these feelings, even when they are projected towards them.

The Researcher observed that for parents the diagnosis of mental retardation in a child is a dreaded event. Its short and long-term effects shadow the parenting experience. The changes in hopes and expectations, the grief of parents, siblings and family can be seen to parallel the life of the child with disability. Depending on the presence and severity of the disability, this same child is likely to experience intermittent bouts of grief in varying intensity. Against this background, and given the constant stresses, parents are likely to be overwhelmed at various points. Family relationships can become strained, sometimes leading to parental separation and divorce. However, knowledge of normal grief reactions that recur across the lifespan of the family, and opportunities for expression of grief will lead to healthier adjustment and adaptation for families.

The intense level of attachment of many parents to their children, the hard-fought individual achievements, and the improving level of integration into community life are also examples of parents' capacity for a rich and satisfying experience of parenting children with a disability.

It is the counselors of the NGOs who can help the parents and family members at this moment with updated information on mental retardation. If the counselors can provide appropriate information and can promote the insight among the parents, the parents themselves will be able to plan the future of their children and of themselves. The parents are to learn how to lead a normal life of their own though there is a disable child at home. And to do that the counselors are not know how the personality pattern, attitude and beliefs of the parents affect the whole situation.

Ego States of the parents

Though 'ego' is an inflated feeling of pride in one's superiority to others, a person's consciousness of his own identity, in his theory of psychoanalysis, Sigmund Freud sought to explain how the unconscious mind operates by proposing that it has a particular structure. He proposed that the self was divided into three parts: the Ego, the Superego and the Id. The ego is the 'rational' part of the psyche.

According to the psychoanalytic perspective on human development, the ego is the part of the personality that is rational and reasonable. Providing a reality check for the demands of the id, the ego acts as a buffer between the outside world and the primitive id. The ego operates on the "reality principle", in which instincts are restrained in order to maintain the safety of the individual and help integrate the individual into society.

In psychoanalytic theory, one of the three major divisions in the model of the psychic apparatus, the others are being the id and the superego. The ego represents the sum of certain mental mechanisms, such as perception and memory, and specific defense mechanisms. It serves to mediate between the demands of primitive instinctual drives (the id), of internalized parental and social prohibitions (the superego), and of reality. The compromises between these forces achieved by the ego tend to resolve intrapsychic conflict and serve an adaptive and executive function.

Ego is also a false sense of separateness created by living within delusion. A complex within the psyche which constitutes the center of a person's field of consciousness and which appears to possess a high degree of continuity and identity. Jungian psychology speaks of an ego complex, which is both a content and a condition of consciousness. Adult ego is the central complex in the field of consciousness. A strong ego can relate objectively to activated contents of the unconscious (ie, other complexes), rather than identifying with them, which appears as a state of possession.

That fear based and unnatural aberration of mind which arises to protect personal integrity in a hostile environment. A psychological disease based upon memory and arbitrary assumptions, which is a

cause of all the continuing imbalances in human society. The awareness of self, the concept of I. It is discriminated from soul as being potentially without a conscience. It is often called false when identified with matter. The real of the ego is found in the self-realization of soul that matures towards self-responsibility no longer depending on outside authority. It is the seat of anxiety as its propensity to identify with the material condition is the guarantee of failure since nothing material will keep its form forever.

It was mentioned in the Introduction chapter that an Ego State is a system of feelings and related behaviour patterns. At any moment an individual behaves or "comes on" from any one of these principal Ego States, the Parent, the Adult and Child. To know from which ego states a person typically responds and the relative strength of his various Ego States is to understand behaviour in a heretofore unexamined way. Understanding an individual's ego states enables the examiner to expect and predict certain behaviours, especially on the intrapersonal and interpersonal level.

Dr. David McCarley (1971) developed the Ego State Inventory for the purpose of transactional analysis oriented research works. He distinguished two subdivisions in the Parent and Child Ego States which makes five Ego States in all. These Ego States are: The Punitive Parent (PP), The Nurturing Parent (NP), The Adult (A), The Rebellious Child (RC) and The Adaptive Child (AC). The Ego State Inventory based on Eric Berne's theory and developed by Dr. D. G. McCarley has been used in this research as a measuring tool. The techniques of measurement and other related issues were described in Methodology chapter of this thesis and the comparison of ego- states of the parents of different categories were shown in the preceding chapter in different tables.

It was found that there are differences in the ego states of the parents of different degrees of retardation. It was also found that the Adult (A) ego states of the parents of the retarded children are relatively lower compared to their NP and AC ego states. It is good that these parents have higher NP and RC ego states. But unless they can increase their Adult (A) ego state, it is difficult for them to perceive the reality. Dr McCarly (1971) has mentioned that the Adult (A) is a data processing computer in the individual that estimates probabilities about reality which are essential for him to

interact effectively with his environment. Old data is checked out in the light of new information and then updated or discarded. It is that part of the individual which calculates solutions to problems.

It was also found that there are differences in the ego-states of the parents of retarded and non-retarded children. The Adult (A) ego-states of the parents of non-retarded children are higher than the parents of the retarded children. The Nurturing Parent (NP) ego states of the parents of the non-retarded children are also higher than the parents of the retarded children.

When the ego-states of the parents of the child and adult mentally retarded persons were compared it was found that there are differences in the ego-states of these two groups of parents. The NP ego states of the parents of the children are more compared to the parents of the adults. The Adult (A) ego states of the parents of the adult mentally retarded persons are more than the parents of the child mentally retarded persons. Again the AC ego states of the parents of the children are more than the parents of the adults. The mean differences of all these three ego-states were found significant when t-test was done. The findings indicate that the ego-states of the parents change with the aging of the mentally retarded persons.

The ego-states of the parents of mentally retarded children living in urban and rural areas were also compared. It was found that there are some differences in all the five ego states of the parents of these two types of residential status. But only the mean difference of the AC ego-state was found significant when t-test was done.

The ego states of the fathers and mothers of the mentally retarded children were compared, too. It was found that there are mean differences between the fathers and mothers in all the five ego states. The mean differences are not statistically significant when all the fathers and all the mothers were compared. But when the mean ego states of the fathers and mothers were compared considering their residential status, it was found that the NP, AC and Adult (A) ego states of the rural fathers and mothers are significant. On the other hand, the mean difference of RC ego state of the mothers and fathers of Dhaka city is also significant.

The researcher compared the ego states of the mothers of retarded children and retarded adults and it was found that these two categories of mothers differ in their ego states. The mean difference of RC ego state of these two groups of mothers is significant.

The ego states of the parents of male and female mentally retarded children were also compared in this study and it was found that there are differences of ego states of these two categories of parents.

One of the most important findings of this study is the effect of counseling on the ego states of the parents of the severely retarded children. The researcher provided all possible information on mental retardation and has done extensive counseling on 60 parents and found that their ego states changed after the counseling. The ego states of the fathers changed more than the mothers. However, the Adult (A) ego state of both the fathers and the mothers increased significantly after the counseling.

Values of the parents

Generally the value means an ideal accepted by some individual or group. The term includes aspects of sensory perception (sight, touch, sound, taste, smell) for which criteria can be stated. This term embraces a range of qualities for a place such as spiritual, traditional, economic, political, or national qualities which are valued by the majority or minority group of that place.

The six categories of values as characterized in the AVL Study of Values are theoretical, economic, aesthetic, social, political and religious values.

The dominant interest of the theoretical man is the discovery of truth. In the pursuit of this goal he characteristically takes a "cognitive" attitude, one that looks for identities and differences; one that divests itself of judgments regarding the beauty or utility of objects, and seeks only to observe and to reason, since the interests of the theoretical man are empirical, critical, and rational, he is necessarily an intellectualist frequently a scientist or philosopher. His chief aim in life is to order and systematize.

The Economic man is characteristically interested in what is useful. Based originally upon the satisfaction of bodily needs (self-preservation), the interest in utilities develops to embrace the practical affairs of the business world the production, marketing, and consumption of goods, the elaboration of credit, and the accumulation of tangible wealth. The economic attitude frequently comes into conflict with other values. The economic man wants education to be practical, and regards unapplied knowledge as waste.

The Aesthetic man sees his highest value in form and harmony. Each single experience is judged from the standpoint of grace, symmetry, or fitness. He regards life as a procession of events; each single impression is enjoyed for its own sake. He need not be a creative artist, nor need he be effete; he is Aesthetic if he finds his chief interest in the artistic episodes of life.

The social value. The highest value for this type is love of people. In the study of values it is the altruistic or philanthropic aspect of

love that is measured. The social man prizes other persons as ends, and is therefore himself kind, sympathetic, and unselfish. He is likely to find the theoretical, economic, and Aesthetic attitudes cold and inhuman. In contrast to the political type, the social man regards love as itself the only suitable form of human relationship. Springier adds that in its purest form the social interest is selfless and tends to approach very closely to the religious attitude.

The political man is interested primarily in power. His activities are not necessarily within the narrow field of politics; but whatever his vocations, he betrays himself as a *machtmensch*. Leaders in any field generally have high power value. Since competition and struggle play a large part in all life, many philosophers have seen power as the most universal and most fundamental of motives. There are however, certain personalities in whom the desire for a direct expression of this motive is uppermost, who wish above all else for personal power.

The highest value of the religious man may be called unity. He is mystical, and seeks to comprehend the cosmos as a whole, to relate himself to its embracing totality. Spranger defines the religious man as one whose mental structure is permanently directed to the creation of the highest and absolutely satisfying value experience. Some men of this type are "immanent mystics," that is they find their religious experience in the affirmation of life and in active participation therein. A Faust with his zest and enthusiasm sees something divine in every event. The 'transcendental mystic'. On the other hand seeks to unite himself with a higher reality by withdrawing from life; he is the ascetic, and meditation. In many individuals the negation and affirmation of life alternate to yield the greatest satisfaction.

When the Analysis of variance of the ego states of the parents of mild, moderate and severe mentally retarded children were done it was found that the main effect of different levels of retardation is not statistically significant, but when the analysis of variance of the values of the parents of mild, moderate and severe mentally retarded children were done it was found that main effect of different levels of retardation is significant.

It was also found that the aesthetic value of parents of the mildly retarded children is higher than the parents of the severely retarded children. On the other hand the religious value of the severely retarded children is higher than the parents of the mildly retarded children. Both the mean differences are statistically significant.

The values of the parents of the mentally retarded and the parents of the non-retarded children were compared in this study. It was found that significant mean differences exist in theoretical, social, political and religious values of these two groups of parents. The social and political values of the parents of the non-retarded children are higher than the parents of the retarded children. On the other hand the theoretical and religious values of the parents of the mentally retarded children are higher than the parents of the non-retarded children.

The values of the parents of the child and adult mentally retarded persons were compared in this study. It was found that some mean differences exist in all the six values of these two groups of parents. It was also found that the economic value of the parents of the mentally retarded children is much higher than the economic value of the adult mentally retarded persons.

The values of the parents of the rural and urban mentally retarded children were also compared in this study. It was found that significant mean differences exist in aesthetic, social and religious values of these two groups of parents. The aesthetic value of the urban parents is higher than the rural parents. On the other hand the social and religious values of the rural parents are higher than the urban parents.

All the six values of the fathers and mothers of the mentally retarded children of Dhaka, Rajshahi and Auchpara were also compared in this study. It was found that mean differences exist in all the six values between these two categories of parents in different residential areas.

The values of the parents of the male and female mentally retarded children were also compared in this study. It was found that though mean differences exist in all the values of these two groups of parents the differences are not significant.

The values of the parents of the severely retarded children of Rajshahi city were measured before and after counseling. It was found that the some changes took place in their values. But significant change was observed in the social values of both the mothers and fathers significantly increased.

From the findings of this study it was understood that effective counseling can significantly change the ego-states of the parents of the mentally retarded children, but not the values. And it is assumed that values are more deep rooted personality traits than the ego states.

The main drawback of this study is that the ego-state and the values of the parents of the mentally retarded persons were measured after the birth of the disable children. It is not known whether their ego-states and values changed after they came to know the disable condition of their children. But significant mean differences were found in all the five ego-states of the parents of the mentally retarded and non-retarded children. Similarly significant mean differences were also found in theoretical, social, political and religious values of the parents of the retarded and non-retarded children. Therefore, it is assumed that the birth of the disable children changes the ego-states and values of the parents.

Some related issues

Though the research was designed mainly to study the ego states and values of the parents of the mentally retarded children, the researcher had the opportunity to observe the problems and prospects of the mentally retarded persons and their family members. Following are some of his observations.

All the parents are very much worried about the future of their mentally retarded children. The parents of severely retarded children were found more worried than the parents of the mildly retarded children.

The urban middle class parents were found most worried persons. The rural parents were observed more relaxed.

The parents of child mentally retarded persons were observed very much anxious. The parents of the adult mentally retarded persons were found not that anxious. The parents of the adults were found gradually adjust with the problems.

Both the mothers and the fathers of the female mentally retarded persons were found more anxious than the parents of the male mentally retarded persons.

The parents of the child mentally retarded persons seek all possible medical and other professional help to do something for their disable children. With the gradual aging of the children their initiatives gradually reduces and at some stage they give up.

All the parents feel that government should establishment of some residential homes for the mentally retarded persons. Most of the middle class and rich families expressed that they can pay some expenditure for the stay of the mentally retarded persons in such residential homes. All the urban families feel that such residential homes are essential at least for short stay of the mentally retarded persons when both the parents need to go somewhere in emergency.

Conclusion

On the basis of the findings of this study, close interview with the parents and personal observation, the researcher comes to the following conclusion.

1. There are differences in the ego states and values between the parents of mild and severely retarded children.
2. There are differences in the ego states and values between the parents of mentally retarded and non-retarded children.
3. There are differences in the ego states and values between the parents of child and adult mentally retarded persons.
4. There are differences in the ego states and values between the parents mentally retarded children living in urban and rural areas.
5. There are differences in the ego states and values between the mothers and fathers of the mentally retarded children.
6. There are differences in the ego states and values between the parents of male and female mentally retarded children.
7. The ego states and values of the parents change after counseling.

Recommendations

In Bangladesh the mentally retarded persons are also the tax payers and when they become adults are included in the list of voters. According to the constitution of the country they possess all other rights equally as citizens of this country. But except in the government hospitals they are deprived from all other benefits. They can't enroll in the government primary schools, they do not get any social welfare benefit and in the job market they are not given any quota for the jobs they can do.

Therefore, the parents of the mentally retarded children become anxious when they come to know that they have a child with disability and they will have to bear all responsibilities for the child until their death. Such anxiety changes the personality pattern of the parents.

Some Social welfare benefit or monthly pension from the Government for the mentally retarded persons will increase the social status of the mentally retarded persons and their parents.

Both institutional and home based counseling programs are urgently needed for the parents to help them realize the exact condition of their handicapped children and plan what to do for them.

A national policy for the mentally retarded persons is also urgently needed in the country.

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Appendix I

Ego State Inventory

Cat. #24540A
WORK BOOKLET
for
Cat. #24540 EGO STATE INVENTORY

Copyright, 1974
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Stoelting Company.

Printed in U.S.A.
March, 1975

esi cover 1 (2172x2208x2 bmp)

Cat. #24540 EGO STATE INVENTORY

INSTRUCTIONS

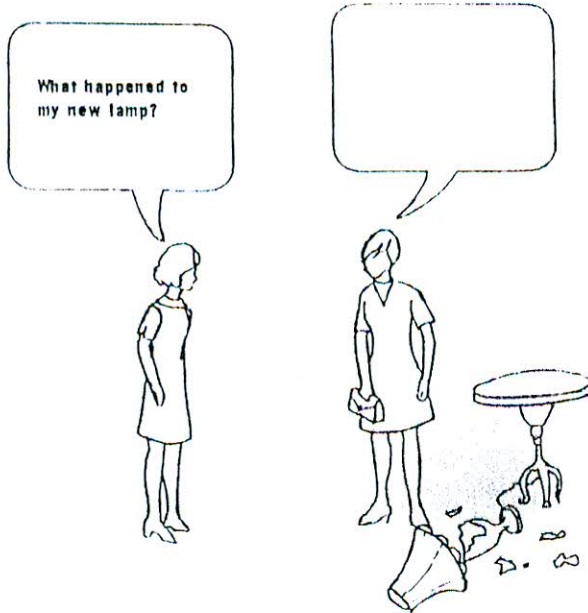
In this booklet there is a series of pictures in which there are two people talking to each other. The person on the left always speaks first and asks a question or makes a comment. To the right of the pictures is a list of possible replies to the person who speaks first. Your task will be to look at each picture and imagine what the second person would say. Read all the replies in the column to the right of each picture and then choose one reply from that column which is closest to the way you would reply. Black-in the corresponding number on your separate answer sheet. Be sure to mark an answer on the answer sheet for each picture. There are no right or wrong answers. You may begin.

1



- 1. Get lost and mind your own business
- 2. We would like to have you come in and join us.
- 3. Would you like to speak to the host?
- 4. Who cares?
- 5. I'm sorry. I will turn down the music right now.

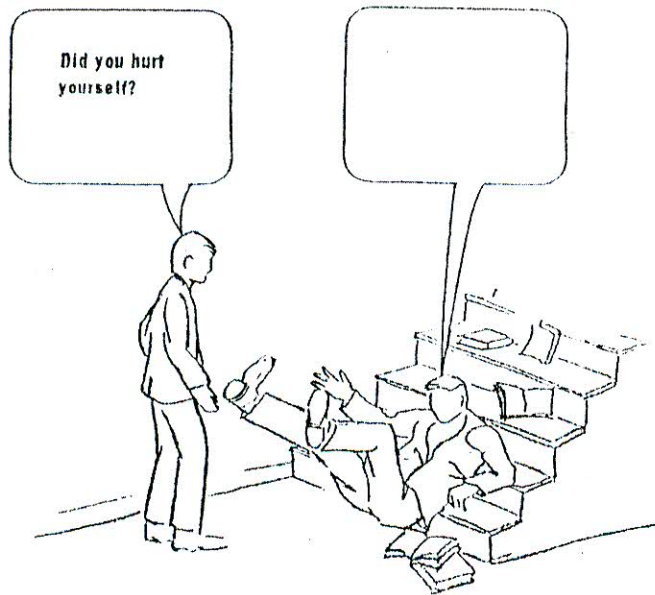
2



- 1. I'll clean it up. I should be more careful.
- 2. Why ask me?
- 3. Don't worry. I'll replace it immediately.
- 4. You shouldn't have had it so close to the edge.
- 5. I knocked it over.

item 3 & 4 (2348x2944x16 bmp)

3



1. I'm not sure but thanks for your interest.
2. No, I don't think so.
3. What does it look like?
4. I told you to help me carry the books.
5. I just hope I didn't damage your books.

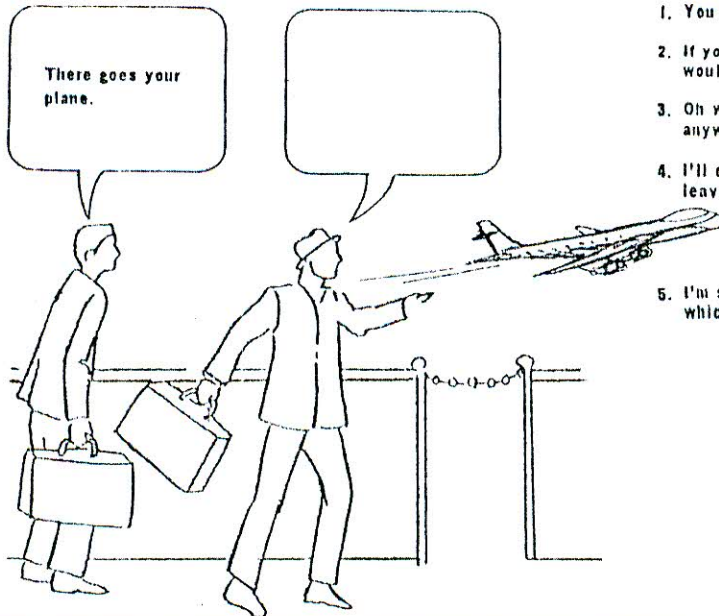
4



1. Well, I'm not standing here another minute.
2. I guess we will just have to put up with it.
3. It may be because of the weather.
4. You had better button your coat or you will catch a cold.
5. Stop complaining.

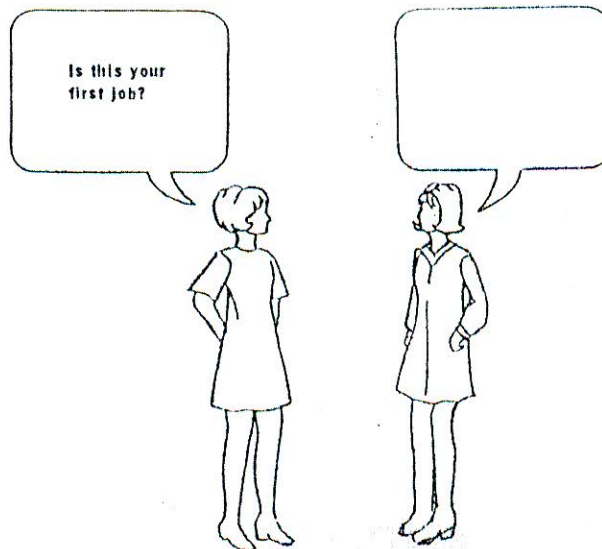
item 5 & 6 (2433x3182x16 bmp)

5



1. You don't have to tell me. I can see.
2. If you had checked on the time, this would not have happened.
3. Oh well, I didn't really want to go anyway.
4. I'll check to see when the next one leaves.
5. I'm sure there will be another one which leaves shortly.

6



1. Yes, would you help me if I don't understand something?
2. What business is it of yours?
3. Yes, I started work yesterday.
4. No, but you act like it is your first job.
5. Yes, it is nice of you to ask.

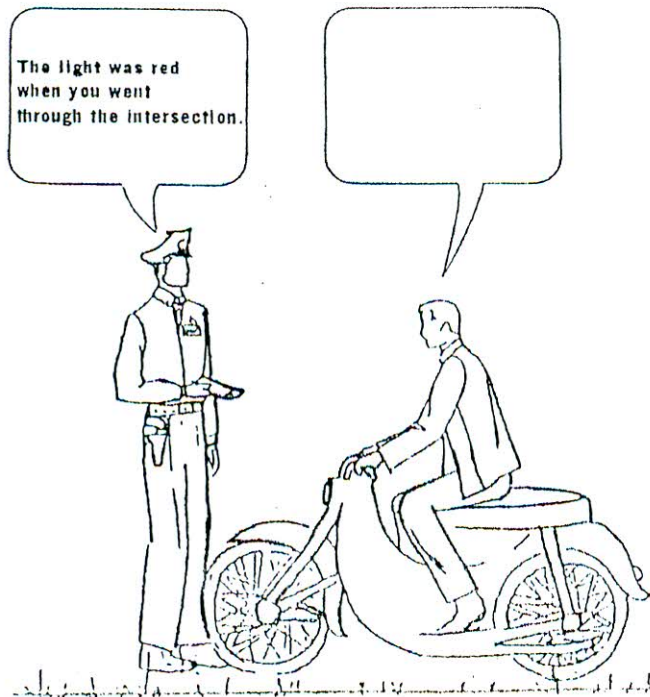
item 7 & 8 (1108x1514x24b bmp)

7



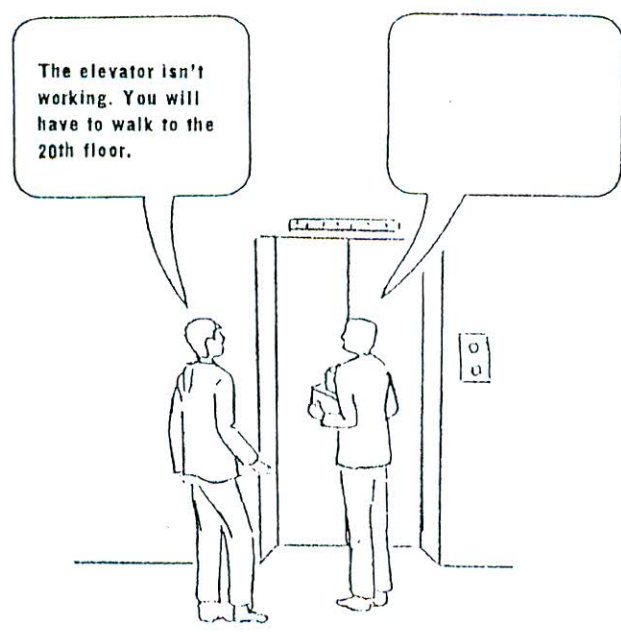
1. You are always forgetting the key
2. Why should I have it?
3. I hope I haven't lost it.
4. Yes, I think I have it.
5. Yes, let me open the door for you.

8



1. And I say it wasn't.
2. It's okay. I understand that you have to give me a ticket.
3. Don't you have anything better to do than hand out tickets?
4. I didn't notice that it had changed.
5. I'll be more careful next time.

9



- 1. I guess I need the exercise anyway.
- 2. Someone is going to be sorry about this.
- 3. Well, I'm not going to carry these up 20 floors.
- 4. Where are the stairs?
- 5. Thanks, you saved me a long wait.

10



- 1. I hope we haven't disturbed anyone.
- 2. You can't stop us.
- 3. Is there somewhere we can dance?
- 4. We had better do what he says.
- 5. You stop bothering us!

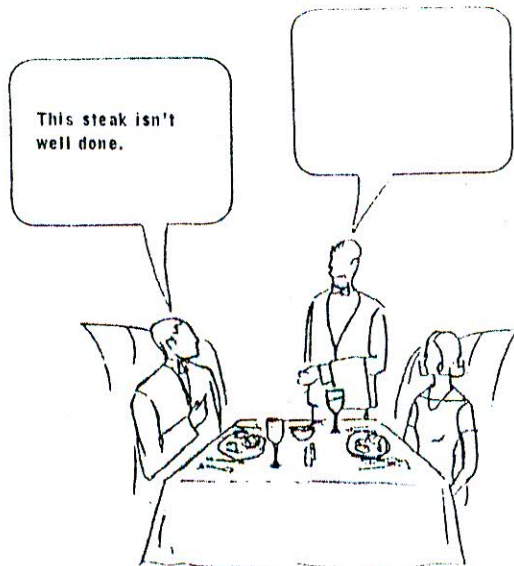
item 11 & 12 (1193x1533x24b bmp)

11



1. You should know better than to ask a question like that.
2. No, and I don't have to.
3. I didn't know presents were expected.
4. No. Your idea of exchanging presents is a great idea.
5. Yes, but I'll go get one

12



1. Please let me return it. Our duty is to please our customers.
2. I will take it back.
3. If you don't like it, go somewhere else.
4. I'm sorry. I hope the delay won't inconvenience you.
5. What do you expect me to do about it?

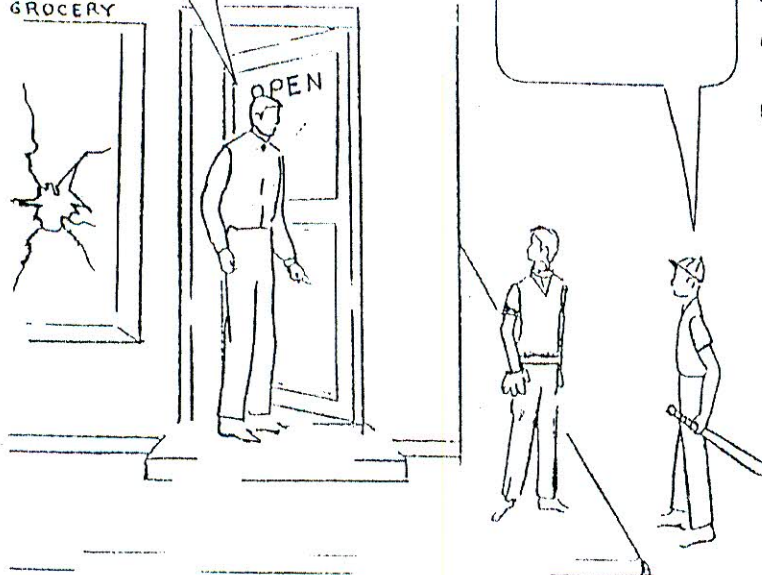
item 13 & 14 (1086x1474x24b bmp)

13

You will have to pay for the window.

GROCERY

OPEN



1. I hit it harder than I expected to
2. I hope no one was hurt.
3. Try and make us.
4. We will pay for it and never play here again.
5. You should have had a screen on that window.

14

These were our seats.



1. Prove it.
2. I'm sorry. I'll call the usher who will help you find some others.
3. Let's check our tickets.
4. Oh, I'm sorry. Then we will move.
5. You are late so take what you can find.

item 15 & 16 (1194x1546x24b bmp)

15



1. Things like that just happen.
2. No, I'm sure that you must have had something important to do.
3. What happened?
4. What do you think?!
5. If you had any manners you would have called.

16



1. None of your business.
2. I told you not to wake me this morning.
3. I don't really feel like it, but I guess I'll have to.
4. Thank you for remembering to wake me.
5. Yes, what time is it?

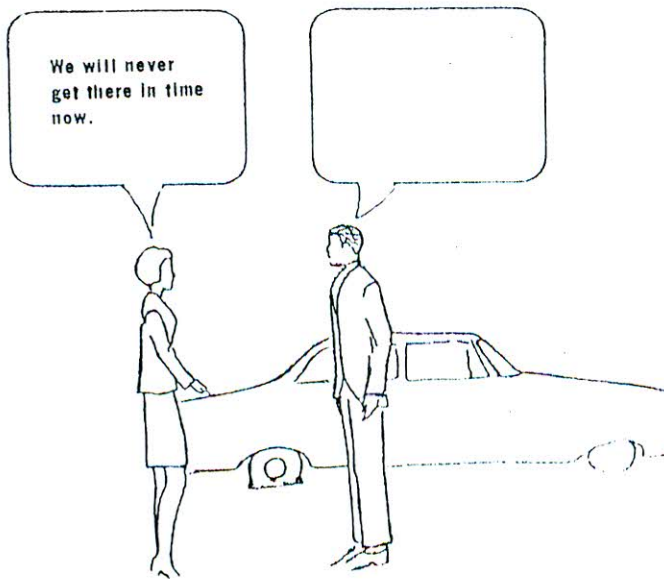
item 17 & 18 (2244x2760x16 bmp)

17



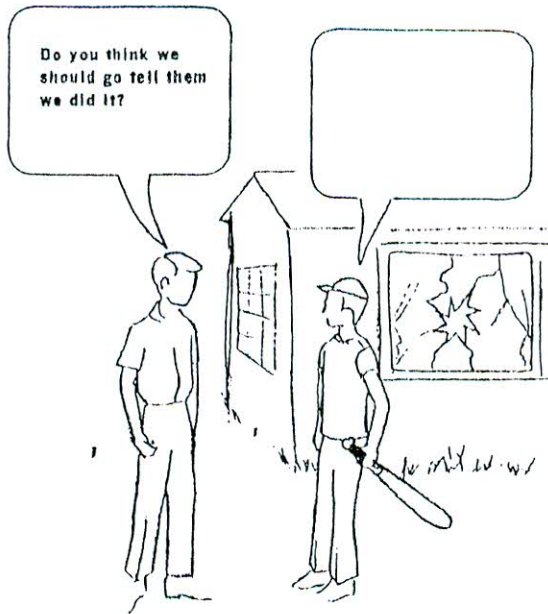
1. Why didn't you buy me some more like I asked?
2. I'll buy some more later.
3. I should have listened to you and gotten some more.
4. Don't you think I know that?!
5. That's okay. Don't you worry about it.

18



1. It will take about 20 minutes to fix.
2. I should have listened to you and left earlier.
3. I'll call a taxi for you so you won't have to miss the movie.
4. It's your fault. You should have been more careful.
5. What do you expect me to do?

19



1. Let's go explain what happened.
2. Yes, it is the thing that we should do.
3. Are you nuts? Let's get out of here.
4. It's your fault. You tell them.
5. It's okay. I'll help you pay for it.

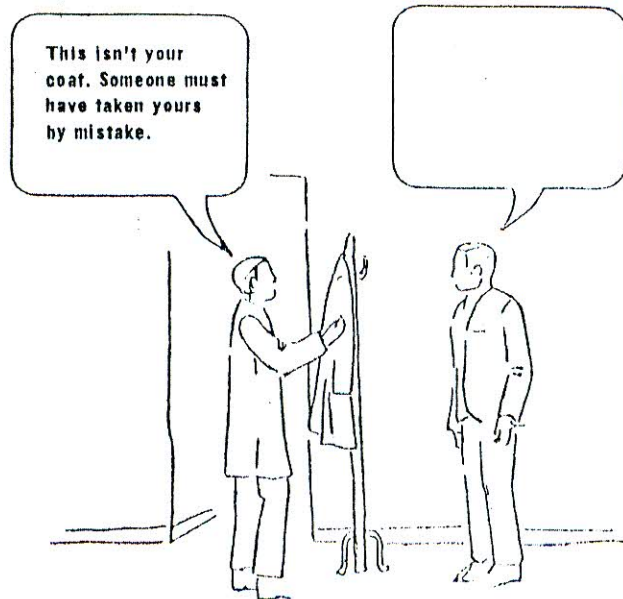
20



1. Those signs don't mean anything.
2. Don't tell me. I can read.
3. Oh, I hadn't noticed.
4. Oh, I'll put my cigarette out right away.
5. Oh, I'm sorry. I hope the smoke hasn't bothered you.

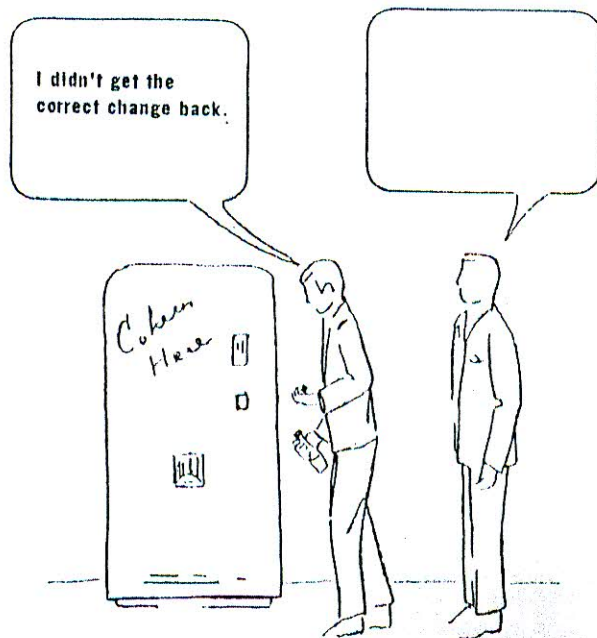
item 21 & 22 (2220x2872x16 bmp)

21



1. Well, I'm going to take theirs.
2. Why didn't you tell me sooner?
3. I should be more careful where I leave my coat.
4. Is there any identification in this one?
5. Don't worry. I'm sure I will get it back.

22

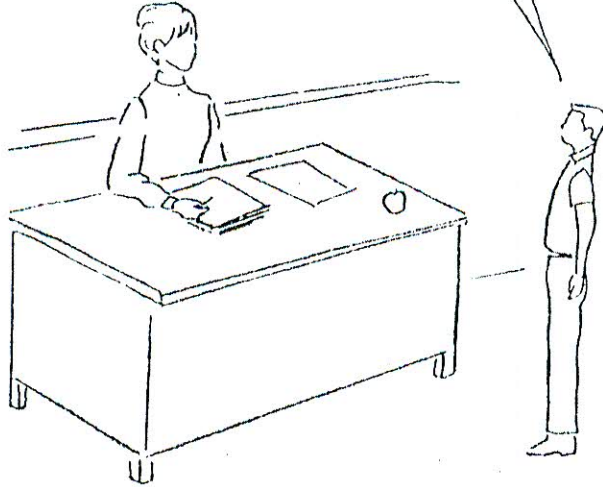


1. Why tell me?
2. Don't complain. They only cost 10p.
3. I hope you didn't lose too much.
4. There is a number to call for a refund.
5. There is not much you can do about machines.

item 23 & 24 (2228x3024x16 bmp)

23

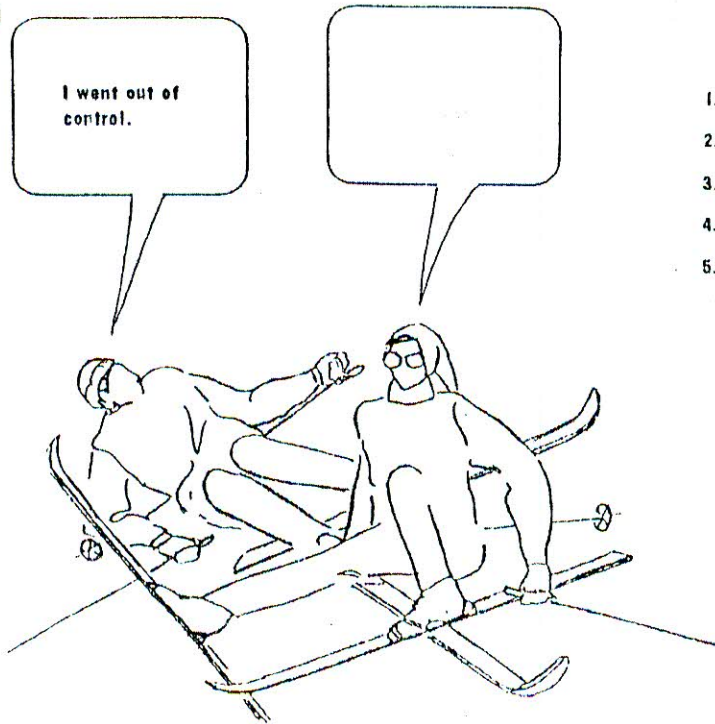
You haven't completed
your assignment.



1. You shouldn't have given us so much to do.
2. So expel me.
3. Is there something else I could do?
4. I promise I'll do it tonight.
5. I didn't understand it.

24

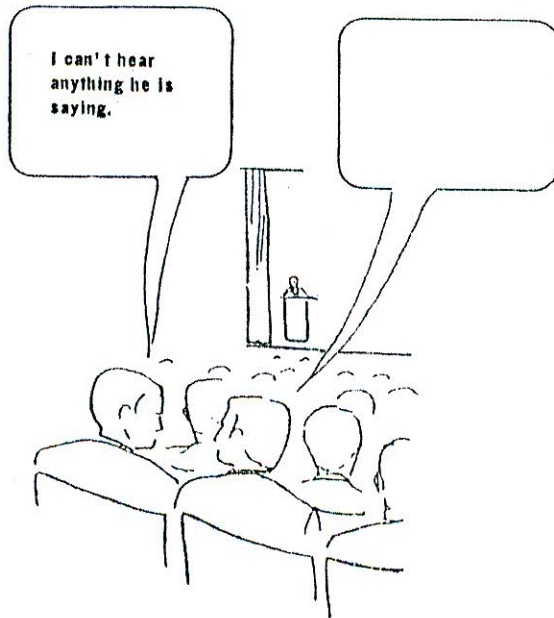
I went out of
control.



1. Well, do it somewhere else next time.
2. I hope you didn't hurt yourself.
3. No kidding!
4. I should have been watching.
5. We are lucky not to be hurt.

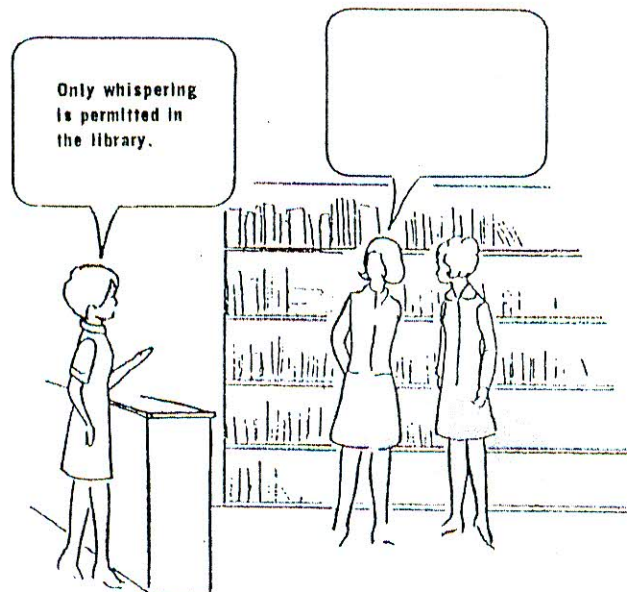
item 25 & 26 (2336x3344x16 bmp)

25



1. If you would be quiet, you could.
2. We are too far back in the auditorium.
3. Let's sit here anyway. We can ask others what he said.
4. Can I do something to help?
5. It isn't worth hearing anyway.

26



1. It is nice of you to let us know.
2. This is important. Don't interrupt us.
3. Is there a room where we can talk?
4. We are sorry that we broke the rule.
5. The same goes for you.

item 27 & 28 (2244x3020x2 bmp)

27

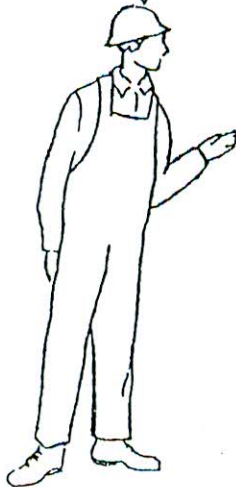
These eggs were
broken when I
bought them.



1. That's a likely story.
2. I'm sorry you had to make an extra trip.
3. I can exchange them for you.
4. You should have said something before you left the store.
5. I should have checked them more carefully.

28

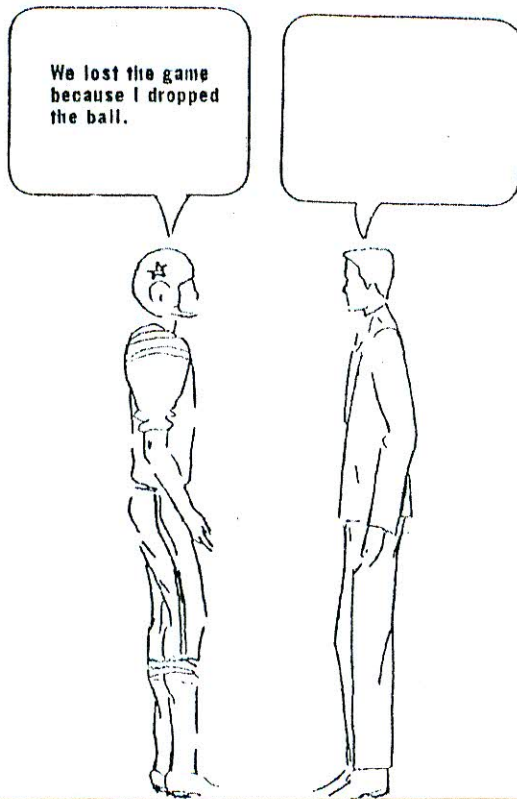
Why wasn't the
job done sooner?



1. If you were a good foreman it would be.
2. Don't worry. We will do it for you before the deadline.
3. We are going as fast as we could, sir.
4. The materials didn't arrive in time.
5. What do you think I am, a magician?

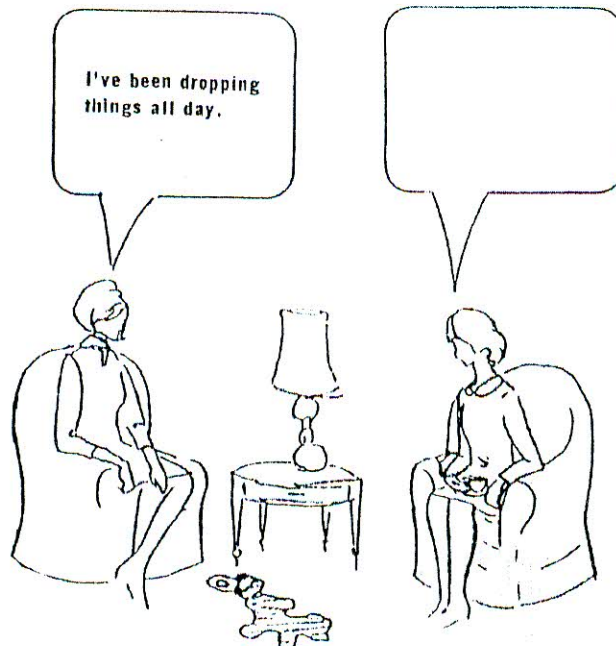
item 29 & 30 (1090x1458x24b bmp)

29



1. Well, when are you going to learn to hold onto it?
2. What do you want me to do?
3. That's okay. Everyone makes mistakes.
4. They have a very powerful team.
5. Oh well, we did what we could.

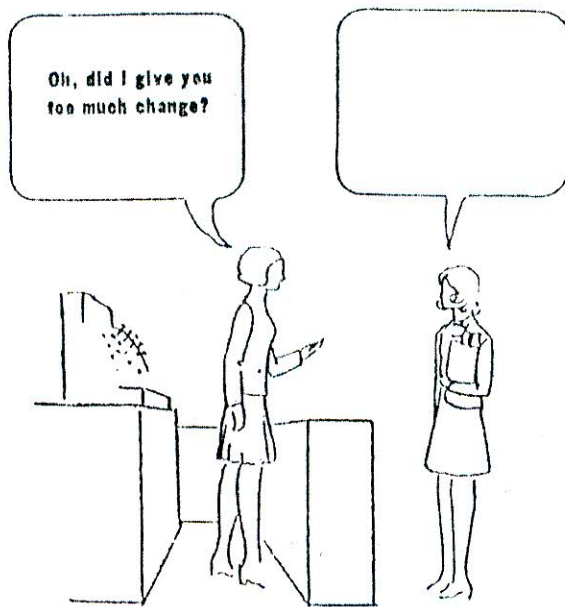
30



1. I'll have it cleaned up in a minute.
2. We all have days like that sometimes
3. How sloppy can you get?
4. You're telling me!
5. Is something bothering you?

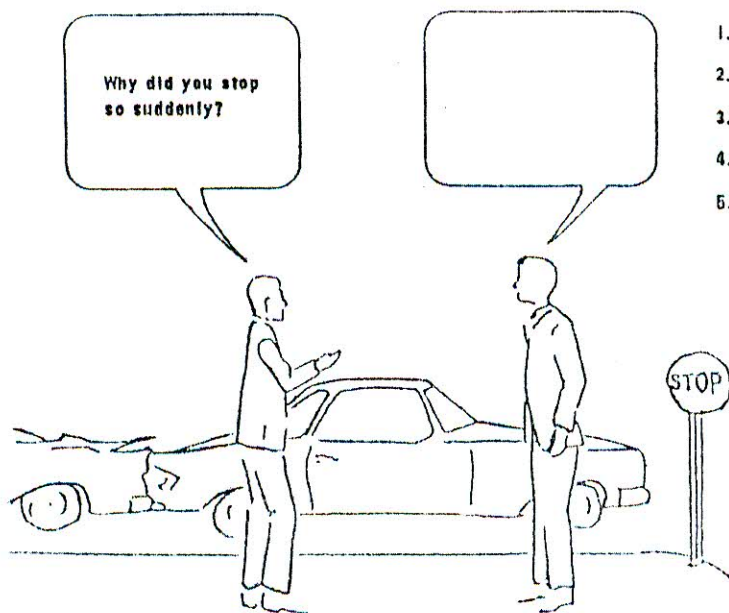
item 31 & 32 (2235x2974x16 bmp)

31



1. If you did, it's your tough luck.
2. I should have been watching more closely.
3. Yes, but don't worry, I will give it back.
4. Let me see.
5. You should know what you are doing.

32



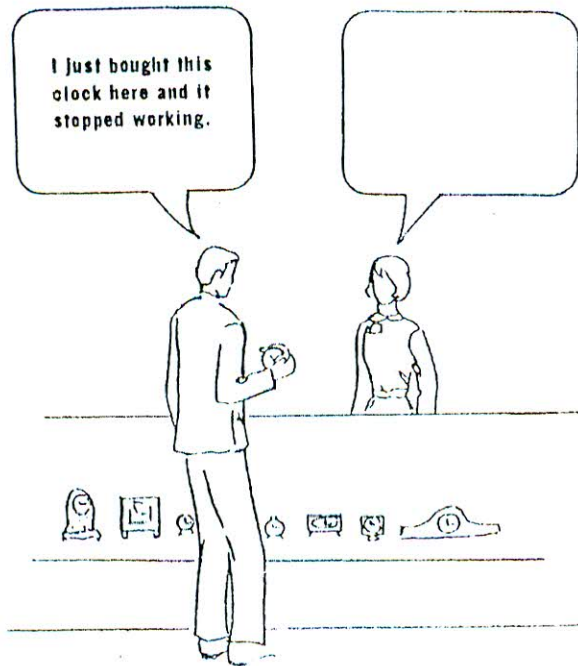
1. I guess it was my fault.
2. A dog dashed out in front of me.
3. You shouldn't be allowed to drive.
4. I hope you are not hurt.
5. I don't have to answer you.

33



1. Here, I'll get you a chair.
2. Were you here before?
3. I'll move; here is your chair.
4. You ought to find someplace else.
5. Try and move me.

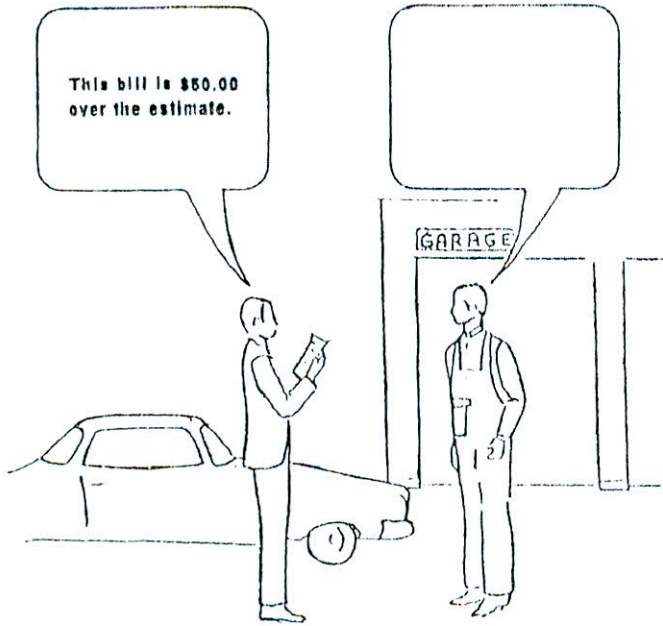
34



1. You probably broke it yourself.
2. Tell me what you would like us to do.
3. I'm sorry for the inconvenience.
4. What do you expect me to do?
5. What seems to be the trouble?

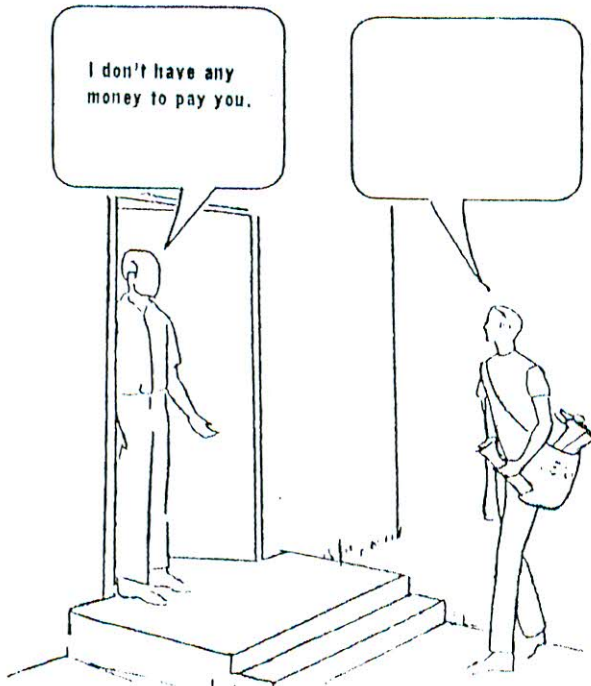
item 35 & 36 (1130x1473x24b bmp)

35



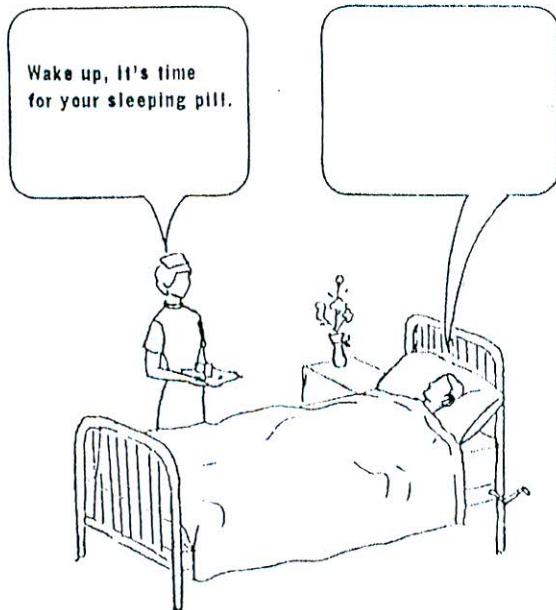
1. I will check it with the office.
2. Don't blame me.
3. You are always trying to get something for nothing.
4. You are probably right. It sounds too high.
5. If that is too much, perhaps we can reduce the bill.

36



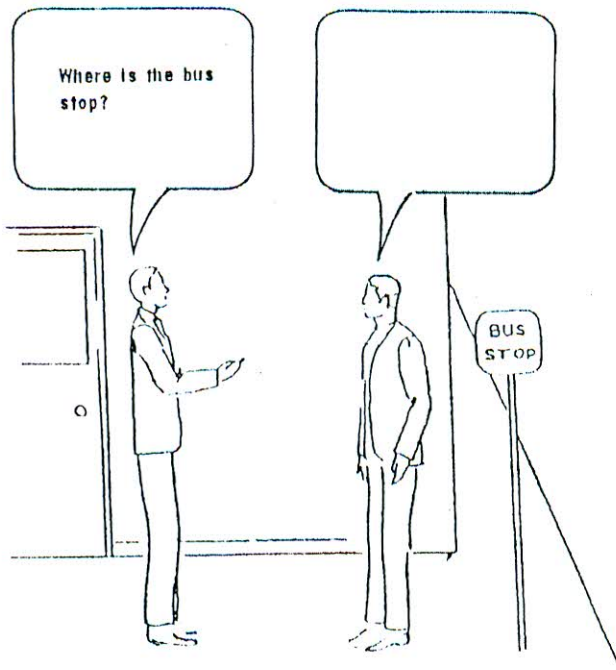
1. When would you like me to be come back?
2. That's okay. Everyone is short on money at times.
3. I want the money now.
4. You are always saying you don't have any money.
5. I will come back tomorrow.

item 37 & 38 (2192x2720x16 bmp)



1. Now that is really stupid.
2. I have already had one.
3. Thanks. I wasn't really sleeping. This pill will help me.
4. If you think I need it, I'll take it.
5. I don't want any pills.

38



1. Here it is.
2. Don't ask me!
3. It's right here. We can catch it together.
4. You should know; it's right in front of you.
5. I'm sorry, I must have been in front of the sign.

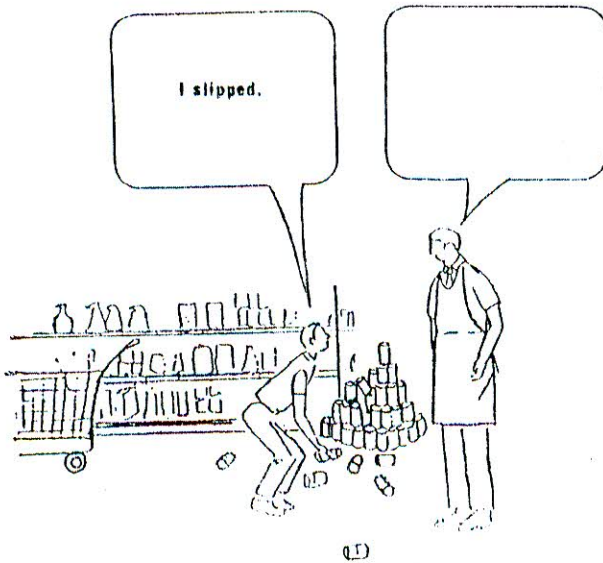
item 39 & 40 (2352x2836x16 bmp)

39



1. We have permission from the owner.
2. Who cares.
3. Please don't report us. We'll get out.
4. Do you always tell everyone what to do?
5. Thanks for taking the trouble to stop and tell us.

40

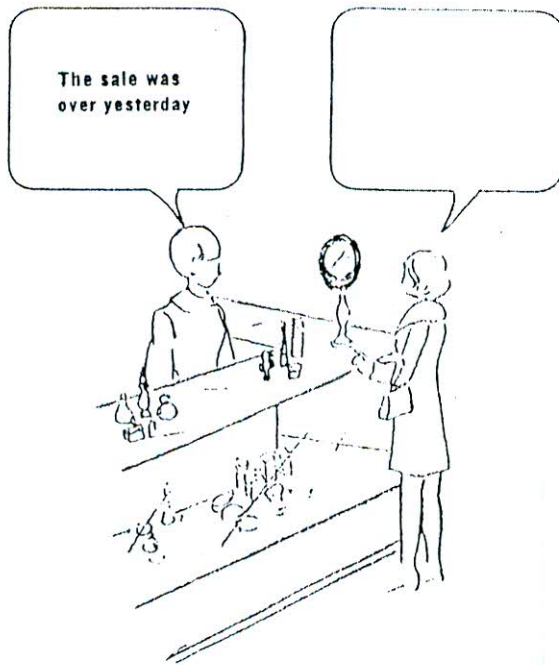


1. Are you okay? I hope you didn't hurt yourself.
2. I'm sorry, they shouldn't have been in the aisle.
3. What happened?
4. Well, I'm glad that is all the damage you did.
5. Well, it's not my fault.



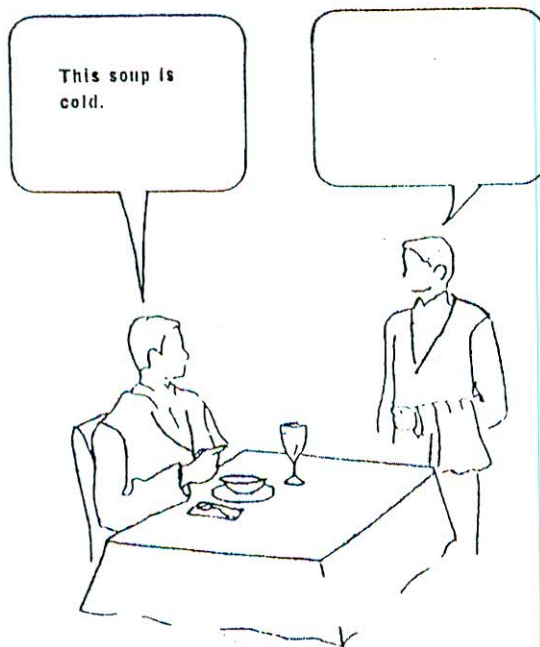
item 41 & 42 (2244x2900x16 bmp)

41



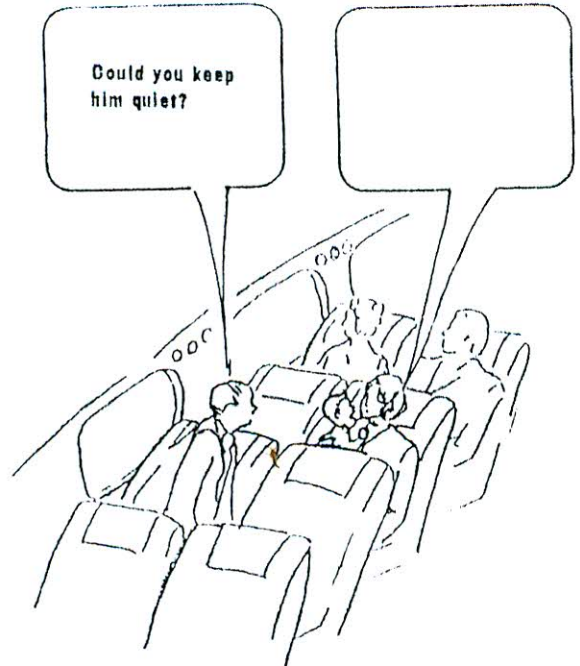
1. You are very kind to tell me before I buy.
2. How much does it cost today?
3. The days for the sale should have been advertised more clearly.
4. Sell it to me anyway. Nobody is looking.
5. Well, I guess I'll have to do without it.

42



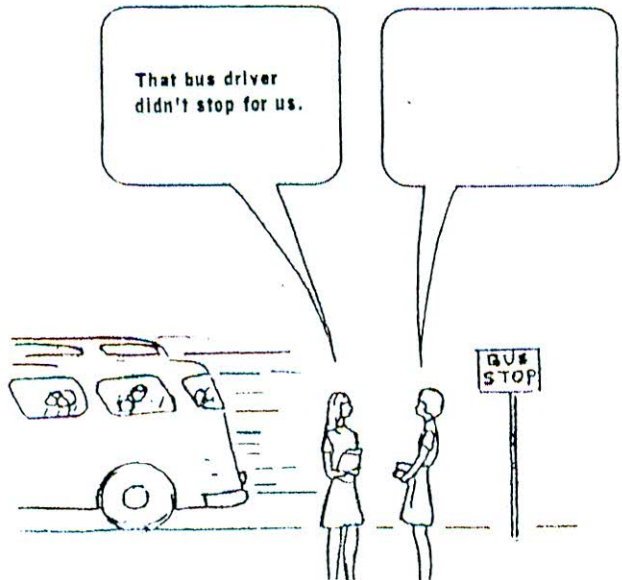
1. Would you like another bowl of soup?
2. That's too bad. I'll get you some more.
3. Well, I can't serve everybody at once.
4. It's your fault then. It was hot when I brought it.
5. I'm sorry. I should have brought it sooner.

43



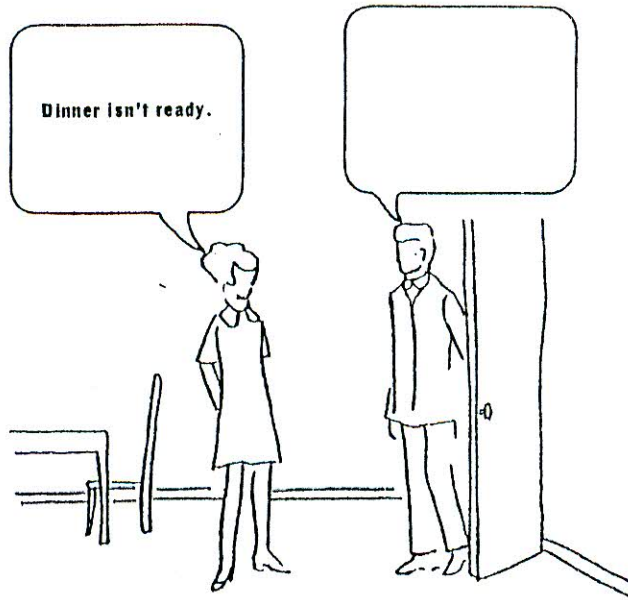
- 1. I'm sorry. I'll try my best.
- 2. You keep quiet yourself.
- 3. What do you expect me to do about it?
- 4. He is tired and not used to all the excitement.
- 5. I'm sorry. I hope you will be able to go back to sleep soon.

44



- 1. Is it too far to walk?
- 2. They shouldn't let people like that drive busses.
- 3. Well, I guess we will have to walk.
- 4. It's too bad. I hope you won't miss something important.
- 5. I didn't want to go anyway. Let's skip school.

item 45 & 46 (2248x2644x2 bmp)



1. Don't worry about it. I'll take you out for supper.
2. That's okay. I can wait.
3. I suppose you were on the telephone all day.
4. When will it be ready?
5. Then I'm going out to eat.

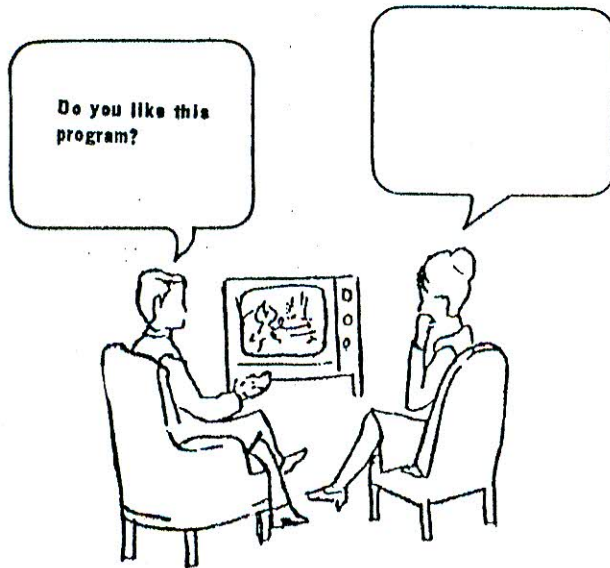
46



1. I'll come back early like you asked.
2. I'll call you. I don't want you to worry.
3. I'll be back about 6 o'clock.
4. You should know by now when I come back.
5. When I feel like.

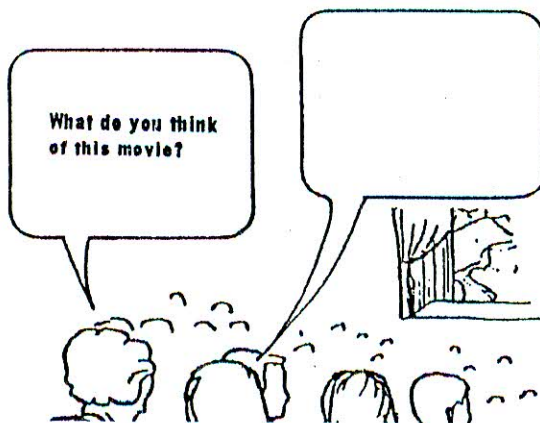
item 47 & 48 (2144x2644x2 bmp)

47



1. It is better than your football games.
2. No, and I'm not going to watch it another minute.
3. No, but I'll watch it if you want to.
4. It is one of my favorites.
5. Yes, I hope you like it too.

48



1. What's it to you?
2. I don't like it but I'll stay if you want to.
3. I think it is very well done.
4. It's good. You sure do know how to choose good movies.
5. Be quiet. I'm trying to listen.

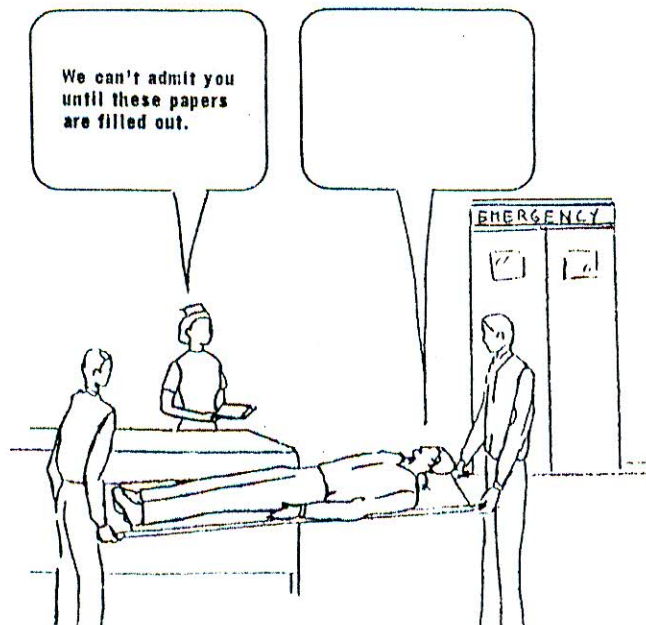
item 49 & 50 (2236x2988x16 bmp)

49



1. What are you going to do about it?
2. Don't worry about it. Everyone makes mistakes.
3. What can be done about it?
4. Oh well, it was probably bad anyway.
5. I'll sue you if you did because you are supposed to know what you are doing.

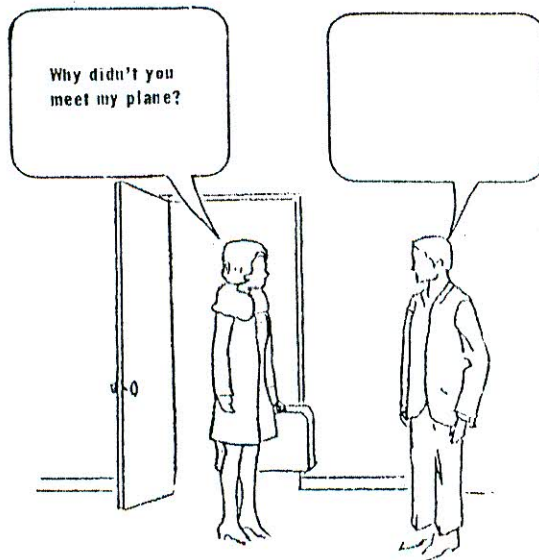
50



1. It is very good to see that you are handling things properly.
2. Okay, I don't want to break the rules.
3. My wife can give you all the details.
4. You can't make me fill those out.
5. You fill them out and be quick about it.

item 51 & 52 (2396x3008x16 bmp)

51



1. You should have telephoned me.
2. I didn't want to so I didn't.
3. What time did your plane arrived?
4. I'm sorry. Next time I'll be there ahead of time.
5. I'm sorry I missed it. May I take your bag?

52



1. I didn't want it anyway.
2. Would you keep my name in your file?
3. Thank you for letting me take so much of your time.
4. Oh well, I guess I'm just not experienced enough.
6. You should have told me sooner that I wasn't qualified.

Appendix II

Ego State Inventory (Bengali Version)

ইগো স্টেট ইনভেনটারী

(EGO STATE INVENTORY)

আপনাকে একটি ২৬ পৃষ্ঠার বুকলেট এবং এক পৃষ্ঠার উত্তর পত্র সরবরাহ করা হয়েছে। বুকলেটের প্রতি পৃষ্ঠায় ২ টি করে মোট ৫২ টি বিভিন্ন কার্টুন ছবি আছে। প্রতি ছবিতেই একজন ব্যক্তি অন্য ব্যক্তিকে বা একাধিক ব্যক্তিকে উদ্দেশ্য করে মন্তব্য বা প্রশ্ন করছে। অন্য একজন উত্তর দিচ্ছে। যিনি উত্তর দেবেন তার বক্তব্যের ঘরটি ফাঁকা আছে। সম্ভাব্য ৫ টি করে উত্তর বা মন্তব্য পাশে দেয়া আছে। সবগুলো উত্তর / মন্তব্যই সঠিক। আপনাকে যদি উত্তর দিতে হত তাহলে আপনি কোন উত্তরটি দিতেন সেটির ক্রমিক নম্বর উত্তর পত্রের ০ ঘরে চিহ্নিত করুন।

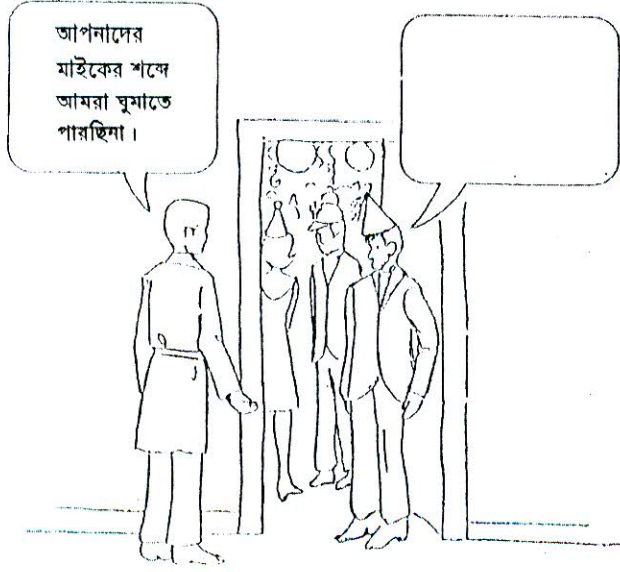
অনুগ্রহ করে চিন্তা করে নিন, কোন উত্তরটি আপনি পছন্দ করছেন। তারপর উত্তর পত্রের নির্দিষ্ট ০ চিহ্নটি কালি দিয়ে ভরাট করুন। উত্তর দেবার জন্য কোন নির্দিষ্ট সময় সীমা নেই, তবে যত দ্রুত সম্ভব উত্তর দিন এবং একবারেই সবগুলো উত্তর দিন।

অনুগ্রহ করে বুকলেটে কোন দাগ বা চিহ্ন দেবেন না। আপনার নাম, বয়স, লিঙ্গ, ঠিকানা, ইত্যাদি উত্তর পত্রে প্রথমেই লিপিবদ্ধ করুন। তবে আপনার পরিচয় এবং উত্তর গোপন রাখা হবে এবং প্রাপ্ত ফলাফল শুধুমাত্র গবেষণা কাজে ব্যবহার করা হবে।

আপনাকে ধন্যবাদ।

1&2.psd (1272x1672x256 bmp)

১



- ১। কেটে পড়ুন ও নিজের চরকায় তেল দিন।
- ২। আপনি কি দয়া করে ভিতরে এসে আমাদের সঙ্গ দিবেন।
- ৩। আপনি কি আমাদের নিয়ন্ত্রনকার্তার সঙ্গে কথা বলতে চান?
- ৪। কে তোয়াক্কা করে?
- ৫। আমি দুঃখিত। এখনই আমি গান বাজনা বন্ধ করে দিচ্ছি।

২



- ১। আমি এটি পরিষ্কার করছি। আমার আরো সাবধান হওয়া উচিত ছিল।
- ২। আমাকে জিজ্ঞাসা করছেন কেন?
- ৩। ভেবো না। এটা আমি এখুনি বদলিয়ে দিচ্ছি।
- ৪। ওটা অত বিন্দারায় রাখা আপনার উচিত হয়নি।
- ৫। আমার ধাক্কা লেগে ওটা পড়ে গেছে।

3,4.psd (1272x1636x256 bmp)

৩



- ১। ঠিক বুঝছি না তবে আপনার আর্থহের জন্য ধন্যবাদ
- ২। না, তেমন কিছু মনে হচ্ছে না।
- ৩। এটা কেমন ব্যাপার হ'ল?
- ৪। আমি আপনাকে এই বইগুলো বইতে সাহায্যে করতে বলেছিলাম।
- ৫। আশা করি আপনার বইগুলি নষ্ট করিনি।

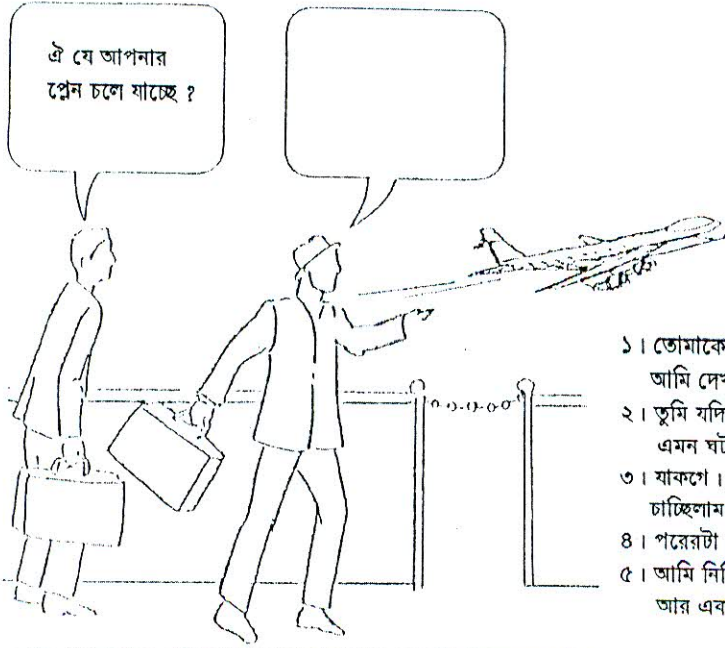
৪



- ১। ধুতোর এখানে আমি এক মিনিটও দাড়াতে চাই না।
- ২। আমি মনে করি এটা আমাদের সহ্য করে নেওয়া উচিত।
- ৩। আবহাওয়ার জন্যই এমন হয়েছে বোধ হয়।
- ৪। আপনি কোর্টের বোতাম লাগান না হলে আপনার ঠান্ডা লেগে যাবে।

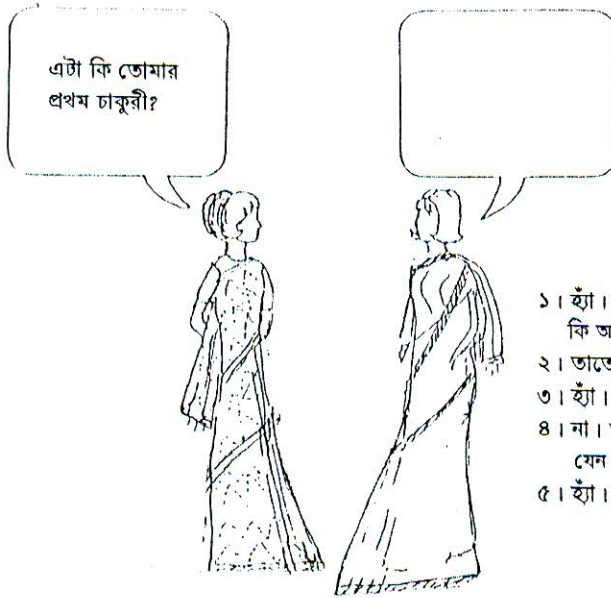
5&6.psd (1270x1560x256 bmp)

৫



- ১। তোমাকে তা বলতে হবে না।
আমি দেখতে পাচ্ছি।
- ২। তুমি যদি সময়টা মিলিয়ে নিতে তা'হলে
এমন ঘটতো না।
- ৩। যাকগে। আসলে আমি কোথাও যেতে
চাচ্ছিলাম।
- ৪। পরেরটা কখন ছাড়ছে দেখে নিচ্ছি।
- ৫। আমি নিশ্চিত যে অফিসের মধ্যে
আর একটা প্লেন ছাড়ছে।

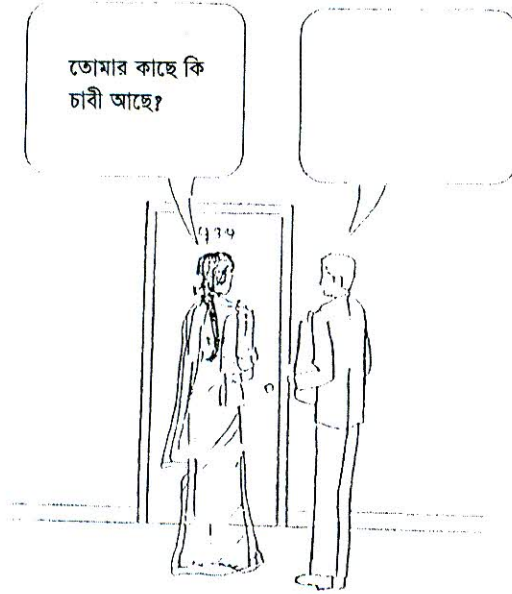
৬



- ১। হ্যাঁ। আমি কিছু না বুঝতে পারলে
কি আপনি সাহায্য করবেন ?
- ২। তাতে আপনার কি ?
- ৩। হ্যাঁ। আমি গতকাল কাজ শুরু করেছি।
- ৪। না। তবে আপনি এমন ভাব দেখাচ্ছেন
যেন এটা আপনারই প্রথম কাজ।
- ৫। হ্যাঁ। আপনার প্রশ্ন বড় ভাল লাগলো।

7&8.psd (1272x1626x256 bmp)

৭



- ১। তুমি সবসময় চাবী ভুলে যাও।
- ২। ওটা আমি রাখবো কেন?
- ৩। আমি আশা করি যে আমি এটা হারাইনি।
- ৪। হ্যাঁ। মনে হয় চাবিটা আমার কাছে আছে।
- ৫। হ্যাঁ। আমিই দরজা খুলে দিচ্ছি।

৮



- ১। কিন্তু আমি বলছি তা ছিল না।
- ২। ঠিক আছে। আমি বুঝতে পারছি যে আপনি আমাকে একটা জরিমানার কাগজ দিবেন।
- ৩। জরিমানা করা ছাড়া আপনার কোন কাজ নাই।
- ৪। বাতি পরিবর্তন আমি লক্ষ্য করিনি।
- ৫। ভবিষ্যতে আমি আরো সাবধান হবো।

9&10.psd (1227x1654x24b bmp)

৯



- ১। মনে হয় পরিশ্রমটা আমার প্রয়োজন।
- ২। এজন্য কাউকে শাস্তি পেতে হবে।
- ৩। তা হোক, এগুলো আমি ২০ তলা পর্যন্ত বয়ে নিয়ে যাবো।
- ৪। সিঁড়ি কোথায়?
- ৫। ধন্যবাদ। আপনি আমাকে অনেকক্ষন অপেক্ষা করা থেকে বাঁচালেন।

১০



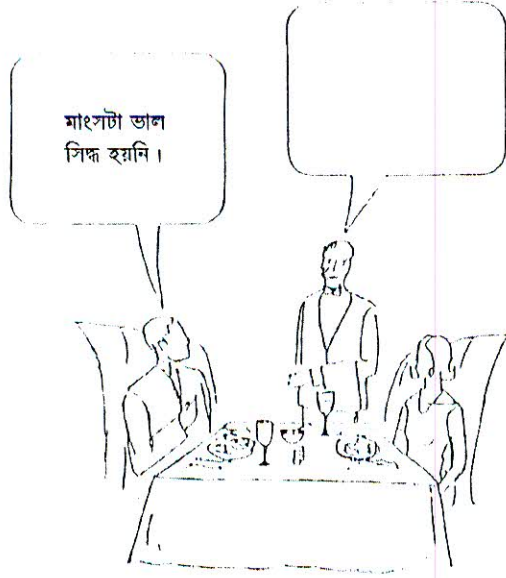
- ১। আশা করি আমরা কাউকে বিরক্ত করিনি।
- ২। আপনি আমাদেরকে বাধা দিতে পারেন না।
- ৩। গল্প করার জন্য কোন জায়গা আছে কি?
- ৪। উনি যা বলছেন আমাদের তাই করা উচিত।
- ৫। আমাদেরকে বিরক্ত করবেন না।

11&12.psd (1273x1578x256 bmp)



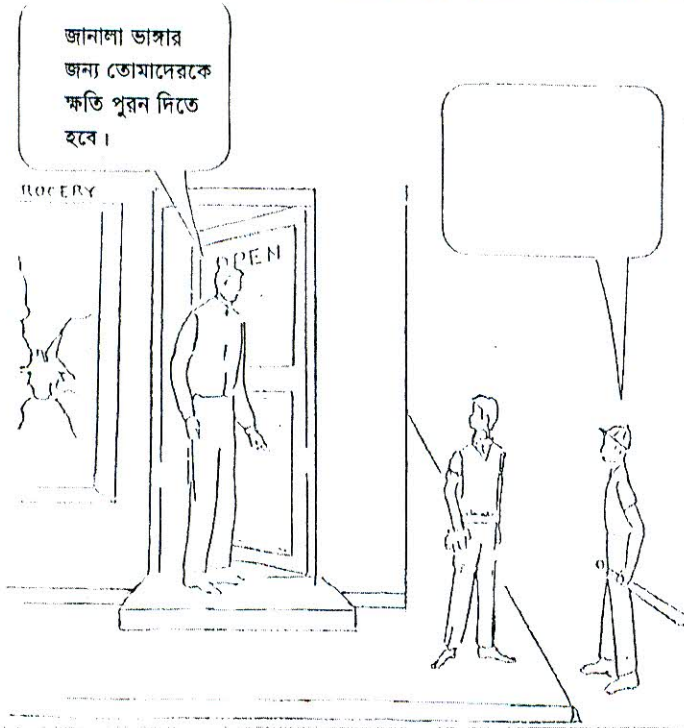
- ১। এমন প্রশ্ন করার চেয়ে তোমারই তো সেটা জানা উচিত।
- ২। না। আমাকে আনতে হ'বে না।
- ৩। উপহার আশা করার কথা আমি জানতাম না।
- ৪। না। উপহার বদলের ধারণাটা তোমার চমৎকার।
- ৫। হ্যাঁ। আমি বরং একটা নিয়ে আসি।

১২



- ১। অনুগ্রহ করে ওটা আমাকে ফেরৎ দিন।
- ২। আমি ওটা আবার আনছি।
- ৩। ওটা পছন্দ না হলে অন্য কোথাও যান।
- ৪। আমি দুঃখিত। আশা করি একটু দেরী হওয়ায় আপনার অসুবিধা হবে না।
- ৫। আমাকে আপনি এ ব্যাপারে কি করতে বলেন?

13&14.psd (1256x1718x256 bmp)



- ১। এত জোরে লাগবে তা ভাবিনি।
- ২। আশা করি কেউ আহত হয়নি।
- ৩। আমাদেরকে ক্ষতি পূরণ দিতে বাধ্য করার চেষ্টা করে দেখুন।
- ৪। এজন্য আমরা ক্ষতি পূরণ দিচ্ছি।
- ৫। জানালায় পর্দা দেওয়া উচিত ছিল।



- ১। প্রমাণ করুন।
- ২। আমি দুঃখিত। আমি গেট কিপারকে ডাকছি যে আপনাদেরকে অন্য আসন খুঁজতে সাহায্য করবে।
- ৩। আসুন আমাদের টিকিট মিলিয়ে নিই।
- ৪। ওঃ আমি দুঃখিত। আমরা অন্য জায়গায় উঠে যাচ্ছি।
- ৫। আপনারা দেরী করেছেন কাজেই অন্য জায়গা খুঁজে নিন।

15,16.psd (1262x1682x256 bmp)



- ১। এমন হয়েই থাকে।
- ২। না। আমি নিশ্চিত যে তুমি অন্য
কোন জরুরী কাজ করছিলে?
- ৩। কি হয়েছিল?
- ৪। তুমি কি করবে ভাবছ?
- ৫। সৌজন্য বোধ থাকলে তুমি আমাকে
ফোন করতে।



- ১। ওটা তোমার দেখার বিয়য় না।
- ২। আজ সকালে আমাকে জাগাতে তোমাকে
আমি বারন করেছিলাম।
- ৩। আসলে আমি তেমন কিছু ভাবছি না তবে
কিছু একটা করতে হবে।
- ৪। আমাকে জাগানোর কথা মনে রাখার জন্য
ধন্যবাদ।
- ৫। হ্যাঁ। এখন কয়টা বাজে?

17,18.psd (1272x1584x256 bmp)

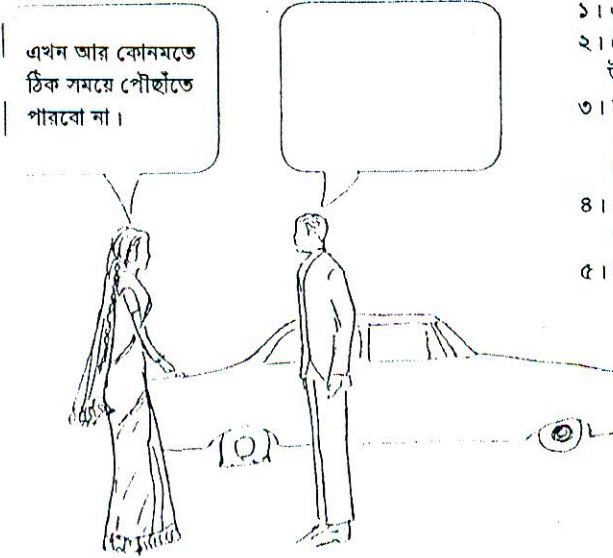
১৭



এটাই তোমার জুতার
শেষ ফিতা জোড়া।

- ১। আমি যেমন বলেছিলাম ঐ রকম আরো কিছু আমার জন্য কেমনি কেমন?
- ২। আমি পরে আরো কিছু কিনবো।
- ৩। তোমার কথামত আমার আরো কিছু কেনা দরকার ছিল।
- ৪। তোমার কি মনে হয় আমি তা জানিনা?
- ৫। ঠিক আছে। এ নিয়ে তুমি চিন্তা কোর না।

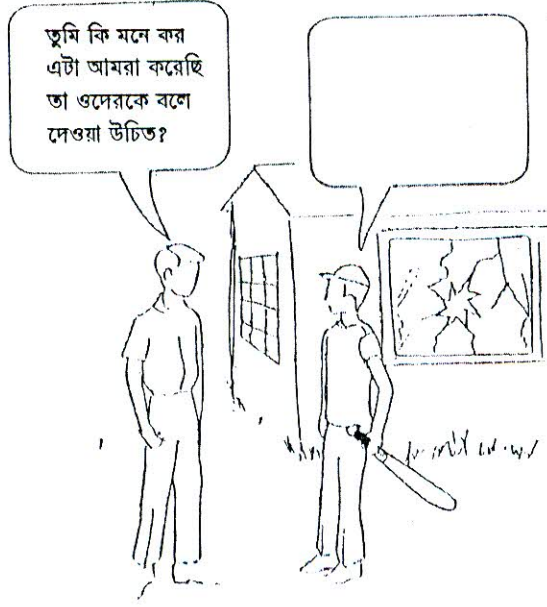
১৮



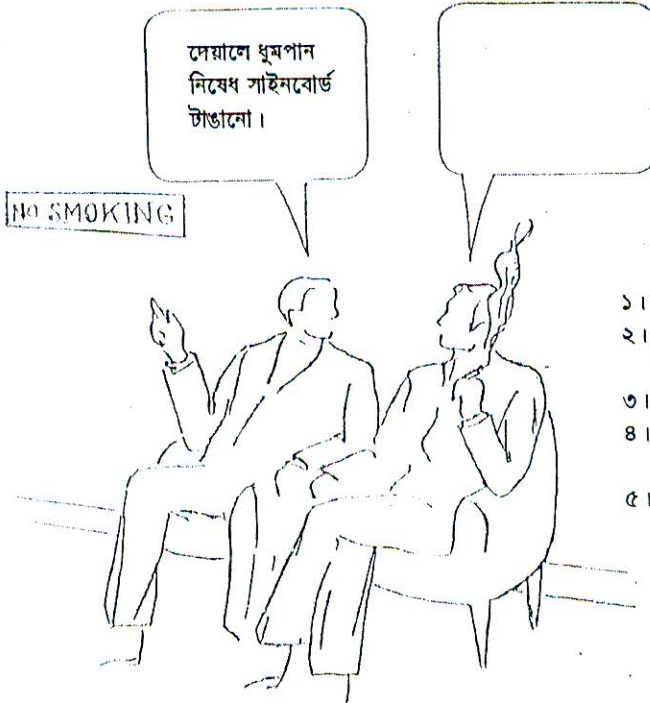
এখন আর কোনমতে
ঠিক সময়ে পৌঁছাতে
পারবো না।

- ১। এটা ঠিক করতে প্রায় ২০ মিনিট লাগবে
- ২। তোমার কথামত আরো আগে বেরশনো উচিত ছিল।
- ৩। আমি তোমার জন্য একটা ট্যাকসি ডেকে আনছি যেন তোমার সিনেমা দেখা বাতিল না হয়।
- ৪। এটা তোমার দোষ। তোমার আরো নবর্ক হওয়া উচিত ছিল।
- ৫। আমি কি করবো বলে তুমি আশা করছো?

19,20.psd (1270x1636x256 bmp)



- ১। চল আমরা গিয়ে কি ঘটেছে তা বুঝিয়ে বলি।
- ২। হ্যাঁ। আমাদের তাই করা উচিত।
- ৩। পাগল নাকি? এসো এখান থেকে কেটে পড়ি।
- ৪। এটা তোমার দোষ। তুমিই ওদেরকে বশ।
- ৫। ঠিক আছে। এর ক্ষতি পূরণ দিতে আমি তোমাকে সাহায্য করবো।



- ১। এইসব বিজ্ঞপ্তির কোন মানে হয় না।
- ২। আমাকে তা বশতে হবে না। আমি পড়তে পারি।
- ৩। ওহো। আমি দেখিনি তো।
- ৪। ওহু। আমি এখনই সিগারেট নিভিয়ে ফেলছি।
- ৫। ওহু। আমি দুঃখিত। আমি ভেবেছিলাম ধূমপান আপনাকে বিরক্ত করবে না।

21,22.psd (1106x1420x256 bmp)

২১



- ১। ঠিক আছে। আমি ওটাই নেব।
- ২। আমাকে আরো আগে বলনি কেন?
- ৩। কোথায় কোর্ট রাখছি সে ব্যাপারে আরো সাবধান হ'তে হ'বে।
- ৪। এটায় কি কোন চিহ্ন দেওয়া আছে?
- ৫। ভেবো না। আমার কোর্ট আবার ফেরৎ পাবো এ ব্যাপারে আমি নিশ্চিত।

২২



- ১। আমাকে বলাছো কেন?
- ২। অভিযোগ কোর না। ওগুলো দাম মাত্র ১০ পয়সা।
- ৩। আশাকরি তোমার বেশী ক্ষতি হয়নি।
- ৪। পয়সা ফেরৎ পাবার জন্য একটা টেলিফোন নম্বর আছে।
- ৫। ঐ মেশিন সাম্মুখে কিছুই করার নাই।

23,24.psd (1271x1607x256 bmp)

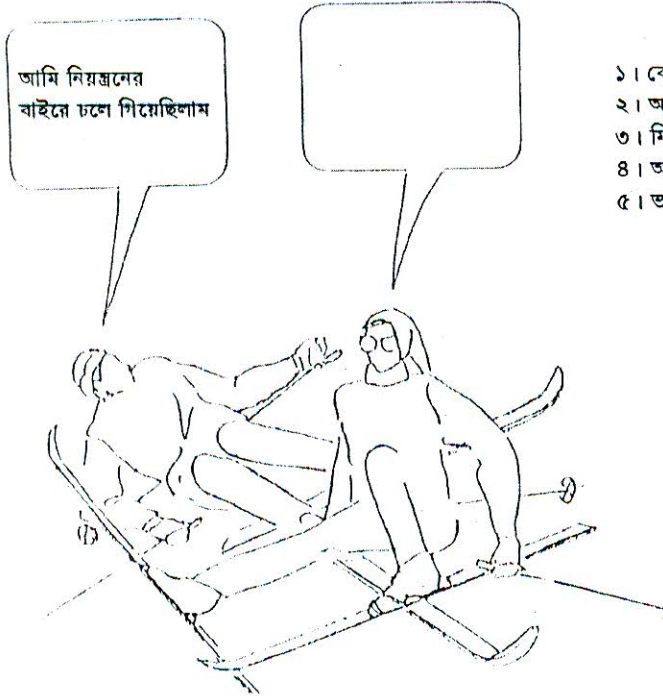
২৩



তুমি ব্লাশের কাজ
শেষ করনি।

- ১। এত বেশী কাজ দেওয়া আপনার উচিত হয়নি।
- ২। বেশ। আমাকে তাড়িয়ে দিন।
- ৩। আমার আর কি করার ছিল?
- ৪। আমি কথা দিচ্ছি আজ রাতে এটা করবো।
- ৫। আমি এটা বুঝতে পারিনি।

২৪



আমি নিয়ন্ত্রনের
বাইরে চলে গিয়েছিলাম

- ১। বেশ। ভবিষ্যতে অন্য জায়গায় করবে।
- ২। আশাকরি আঘাত পাওনি।
- ৩। মিথ্যা বলে বিরক্ত কোরনা।
- ৪। আমার খেয়াল রাখা উচিত ছিল।
- ৫। ভাগ্য ভাল আমরা কেউ আহত হইনি।

25,26.psd (1190x1562x256 bmp)

২৫



- ১। চুপ করে থাকলে শুনতে পোতে।
- ২। আমরা স্টেজ থেকে বেশ দূরে।
- ৩। ঠিক আছে। আমরা কোনমতে এখানেই বসি। আমরা অন্যদেরকে জিজ্ঞাসা করব উনি কি বলেছেন।
- ৪। আমি কি কোন সাহায্য করতে পারি?
- ৫। এটা শোনার মত ভাল কিছু না।

২৬

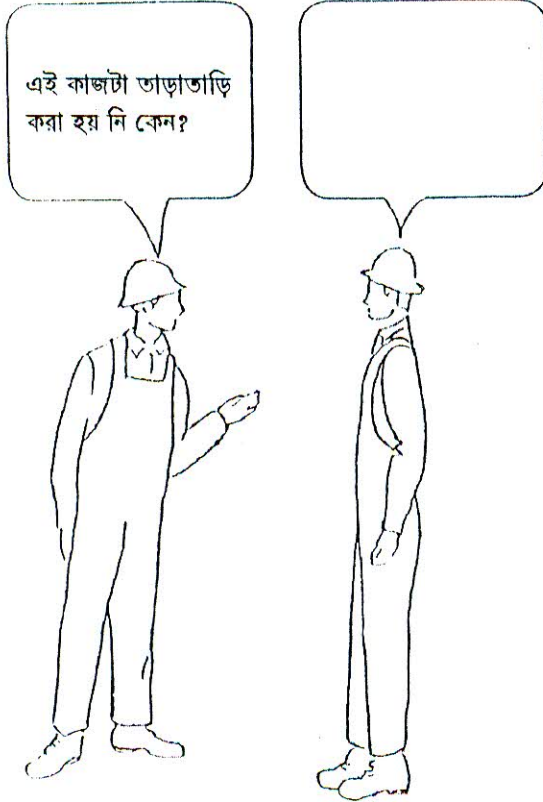


- ১। আমাদেরকে এটা জানিয়ে বড় ভাল করলেন।
- ২। এটা জরুরী। আমাদের কথাই মার্বো বাধা দিবেন না।
- ৩। এখানে কথা বলবার মত কোন ঘর আছে কি?
- ৪। নিয়ম ভেঙেছি বলে আমি দুঃখিত।
- ৫। আপনার জন্যও এ নিয়ম প্রযোজ্য।

27,28.psd (1126x1598x256 bmp)

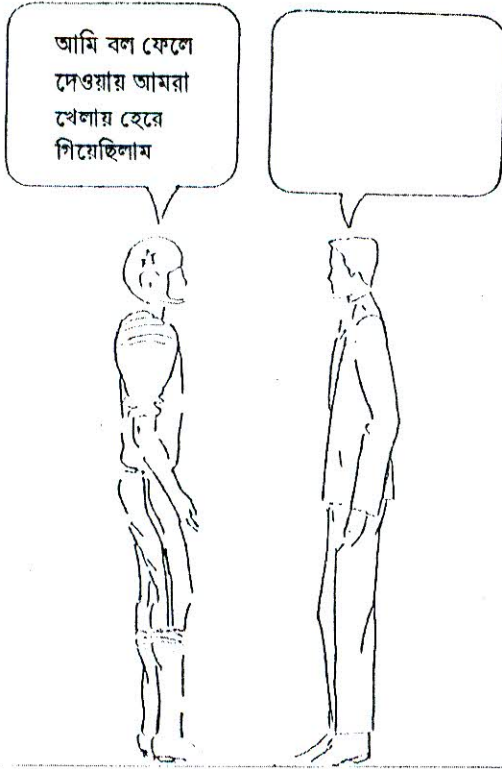


- ১। তা বলা যায়।
- ২। আমি দুঃখিত। এর জন্য আপনাকে আবার আসতে হ'ল।
- ৩। আপনাকে এগুলো বদলে দিতে পারি।
- ৪। দোকান ছেড়ে যাওয়ার আগে আপনি কিছু বগতে পারতেন।
- ৫। এগুলো সাবধানে দেখে নেওয়া আমার উচিত ছিল।



- ১। তুমি একজন ভাল ফোরম্যান হলে এটা সম্ভব হ'তো।
- ২। চিন্তার কোন কারণ নাই। এটা শেষ করবো।
- ৩। যত তাড়াতাড়ি সম্ভব আমরা করে দিচ্ছি স্যার।
- ৪। মাশমশলা সময় মত আসেনি।
- ৫। আপনি কি মনে করেন আমি একজন যাদুকর?

29, 30.psd (1192x1512x256 bmp)



- ১। বটে? বল ধরে রাখার কৌশল তা'হলে কবে শিখবে।
- ২। তুমি আমাকে কি করতে বল?
- ৩। ঠিক আছে। ভুল সবাই করে।
- ৪। তাদের খুব শক্তিশালী একটা দল আছে।
- ৫। যাকগে। আমরা যতটা সম্ভব করে ছিলাম।



- ১। আমি এক মিনিট এগুলো পরিষ্কার করে ফেলছি।
- ২। আমাদের সবারই কখনো কখনো এমন হয়।
- ৩। তুমি এত অগোছাশো হতে পারো।
- ৪। তুমি আমাকে বলছো!
- ৫। তুমি কি কোন কারণে বিরক্ত?

31,32.psd (1273x1612x256 bmp)

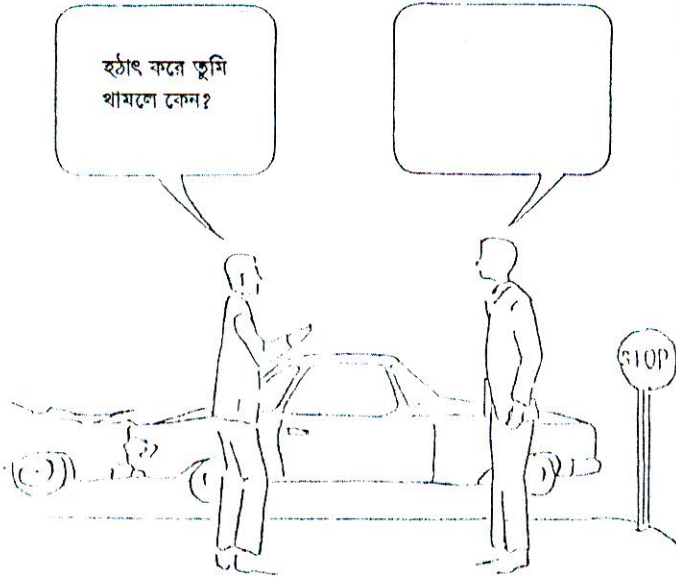
৩১



ওহো। আমি কি
তোমাকে বেশী ভাংতি
দিয়েছি?

- ১। যদি করে থাকো তবে ওটা তোমার দুর্ভাগ্য।
- ২। আরো কাছে থেকে আমার দেখা উচিত ছিল।
- ৩। হ্যাঁ। কিন্তু ভেবোনা আমি ওটা তোমাকে ফেরৎ দিব।
- ৪। আমাকে দেখতে দাও।
- ৫। তুমি কি করছো তা তোমার জানা উচিত ছিল।

৩২



হঠাৎ করে তুমি
থামলে কেন?

- ১। আমার মনে হয় এটা আমার দোষ।
- ২। একটা ফুফুর আমার গাড়ীর সামনে ঝাপিয়ে পড়েছিল।
- ৩। তোমাকে গাড়ী চালাতে দেওয়া উচিত না।
- ৪। আশা করি তুমি আহত হওনি।
- ৫। তোমাকে বৈফিয়ত দিতে আমি বাধ্য নই।

33,34.psd (1094x1459x256 bmp)



- ১। থামো। আমি তোমার জন্য একটা চেয়ার আনাছি।
- ২। তুমি কি আগে এখানে বসেছিলে?
- ৩। এই যে তোমার চেয়ার। আমি সরে যাচ্ছি।
- ৪। তোমার অন্য জায়গা দেখা উচিত ছিল।
- ৫। আমাকে সরানোর চেষ্টা করে দেখ।



- ১। সম্ভবত: আপনি নিজেই এটা ভেঙে ফেলেছেন।
- ২। আপনি আমাদেরকে কি করতে বলেন?
- ৩। আপনাকে অসুবিধায় ফেলার জন্য আমি দুঃখিত।
- ৪। আমি কি করবো বলে আশা করছেন?
- ৫। সমস্যাটা কি মনে হয়?

35,36.psd (1281x1655x256 bmp)

৩৫



- ১। এটা অফিসে মিলিয়ে দেখব।
- ২। আমাকে দোষ দেবেন না।
- ৩। সবসময় আপনি বিনা কারনে ঝামেলা করেন।
- ৪। সন্দেহত আপনি ঠিকই বলেছেন। এটা অনেক বেশী মনে হচ্ছে।
- ৫। এটি যদি সত্যিই বেশী হয় তবে বিলটি আমরা কমিয়ে দিব।

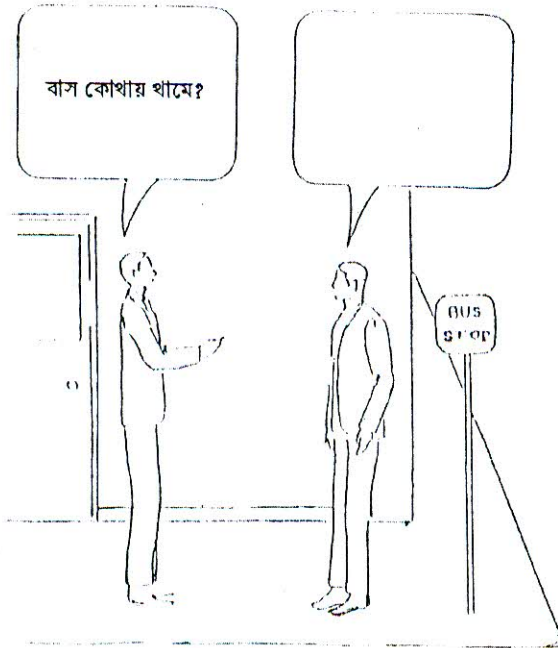
৩৬



- ১। আবার কখন এশে ভাল হয় বলে মনে করেন?
- ২। ঠিক আছে। সবারই কখনো কখনো এমন অর্থাত্তাব হয়ে থাকে।
- ৩। আমি এখনই টাকা চাই।
- ৪। আপনি তো সবসময় বলেন আপনার কাছে কোন টাকা নাই।
- ৫। আমি আগামীকাল আবার আসবো।



- ১। বোকার মত কথা বোল না।
- ২। আমি আগেই একটা ট্যাবলেট খেয়ে
নিয়েছি।
- ৩। ধন্যবাদ। আসলে আমি ঘুমাই নি।
ওষুধটা আমার কাজে লাগবে।
- ৪। যদি মনে কর এটা আমার প্রয়োজন
তবে আমি খাবো।
- ৫। আমি কোন ট্যাবলেট চাই না।



- ১। এটাই বাস স্ট্যান্ড।
- ২। আমাকে জিজ্ঞেস করবে না।
- ৩। এখানেই বাস স্টপেজ। আমরা
দুজনে এক সপ্তে বাস ধরতে পারবো।
- ৪। তোমার জানা উচিত এটা তোমার
সামনেই।
- ৫। দুঃখিত। নিশ্চয়ই বাস স্ট্যান্ড লেখাটা
আড়াল করে দাড়িয়ে ছিলাম।

৩৯



- ১। মালিকের অনুমতি আছে আমাদের।
- ২। কারো তোয়াকা করি না।
- ৩। দয়া করে আমাদের বিরুদ্ধে নাগিশ করবেন না। আমরা উঠে পড়ছি।
- ৪। সবাইকে কি করতে হবে তা কি আপনি সবসময় বলে দেন?
- ৫। কষ্ট করে আমাদের খামিয়ে বলার জন্য ধন্যবাদ।

৪০



- ১। তুমি কি ঠিক আছ? আশা করি আঘাত পাওনি।
- ২। যাতায়াতের সরল পথে এগুলো রাখা উচিত হয়নি।
- ৩। কি হয়েছে।
- ৪। যাই হোক, এইটুকুই ক্ষতি করেছে বলে আমি খুশী।
- ৫। ভাল কথা। এটা আমার দোষ নয়।

41,42.psd (1122x1456x256 bmp)



- ১। আমি কেনার আগে কথাটা বলে বড় ভাল করেছেন।
- ২। আজ এটার দাম কত?
- ৩। মূল্যহ্রাসের তারিখ আরো পরিষ্কার ভাবে বিজ্ঞাপিত হওয়া উচিত ছিল।
- ৪। যাই হোক এটা আমাকে বিক্রি করুন।
- ৫। ঠিক আছে। মনে হয় এগুলো বাদ দিয়েই আমাকে চলতে হবে।

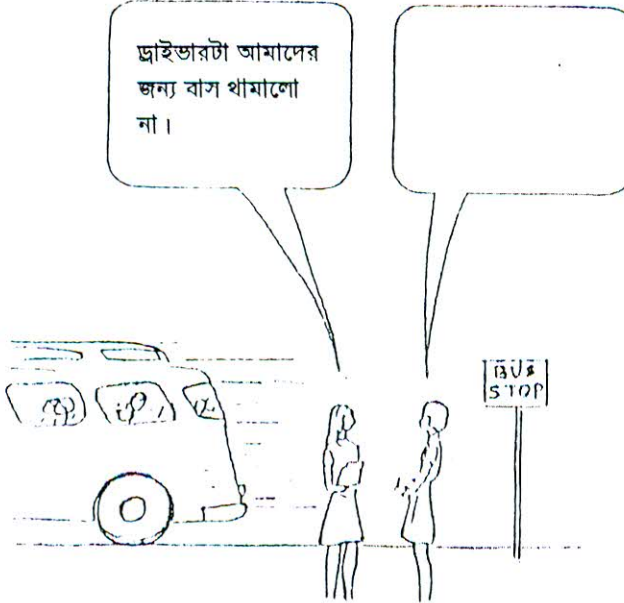


- ১। তুমি কি আর এক বাটি সুপ নিতে চাও?
- ২। বড় খারাপ কথা। আমি আপনাকে আরো খানিকটা এনে দিচ্ছি।
- ৩। দেখুন আমি তো সবার দিকে এক সঙ্গে খেয়াল রাখতে পারিনা।
- ৪। আপনার দোষেই এটা হয়েছে। যখন আমি এটা আনি তখন গরম ছিল।
- ৫। আমি দুঃখিত। এটা আমার তাড়াতাড়ি আনা উচিত ছিল।

43,44.psd (1161x1421x256 bmp)



- ১। দুঃখিত। আমি সাধ্যমত চেষ্টা করছি।
- ২। তুমি চুপ কর।
- ৩। এ ব্যাপারে আমাকে কি করতে বণাছে?
- ৪। সে ব্লগন্ত। কোন উত্তেজনা সহ্য করতে অভ্যস্ত নয়।
- ৫। দুঃখিত। আশাকরি তুমি তাড়াতাড়ি ঘুমিয়ে পড়তে পারবে।



- ১। হাঁটপথ কি খুব বেশী দূর?
- ২। এমন লোকদের বাস চালাতে দেওয়া উচিত নয়।
- ৩। যাকগে। মনে হয় আমাদের হেঁটেই যেতে হবে।
- ৪। এটা বড় অন্যায়। আশাকরি তোমার দরকারী কোন কাজ বাদ যাবে না।
- ৫। আসলে আমি যেতে চাইনি। চল স্কুল বাদ দিই।

45,46.psd (1308x1520x256 bmp)

৪৫



- ১। ভেবো না। রাতের খাওয়ার জন্য আমি তোমাকে বাইরে নিয়ে যাবো।
- ২। ঠিক আছে। আমি অপেক্ষা করছি।
- ৩। মনে হয় তুমি সারাদিন টেলিফোন নিয়ে ব্যস্ত ছিলে।
- ৪। কখন খাবার তৈরী হবে?
- ৫। তাহলে আমি খাওয়ার জন্য বাইরে যাচ্ছি।

৪৬



- ১। তোমার কথা মত আমি তাড়াতাড়ি ফিরবো।
- ২। আমি ফোন করব। আমি চাইনা তুমি চিন্তা কর।
- ৩। আমি ৬ টার মধ্যে ফিরে আসবো।
- ৪। আমি কখন ফিরবো এতদিনে তা তোমার জানার কথা।
- ৫। আমার যখন ইচ্ছা।

47,48.psd (1272x1576x256 bmp)

৪৭



টেলিভিশনের এই
অনুষ্ঠানটি তুমি
পছন্দ কর।

- ১। এটা তোমার ফুটবল খেলার চেয়ে ভাল।
- ২। না। আমি আর এক মিনিটও দেখব না।
- ৩। না। তবে তুমি দেখতে চাইলে আমি দেখব।
- ৪। এটা আমার পছন্দসই একটা অনুষ্ঠান।
- ৫। হ্যাঁ। আশাকরি তোমারও এটা ভাল লাগবে।

৪৮



এই সিনেমাটা সম্পর্কে
তুমি কি ভাবছো?

- ১। তোমার কাছে কেমন লাগছে?
- ২। এটা আমার ভাল লাগছে না তবে তুমি চাইলে আমি থেকে যাবো।
- ৩। আমি মনে করি এটা খুব ভাল হয়েছে।
- ৪। সিনেমাটা খুব ভাল। তুমি সত্যিই তো ছবি পছন্দ করতে পার।
- ৫। চূপ কর। আমি শোনার চেষ্টা করছি।



- ১। এ ব্যাপারে তুমি কি করতে যাচ্ছে?
- ২। ভেবো না। সবাই জুল করে।
- ৩। এ ব্যাপারে কি করা যায়?
- ৪। যাই বল এটা খুব খারাপ হয়েছে।
- ৫। যদি তাই করে থাকে তাহলে আমি তোমার বিরুদ্ধে মামলা করবো কারণ তুমি কি করছো তা তোমার স্থানা উচিত।



- ১। আপনারা সবকিছু ঠিকমত সামলাচ্ছেন এটা খুব ভাল কথা।
- ২। ঠিক আছে। আমি নিয়ম ভাঙতে চাই না।
- ৩। আমার স্ত্রী সবকিছুর বিবরণ দিতে পারবেন।
- ৪। এগুলো পুরন করতে আপনারা আমাকে বাধ্য করতে পারেন না।
- ৫। তোমরাই এটা পুরন করে ফেল তাড়াতাড়ি।

৫১



- ১। তুমি আমাকে টেলিফোন করতে পারতে।
- ২। আমি চাইনি তাই দেখা করিনি।
- ৩। তোমার প্লেন কখন পৌছেছে?
- ৪। দুঃখিত। ভবিষ্যতে আমি সময়ের আগেই আসবো।
- ৫। সময়মত আসতে পারলাম না বলে দুঃখিত। আমি কি তোমার ব্যাগ নিতে পারি?

৫২



- ১। আমিতো চাইও মি।
- ২। আপনি কি ফাইলে আমার নাম রাখবেন?
- ৩। আমাকে নিয়ে এত সময় নষ্ট করার জন্য ধন্যবাদ।
- ৪। বেশ। মনে হয় আমি যথেষ্ট অভিজ্ঞ নই।
- ৫। আমি উপযুক্ত নই তা আমাকে আগে জানালে পারতেন।

ইগো স্টেট ইনভেনটারী

উত্তর পত্র

	১	২	৩	৪	৫		১	২	৩	৪	৫
১	০	০	০	০	০	২৭	০	০	০	০	০
২	০	০	০	০	০	২৮	০	০	০	০	০
৩	০	০	০	০	০	২৯	০	০	০	০	০
৪	০	০	০	০	০	৩০	০	০	০	০	০
৫	০	০	০	০	০	৩১	০	০	০	০	০
৬	০	০	০	০	০	৩২	০	০	০	০	০
৭	০	০	০	০	০	৩৩	০	০	০	০	০
৮	০	০	০	০	০	৩৪	০	০	০	০	০
৯	০	০	০	০	০	৩৫	০	০	০	০	০
১০	০	০	০	০	০	৩৬	০	০	০	০	০
১১	০	০	০	০	০	৩৭	০	০	০	০	০
১২	০	০	০	০	০	৩৮	০	০	০	০	০
১৩	০	০	০	০	০	৩৯	০	০	০	০	০
১৪	০	০	০	০	০	৪০	০	০	০	০	০
১৫	০	০	০	০	০	৪১	০	০	০	০	০
১৬	০	০	০	০	০	৪২	০	০	০	০	০
১৭	০	০	০	০	০	৪৩	০	০	০	০	০
১৮	০	০	০	০	০	৪৪	০	০	০	০	০
১৯	০	০	০	০	০	৪৫	০	০	০	০	০
২০	০	০	০	০	০	৪৬	০	০	০	০	০
২১	০	০	০	০	০	৪৭	০	০	০	০	০
২২	০	০	০	০	০	৪৮	০	০	০	০	০
২৩	০	০	০	০	০	৪৯	০	০	০	০	০
২৪	০	০	০	০	০	৫০	০	০	০	০	০
২৫	০	০	০	০	০	৫১	০	০	০	০	০
২৬	০	০	০	০	০	৫২	০	০	০	০	০

Appendix III

AVL Study of Values

Study of Values

Part I

Directions: A number of controversial statements or questions with two alternative answers are given below. Indicate your personal preferences by writing appropriate figures in the boxes to the right of each question. Some of the alternatives may appear equally attractive or unattractive to you. Nevertheless, please attempt to choose the alternative that is relatively more acceptable to you. For each question you have three points that you may distribute in any of the following combinations.

1. The main object of scientific research should be the discovery of truth rather than its practical applications. (a) Yea; (b) No.
2. Taking the Bible as a whole, one should regard it from the point of view of its beautiful mythology and literary style rather than as a spiritual revelation. (a) Yes; (b) No.
3. Which of the following men do you think should be judged as contributing more to the progress of mankind? (a) Aristotle; (b) Abraham Lincoln.
4. Assuming that you have sufficient ability, would you prefer to be: (a) a banker; (b) a politician?
5. Do you think it is justifiable for great artists, such as Beethoven, Wagner and Byron to be selfish and negligent of the feelings of others? (a) Yes; (b) No.
6. Which of the following branches of study do you expect ultimately will prove more important for mankind? (a) mathematics; (b) theology.
7. Which would you consider the more important function of modern leaders? (a) to bring about the accomplishment of practical goals; (b) to encourage followers to take a greater interest in the rights of others.
8. When witnessing a gorgeous ceremony (ecclesiastical or academic, induction into office, etc.), are you more impressed: (a) by the color and pageantry of the occasion itself; (b) by the influence and strength of the group?

	a <input style="width: 20px; height: 20px;" type="text"/>	a <input style="width: 20px; height: 20px;" type="text"/>		a <input style="width: 20px; height: 20px;" type="text"/>		b <input style="width: 20px; height: 20px;" type="text"/>
				b <input style="width: 20px; height: 20px;" type="text"/>		b <input style="width: 20px; height: 20px;" type="text"/>
	a <input style="width: 20px; height: 20px;" type="text"/>			a <input style="width: 20px; height: 20px;" type="text"/>		b <input style="width: 20px; height: 20px;" type="text"/>
		a <input style="width: 20px; height: 20px;" type="text"/>			b <input style="width: 20px; height: 20px;" type="text"/>	
			a <input style="width: 20px; height: 20px;" type="text"/>	b <input style="width: 20px; height: 20px;" type="text"/>		
						b <input style="width: 20px; height: 20px;" type="text"/>
	a <input style="width: 20px; height: 20px;" type="text"/>			b <input style="width: 20px; height: 20px;" type="text"/>		
		a <input style="width: 20px; height: 20px;" type="text"/>		b <input style="width: 20px; height: 20px;" type="text"/>		
			a <input style="width: 20px; height: 20px;" type="text"/>		b <input style="width: 20px; height: 20px;" type="text"/>	
Total						
	R	S	T	X	Y	Z

Appendix IV

AVL Study of Values (Bengali Version)

Allport-Vernon-Lindzey Study of Values

(Bengali Version)

Adapted by Professor M.A. Latif

Department of Psychology
Rajshahi University

নির্দেশাবলী

প্রথম অংশ

নিম্নে দু'টি করে বিকল্প উত্তর সহ কিছু সংখ্যক উক্তি/প্রশ্ন দেয়া হলো। প্রত্যেক প্রশ্নের ডান পার্শ্বে প্রদত্ত ঘরে নিম্নলিখিত নির্দেশনা অনুসারে সংখ্যার ব্যবহার করে আপনার ব্যক্তিগত পছন্দ সমূহ নির্দেশ করুন। কোন কোন বিকল্প উত্তর আপনার নিকট সমভাবে আকর্ষণীয় মনে হতে পারে। এতদসত্ত্বেও অনুগ্রহ করে যে উত্তরটি আপনার নিকট অধিকতর গ্রহণযোগ্য সেটি বেছে নিতে চেষ্টা করুন। প্রত্যেক সাফল্যাক্ষ তিন (৩)। সাফল্যাক্ষ সমূহ নিম্নলিখিত নিয়ম অনুসারে বিতরণ করতে হবে।

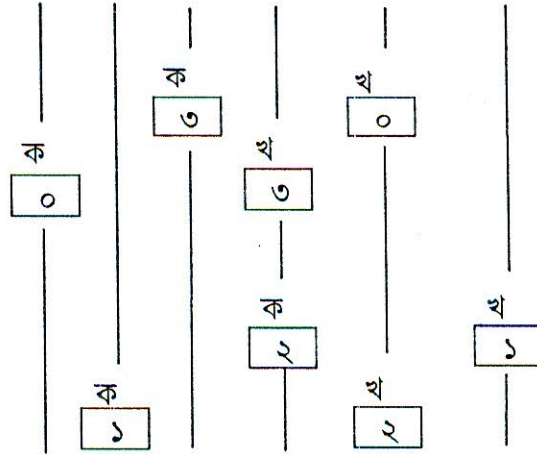
১। যদি আপনি (ক) এর সাথে একমত এবং (খ) এর সাথে দ্বিমত পোষণ করেন তবে (ক) এর নীচে প্রদর্শিত ঘরে '৩' এবং (খ) এর নীচে প্রদর্শিত ঘরে '০' লিখুন।

২। যদি (খ) এর সাথে একমত এবং দ্বিমত পোষণ করেন তবে (খ) এর নীচে প্রদর্শিত ঘরে ৩ এবং (ক) এর নীচে প্রদর্শিত ঘরে ০ লিখুন।

৩। যদি (খ) অপেক্ষা (ক) এর প্রতি সামান্য অগ্রাধিকার থাকে, তবে (ক) এর নীচে প্রদর্শিত ঘরে ২ এবং (খ) এর নীচে প্রদর্শিত ঘরে (১) লিখুন।

৪। যদি (খ) অপেক্ষা (খ) এর প্রতি সামান্য অগ্রাধিকার থাকে, তবে (খ) এর নীচে প্রদর্শিত ঘরে ২ এবং (ক) এর নীচে প্রদর্শিত ঘরে ১ লিখুন।

এই চারটি ছাড়া অন্য কোন সাফল্যাক্ষ ব্যবহার করা যাবে না। এই অভীক্ষার কোন সময়সীমা নেই। তবে একটি প্রশ্নের জন্য দীর্ঘ সময় ব্যয় করার প্রয়োজন নেই। উত্তর প্রদান একবারেই অবস্ৰব না হলে প্রতিটি উক্তি/প্রশ্নেরই উত্তর দিতে হবে। ধর্ম সংক্রান্তঃ উক্তি/প্রশ্নগুলি নিজ ধর্মের আলোকে বিবচনা করতে হবে।



প্রথম অংশ :

- ১। বাস্তব প্রয়োগ অপেক্ষা সত্য উদঘাটনই বৈজ্ঞানিক গবেষণার মুখ্য উদ্দেশ্য হওয়া উচিত।
(ক) হাঁ (খ) না।
- ২। সামগ্রিকভাবে কুরআন/গীতা/বাইবেল/ত্রিপিটককে আধ্যাত্মিক রহস্য উদঘাটন অপেক্ষা সুন্দর পৌরানিক কাহিনী এবং মনোজ্ঞ রচনা শৈলীর দিক থেকে বিবেচনা করা উচিত।
(ক) হাঁ (খ) না।
- ৩। নিম্নোলিখিত ব্যক্তিদ্বয়ের মধ্যে মানব জাতির অগ্রগতিতে কার অবদান বেশী বিবেচিত হওয়া উচিত বলে আপনি মনে করেন?
(ক) এরিস্টটল (খ) আব্রাহাম লিংকন।
- ৪। নিম্নোলিখিত পেশাদ্বয়ের জন্য প্রয়োজনীয় যোগ্যতা থাকলে আপনি কোনটিকে বছে নিতেন? (ক) একজন ব্যাংকার (খ) একজন রাজনীতিবিদ।
- ৫। আপনি কি মনে করেন যে ওস্তাদ আলাউদ্দীন, শিল্পচার্য; জয়নুল আবেদীন এবং কবি নজরুলের মত বিখ্যাত শিল্পীদের স্বার্থপর এবং অন্যের অনুভূতি সম্পর্কে উদাসীন হওয়া যুক্তি সংগত?
(ক) হাঁ (খ) না।
- ৬। জ্ঞান চর্চায় নিম্নলিখিত শাখা দুটির মধ্যে কোনটি পরিশেষে মানবজাতির জন্য অধিক গুরুত্বপূর্ণ প্রমাণিত হবে বলে আপনি প্রত্যাশা করেন?
(ক) অংকশাস্ত্র (খ) ঈশ্বরতত্ত্ব।
- ৭। নিম্নের কাজ দুটির কোনটিকে আপনি আধুনিক কালের একজন নেতার অধিকতর গুরুত্বপূর্ণ কার্য বলে বিবেচনা করেন?
(ক) বাস্তব লক্ষ্য সমূহ অর্জন করা
(খ) অন্যের অধিকার সংরক্ষণে অধিকতর মনোযোগী হওয়ার জন্য অনুসারীদের উৎসাহিত করা।
- ৮। আড়ম্বরপূর্ণ কোন অনুষ্ঠানে (ধর্ম, শিক্ষা, অফিস ইত্যাদি সংক্রান্ত) কোনটি আপনাকে বেশী মুগ্ধ করে?
(ক) অনুষ্ঠানের রং চং ও জাঁক জমক (খ) অনুষ্ঠানকারীদের দলীয় ক্ষমতা এবং প্রভাব।

- ৯। নিম্নের চারিত্রিক বৈশিষ্ট্য সমূহের মধ্যে কোনটিকে আপনি অধিক কাম্য বলে মনে করেন?
(ক) উচ্চ আদর্শ এবং সম্মান বোধ (খ) স্বার্থহীনতা এবং সহানুভূতি।
- ১০। আপনি বিশ্ববিদ্যালয়ের অধ্যাপক হলে এবং প্রয়োজনীয় যোগ্যতা থাকলে কোনটি বিষয়টি শিক্ষা দিতে অধিক আগ্রহী হতেন?
(ক) কবিতা (খ) রসায়ন এবং পদার্থবিদ্যা।
- ১১। যদি সকাল বেলার খবরের কাগজে সমান সাইজের শিরোনামসহ নিম্নোলিখিত বিষয় দুটি আপনার চোখে পড়ে তবে কোনটি আপনি অধিক আগ্রহ সহকারে পড়বেন?
(ক) প্রগতিশীল/ধর্মীয় নেতাদের মধ্যে ঐক্যের আলোচনা (খ) বাজারের যথেষ্ট উন্নতি।
- ১২। ১১নং প্রশ্নে উল্লেখিত অনুরূপ পরিস্থিতিতে
(ক) সুপ্রিম কোর্টের রায় প্রদান (খ) নবঘোষিত বৈজ্ঞানিক মতবাদ।
- ১৩। মসজিদ/মন্দির/গীর্জা/প্যাগোডা পরিদর্শন কালে স্থাপত্য সৌন্দর্য অপেক্ষা পরিব্যক্ত ভক্তিবোধ এবং প্রার্থনার অনুভূতি কি আপনাকে বেশী প্রভাবিত করে?
(ক) হ্যাঁ (খ) না
- ১৪। আপনার হাতে অফুরন্ত সময় থাকলে আপনি পছন্দ করতেন :
(ক) আপনার কোন প্রিয় কাজের পূর্ণ দক্ষতা অর্জন করতে
(খ) স্বেচ্ছা সেবক হিসাবে জনগনের সেবা করতে।
- ১৫। একটি প্রদর্শনীতে আপনি এমন কোন স্টলে যেতে পছন্দ করেন যেখানে আপনি দেখতে পাবেন-
(ক) নব উৎপাদিত পণ্য (খ) বৈজ্ঞানিক (যথা-রাসায়নিক) যন্ত্রপাতি।
- ১৬। যদি আপনার এলাকায় না থাকে এবং আপনার যথেষ্ট সুযোগ থাকে তবে আপনি প্রতিষ্ঠা করতে অগ্রাধিকার দিতেন -
(ক) একটি বিতর্ক-সমিতি বা প্রতিষ্ঠান (খ) একটি উচ্চাঙ্গ সংগীত দল বা প্রতিষ্ঠান।

১৭। বর্তমান কালে উপাসনালয়গুলির লক্ষ হওয়া উচিত -

- (ক) সেবা ও জনকল্যাণ মূলক মনোভাব বৃদ্ধি করা
(খ) আধ্যাত্মিক আরাধনা এবং সর্ব শক্তিমানের সহিত যোগাযোগকে উৎসাহিত করা।

১৮। কোন বিশ্রামাগারে অবসর যাপনের সময় আপনি নিম্নের ম্যাগাজিন দু'টির মধ্যে কোনটি বেছে নিতে অগ্রাধিকার দেবেন?

- (ক) বৈজ্ঞানিক যুগ (খ) শিল্প ও সাজসজ্জা।

১৯। নিম্নের কোন বিষয়টির উপর বক্তৃতা শুনতে আপনি অধিক পছন্দ করবেন?

- (ক) যুক্তরাষ্ট্র এবং যুক্তরাজ্য সরকারের ধরনের তুলনামূলক গুণাগুণ।
(খ) প্রধান ধর্মীয় বিশ্বাস সমূহের তুলনামূলক বিকাশ।

২০। নিম্নের কোনটি আপনি শিক্ষার অধিকতর গুরুত্বপূর্ণ কার্য বলে বিবেচনা করেন?

- (ক) বাস্তব কৃতিত্ব এবং আর্থিক পুরস্কার অর্জনের প্রস্তুতি লাভে সহায়তা করা
(খ) সমন্বিত সামাজিক কার্যকলাপ এবং ভাগ্যভিষ্মিত লোকদের সাহায্য দানের জন্য প্রস্তুত করে তোলা।

২১। আপনি নিম্নের কোন ব্যক্তিদের জীবন বৃত্তান্ত এবং কার্য সংক্রান্ত গ্রন্থাবলী পড়তে অধিক আগ্রহী?

- (ক) আলেকজান্ডার, শেখ মুজিব, মহত্মা গান্ধী
(খ) এরিস্টটল, সফ্রেটিস, বার্ট্রান্ড রাসেল।

২২। আমাদের বর্তমান শিক্ষা এবং বিজ্ঞানের অগ্রগতি কি পূর্বের যে কোন সমাজ (উদাহরণ স্বরূপ গ্রীক সমাজ) কর্তৃক অগ্রগতি অপেক্ষা অধিকতর সভ্যতার মাত্রাকে নির্দেশ করে?

- (ক) হ্যাঁ (খ) না।

২৩। যদি আপনি একটি শিল্প সংগঠনে চাকুরীতে নিয়োজিত থাকতেন তবে সমান বেতনের নিম্নোক্ত পদ দু'টির কোনটিকে অধিক পছন্দ করতেন?

- (ক) কর্মচারীদের উপদেষ্টা (খ) প্রশাসনিক পদ।

২৪। নিম্নোক্ত বই দুটির মধ্যে একটিকে পড়ার জন্য বেছে নিতে বললে আপনি কোনটি নির্বাচন করবেন?

(ক) আমেরিকার ধর্মের ইতিহাস (খ) আমেরিকার শিল্পের ইতিহাস

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২৫। বর্তমান সমাজ অধিক লাভবান হবে যদি -

(ক) নাগরিক অধিকার ও কল্যাণের প্রতি অধিকতর মনোযোগী হওয়া যায়।

(খ) মানব আচরণ ধারার মৌলিক নিয়ম কানুন সম্পর্কে অধিকতর জ্ঞানলাভ করা যায়।

২৬। যদি জীবনযাত্রার মান উন্নয়নে সহায়তা করা এবং জনমত সংগঠন করা আপনার দায়িত্ব হয় তবে কোনটিকে প্রভাবিত করতে আপনি অধিক পছন্দ করবেন?

(ক) জীবন যাত্রার মান (খ) জনমত।

২৭। নিম্নের কোন বিষয়ের উপর জনপ্রিয় বক্তৃতা শুনতে অধিক পছন্দ করবেন?

(ক) আপনার এলাকার সমাজ সেবা মূলক কাজের অগ্রগতি

(খ) সমসাময়িক চিত্রশিল্পী।

২৮। নিরপেক্ষভাবে সংগ্রহীত সকল তথ্যাদি নির্দেশ করে যে, বিশ্বব্রহ্মাণ্ড প্রাকৃতিক নিয়মে বিবর্তনের মাধ্যমে বর্তমান অবস্থায় উপনীত হয়েছে, কাজেই এ চিন্তা করা অবাস্তব যে, সৃষ্টির পিছনে প্রাথমিক কারণ, বিশ্বজনীন উদ্দেশ্য এবং সৃষ্টিকর্তা রয়েছে।

(ক) আমি এ বিষয়ে একমত

(খ) একমত নই।

২৯। কোন দৈনিক সংবাদপত্রে নিম্নেলিখিত কোন বিভাগটি পড়তে আপনি বেশী আগ্রহী?

(ক) বিষয় সম্পত্তি এবং শেয়ার বাজার

(খ) সিনেমার পাতা এবং প্রদর্শনী।

৩০। সন্তানদের জন্য নিম্নের কোন বিষয়টির প্রশিক্ষণ আপনি অধিকতর গুরুত্বপূর্ণ বলে মনে করেন?

(ক) ধর্ম

(খ) খেলাধুলা

দ্বিতীয় অংশ

১। আপনি কি মনে করেন যে প্রধানতঃ একটি উত্তম সরকারের লক্ষ্য হওয়া উচিত (মনে রাখবেন আপনার পছন্দের ক্রম অনুসারে ৪, ৩, ২ ও ১ ইত্যাদি ব্যবহার করতে হবে) -

- (ক) দরিদ্র, অসুস্থ এবং বৃদ্ধ লোকদের জন্য অধিক সাহায্য প্রদান
- (খ) উৎপাদন এবং বানিজ্যের উন্নয়ন
- (গ) সরকারী নীতি এবং কূটনৈতিক ক্ষেত্রে সর্বোচ্চ মাত্রায় নৈতিক মূল্যবোধের প্রবর্তন
- (ঘ) বিশ্বের দেশ এবং জাতি সমূহের মধ্যে পারস্পরিক শ্রদ্ধা এবং সম্মানবোধ প্রতিষ্ঠা করা।

২। আপনার মতে সপ্তাহব্যাপী কর্মব্যস্ত একজন ব্যক্তির সাপ্তাহিক ছুটির দিন কাটানোর সর্বোৎকৃষ্ট পছন্দ হচ্ছে -

- (ক) জ্ঞানগর্ভ পুস্তক পাঠ করে নিজেকে শিক্ষিত করে তোলা,
- (খ) গল্ফ অথবা দৌড় প্রতিযোগিতায় জয়লাভের প্রচেষ্টা করা
- (গ) একটি সংগীত অনুষ্ঠান গিয়ে নৃত্য, সংগীত ইত্যাদি উপভোগ করা
- (ঘ) ধর্মীয় আলোচনা শোনা।

৩। যদি আপনার কোন শহরের সরকারী বিদ্যালয় সমূহের শিক্ষা সংক্রান্ত কর্ম পছন্দকে সংস্কার করার ক্ষমতা থাকত তবে আপনি চেষ্টা করতেন

- (ক) সংগীত ও চিত্রকলা অধ্যয়ন এবং অংশগ্রহণের উন্নততর পরিবেশ সৃষ্টি করতে
- (খ) সামাজিক সমস্যা অধ্যয়নে অনুপ্রেরণা যোগাতে
- (গ) অতিরিক্ত গবেষণাগারের সুবিধা প্রদান করতে
- (ঘ) পাঠ্যক্রমের প্রায়োগিক মান বৃদ্ধি করতে।

৪। আপনি এমন একজন ব্যক্তিকে (একই লিঙ্গের) বন্ধু হিসেবে গ্রহণ করতে অধিক পছন্দ করতেন যিনি -

- (ক) দক্ষ, পরিশ্রমী এবং বাস্তব মূখী
- (খ) সমগ্র জীবনের প্রতি দৃষ্টিভঙ্গি নিরূপণে অত্যন্ত আগ্রহী
- (গ) নেতৃসুলভ এবং সাংগঠনিক দক্ষতার অধিকারী
- (ঘ) শিল্পসুলভ, আবেগময় ও সংবেদনশীল মনের অধিকারী।

৫। যদি আপনি একটি ছোট শহরে বাস করেন এবং আপনার আয় যদি এর তুলনায় অতিরিক্ত হয় তাহলে আপনি-

- (ক) তা বানিজ্য এবং শিল্পোন্নয়নের উৎপাদন মূখী কাজে ব্যয় করবেন
- (খ) স্থানীয় ধর্মীয় দল সমূহের কার্যকলাপের উন্নয়ন সাধনের জন্য আর্থিক সাহায্য প্রদান করবেন
- (গ) নিজ এলাকার বৈজ্ঞানিক গবেষণার উন্নয়নে তা প্রদান করেন
- (ঘ) পরিবার উন্নয়ন সংস্থাকে তা দান করবেন।

৬। কোন নাট্য অনুষ্ঠানে সাধারণত ৪ আপনি সবচেয়ে বেশী উপভোগ করেন

- (ক) বিখ্যাত ব্যক্তিদের জীবন সংক্রান্ত নাটক সমূহ
- (খ) দ্বৈত বা দলীয় নৃত্য অথবা সমজাতীয় কাল্পনিক অভিনয়
- (গ) মানুষের দুঃখ যাতনা এবং প্রেম ভালবাসার কাহিনী অবলম্বনে রচিত নাটক সমূহ
- (ঘ) কোন বিশেষ দৃষ্টিভঙ্গি বা জীবন দর্শনের স্বপক্ষে সামঞ্জস্যপূর্ণ যুক্তি সমস্যা ভিত্তিক নাটক সমূহ।

৭। যদি আপনার প্রয়োজনীয় যোগ্যতা থাকে এবং নিজের বৃত্তিগুলির বেতন সমান হয় তবে আপনি হতে চাইবেন -

- (ক) অংকশাস্ত্রবিদ
- (খ) বিক্রয় ব্যবস্থাপক
- (গ) ধর্ম প্রচারক বা ধর্মগুরু
- (ঘ) বাজনীতিবিদ

৮। যদি আপনার প্রচুর অবসর এবং অর্থ থাকে তবে আপনি পছন্দ করবেন -

- (ক) ভাস্কর্য এবং চিত্র সংগ্রহ করতে
- (খ) দুর্বলচিত্ত সম্পন্ন ব্যক্তিদের দেখাশুনা এবং প্রশিক্ষনের জন্য একটি কেন্দ্র প্রতিষ্ঠা করতে
- (গ) সিনেট অথবা সংসদ সদস্য হতে।
- (ঘ) নিজস্ব কোন ব্যবসা বা অর্থনৈতিক প্রতিষ্ঠান প্রতিষ্ঠা করতে।

৯। নিজ নিজের অন্তরঙ্গ বন্ধুদের সাথে সাক্ষ্য আলোচনায় আপনি যে বিষয়ে কথা বলতে বেশী পছন্দ করেন তা হলো -

- (ক) জীবনের অর্থ ও তাৎপর্যপূর্ণ
- (খ) বিজ্ঞানের অগ্রগতি
- (গ) সাহিত্য
- (ঘ) সমাজতন্ত্রবাদ এবং সামাজিক মুক্তি।

১০। পরবর্তী গ্রীষ্মাবকাশে আপনি কোন কাজটি করতে বেশী পছন্দ করবেন (যদি আপনার সামর্থ্য এবং অন্যান্য আনুসঙ্গিক অবস্থা অনুমোদন করে)-

- (ক) জীববিদ্যা বিষয়ক কোনো মৌলিক রচনা বা প্রবন্ধ লেখা এবং প্রকাশ করা,
- (খ) সুন্দর দৃশ্য উপভোগ করার জন্য উপযোগী দেশের কোন নির্জন স্থানে অবস্থান করা,
- (গ) স্থানীয় টেনিস কিম্বা অন্য কোন খেলাধুলায় অংশ গ্রহণ করা,
- (ঘ) নতুন কোনো ব্যবসা সম্পর্কে অভিজ্ঞতা অর্জন করা।

১১। কলম্বাস, নীল আর্মস্ট্রং, তেনজিং ও হিলারী এর মত বিরাট কৃতিত্ব এবং অনুসন্ধান বা আবিষ্কার অভিযান আপনার নিকট এই জন্য তাৎপর্যপূর্ণ মনে হয় যে-

- (ক) এগুলো প্রাকৃতিক শক্তির উপর মানুষের বিজয়কে নির্দেশ করে,
- (খ) এগুলো আমাদের ভূগোল, মহাকাশ বিদ্যা ও সমুদ্রবিদ্যার জ্ঞানকে বৃদ্ধি করে,
- (গ) এগুলো সমগ্র বিশ্বের মানব আগ্রহকে এবং আন্তর্জাতিক অনুভূতিকে সু-সংহত করে,
- (ঘ) এগুলো বিশ্বব্রহ্মাণ্ডকে চূড়ান্তভাবে উপলব্ধি করতে কিছু না কিছু সহায়তা করে।

১২। কোনো ব্যক্তিকে তার আচরন পরিচালনা করা উচিত অথবা আনুগত্য প্রদর্শন করা উচিত-

- (ক) তার ধর্মীয় বিশ্বাস অনুসারে,
- (খ) তার সৌন্দর্যের আদর্শ অনুসারে,
- (গ) তার পেশা এবং সহযোগী সংগঠন অনুসারে,
- (ঘ) দানশীলতার আদর্শ অনুসারে।

১৩। নিম্নের ব্যক্তি বর্গের প্রতি আপনি কি মাত্রায় অনুরাগী-

- (ক) মাদার তেরেসা,
- (খ) নেপোলিয়ান বোনাপার্ট
- (গ) হ্যানরি ফোর্ড,
- (ঘ) গ্যালিলিও।

১৪। স্ত্রী নির্বাচনের ক্ষেত্রে আপনি এমন একজন স্ত্রী-লোককে পছন্দ করবেন (মহিলারা বিকল্প প্রশ্নটির উত্তর দেবেন) যিনি-

- (ক) অন্যের প্রশংসার দাবীদার এবং সামাজিক মর্যাদা লাভ করার যোগ্য,
- (খ) মানুষকে সাহায্য করতে পছন্দ করেন,
- (গ) জীবন সম্পর্কে মূলতঃ আধ্যাত্মিক দৃষ্টিভঙ্গি পোষন করেন,
- (ঘ) সহজাত ভাবে শিল্পগুনের অধিকারীনি।

(মহিলাদের জন্য) আপনি কি এমন একজন স্বামী পছন্দ করবেন যিনি-

- (ক) পেশাগত ভাবে সফল এবং অন্যের প্রশংসার দাবীদার
- (খ) মানুষকে সাহায্য করতে পছন্দ করে,
- (গ) জীবনের প্রতি মূলতঃ আধ্যাত্মিক দৃষ্টিভঙ্গি পোষন করেন,
- (ঘ) সহজাত ভাবে শিল্পগুনের অধিকারী।

১৫। যদি আপনি কিছু বই কেনার সিদ্ধান্ত নেন তবে আপনি অগ্রাধিকার দিবেন -

- (ক) ধর্ম বিষয়ক বই,
- (খ) কৃষি ও ব্যবসা বিষয়ক বই,
- (গ) বিজ্ঞান বিষয়ক বই,
- (ঘ) কবিতা।

উত্তর পত্র
প্রথম অংশ

উক্তিক্রমিকনং পৃষ্ঠানং-২

১. ক খ

২. গ ঘ

৩. ঙ চ

৪. ক ঘ

৫. গ ঘ

৬. ক খ

৭. গ ঘ

৮. ক খ

R	S	T	X	Y	Z
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উক্তিক্রমিকনং পৃষ্ঠানং-৩

৯. ক খ

১০. ক ঘ

১১. গ ক

১২. গ ঘ

১৩. গ খ

১৪. ক ঘ

১৫. ক ঘ

১৬. ক খ

R	S	T	X	Y	Z
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উক্তিক্রমিকনং পৃষ্ঠানং-৪

১৭. ক খ

১৮. গ ঘ

১৯. ক ঘ

২০. গ ঘ

২১. ক ঘ

২২. ক ঘ

২৩. ক ঘ

R	S	T	X	Y	Z
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উক্তিক্রমিকনং পৃষ্ঠানং-৫

২৪. ক খ

২৫. গ ঘ

২৬. ক ঘ

২৭. ক ঘ

২৮. গ ঘ

২৯. ক ঘ

৩০. ক ঘ

R	S	T	X	Y	Z
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দ্বিতীয় অংশ

উক্তিরাক্রমিকনং পৃষ্ঠানং-৭

১.	ঘ		খ	গ	ক	
২.	খ	গ		ঘ	ক	
৩.		ক	ঘ		খ	
৪.	গ	ঘ	ক	খ		
৫.		খ		গ	ঘ	
৬.	ক	খ		ঘ	গ	
	R	S	T	X	Y	Z

উক্তিরাক্রমিকনং পৃষ্ঠানং-৮

৭.		গ	ক	ঘ	খ	
৮.	ক			গ	খ	
৯.	গ	ক	খ		ঘ	
১০.	খ		ক	গ		
১১.		ঘ	খ	ক	গ	
	R	S	T	X	Y	Z

উক্তিরাক্রমিকনং পৃষ্ঠানং-২

১২.		গ	খ	ঘ		ক
১৩.	ঘ	গ			ক	খ
১৪.			ঘ	খ	ক	গ
১৫.	গ	খ	ঘ			ক
	R	S	T	X	Y	Z

সাফল্যাংকের গননাপত্র

পৃষ্ঠা সমষ্টি	তাত্ত্বিক	অর্থনৈতিক	সৌন্দর্যবোধ	সামাজিক	রাজনৈতিক	ধর্মীয়	সারির স্কোর সমষ্টি
প্রথম অংশ পৃষ্ঠা - ২	(R)	(S)	(T)	(X)	(Y)	(Z)	২৪
পৃষ্ঠা- ৩	(Z)	(Y)	(X)	(T)	(S)	(R)	২৪
পৃষ্ঠা- ৪	(X)	(R)	(Z)	(S)	(T)	(Y)	২১
পৃষ্ঠা- ৫	(S)	(X)	(Y)	(R)	(Z)	(T)	২১
দ্বিতীয় অংশ পৃষ্ঠা - ৭	(Y)	(T)	(S)	(Z)	(R)	(X)	৬০
পৃষ্ঠা - ৮	(T)	(Z)	(R)	(Y)	(X)	(S)	৫০
পৃষ্ঠা - ৯	(R)	(X)	(T)	(X)	(Y)	(Z)	৪০
মোট স্কোর							২৪০
সংশোধনী	+২*	-১	+৪	-২*	+২	-৫	
মোট স্কোর							২৪০

Appendix – V

Questionnaire for the parents

1. Do you feel helpless because of your mentally retarded child?
2. Do you believe that your mentally retarded child may suddenly become normal?
3. How much do you evaluate the achievements of your mentally retarded child?
4. Did you plan something for the future of your mentally retarded child?
5. Do you sometimes blame your spouse for the birth of the mentally retarded child?
6. Do you feel that the birth of the mentally retarded child is the outcome of your acts?
7. Do you suffer from indecision?
8. The Birth of a mentally retarded child is nothing but due to fate, do you believe it?
9. Do the family and society criticise you?
10. Do you have a guilty feeling because of your mentally retarded child?
11. Do you love your mentally retarded child as equal as other children?
12. Do you forget your mentally retarded child, at least for sometimes?
13. Can you leave your mentally retarded child at home, if needed ?
14. Do you sometimes visit other towns leaving your mentally retarded child at home?
15. Do you get help from your family and neighbours according to your expectation?
16. Are you criticized by others as you have a mentally retarded child?
17. Do you expect some monthly benefit from government for your mentally retarded child?
18. Do you think that it would be better if the mentally retarded child face normal death before you die?

19. In your opinion, who should take the responsibility of the mentally retarded child?
20. Do you send your mentally retarded child to some day care centre regularly?
21. Is there any problem in marriage prospects of your other children because of the mentally retarded child?
22. Do you think government should establish some residential homes for the mentally retarded persons?
23. Do you get enough medical care for your mentally retarded child?
24. Do you feel that now it has become essential for the government to set up many day care centres for the mentally retarded children?
25. What steps have you taken for the welfare of your mentally retarded child?

CHECK LIST

SL No	Problems of the Mentally Retarded Children	Very good	good	Average	poor	very poor
1	Toilet training					
2	Clothing					
3	Self eating					
4	Gesture					
5	Speech					
6	Hearing					
7	Vision					
8	Smell					
9	Taste					
10	Skin sensations					
11	Follow instructions					
12	Physical development					
13	Intelligence					
14	Memory					
15	Activity					
16	General knowledge					
17	Behaviour at school					
18	Behaviour at home					
19	Social behaviour					
20	Play behaviour					
21	Behaviour with music					
22	Behaviour in roads					
23	Behaviour when guests come					
24	Behaviour at other's house					
25	Behaviour in market					
26	Behaviour with teachers					
27	Behaviour with parents					
28	Behaviour with siblings					
29	Behaviour with known people					
30	Behaviour with unknown people					
31	Behaviour the same age group					
32	Cleanliness					
33	Co-operation in school works					

4. Very good, 3. Good, 2. Average, 1. Poor, 0. Very poor

Appendix – VI

Questionnaire for parents (Bengali)

১. মানসিক প্রতিবন্ধী সন্তান থাকার ফলে আপনি কি অসহায় বোধ করেন?
২. আপনার মানসিক প্রতিবন্ধী সন্তানটি হঠাৎ করে ভাল হয়ে যেতে পারে, আপনি কি এরূপ ধারণা পোষণ করেন?
৩. আপনি আপনার মানসিক প্রতিবন্ধী সন্তানটির সফলতা কতটুকু মূল্যায়ন করেন?
৪. আপনি কি আপনার মানসিক প্রতিবন্ধী সন্তানের জন্য কোন ভবিষ্যৎ পরিকল্পনা করেছেন?
৫. মানসিক প্রতিবন্ধী সন্তান জন্ম গ্রহণের জন্যে কি আপনি আপনার স্বামী/স্ত্রীকে কি দোষারোপ করেন?
৬. আপনি কি মনে করেন মানসিক প্রতিবন্ধী সন্তানটি আপনার কৃতকর্মের ফল?
৭. আপনি কি সিদ্ধান্ত হীনতায় ভোগেন?
৮. মানসিক প্রতিবন্ধী সন্তান ভাগ্যের লিখন আপনি কি এই নীতি বিশ্বাস করেন?
৯. পরিবার এবং সমাজ কি আপনাদের বিদ্রূপ করে?
১০. মানসিক প্রতিবন্ধী সন্তান থাকার জন্যে আপনারা কি অপরাধবোধে ভোগেন?
১১. আপনি কি আপনার মানসিক প্রতিবন্ধী সন্তানকে অন্যান্য সন্তানের মত ভালবাসেন?
১২. আপনি কি কিছু সময়ের জন্য হলেও আপনার প্রতিবন্ধী সন্তানটিকে ভুলে যান?
১৩. আপনি কি প্রয়োজনে আপনার প্রতিবন্ধী সন্তানটিকে একা বাড়ীতে রেখে যেতে পারেন?
১৪. আপনি কি অনেক সময় আপনার প্রতিবন্ধী সন্তানটিকে বাড়ীতে রেখে ভিন্ন কোন শহরে যান?
১৫. আপনি কি আপনার প্রত্যাশা অনুযায়ী পরিবার ও প্রতিবেশীর নিকট থেকে সাহায্য পান?
১৬. মানসিক প্রতিবন্ধী সন্তান থাকার ফলে অন্যরা কি আপনাকে বিদ্রূপ করে?
১৭. সরকার থেকে আপনার প্রতিবন্ধী সন্তানের জন্য প্রতিমাসে কিছু ভাতা আশা করেন কি?

১৮. আপনি কি মনে করেন আপনার মৃত্যুর পূর্বে আপনার প্রতিবন্ধী সন্তানটির স্বাভাবিক মৃত্যু হলে ভাল হত?
১৯. আপনার মতে প্রতিবন্ধী সন্তানটির দায়িত্ব কার গ্রহণ করা উচিত?
২০. আপনি কি আপনার মানসিক প্রতিবন্ধী সন্তানটিকে কোন ডে কেয়ার সেন্টারে নিয়মিত পাঠান?
২১. প্রতিবন্ধী সন্তানটির কারণে আপনাদের পরিবারের অন্যান্য ছেলেমেয়েদের বিয়ে দিতে কি কোন অসুবিধা হচ্ছে?
২২. আপনি কি মনে করেন মানসিক প্রতিবন্ধীদের জন্য সরকারী সহায়তায় পর্যাপ্ত রেসিডেন্সিয়াল হোমস প্রতিষ্ঠিত হওয়া উচিত?
২৩. আপনি কি আপনার মানসিক প্রতিবন্ধী সন্তানের জন্য পর্যাপ্ত চিকিৎসা সেবা পান?
২৪. আপনি কি মনে করেন সরকারী সহায়তায় মানসিক প্রতিবন্ধীদের জন্য পর্যাপ্ত পরিমাণে ডে কেয়ার সেন্টার প্রতিষ্ঠা করা এখন জরুরী হয়ে উঠেছে?
২৫. আপনি আপনার মানসিক প্রতিবন্ধী সন্তানটি ভাল করার জন্য কি কি পদক্ষেপ গ্রহণ করেছেন?

প্রতিবন্ধীর সাধারণ পরিচয়

পূর্ণ নাম :

ডাক নাম :

পিতার নাম :

বাসস্থানের পূর্ণ ঠিকানাঃ

বাড়ীর নাম : বাড়ীর নং :

বাড়ীর মালিকের নাম :

সড়কের নাম : মহল্লা :

থানা : ডাকঘর : জেলা :

টেলিফোন নং :

প্রতিবন্ধী কার সাথে বসবাস করে

প্রতিবন্ধীর বিশেষ পরিচয়

জন্ম তারিখ/ বয়স : জন্মস্থানের নাম :

জন্মস্থানটি (শহর / গ্রাম) :

ছেলে / মেয়ে; উচ্চতা : ওজন :

গড়ন - মোটা/মাঝারি/পাতলা/খুব পাতলা

চুলের রং : চোখের রং : ত্বকের রং :

সনাক্তকরণ চিহ্ন :

ধর্ম : মাতৃভাষা : ব্লাড গ্রুপ :

প্রতিবন্ধী শ্রেণী বিভাগ করণের আচরণ চেক লিষ্ট

ক্রমিক নং	প্রতিবন্ধীর সমস্যার বিবরণ	খুব ভাল	ভাল	মোটামোটী	খারাপ	খুব খারাপ
১	টয়লেট ট্রেনিং					
২	পোশাক পরিধান ক্ষমতা					
৩	খাবার নিজে খেতে পারার ক্ষমতা					
৪	বসা দাড়ানো এবং হাটা					
৫	শব্দ উচ্চারণ এবং কথা					
৬	শব্দ শোনা, শ্রবণ শক্তি					
৭	দৃষ্টিশক্তি					
৮	আনশক্তি					
৯	স্বাদ সংবেদন					
১০	তক সংবেদন-ঠান্ডা, গরম, তাপ, ব্যাথা					
১১	কোন নির্দেশ বুঝতে পারার ক্ষমতা					
১২	সাধারণ শারীরিক গঠন					
১৩	বুদ্ধি					
১৪	স্মৃতিশক্তি					
১৫	চঞ্চলতা					
১৬	সাভাবিক বুদ্ধির সমবয়সীদের তুলনায় সাধারণ জ্ঞান					
১৭	কুলে সামগ্রিক আচরণ					
১৮	বাড়ীতে সামগ্রিক আচরণ					
১৯	সামাজিক প্রেক্ষাপটে সামগ্রিক আচরণ					
২০	খেলাধুলার সময় আচরণ					
২১	গান গাওয়া/শোনার সময় আচরণ					
২২	রাস্তা-ঘাটে চলার সময় আচরণ					
২৩	বাড়ীতে অতিথি আসলে আচরণ					
২৪	অন্য আত্মীয়/বন্ধুর বাড়ীতে গেলে আচরণ					
২৫	বাজারে/দোকানে নিয়ে গেলে আচরণ					
২৬	শিক্ষকদের সাথে আচরণ					
২৭	বাবা-মার সাথে আচরণ					
২৯	ভাই-বোনদের সাথে আচরণ					
৩০	পরিচিতদের সাথে আচরণ					
৩১	অপরিচিতদের সাথে আচরণ					
৩২	সমবয়সীদের সাথে আচরণ					
৩৩	পরিষ্কার পরিচ্ছন্নতা					

৪. খুব ভাল ৩. ভাল ২. মোটামুটি ১. খারাপ ০. খুব খারাপ

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