

HELPING THE MENTALLY RETARDED

I—Counselling with Parents of the Mentally Retarded Children - (2)

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Principles and Techniques of Counselling :

ALTHOUGH the approach of the practising clinician, a psychologist or a psychiatrist or a medical practitioner, will vary in individual cases, yet certain general principles of good counselling can be laid down. These are as follows :

(i) Mental defect is a chronic condition ; therefore, there is no need for haste in making such pronouncements to parents as 'the child will never talk' or 'he will never grow up'. It is important that the counsellor proceed slowly, and, whenever possible, refrain from making statements which may further threaten the parents and thus intensify their feelings of resistance.

(ii) At the same time, the counsellor should always attempt to present a realistic picture of the overall situation. It is a good principle to give the factual and true details when parents themselves have noticed that all is not well and are anxious to seek advice.

(iii) It is essential to deal with both parents together. A joint interview is preferable to separate interviews with parents, one by one. If a joint interview is not possible, it is necessary to ascertain the views and wishes of the other parent first hand, before talking to the one who comes for interview. Separate interviews or interviews with one parent only, may bring about various discrepancies in parental attitude and these may prejudice the stability of the home.

(iv) The matter should be first discussed with the parents sympathetically at their level of under-

standing, after a full examination of the particular situation. It is wrong to take any decision for the parents on the basis of general principles, for example, if the advice concerns the question of further children, a very important factor is how much these particular parents wish to have another child.

(v) As far as possible, the solution of the problem, whatever it is, should be the solution that has been arrived at by parents themselves. The counsellor should only guide the discussions and place facts before parents. The Counsellor's efforts should be directed not toward a decision or solution, but rather toward a resolution of the conflict and consequent relief of anxiety. It is necessary to recognise and respect the parents' right to decide what they want to do in terms of their total situation, including their own ambivalence and conflict. "Whenever possible, the final course of action should be one which the parents themselves have decided upon and accepted emotionally, as a result of lengthy discussions with the counsellor".

(De Martino)

(vi) It is necessary to take account of the total family situation in counselling—the total family situation of the particular child.

(vii) The choice of words is a significant issue. It is desirable on the whole, to avoid using words which are 'traumatic' in their effects e.g. 'feeble-minded', 'Idiot', 'moron', 'imbecile', etc. or such general statements as 'He cannot grow'. "He will never learn to talk". "He is almost nil", etc.

A mention may be made here of the various techniques of counselling with parents of the mentally

retarded children. Generally, counselling with such parents is in the form of 'individual guidance'. But experiment and researches have brought out the importance of 'group guidance or group counselling' as an effective technique. "Parents do not stand alone. They are part of the child's life and difficulties. Together with the child, as a family they are part of a community life—and even more important, members of groups of individuals who, because of the presence of the retarded child in their midst, have special interests and problems." (Weingold and Hornmuth).

Again, it is a fact that many of the attitudes of parents to their mentally retarded child are due to 'group pressures' or 'demands of community'. It is, for example, the group pressures that have basically forced the family of a retarded child to withdraw from normal social contacts and isolate itself with the child. Hence, the utilisation of group approaches which are organised, directed and channelised for therapeutic ends should logically offer some effective means of changing these parental attitudes and relieving some of the family pressures as well as more effectively re-integrating the family into the community. Group guidance has helped parents to accept themselves—as parents of mentally deficient children without feeling guilty or devaluated, to accept their mentally deficient child, to adjust parental levels of aspiration for the child to his actual abilities and to see more realistically the problem centering around normal siblings and concerning the placement of the child in an institution. It has enabled

parents to see what they can do in the home, to help the child, and what they can do to help the school, where their mentally retarded children study.

The Scope of counselling with Parents of mentally retarded children

In conclusion it may be feasible to indicate the scope of counselling with parents of mental retardates. This can be understood from the number of questions which parents generally ask when seeking advice of the physician or the specialist. It is true that each situation of counselling is unique and that different parents come with different problems, yet the following are some of the questions which have been asked, again and again, with a great deal of feeling and with a desire to get straightforward answers without evasion and without hedging.

1. Why is my child retarded ?
2. Is it due to heredity ? or attempted abortion or "Forceps", delivery ?
3. Why did this happen to us ?
4. Is it safe to have another child ?
5. Do you think that our normal children's offspring might be similarly affected ?
6. How is his or her presence in the home likely to affect our normal children ?
7. Don't you think, he will teach wrong patterns of behaviour to other children ?
8. How shall we explain him to our other children, friends and neighbours ?
9. Is there any operation that might help ?
10. Is there any drug that might help ?
11. Will this child ever talk like a normal person ?
12. Can't we expect him to pass his Matriculation examination ?
13. Supposing we engage a wholetime tutor to teach him, won't it ease the situation ? Won't he improve ?
14. Is there any special school where he can learn ?
15. Is there any institution where he can live away from the home ?
16. What do you think about her marriage ? Will she be mature enough to marry ?
17. What is our State doing to rehabilitate such children ?
18. He is otherwise intelligent, but why cannot he learn to add 'two and two' ?
19. Why does he have very poor memory ?
20. Why is he hyperactive and why cannot he concentrate ! and a host of others.

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(To be concluded)

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