



ISSN Print: 2394-7500
 ISSN Online: 2394-5869
 Impact Factor: 5.2
 IJAR 2018; 4(11): 21-27
 www.allresearchjournal.com
 Received: 09-09-2018
 Accepted: 12-10-2018

Chandrika Das
 Department of Mental Health
 Nursing, Gujarat University,
 Gujarat, India

The effectiveness of gestalt therapy on anxiety and coping ability of caregivers of intellectually deficient children

Chandrika Das

Abstract

Gestalt therapy is concerned with, and focussed on, the present and aims to enhance personal growth, expand self-awareness, accept responsibility for one is and what one is doing and enable one to make choices. Gestalt therapy focuses on experiencing the integration of cognitive, emotional and physiological components of an individual. It also help to maintain good mental health and sense of wellbeing. Therefore a pre experimental study was used to assess the effectiveness of gestalt therapy on the level of anxiety and coping ability among caregiver of intellectually deficient children of selected special school of Indore. One group pre-test post-test research design was adopted. 15 caregivers were selected using purposive sampling technique. Pre-test was conducted to assess anxiety and coping ability by using Beck anxiety scale and carvers cope situation format inventory respectively. Post-test was also conducted by using the same tool. Statistical analyses revealed that there was negative correlation ($r = -0.206$) between anxiety and coping ability which is significant at the level of $p \leq 0.05$ among caregivers. Which showed increase in the level of anxiety among caregivers with the reduction of the level of coping ability and vice versa. The 't' test value between pre interventional and post interventional anxiety score ('t' =7.61) was significant at the level of $p \leq 0.05$ which revealed the effectiveness of gestalt therapy on anxiety The mean anxiety score was 34.46 at pre-test which had decreased to 17.93 at post-test This reveals the effectiveness of gestalt therapy for improving anxiety of caregivers. The statistical analysis revealed a significant difference ('t' =15.31) among pre-test and post-test score of coping ability at the level of $p \leq 0.001$. The mean pre-test score of coping was 76.06 which had increase to 176.93 at post-test. This finding showed the effectiveness of gestalt therapy on the coping ability of caregivers.

Keywords: Gestalt therapy, anxiety, coping, caregiver, intellectually deficient children

Introduction

Mental retardation is a chronic disability. It is a stressor that requires an ongoing coping response by the parents. The birth of mentally retarded child has a profound effect on the family. Once the child is diagnose as mentally retarded, parents often experience varied emotional reaction or stages. Parents must confront these emotions to make necessary family adjustment to accommodate a mentally retarded child. (Akkok *et al.* 2004) [1] Mental Retardation (MR) affects over 120 million people worldwide. It often gives rise to severe life long standing disability and imposes heavy burden on the families and careers Tomkiewicz and Marcia, March (1993) Study found that the prevalence of mental retardation ($IQ < 70$) among 3-9 year olds children in eight developing countries (including some populous countries like India, Brazil, Bangladesh, and Pakistan), varied from 9/1000 to 156/1000 population. Stein *et al.* (1987) [3] A study among people with mental disability in four villages of Udupi, Karnataka, India presented mild, severe, moderate and profound types of MR with 45.5%, 27.3%, 18.2% and 9.1% respectively. Severe and Profound MR were diagnosed at a much earlier age group than in mild and moderate types. (Ramakrishna A, 2011) [4] The mentally challenged children account for 2-3% of the general population. 75-90% of the affected people have mild retardation. (All India Institution of Medical Science, 2003) [5]. Gestalt approach include increased levels of self-actualisation and personal effectiveness, maximum development of personality potential and the expansion of awareness and of experience. (Clance *et al.* 1994) [16].

Correspondence
Chandrika Das
 Department of Mental Health
 Nursing, Gujarat University,
 Gujarat, India

Need of the study

The presence, upbringing and looking after of a mentally retarded child in the family, can become a threat to the mental health of its parents and is the main predisposing factor of stress for the parents. Anxiety, stress and depression are common symptoms mentioned by the parents. Additionally, there are individual variables such as the husband-wife relationship, the parents' approach to their child's disability, the parental strategies used in order to cope with the daily life of the child's disability and the behavioural problems of their child. Karasavidis, Savvas, (January 2011)^[6] the distribution of the affected population depends on the severity of the disorder. Among those with a diagnosis of ID, mild mental retardation affects about 85% of the population, moderate mental retardation about 10%, severe mental retardation about 4%, and profound mental retardation about 2% King *et al.* (2009)^[8] The impact of mentally retarded child in the family state that the crucial importance of interactions between the child and family and the community starts right from the birth of the mentally retarded child in the family and extends throughout life. Leland and Smith (1974) one of the major affective tasks in gestalt therapy specified by the researcher and his colleagues is the resolution of unfinished business. Empty-chair dialogue intervention has been devised to allow subjects to engage in an imaginary dialogue with the significant other. This is designed to access restricted feelings allowing them to run their course and be restructured in the safety of the therapy environment (Paivio and Greenberg, 1995)^[10].

A study was conducted to assess the facilitating factor of coping in mother and child with mental retardation which stated that mental retardation is a chronic disability. It is stressors that require an ongoing coping response by the parents. The birth of mentally retarded child has a profound effect on the family once the child is diagnosed as mentally retarded, parents often experience varied emotional reaction or stages. Parent must confront these emotions and make necessary family adjustment to accommodate the mentally retarded child. (Sreedevi TR, PS, Sukuamran, 2000).

Statement of the Problem

"A pre experimental study to assess the effectiveness of gestalt therapy on the level of anxiety and coping ability among caregivers of intellectually deficient children in selected special school of Indore in the year 2013-2014."

Objectives of the Study

- To assess the pre test level of anxiety among the caregivers of intellectually deficient children.
- To assess the pre test level of coping ability among the caregivers of intellectually deficient children.
- To correlate the level of anxiety and coping ability of the caregivers of intellectually deficient children.
- To evaluate the effectiveness of gestalt therapy on the level of anxiety among caregivers of intellectually deficient children.
- To evaluate the effectiveness of gestalt therapy on the level of coping ability among caregivers of intellectually deficient children.

Hypotheses

- **H₁:** There is significant correlation between level of anxiety and level of coping at the level of $p \leq 0.05$.

- **H₂:** There is significant difference in the level of anxiety among caregivers after gestalt therapy at the level of $p \leq 0.05$
- **H₃:** There is significant difference in the level of coping among caregivers after gestalt therapy at the level of $p \leq 0.05$.

Conceptual Frame Work

The conceptual framework of the present study based on seven Doors Model given by Les Robinson, 1988.

Research Methodology

Research design

One group pre-test post- test design was used in the study

Variables under the study

- Independent variable: Gestalt therapy.
- Dependent variable: Anxiety and Coping ability.

Setting of the study

The study was conducted in two special schools, AnuBhuti Vision Seva Sangstha and Manovruddhi Kendra. Indore.

Population

In the present study, the target population consist of caregivers having children with mental retardation and the accessible population consist of caregivers having children with moderate and severe mental retardation of selected special school in Indore.

Sampling technique

A non-probability purposive sampling method. During selection eligibility, feasibility, convenience and willingness of the sample were considered by the researcher.

Sample

In this study the sample comprises of 15 parents who were from two different special schools of Indore fulfilling the inclusion criteria.

Tool

The tools used in this study are:

Section A: Socio demographic variables

Section B: Beck anxiety scale

Section C: Carver's Cope situation format inventory

Validity and Reliability

In the study, the prepared tools along with a request letter, validation certificate, statement of problem, objectives, criteria checklist was submitted to seven experts in the field of psychiatric nursing, psychiatry and psychology. They were requested to give their opinion on the appropriateness and relevance of the items in the tool. The tools used were standardized

Pilot Study

The pilot study was conducted in a special school that was Rotary Paul Harrish school, Indore. The analysis of the pilot study revealed that objective of the study could be fulfilled.

Procedure for data collection

Written permission from concerned authority was taken and informed consent was obtain from the caregivers and socio demographic Performa administered. Total 15 sample were

selected for the study. Among the 15 caregiver, 11 were mother and 4 were father. Each clients timing was set for his or her therapy session, according to their comfortable timings. Before intervention pre-test was taken to assess the level of anxiety and coping of caregiver. The gestalt therapy was performed in 7 session. Each session was listed for 60 - 90 min. Beck anxiety scale and carvers cope situation format inventory was used for the assessment of anxiety and coping ability of caregivers', which was given before and after the therapy.

Findings

The data was analyzed according to the objective of the study using descriptive and inferential statistics.

Section I: socio-demographic variables of children and caregivers

It was revealed that 15 children were equally distributed (33.33%) into three age wise category, age limits 5-10 years, 11-15 years, 16-20years. Most of the children were female 10 (66.66%) and rest numbers were male 5(33.33%). In relation to sibling majority in children, 7 (46.66%) were only child, 6(40%) were among two child and remaining 2

(13.33%) were among three child of their parents respectively. Maximum number of MR children were only child 7 (46.66%) of their parents, among them 4 belong to eldest, 2 in youngest, 2 in medium category. followed by 4 (26.66%) of eldest group, and 2 (13.33%) in youngest group and remaining 2(13.33%) of child fell in the middle group. Among 15 children, most of the children 10(66.66%) were moderate mental retardation in respect of severity whereas 5(33.33%) were severe mental retardation.

Section II: socio-demographic variables of caregivers

It was found that in relation to caregiver's educational status, most of them 10 (66.66%) had secondary education. It shows that majority of their caregivers 6(40%) were in private service whereas 2(13.33%) were doing their own business. It was found that majority of families 7(46.66%) out of the 15 families were having monthly income only Rs 5000/-. Most of the family 9(60%) were belonged to joint family and remaining 6(40%) were belonged to nuclear family. Most of the family 11(73.33%) were from urban area whereas 4(26.66%) were from rural area. Majority of the family 11(73.33%) were from Hindu religion. [Refer Table 2(a), (b). Pg 56-57]

Table 1: List of References Used

S.N.	Areas	Books	Journals	e-sources	Others	Total
1	Back ground of the study	4	10	13	-	27
2	Need of the study	1	7	14	-	22
3	Conceptual framework	2	-	1	-	3
4	Review of literature					
A	Literature related to prevalence of intellectually deficient children	-	3	6	-	9
B	Literature related to caregivers involvement in care of their intellectually deficient children	-	1	2	-	3
C	Literature related to caregivers anxiety and coping ability with their intellectually deficient children.	-	10	8	-	18
D	Literature related to effectiveness of gestalt therapy.	2	-	3	-	5
5	Methodology	3	-	2	-	5
6	Data analysis and interpretation	1	-	-	-	1
7	Major findings, Discussion, Conclusion, Implication, Limitation and Recommendations	1	1	5	-	7
	Total	14	32	54		100

Table 2(a): Frequency and percentage distribution of selected demographic variables of intellectually deficient children, N = 15

S. No	Variables	Frequency	Percentage (%)
1.	Age of Child		
	a) 5-10 years	5	33.33%
	b) 11-15 years	5	33.33%
	c) 16-20 years	5	33.33%
2.	Gender of Child		
	a) Male	5	33.33%
	b) Female	10	66.66%
3.	No. of Sibling		
	a) Single	7	46.66%
	b) One	6	40%
	c) Two	2	13.33%

Table no.2 (a) depicts that age wise 5 (33.33%) of intellectually deficient children fall in the category of 5-10 years of age, 5 (33.33%) of child fall in category of 11-15 years of age and remaining 5 (33.33%) of children also fall in the category of 16-20 years of age. There were equal distribution of same category of age i.e. 33.33%. On viewing gender most of the children 10(66.66%) were female and remaining were male 5 (33.33%). In relation to their number of sibling more than half of children, 7 (46.66%) single child were with 6(40%) of them have one sibling and 2 (13.33%) of them have two siblings.

Table 2(b): Frequency and percentage distribution of selected demographic variables of intellectually deficient children, N = 15.

S.NO	Variables	Frequency	Percentage (%)
4.	Ordinal position of child		
	a) Eldest	4	26.66%
	b) Youngest	2	13.33%

	c) Middle	2	13.33%
	d) Only child	7	46.66%
5.	Severity of M.R.		
	a) Mild	0	0%
	b) Moderate	10	66.66%
	c) Severe	5	33.33 %

Section III: Assessment of pre-test level of anxiety before gestalt therapy.

Majority 12 (80%) of the caregivers had severe anxiety and

3(20%) of them had moderate anxiety and none of them had mild anxiety. [Refer Table no 3, pg 61]

Table 3: Frequency and percentage distribution of level of anxiety score before gestalt therapy, N = 15

Level of anxiety score	Frequency	Percentage (%)
Minimal 0-7	0	0%
Mild 8-15	0	0%
Moderate 16–25	3	20 %
Severe 26 - 63	12	80%

Section IV: Comparison between pre- interventional and post-interventional level of anxiety

The study revealed that maximum 12(80%) of the caregivers had severe anxiety, 3(20%) of them had moderate anxiety and none of them have mild and minimum anxiety before

gestalt therapy and in post-test none of them scored in minimum anxiety and maximum 7(46.66%) were in moderate anxiety. 5(33.33%) were in mild anxiety and 3(20%) of them in severe anxiety. In the post-test 3(20%) of them were score in severe group [Refer Table no 4, pg 62]

Table 4: Frequency and percentage distribution between pre interventional and post interventional level of anxiety, N = 15.

Level of Anxiety Score	Pre-Test		Post Test	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Minimal 0-7	0	0%	0	0%
Mild 8-15	0	0%	5	33.33%
Moderate 16–25	3	20%	7	46.66%
Severe 26-63	12	80%	3	20.00%

Section V: Assessment of pre-test level of coping ability before gestalt therapy

It was found that all the respondents, 15(100%) of the

caregivers had low coping ability whereas nobody had medium and high coping ability [Refer Table no 5, pg 63].

Table 5: Frequency and percentage distribution of level of coping before gestalt therapy, N = 15.

Level of Coping	Frequency	Percentage (%)
No Coping 60	0	0%
Low Coping 60-120	15	100%
Medium Coping 120-180	0	0%
High Coping 180-240	0	0%

Table no 5 depicts that all the respondents, 15(100%) of the caregivers had low coping ability whereas nobody had medium and high coping ability.

Section VI: Comparison between pre- interventional and post-interventional coping ability

The study revealed that all the caregivers 15(100%) were having low coping ability. In post-test more than half

8(53.33%) were having medium coping ability and 5(33.33%) were having high coping ability and remaining 2(13.33%) were not able to develop coping ability. [Refer Table no 6, pg 64]

Table 6: Frequency and percentage distribution between pre interventional and post interventional level of coping ability N=15

Level of Coping Score	Pre-Test		Post Test	
	Frequency	Percentage (%)	Frequency	Percentage (%)
No Coping <60	0	0%	0	0%
Low coping 60-120	15	100%	2	13.33%
Medium coping 120-180	0	0%	8	53.33%
High coping 180-240	0	0%	5	33.33%

Section VII: Correlation between level of anxiety and level of coping

The study shows a increase in the level of anxiety among caregivers with the reduction of the level of coping ability. Statistical analysis with Karl Pearson’s formula proves a

negative correlation ($r = -0.206$) of the score of anxiety with coping ability among caregivers. There is moderately negative correlation between anxiety and coping at the level of $p \leq 0.05$. [Refer Table no 7, pg 65]

Table 7: Computation of Karl Pearson’s correlation coefficient between level of anxiety and coping ability, N = 15

Variables	Mean	Correlation	Inference
Pre test level of anxiety	34.46		
		r= - 0.206	Moderate Negative Correlation
Pre test level coping	76.06		

Section VIII: Effectiveness of gestalt therapy on level of anxiety

Data depict that the pretest mean score of anxiety is 34.46 and post-test is 17.93 and the mean difference 16.53 with SD of ±8.43. The computed “t” value was 7.61 at degree of

freedom 14. This indicated that there was significant difference in pre-test and post-test anxiety score after gestalt therapy at the level of $p \leq 0.05$. Hence H_2 was accepted at the level of $p \leq 0.05$. [Refer Table no 8, pg 66]

Table 8: Mean, Mean difference, SD, SE, DF and “t” value of pre-interventional and post- interventional anxiety score. N = 15

Level of Anxiety score	Mean	Mean difference	S.D	S.E	df	“t” value	Table Value
Pre test	34.46						
		16.53	8.43	2.17	14	7.61*S	2.15
Post test	17.93						

* $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$ S-Significant

Section IX: Effectiveness of gestalt therapy on level of coping ability

The study showed that the pre-test mean score of coping was 76.06 which had increased to 176.93 at post-test. The mean difference was 100.87 with SD of ±25.51. The computed “t” value was 15.31 at degree of freedom 14. This indicate that there was a significant difference between pre

test and post-test score in the level of coping ability among caregivers after gestalt therapy at the level of $P \leq 0.001$. Hence Research hypothesis H_3 is accepted. Hence it was concluded that gestalt therapy was effective in increasing the level of coping ability among caregivers of intellectually deficient child. [Refer Table no 9, pg 68].

Table 9: Mean, Mean difference, SD, SE, df and “t” value among pre-test and post-test level of coping ability.

Level of Coping score	Mean	Mean difference	S.D	S.E	DF	“t” value	Table Value
Pre test	76.06						
		100.87	25.51	6.588	14	15.31***S	4.14
Post test	176.93						

* $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$, S-Significant

Discussion

Socio-demographic variables

The findings of the study revealed that among 15 children, there were 5(33.33%) children in each age range of 5-10 years, 11-15 years and 16-20 years, Majority of the children were female 10 (66.66%), maximum number of MR children were only child 7 (46.66%). This study revealed that, most of them 10(66.66%) were secondary education, Majority of caregivers 6(40%) were in private service, majority of families 7(46.66%) were having monthly income only Rs 5000, Majority of the family 9(60%) were belongs to joint family, Most of the family 11(73.33%) were from urban area and from Hindu religion

A similar study was supported by Thiyam Kiran Singh and Vishal Indla (2008) to identify the impact of disability of mentally challenged children on their parents. The socio demographic variables of 65 MR children. It shows that there were 65 children in the age range of 5-28 years. There were 66.2% and 33.8% male and female children, respectively. Maximum number of MR children was first born (43.1%), With regards to education, maximum numbers of MR children were not going to school (44.6%), 86.2% of the MR children did not have any history of mental retardation in the family. In 65 parents. Most of the parents (41.6%) were educated up to graduation or more. In occupation, majority of them (43.1%) were house wives, Most of them belonged to urban background (63.1%), Income wise, a majority of parents (43.1%) were earning less than INR 5000, Most families (63.1%) were living in nuclear family.

Assessment of level of anxiety among caregivers

The level of anxiety among elderly was assessed by Beck anxiety inventory. The findings of the study revealed that most of the caregivers 12(80%) had severe anxiety and only 3(20%) were with moderate anxiety.

Similar study done by Sumira Kousar (2012) To assess the level of psychopathology i.e. anxiety, depression and both anxiety and depression together among parents of children with intellectual disability (ID)., 198 parents were grouped into Mothers and Fathers, The result shows that Significantly high proportion of mothers (89%) had anxiety, depression, or both anxiety and depression together as compared to fathers (77%) (p -value ≤ 0.05). Among mothers, 35% met criteria for anxiety, 40% for depression and 13% for both anxiety and depression. Among fathers 42% had anxiety, 31% depression and 3% both anxiety and depression. A significant association was found between mother’s anxiety, depression or both and degree of ID of their children (p -value=0.043) anxiety was highest among mothers of children with profound ID (50%).

Assessment of level of coping among caregivers

The study revealed that all the caregivers 15(100%) shows low coping ability. This depicted the coping impairment in all clients. The finding of the study showed that coping ability increase with gestalt therapy.

Similarly, Sreedevi TR, (2006) conducted a study to assess stress and coping in mothers with children with mental retardation. Sample was mothers (N=232) of mental retarded children, coping was assessed by using

standardized coping scale. The percentage value of mother's coping showed that 53.4% of mothers had above average coping (score 105-156), 34.1% had average coping (score 53-104), 9.9% had high coping (score 157-208) and 2.6% had low coping (score up to 52). The mean value of mothers coping is 116.77 and the percentage of coping level is 56.14. The obtained coefficient is negative (-0.264) which is significant and depicts that coping enhancement program was found effective in reducing the stress and increasing the coping level.

The another study done by Damrosch, Shirley P. PhD; Perry, Lesley A. (1989). Mothers and fathers of children with Down syndrome were surveyed on overall patterns of adjustment and on frequency of chronic sorrow and coping behaviours. Fathers overwhelmingly (83%) depicted their adjustment in terms of steady, gradual recovery, while the majority of mothers (68%) reported a peaks-and-valleys, periodic crises pattern; $\chi^2 = 8.64, p < .01$. Mothers also reported higher frequencies for chronic sorrow as well as for behaviours such as self-blame and expression of negative effect. Thus, mothers and fathers in the same family may experience distinct differences in adjustment and coping.

Comparison between pre interventional and post interventional level of anxiety

Result showed that pre-test mean was 34.46 and for post-test it was 17.93. The mean difference was 16.53 with $SD \pm 8.43$. The computed "t" value was 7.61 at the level of $p \leq 0.05$, at df 14 and this value indicates that there was significant difference in the pre interventional and post interventional anxiety score after gestalt therapy hence H_2 was accepted at the level of $p \leq 0.05$.

The study supported by the study of Stephen Gallagher, (2008). This study examined predictors of excess psychological morbidity in parents of children with intellectual disabilities. 29 parents typically developed Depression and Anxiety Scale, and measures of social support, child problem behaviors, sleep quality, and perceived caregiver burden. Majority of Parents showed high depression and anxiety scores. The strongest predictor of psychological morbidity was caregiver burden. and its component dimensions indicated that feelings of guilt held the greatest consequence for depression and anxiety. Parental psychological morbidity was measured using the Hospital Anxiety and Depression Scale (HADS) It showed that there are large differences in depression, $F(1, 54) = 29.04, p < .001, \eta^2 = .350$, and anxiety, $F(1, 54) = 33.08, p < .001, \eta^2 = .380$, scores remained.

Caregiver burden, in general, and its guilt component, in particular, predicted symptoms of depression and anxiety in parents of children with intellectual disabilities.

Correlation between level of anxiety and level of coping

The findings of the study a increase in the level of anxiety among caregivers with the reduction of the level of coping ability. Statistical analysis with Karl Pearson's formula proves a negative correlation ($r = -0.206$) of the score of anxiety with coping ability among caregivers. There is moderately negative correlation between anxiety and coping at the level of $p \leq 0.05$.

Umi Mawardah, Siswati Siswati, Farida Hidayatim (2011) done a similar study which supported the above study. This research was conducted to examine the relationship between

active coping with parenting stress in mothers of children with mental retardation in this study are 66 mother of mentally retarded child. Active Coping Scale and Parenting Stress Scale. Simple regression analysis showed an association between active coping with parenting stress in mothers of children with mental retardation. This is shown by the value of $r^2 = 0.756 = 0.000 (p < 0.05)$ positive sign on the correlation coefficient indicates the direction of positive relationships. This means that the higher the higher active coping parenting stress, where as the lower active coping, the lower parenting stress.

A similar study was conducted by Mita Majumdar, (2005) to find any correlation between the severity of perceived stressors and the anxiety state of these parents of mental retarded children. This study was conducted in the Child Guidance Clinis. 108, subjects were selected and categorized into three groups: A, B and C. Only children who had both parents were included in this study. Group A consisted of 60 parents (30 mothers and 30 fathers) of profound to moderately mentally retarded children (mean IQ: 38.63). Group B consisted of 60 parents (30 mothers and 30 fathers) of mild to borderline mentally retarded children (mean IQ: 63.2). Group C consisted of 60 parents (30 mothers and 30 fathers) of physically healthy children with normal intelligence (mean IQ: 107.7) f A positive correlation between perceived stress and the level of anxiety. The correlation was found to be significant in group A (both fathers and mothers, $p < 0.05$ and $p < 0.01$), group B (both mothers and fathers, $p < 0.01$ and $p < 0.05$) and in group C only for fathers ($p < 0.01$). Correlation scores of parents in groups A, B and C. father $r = .336$, mother $r = .798$. in group B father $r = .312$, mother $r = .458$, group C father $r = 0.546$, mother $r = 0.22$

Effectiveness of gestalt therapy on level of anxiety

The present study revealed that value of "t" was 7.61 at the level of $p \leq 0.05$, at df 14 and this value indicates that there was significant difference in the pre interventional and post interventional anxiety score after gestalt therapy hence H_2 was accepted at the level of $p \leq 0.05$.

A similar study conducted by Berdondini, Elliott and Shearer (2012). A quasi experimental study to reveal the effectiveness of experiential psychotherapy focusing on gestalt and emotion focused therapy on social anxiety. Personal questionnaire, social phobia inventory, Strathclyde Inventory, Inventory of Interpersonal Problems was used as tool in this research study. Participants were randomly assigned into 20 individual sessions. The development of collaboration of gestalt therapy and emotion focused therapy is pivotal for therapeutic success after 17 sessions it was significant at 0.05 level. Hence, the therapy decreases the social anxiety among patients.

In another study Cook (2000) conducted a study in self-reported depressed female high school students to determine the effectiveness of Gestalt therapy over the other therapeutic approaches. The study design taken was randomized control trial. The tool administered was Adolescent Depression inventory and anxiety scales. Short term gestalt therapy group intervention was given for duration of 5 weeks. The results shown that after the gestalt treatment the gestalt group had lower scores for depression, anxiety and higher scores for self-concept than the control group

Effectiveness of gestalt therapy on level of coping ability

The findings of the study revealed that the computed “t” value 15.31 at df 14 with SD 25.51 indicate that there was a significant difference between pre test and post-test score in the level of coping ability among parents after gestalt therapy at the level of $P < 0.05$. Research hypothesis H_3 is accepted. Hence it was concluded that gestalt therapy was effective in increasing the level of coping ability among caregivers of mentally retarded child.

A similar study supported this study (Melany, 2007) A Qualitative study was done to assess the effect of gestalt play therapy on feelings of anxiety experienced by the hospitalized oncology children (N=6). The child diagnosed with a life-threatening illness such as cancer. This emotionally challenging life situation can bring on much emotional distress such as anxiety. Thus, it has become imperative that the oncology child is assisted and supported, in his individual struggle to cope with the harshness of his strained reality. Child is experiencing any feelings of anxiety, fear or any other signs of distress, gestalt therapy help to alleviate the intensity of such feelings. The children were presented with a gestalt therapy process in order to help them to cope better with possible feelings of anxiety. The children were taken through the Gestalt therapy process, individual interview technique was used. The researcher attempted to explore and describe their experiences and the results showed significant reduction in their anxiety and increase coping.

Conclusion

Based on the finding of the study revealed that most of the caregivers of intellectually deficient children were having severe anxiety and low coping ability. The major cause of anxiety due to spending more time and care for the child, behavioral problem of the child, negligence of other family members and lack of leisure time is also one of the cause of anxiety in caregivers. The researcher asked the care givers to practice continuously gestalt therapy, in the selected special school that are Manovruddhi Kendra and Anubhuti vision seva sanstha. Follow up session was also conducted and it was observed it is being practice in home and in front of researcher. Researcher found there was a significant reduction of anxiety in caregivers and at the same time caregivers enhanced their coping skills after the therapy.

References

1. Akkok, *et al.* Parents Training & Education Programme of Disabled Children. Journal of Applied Research In Intellectual Disability. 2004; 17:107-111.
2. Tomkiewicz, Marcia. Original Article. Psychosocial Impacts of Mentally Retarded Children on Parents in Sudan. Fathia Hussein Shabo. 2011; 6(1):7-16. Available from [www.sudjms.net/.../2\)Psychosocial%20Impacts%20of%20Mentally%20R](http://www.sudjms.net/.../2)Psychosocial%20Impacts%20of%20Mentally%20R)
3. Stein, *et al.* International Journal of Multidisciplinary Research. 1987; 2:6. ISSN: 2231-5780
4. Ramakrishna A. Prevalence of Mental Retardation among Children in Mangalore; Nitte University Journal of Health Science; NUJHS. 2013; 3(4). ISSN 2249-7110. 2011 Available from <http://nitte.edu.in/journal/>
5. All India Institute of Medical Science. 2003. Online Journals Available From, <http://www.aiims.edu/>
6. Savvas Karasavvidis. Mental Retardation and Parenting Stress; International Journal of Caring Sciences. 2011; 4:1. available from http://www.internationaljournalofcaringsciences.org/docs/Vol4_Issue1_04_Karasavvidis.pdf
7. Clance, *et al.* Psychotherapy: Theory, Research, Practice, Training Copyright 2004 by the Educational Publishing Foundation. 2004; 41(2):180-189.
8. King, *et al.* Classification, Prevalence, Prevention & Rehabilitation of Intellectual Disability. Journal of Intellectual Disability. 2009; 41(2):80-92.3.
9. Leonard, *et al.* epidemiology of child psychiatric disorder available from http://en.wikipedia.org/wiki/prevalence_of_mental_disorders
10. Paivio and Greenberg. 1995. Available from <http://books.google.co.in/books?id=dVauuLKZar4C&pg=PA325&lpg=PA325&dq=research+done+by+Paivio+and+Greenberg,+1995>
11. Sreedevi TR, Sukumaran PS. Facilitating Factors of Coping in Mothers of Children with Mental Retardation. The Nursing Journal of India. 2010, 10. Available from <http://www.tnaionline.org/oct-10/13.htm>
12. Thiyam Kiran Singh, Vishal Indla, Roma Subhra Reddy. Impact of disability of mental retarded persons on their parents. Indian Journal of Psychiatry. 2006; 32:122-126.
13. Sumira Kouser. Anxiety and Depression among Parents of Children with Intellectual Disability in Pakistan. J Can Acad Child Adolesc Psychiatry. 2013; 22(4):290-295. Available from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3825469>
14. Damrosch Shirley P, Perry, Lesley A. Self-Reported Adjustment, Chronic Sorrow, and Coping of Parents of Children with Down syndrome, 1998. Available from http://journals.lww.com/nursingresearchonline/abstract/1989/01000/self_reported_adjustment,_chronic_sorrow,_and.6.aspx
15. Stephan Gallagher. Predictors of psychological morbidity in parents of children with intellectual disabilities. Journal of Pediatric Psychology. 2008; 33(10):1129-1136.
16. Umimawardah, Siswatiswati, Faridahidayati. Relationship between Active Copings with Parenting Stress in Mother of Mentally Retarded Child, 2011. Available From <http://ejournal-s1.undip.ac.id/index.php/empati/article/view/221>
17. Mita Majumdar. Stress and Anxiety in Parents of Mentally Retarded Children Indian J Psychiatry. 2005; 47(3):144-147. doi: 10.4103/0019-45.55937PMCID: PMC2919789 available from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2919789/>
18. Berondini Elliot, Shearer, 2012. available from http://archive.org/stream/universityofnort19561957/universityofnort19561957_djvu.txt
19. Cook. 2000. available from [http://www.eagt.org/research/poland/Gestalt%20therapy%20effectiveness%20comparisons%20\(2\).pdf](http://www.eagt.org/research/poland/Gestalt%20therapy%20effectiveness%20comparisons%20(2).pdf)
20. Melany Constantinou. The Effect of Gestalt Play Therapy on Feelings of Anxiety Experienced By the Hospitalized Oncology Child Available, 2007.