

MARITAL ADJUSTMENT AND CHILD ACCEPTANCE AMONG MOTHERS
OF AUTISTIC, VISUALLY IMPAIRED, AND NORMAL CHILDREN

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Chapter I

Introduction

Marital adjustment has been and still is difficult to define. Researchers in the field have defined it differently or proceeded on the assumption that there was common agreement (Hicks & Platt, 1970). However, Locke and Williamson (1958) did define marital adjustment as:

the presence of such characteristics in a marriage as a tendency to avoid or resolve conflicts, a feeling of satisfaction with the marriage and each other, the sharing of common interests and activities, and the fulfilling of the marital expectations of the husband and wife. (p. 562)

Just as the definitions of marital adjustment and its synonyms (marital satisfaction, happiness, and stability) are myriad, so too are the methods of assessing it numerous. Researchers used many methods, including paper and pencil questionnaires, interviews, interpretations of census data, or combinations of these (Hicks & Platt, 1970). Marital adjustment was probably first reduced to a numerical score by Hamilton in 1929, then by Terman in 1938, by Burgess and Cottrell in 1939, and by numerous others since then (Spanier,

1972). In 1951, Locke published his first marital adjustment test which included questions he originated, along with ones taken from Terman and from Burgess and Cottrell (Straus, 1969). Later, Locke and Wallace (1959) shortened this test to a 15-item multiple-choice test and established its reliability and validity.

These past fifty years of assessing and measuring marital adjustment have led to some general conclusions and to many questions concerning not only conclusions, but also methodology. Generally, marital satisfaction appeared to be positively correlated with "husband-wife similarities in socio-economic status, age, and religion; affectional rewards, such as esteem for spouse, sexual enjoyment, companionship; and age at marriage" (Hicks & Platt, 1970, 555).

Few studies have been done on the effects of handicapped children on marriage. H. Martin (1975) described parents of handicapped children as being in "stress" (p. 252) and going through a grief process. Furthermore, Richmond (1973) noted the tendency for parents of these children to "blame each other for the child's problem" (p. 160) which can lead to marital problems.

Two studies (Martin, P., 1975; Tew, Payne, & Laurence, 1974) of families with spina bifida children found more divorces and greater marital deterioration in these mar-

riages than in families with normal children. In a study of 13 families with children with meningomyelocele, researchers found six divorces, five couples who made only fair to good adjustment, and two who seemed well-adjusted (Kolin, Scherzer, New, & Garfield, 1971). Detrimental effects on the parents were also found in parents of Down's syndrome children (Gath, 1977) and of mentally retarded children (Schonell & Watts, 1956).

On the other hand, four studies of parents with spina bifida children (Freeston, 1971; Hare, Laurence, Payne, & Rawnsley, 1966; Richards & McIntosh, 1973; Walker, Thomas, & Russell, 1971) showed little negative effect on the parents' marriage; some even felt an increase in closeness in their marriage. Similarly, no adverse effect on the marriage of the parents was found in a study of severely mentally retarded, epileptic, and cerebral palsied persons (Dunlap & Hollinsworth, 1977).

As for parents' attitudes toward their defective children, much of the research appeared to be anecdotal or case review (Baum, 1962; Kennedy, 1970; Mandelbaum & Wheeler, 1960). Mandelbaum and Wheeler (1960) found that parents of defective children were usually in distress and were feeling conflicting emotions of hope and fear, anger and guilt.

Baum (1962) and Kennedy (1970) both compared adjustment to a handicapped child to the process of grief and mourning over the death of a loved one. The type of defect did not seem to affect the actual process except perhaps in the depth of the grief. The grief process proceeded through disbelief or denial, anger, guilt, despair, withdrawal, and finally reorganization. Both authors felt that completion of the total process was important to the mother's acceptance of her child, but that failure to complete the process could hinder acceptance.

Gordeuk (1976) concluded that parents of a defective child suffer a loss of self-esteem for producing such a child. This failure to produce the perfect child of her dreams could hinder a mother's acceptance of and identification with her child.

The purpose of this study was to add to the body of research on marital satisfaction and acceptance of children among mothers of visually impaired, autistic, and normal children. There appeared to be scant and inconclusive research in these areas, so it was hoped that this paper would provide some significant results to aid in better understanding the relationship of handicapped children to marriage and parenting.

Literature Survey

Marital Adjustment

Many researchers have explored the multiple variables affecting marital adjustment and happiness. Their studies identified several factors which appeared to contribute to satisfaction in marriage.

Luckey (1960) conducted a study in which 454 persons responded to a questionnaire, containing a personal information blank and two marital adjustment tests. Those scoring in the highest and the lowest quartiles on the Locke Modified Marital Adjustment Test were then asked to complete the Interpersonal Check List. The results of the study showed that:

there is a significant and positive association between marital satisfaction and the congruence of perceptions of self and perception of self by spouse; self and parent of the same sex; spouse and parent of the opposite sex; and ideal self and spouse. (p. 54)

Similarly, Taylor (1967) selected 50 couples as well-adjusted maritally, on the basis of scores on the Wallace Marital Success Test, and 50 other couples in marital counseling. He gave them the Leary Interpersonal Check List

then and found that similarity between perception of self and perception of self by spouse were related to good marital adjustment.

Luckey (1966), in a study of 80 married couples, used a Locke and a Terman marital rating scale and the Interpersonal Check List to determine some of the factors in marital adjustment. A significant ($p < .01$) relationship was found between length of marriage and increasing marital dissatisfaction. Age at marriage and present age were not found to relate to marital adjustment. Likewise, number of children was not significantly related although marital adjustment scores tended to decline, indicating increased marital dissatisfaction, with an increase in children.

A curvilinear pattern of marital satisfaction in the life cycle of 799 couples questioned by Rollins and Feldman (1970) seemed to be fairly consistent from couple to couple. They showed a decline in happiness in the middle years of marriage with an increase coming in the "retirement" years. The lowest points in marital satisfaction, especially for the wives, occurred in the childbearing years.

Bossard and Boll (1955) selected 440 people to be rated by their siblings on their marital happiness. At the .05 level of significance, marital happiness for women varied with age; but this was not true for men.

Using data from the 1970 National Fertility Study, Bumpass and Sweet (1972) looked for variables associated with marital instability. Controlling for other variables, they found age at marriage to be negatively related to marital stability (the younger they marry, the more problems they have).

Studies on marital happiness seemed to agree on some factors affecting satisfaction in marriage, but to disagree on others. Congruence of self-perception and perception of self by spouse appeared to be positively related to marital happiness. Conflicting evidence disagreed on the effects of age at marriage, present age, and children on marital adjustment. It did appear that marital satisfaction is a complex entity consisting of numerous interacting variables.

Children and Marital Satisfaction

One of those variables affecting marital satisfaction is the presence of children, their number and their density (number of children divided by years married). Several researchers have investigated the relationship between children and marital happiness with interesting and conflicting results.

On the subject of child density, Hurley and Palonen (1967) studied married couples living in five randomly selected apartments on the Michigan State University campus.

They administered the Locke-Wallace and the Family Concept Instrument to the 40 couples. The results showed child density to be negatively related to marital adjustment.

Other child density studies failed to obtain the same results. In 1973, Figley gave seven different questionnaires to 46 middle-class, middle-aged, white couples and found no evidence to support a relationship between child density and marital dissatisfaction. Similarly, Miller (1975) studied 140 people who had been married from less than six years to 50 years. He found no significant relationship between child density and marital dissatisfaction. His second study (Miller, 1976) explored other relevant variables and came to the same conclusion.

Thornton (1977) in his study of marital dissolution rates found a U-shaped relationship between family size and marital dissolution. He found that marital breakups occurred most often in families with no children or with many children, while couples with few children broke up the least.

Likewise, other studies imply a connection between children and marital dissatisfaction. Burr (1970) interviewed 116 couples from all ages and stages of the life cycle and from a fairly well-educated, middle-class background. He found that marital satisfaction is lowest during the years in which the couple's children are from six to

twelve years old.

Childless marriages seemed happier in two studies by Renee (1970) and Humphrey (1975). Renee studied couples of different races and varying socio-economic backgrounds and found that childless marriages were more satisfactory, but that the number of children in a family had no consistent effect on the marital satisfaction of those who did have children. Humphrey studied 50 childless couples and 40 parental couples using the Marital Patterns Test and found that childless couples have higher levels of affection and greater unanimity.

Contrary results were obtained by Hobbs in 1965 when he found no significant crisis involved in having a child and again in 1968 when he studied 27 randomly selected couples with the same results. Similarly, Ryder (1973) studied 112 couples, predominantly white and middle-class, using the Locke-Wallace Marital Test. He found no significant relationship between children and marital dissatisfaction. Likewise, Terman, in a study in 1938 with 792 couples, found no differences in marital happiness scores of couples with or without children.

In two studies (Luckey & Bain, 1970; Paris & Luckey, 1966), 40 satisfactorily married and 40 unsatisfactorily married couples were identified. Luckey and Bain found

that the unsatisfactorily married couples listed their children as the only satisfaction in their life. Paris and Luckey found that there was no relationship between the number of children and the level of marital satisfaction.

Results of the numerous studies of the effects of children on marital happiness varied considerably. No consensus was apparent among researchers on the question of whether children have a positive or negative effect on marriage.

Handicapped Children and Marital Adjustment

The effects of handicapped children on their parents' marriages have been the subject of several studies in recent years. As in the investigations of children and marriage, conflicting results were often obtained in ascertaining how handicapped children affect marital adjustment.

In a study of 58 families with a physically disabled child, Dow (1965) found that the extent of the reaction to the crisis depended on the size of the extended family. The smaller the family support system, the more extreme the reaction of family members was to stress.

Martin (1975) questioned 153 mothers of children from less than one year old to 13 years old. She found that mothers of spina bifida children experienced more divorce and separation than mothers of normal children. Similarly,

more marital stress was found in 59 families with spina bifida children as compared to 58 with normal children (Tew, Payne, & Laurence, 1974).

Likewise, Gath's (1977) study of 26 families with Down's syndrome children and 26 control families showed that the level of marital satisfaction decreased markedly in the families with the Down's syndrome children. Similar results with the parents of mentally retarded children were obtained in a study (Schonell & Watts, 1956) in which the children aged five to 17 were living at home and in which definite disruptions of family life were evident.

However, Fowle (1968) found that marital adjustment was not adversely affected in her study of families with mentally retarded children. Her subjects were 35 families whose children lived at home and 35 families whose children were hospitalized. In interviews with 600 families of mentally retarded, epileptic, or cerebral palsied persons, Dunlap and Hollinsworth (1977) also found that the majority of the families felt that the disabled person had no adverse effect on them.

Freeston in 1971 interviewed 47 parents of one-year-old and 38 parents of four-year-old spina bifida children. While he did not question marital adjustment directly, he inferred from the answers to his other questions that there

had been no significant increase in marital dissatisfaction since the birth of the children. Another study with spina bifida children (Richards & McIntosh, 1973) surveyed 86 such families and found little negative effect as a result of having a spina bifida child although 20 families did report an increase in arguing.

Walder, Thomas, and Russell (1971) studied 107 families of spina bifida children and found that the majority of parents felt their marriage was not negatively affected by the children; some even said that it had improved. This idea of marital improvement after the birth of a spina bifida child was also found in a study of 120 such families (Hare, Laurence, Payne, & Rawnsley, 1966).

Using various methods from observation to self-report, researchers attempted to determine if handicapped children affected the marital adjustment of their parents. The results of the studies were conflicting, with some reporting negative effects, some no effects, and one reporting positive effects.

Parental Attitudes Toward Defective Children

Another area of study involving handicapped children and their parents is that of parental attitudes toward their defective children. Several investigators set out to discover what sorts of behaviors and feelings parents exhibit

concerning their defective children.

In 1951, Scheimo did a review of the literature of the past ten years and reported "an abundance of literature discussing the mentally defective child as an individual," but he found "relatively little ... concerning the parental attitudes toward such a child," (p. 42) except for two small studies which found some evidence of guilt and rejection among parents of crippled or retarded children.

In a review of his own case studies, Scheimo found a tendency for parents to refuse to accept the fact of their child's disability and to blame themselves for the child's problem. He further found an "intense guilt and conflict in regard to the impulse to reject the child." (p. 44) A further survey of 150 cases confirmed this parental conflict between rejection of the child and guilt, especially in parents of institutionalized children.

Gordeuk (1976) in her review of the literature found few studies of maternal attitude toward a defective child and these were mostly of an anecdotal nature. She did report on several papers dealing with the motivations for becoming a mother. Among the primary motivations reported were enhancement of self-esteem and status and an idealization of motherhood. She further found that attraction to the infant and positive self-image were important to acceptance of the child. Both of these factors can be hindered

by birth of a defective child. Further, the mother may feel defective herself; she may feel disappointed in her expectations, deny reality, and withdraw from the child.

In another largely anecdotal and review study, Baum (1962) described the grief process experienced by mothers of defective infants. This process is similar to that which follows the death of a loved one. In this case, the mother appears to mourn the loss of her desired perfect child by stages of denial, anger, guilt and shame, withdrawal, and reconciliation. It appears to be important that all stages be gone through to reach reconciliation and acceptance.

Kennedy (1970) designed a study to look for behavioral evidence of the grief process stages in mothers of defective babies. He trained interviewers to visit 17 mothers three times in the three months after the birth of their babies who represented a broad range of birth defects. Behavioral data were recorded after the visit, and numbers and types of behaviors were noted. Protest behavior and despair were evident in the first phase, despair and withdrawal in the second, and acceptance of child in the third. This study supports the necessity for the mother to complete the grief process before she can accept her defective child.

In another case review study at the Children's Service of the Menninger Clinic, Mandelbaum and Wheeler (1960) found a denial of reality and an unrealistic hope of change in many

parents. They also found that the parents tended to suppress and deny their own pain and other feelings of rejection and anger. Parents often were caught in conflicting emotions of rejection and guilt, hope and despair, blame and shame.

Stone and Parnicky (1966) in a study of 103 families with young mongoloid children found some differences among families who place their children in institutional care and those who keep them. Those who placed their children tended to be unable to keep them without adverse effects on the marriage and family and to be unable to accept the child. Those who kept the child were accepting of the child and had positive marital and family relationships.

A study of 10 mothers and their Down's syndrome babies and 10 mothers and their normal babies was conducted by Buckhalt, Rutherford, and Goldberg (1978). They found that the mothers did not differ significantly in either verbal or nonverbal interaction with their babies.

Jillings, Adamson, and Russell (1976) gave Roth's Mother-Child Relationship Evaluation to 56 mothers of autistic, mongoloid, or learning disabled children. They found no significant differences among these mothers which supports Baum (1962) and Kennedy (1970) who believed the type of handicap is not as important as the fact of the handicap is to the mother-child relationship.

In several largely anecdotal, case review, or observational studies, researchers attempted to determine parental attitudes toward their defective children. Overall, most found evidence of negative attitudes in these parents regardless of type of handicap, at least early in the child's life. However, the possibility seemed to exist for parents to come to love and accept their defective children.

Summary Statement

Studies of marital satisfaction among parents of handicapped children have been few and inconclusive. Many of these studies have lacked a reliable instrument and their methodology was questionable. Likewise, studies of parental attitudes toward defective children suffered severe methodological problems. However, there did seem to be some agreement that most parents experienced some negative feelings, at least for a while. Still, none of these studies was generalizable or conclusive.

It was hypothesized that the mothers of autistic and of visually impaired children would both exhibit less marital adjustment and satisfaction and less parental acceptance of their children than would the mothers of normal children. It was also hypothesized that the mothers of autistic and of visually impaired children would not differ on those two factors. Further, it was hypothesized that for all mothers

marital satisfaction and parental acceptance would be positively related.

Chapter II

Method

Subjects

In this study, there were 15 mothers of autistic children, 15 mothers of visually impaired children, and 15 mothers of normal children. Each woman was married and the biological mother of her child. The mothers of handicapped children were volunteers whose children attend one of two day schools: The Autistic Treatment Center of Richardson, and Dallas Services for Visually Impaired Children. The 15 mothers of normal children, selected from school and church groups in the Dallas area, were also volunteers. All subjects were assured of complete anonymity and confidentiality.

Instruments

The Locke-Wallace Short Marital Adjustment Test was used to measure the dependent variable, the marital adjustment levels of the subjects. The Locke-Wallace Test is a 15-item, self-rating, multiple-choice test which is completed entirely by the subject.

The responses to the questionnaire are weighted to distinguish low to high marital satisfaction. The weighted responses then yielded a single total score which ranged from two (low satisfaction) to 158 (high satisfaction).

This test has been found to have a split-half reliability of .90 when given to only one member of the marital dyad (Locke & Wallace, 1959; Straus, 1969). Its validity was established by comparing the scores of the subjects taking this test with other data gathered from outside sources on the state of the subjects' marriages. The mean scores of the maritally well-adjusted (as established by the outside sources) and of the maladjusted were significantly different (Locke & Wallace, 1959); however, the authors did not state their level of significance. Luckey (1964) found a significant correlation between the Terman Self-rating Happiness Scale, the PARI Marital Conflict Scale, and the Locke-Wallace, and assumed that all three were valid tests of marital satisfaction.

The Porter Parental Acceptance Scale was used to measure the second dependent variable, the mothers' acceptance of their children. The Porter Scale is a 40-item, self-rating, multiple-choice test which is completed entirely by the subject. The responses to each item are weighted from one (low acceptance) to five (high acceptance). A total score is obtained by adding the weights of each item chosen by the subject.

This test was found to have a split-half reliability of

0.865 (Porter, 1954). Validity was established by subjecting items to judges' ratings as outside criteria were unavailable for comparison. A second study (Hawkes, Burchinal, Gardner, & Porter, 1956) established a split-half reliability of 0.800 in a more representative and larger sample. A high degree of internal consistency on all scale items, but one, at a .001 level of significance was found in another study (Burchinal, Hawkes, & Gardner, 1957).

Procedure

Each mother was seen individually by the investigator and asked if she was willing to help in this study. She was told that the first questions were general data about her, such as age, education, years of marriage, age of husband. Furthermore, she was told that the rest of the questions were designed to determine her marital satisfaction and her attitude toward her child. The Parental Acceptance Scale was to have been answered with only one child in mind at all times. Mothers of handicapped children had to answer with that child in mind, while mothers of more than one child had to indicate of which child they were thinking. The mothers were told that all items on the questionnaires were to be answered.

They were each assured of the complete confidentiality and anonymity of their answers as their names were not on the

questionnaire, only an indication of whether the child was autistic, visually impaired, or normal. Finally, they were asked to sign the consent forms which indicated that they understood what was expected of them and agreed to participate knowing they could withdraw at any time and remove themselves and their answers from the study.

After signing the consent form, each subject was asked to fill out an information sheet with demographic data, such as her age, her age at marriage, years married, educational level, age of child, and age of husband. At the same time, she was asked to complete the Locke-Wallace Short Marital Adjustment Test and the Porter Parental Acceptance Scale.

The Locke-Wallace was scored using the weighted scoring system (Locke & Wallace, 1959). Likewise, Porter's scoring criteria (as supplied by the author) were used for the Parental Acceptance Scale. Each test yielded a single numerical score which could be subjected to statistical analysis.

Statistical Hypothesis

It was hypothesized that:

1. Mothers of autistic and of visually impaired children would score significantly lower on the Marital Adjustment Test than would mothers of normal children.
2. Mothers of autistic and of visually im-

paired children would score significantly lower on the Parental Acceptance Scale than would mothers of normal children.

3. There would be no significant differences between the scores of mothers of autistic children and those of mothers of visually impaired children on either test.
4. The two tests would be found to be positively correlated across all three groups.

Statistical Analysis

Since each test yielded a single numerical score for each subject, a randomized design, one-way analysis of variance (ANOVA) was performed on the Marital Adjustment Test scores of the subjects in all three groups to determine if any significant differences existed among the groups. Likewise, a randomized design, one-way ANOVA was performed on the Parental Acceptance Scale scores of all three groups. The level of significance was set at .01 for each ANOVA.

Further, a multivariate analysis of variance (MANOVA) was to be done on the scores of both tests from all three groups to see if differences existed when the dependent variables were analyzed together. Again, a level of significance of .01 was to be used. A level of .01 was judged to be sufficiently low to negate what little pyramiding effect that

might occur from doing two ANOVA's and a MANOVA.

A Newman-Keuls post hoc comparison test was to be performed on any significant results from the ANOVA's or the MANOVA to determine where the significant differences lay. A level of significance of .05 was to be accepted on the Newman-Keuls.

To determine if a positive relationship existed between the two tests for all subjects, a Pearson's Product-Movement Correlation was used on all scores from both tests.

Chapter III

Results

In this investigation, the Locke-Wallace Marital Adjustment Test and the Porter Parental Acceptance Scale were each given to 15 mothers of autistic children, 15 mothers of visually impaired children, and 15 mothers of normal children. Each mother also reported her own age, her child's age, her husband's age, the length of her marriage, and her educational level.

There were four main statistical hypotheses. First, it was hypothesized that mothers of autistic and of visually impaired children would score significantly lower on the Marital Adjustment Test than would mothers of normal children. An ANOVA on the test scores resulted in no significant differences at the .01 level, as shown in Table 1; so the hypothesis was rejected.

Second, it was hypothesized that mothers of autistic and of visually impaired children would score significantly lower on the Parental Acceptance Scale. An ANOVA on the test scores resulted in no significant differences at the .01 level, as shown in Table 2; so the hypothesis was rejected.

Table 1
Analysis of Variance of Mothers' Scores
on the Marital Adjustment Test

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Main effect	526.93	2	263.47	0.46*
Within	23845.80	42	567.76	
Total	24372.73	44	553.93	

* $p = 0.632$

Table 2
Analysis of Variance of Mothers' Scores
on the Parental Acceptance Scale

Source	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Main effect	200.31	2	100.16	0.61*
Within	6890.23	42	164.05	
Total	7090.55	44	161.15	

* $p = 0.548$

Because no significant differences were found by the two ANOVA's, the planned MANOVA and Newman-Keuls were deemed unnecessary, and so were not performed.

Third, it was hypothesized that there would be no sig-

nificant differences between mothers of autistic children and mothers of visually impaired children on either the Marital Adjustment Test or the Parental Acceptance Scale. As seen in Table 1 and Table 2, the ANOVA's showed this to be true; the hypothesis was accepted.

Fourth, it was hypothesized that the two tests would be found to be positively correlated across all three groups taken together. A Pearson's Product-Movement Correlation showed some positive correlation, but at an insignificant level of 0.124. The hypothesis was rejected.

The demographic data sheet of ages, years of marriage, and ages at marriage produced the means found in Table 3.

Table 3
Means of Demographic Data for all Groups

	Autistic	Visually Impaired	Normal
<hr/>			
Mothers			
Present age	39.1	29.5	33.7
Length of Marriage	16.9	8.7	11.8
Age at first Marriage	20.1	20.8	21.9
Fathers			
Present age	40.6	32.5	36.1
Children			
Present age	9.8	4.9	7.7

All mothers, except for three second marriages, had been married only once. All had a high school education; and 10, or more, in each group had at least a bachelor's degree.

The results of the giving the Locke-Wallace Marital Adjustment Test and the Porter Parental Acceptance Scale to mothers of autistic, of visually impaired, and of normal children revealed no significant statistical differences among the three groups on either test. Also, the two tests were not found to be significantly correlated. Lastly, the demographic data revealed the mean ages of the children, the mean ages of the parents, and the mean length of marriage to vary widely across the groups. However, the age of the mothers at marriage, the number of marriages, and the mother's level of education were found to be very similar.

Chapter IV

Discussion

This study proposed to test four hypotheses about the marriages and parenting of mothers of autistic, of visually impaired, and of normal children. To accomplish this aim, these mothers were given two tests: the Locke-Wallace Marital Adjustment Test and the Porter Parental Acceptance Scale. They each supplied data on their ages, their children's ages, their husbands' ages, their education, and their length of marriage.

The results of the statistical analysis of the test scores for the Marital Adjustment Test revealed that the marriages of no one group were happier or unhappier, or more or less well-adjusted than those of either other group. These mothers of normal children were no more, or less, satisfied in their marriages than were the mothers of autistic or of visually impaired children.

Similarly, analysis of the test scores of the Parental Acceptance Scale indicated that no one group was more accepting of their children than those of either other group. These mothers of normal children had no better relationship with their children than did mothers of autistic or visually impaired children.

As hypothesized, the mothers of autistic and of visually impaired children did not differ much from each other on the two tests. They also did not differ much from the mothers of normal children.

In addition, the two tests did not prove to be related to one another. A happy marriage did not appear to coincide with an accepting relationship with their children in most cases. Likewise, an unhappy marriage did not go along with an unaccepting parent-child relationship, at least not for the mothers in this study.

While the average ages of the marriage partners and the length of their marriages differed by several years from group to group, these two factors did not seem to affect the results of the Marital Adjustment Test. It appeared that for these people, age and length of marriage had no effect on marital happiness, contrary to the findings of others who did see such an effect (Rollins & Feldman, 1970).

Since age at marriage and level of education were very similar for all groups, these variables might have contributed to the lack of differences among groups on the Marital Adjustment Test. However, this might only be coincidental and unrelated, although age at marriage has previously been found to be related to marital stability (Bumpass & Sweet, 1972). More research is needed to determine if these

factors have an effect on marriage.

The scores of the three groups on the Parental Acceptance Scale were not so very different from one another, even though the average ages of the children in the three groups did vary considerably. It would appear that, in this study, parental acceptance was not related to the child's age.

The results of this investigation cannot be generalized because of the limited nature of the study, its lack of randomization, and its small number of subjects. The lack of significant results might be attributed in part to these three factors, especially the small number of subjects.

Further, the instruments used might not have measured what they were intended to measure. The Locke-Wallace is 30-years old and unchanged. Some of its items and scoring weights might be outdated due to recent changes in the structure of marriages in our society. Also, the "right" answer appeared obvious in many cases which could foster socially desirable responses.

The Parental Acceptance Scale is as old as the Locke-Wallace, but its items seemed to hold up better. However, some of its items appeared to present problems to mothers of some autistic or very young children. Items which required a child to be verbal or to act independently were a real stumbling block to those mothers whose children were

neither verbal nor independent.

Finally, this study has shown no discernable differences among mothers of autistic, of visually impaired, and of normal children in either marital satisfaction or acceptance of their children. All three groups were also found to be similar in age of the mother at marriage and her level of education. The two questionnaires were not found to be related, or interdependent. Unfortunately, this study cannot be generalized, but perhaps it will contribute in some way to the body of available research on marital happiness and parenting. It is recommended that future studies use more subjects and better instruments.

Chapter V

Summary

Over the years, various studies have dealt with marital satisfaction and the varying factors affecting it. Likewise, parent-child relationships have been investigated by several researchers. In all, these many studies produced conflicting and inconclusive results. This study proposed to determine what relationship having a handicapped child might have to marital happiness and to the parent-child relationship.

The subjects were all volunteers: 15 mothers of autistic children from the Autistic Treatment Center of Richardson, 15 mothers of visually impaired children from Dallas Services for Visually Impaired Children, and 15 mothers of normal children from school and church groups in the Dallas area. They were all promised anonymity and confidentiality and were permitted to withdraw at any time from the study.

Each subject filled out a demographic sheet which asked her age, her age at marriage, her child's age, her husband's age, her length of marriage, and her educational level. Each one also completed two questionnaires: the Locke-Wallace Marital Adjustment Test and the Porter Parental Acceptance Scale.

The Marital Adjustment Test is an instrument which measured the marital satisfaction of the subject. It was found to have a split-half reliability of .90 and to be a valid measure of marital happiness by Locke and Wallace (1959). It is a short, 15-item, multiple-choice test with a weighted scoring system with a range from two (low satisfaction) to 158 (high satisfaction).

The Parental Acceptance Scale measured the parent's acceptance of her child. It was found to have a split-half reliability of .865 and to be a valid measurement of parental acceptance by Porter (1954). It is a 40-item, multiple-choice test with a weighted scoring system with a range from 40 (low acceptance) to 200 (high acceptance).

Four hypotheses were proposed: (1) that mothers of autistic and of visually impaired children would score lower on the Marital Adjustment Test than would mothers of normal children; (2) that mothers of autistic and of visually impaired children would score lower on the Parental Acceptance Scale than would mothers of normal children; (3) that mothers of autistic children and of visually impaired children would not differ significantly on either test; and (4) that the two tests would be positively correlated across all groups.

An ANOVA was performed on the scores from the Marital

Adjustment Test to find any differences among the three groups. It did not determine any differences among the groups at the .01 level of significance, so the first hypothesis was not accepted. This indicated that no group was happier, or more satisfied, than either of the other groups in their marriages.

A second ANOVA was performed on the scores from the Parental Acceptance Scale to find any differences among the groups. Again, no differences were found among the groups at the .01 level of significance, so the second hypothesis was rejected. No group appeared to be more accepting of their children than either of the other groups.

The third hypothesis was accepted. There were no significant differences on either test between mothers of autistic and of visually impaired children.

A Pearson's Product-Movement Correlation failed to support the fourth hypothesis that the two tests would be positively related to a significant degree. Thus, a happy marriage is not necessarily related to the accepting parent-child relationship.

Demographic Data revealed a wide variance in the mean ages of the parents and the children in each group and in the mean length of marriage for each group. Despite these dif-

ferences in these factors, they evidently had no effect on the groups' marital adjustment and parental acceptance which did not show any real differences.

All but three mothers were in their first marriage; most were college educated; and each group's mean age at mother's first marriage was within a year of age 21. These three characteristics may have been, in some way, related to the lack of differences among the test scores; but it would take additional research to support the supposition.

Overall, in this study, it appeared that the mothers of handicapped children were not adversely affected by their children's handicaps in either their marital happiness or in their acceptance of their children. While this study contributes some new material to the body of research now available, it has several weaknesses. Chief among these is its lack of generalizability because the number of subjects was small, the subjects were not chosen at random, and the geographic area represented is limited.

In addition, questions have arisen regarding the reliability and validity of the instruments. The Marital Adjustment Test may be outdated since the structure of marriage has changed in the last three decades. The subject can also determine which are the "right" answers and make her responses accordingly. As for the Parental Acceptance Scale, it is of

concern when applied to very young or non-verbal children. Therefore, much care should be taken by future researchers to develop or to choose better instruments and to utilize randomized subjects in greater numbers from a wider geographic area.

Appendices

Porter Parental Acceptance Scale

Many parents say that their feelings of affection toward or for their child varies with his behavior and with circumstances. Will you please read each item carefully and place a check in the column which most nearly describes the degree of feeling of affection which you have for your child in that situation? Choose only one child to think of when answering all the questions.

Degree of Feeling of Affection					
Check One Column for Each Item Below	Much more than usual	Little more than usual	The same	Little less than usual	Much less than usual
1. When he is obedient					
2. When he is with me					
3. When he misbehaves in front of special guests					
4. When he expresses unsolicited affection. "You're the nicest mommy (daddy) in the whole world."					
5. When he is away from me					
6. When he shows off in public					

7. When he behaves according to my highest expectations.					
8. When he expresses angry and hateful things to me					
9. When he does things I have hoped he would not do					
10. When we are doing things together					

Listed below are several statements describing things which children do and say. Following each statement are five responses which suggest ways of feeling or courses of action. Read each statement carefully and then place a circle around the letter in front of the one response which most nearly describes the feeling you usually have or the course of action you most generally take when your child says or does these things.

It is possible that you may find a few statements which describe a type of behavior which you have not yet experienced with your child. In such cases, mark the response which most nearly describes how you think you would feel or what you think you would do. Be sure that you answer every statement and mark only one response for each statement.

11. When my child is shouting and dancing with excitement at a time when I want peace and quiet, it:

- a. Makes me feel annoyed
 - b. Makes me want to know more about what excites him
 - c. Makes me feel like punishing him
 - d. Makes me feel that I will be glad when he is past this stage
 - e. Makes me feel like telling him to stop
12. When my child misbehaves while others in the group he is with are behaving well, I:
- a. See to it that he behaves as the others
 - b. Tell him it is important to behave well when he is in a group
 - c. Let him alone if he isn't disturbing the others too much
 - d. Ask him to tell me what he would like to do
 - e. Help him find some activity that he can enjoy and at the same time not disturb the group
13. When my child is unable to do something which I think is important for him, it:
- a. Makes me want to help him find success in the things he can do
 - b. Makes me feel disappointed in him
 - c. Makes me wish he could do it
 - d. Makes me realize that he can't do everything
 - e. Makes me want to know more about the things he can do

14. When my child seems to be more fond of someone else (teacher, friend, relative) than me, it:
 - a. Makes me realize that he is growing up
 - b. Pleases me to see his interest widening to other people
 - c. Makes me feel resentful
 - d. Makes me feel that he doesn't appreciate what I have done for him
 - e. Makes me wish he liked me more
15. When my child is faced with two or more choices and has to choose only one, I:
 - a. Tell him which choice to make and why
 - b. Think it through with him
 - c. Point out the advantages and disadvantages of each, but let him decide for himself
 - d. Tell him that I am sure he can make a wise choice and help him foresee the consequences
 - e. Make the decision for him
16. When my child makes decisions without consulting me, I:
 - a. Punish him for not consulting me
 - b. Encourage him to make his own decisions if he can foresee the consequences
 - c. Allow him to make many of his own decisions
 - d. Suggest that we talk it over before he makes his decision

- e. Tell him he must consult me first before making a decision
17. When my child kicks, hits or knocks his things about, it:
- a. Makes me feel like telling him to stop
 - b. Makes me feel like punishing him
 - c. Pleases me that he feels free to express himself
 - d. Makes me feel that I will be glad when he is past this stage
 - e. Makes me feel annoyed
18. When my child is not interested in some of the usual activities of his age group, it:
- a. Makes me realize that each child is different
 - b. Makes me wish he were interested in the same activities
 - c. Makes me feel disappointed in him
 - d. Makes me want to know more about the activities in which he is interested
 - e. Makes me want to help him find ways to make the most of his interests
19. When my child acts silly and giggly, I:
- a. Tell him I know how he feels
 - b. Pay no attention to him
 - c. Tell him that he shouldn't act that way
 - d. Make him quit
 - e. Tell him it is all right to feel that way, but help

him find other ways of expressing himself

20. When my child prefers to do things with his friends rather than with his family, I
 - a. Encourage him to do things with his friends
 - b. Accept this as part of growing up
 - c. Plan special activities so that he will want to be with his family
 - d. Try to minimize his association with his friends
 - e. Make him stay with his family
21. When my child disagrees with me about something which I think is important, it:
 - a. Makes me feel like punishing him
 - b. Pleases me that he feels free to express himself
 - c. Makes me feel like persuading him that I am right
 - d. Makes me realize he has ideas of his own
 - e. Makes me feel annoyed
22. When my child misbehaves while others in the group he is with are behaving well, it:
 - a. Makes me realize that he does not always behave as others in his group
 - b. Makes me feel embarrassed
 - c. Makes me want to help him find the best ways to express his feelings
 - d. Makes me wish he would behave like the others
 - e. Makes me want to know more about his feelings

23. When my child is shouting and dancing with excitement at a time when I want peace and quiet, I:
- a. Give him something quiet to do
 - b. Tell him that I wish he would stop
 - c. Make him be quiet
 - d. Let him tell me about what excites him
 - e. Send him somewhere else
24. When my child seems to be more fond of someone else (teacher, friend, relative) than me, I:
- a. Try to minimize his association with that person
 - b. Let him have such associations when I think he is ready for them
 - c. Do some special things for him to remind him of how nice I am
 - d. Point out the weaknesses and faults of that other person
 - e. Encourage him to create and maintain such associations
25. When my child says angry and hateful things about me to my face, it:
- a. Makes me feel annoyed
 - b. Makes me feel that I will be glad when he is past this stage
 - c. Pleases me that he feels free to express himself
 - d. Makes me feel like punishing him

- e. Makes me feel like telling him not to talk that way to me
26. When my child shows a deep interest in something I don't think is important, it:
- a. Makes me realize he has interests of his own
 - b. Makes me want to help him find ways to make the most of this interest
 - c. Makes me feel disappointed in him
 - d. Makes me want to know more about his interests
 - e. Makes me wish he were more interested in the things I think are important for him
27. When my child is unable to do some things as well as others in his group, I:
- a. Tell him he must try to do as well as the others
 - b. Encourage him to keep trying
 - c. Tell him that no one can do everything well
 - d. Call his attention to the things he does well
 - e. Help him to make the most of the activities which he can do
28. When my child wants to do something which I am sure will lead to disappointment for him, I:
- a. Occasionally let him carry such an activity to its conclusion
 - b. Don't let him do it
 - c. Advise him not to do it

- d. Help him in order to ease the disappointment
 - e. Point out what is likely to happen
29. When my child acts silly and giggly, it:
- a. Makes me feel that I will be glad when he is past this stage
 - b. Pleases me that he feels free to express himself
 - c. Makes me feel like punishing him
 - d. Makes me feel like telling him to stop
 - e. Makes me feel annoyed
30. When my child is faced with two or more choices and has to choose only one, it:
- a. Makes me feel that I should tell him which choice to make and why
 - b. Makes me feel that I should point out the advantages and disadvantages
 - c. Makes me hope that I have prepared him to choose wisely
 - d. Makes me want to encourage him to make his own choice
 - e. Makes me want to make the decision for him
31. When my child is unable to do something which I think is important for him, I:
- a. Tell him he must do better
 - b. Help him make the most of the things which he can do
 - c. Ask him to tell me more about the things which he

can do

- d. Tell him that no one can do everything
 - e. Encourage him to keep trying
32. When my child disagrees with me about something which I think is important, I:
- a. Tell him he shouldn't disagree with me
 - b. Make him quit
 - c. Listen to his side of the problem and change my mind if I am wrong
 - d. Tell him maybe we can do it his way another time
 - e. Explain that I am doing what is best for him
33. When my child is unable to do some things as well as others in his group, it:
- a. Makes me realize that he can't be best in everything
 - b. Makes me wish he could do as well
 - c. Makes me feel embarrassed
 - d. Makes me want to help him find success in the things he can do
 - e. Makes me want to know more about the things he can do well
34. When my child makes decisions without consulting me, it:
- a. Makes me hope that I have prepared him adequately to make his decisions
 - b. Makes me wish he would consult me
 - c. Makes me feel disturbed

- d. Makes me want to restrict his freedom
 - e. Pleases me to see that as he grows he needs me less
35. When my child says angry and hateful things about me to my face, I:
- a. Tell him it's all right to feel that way, but help him find other ways of expressing himself
 - b. Tell him I know how he feels
 - c. Pay no attention to him
 - d. Tell him he shouldn't say such things to me
 - e. Make him quit
36. When my child kicks, hits and knocks his things about, I:
- a. Make him quit
 - b. Tell him it is all right to feel that way, but help him find other ways of expressing himself
 - c. Tell him he shouldn't do such things
 - d. Tell him I know how he feels
 - e. Pay no attention to him
37. When my child prefers to do things with his friends rather than with his family, it:
- a. Makes me wish he would spend more time with us
 - b. Makes me feel resentful
 - c. Pleases me to see his interests widening to other people
 - d. Makes me feel he doesn't appreciate us

- e. Makes me realize that he is growing up
38. When my child wants to do something which I am sure will lead to disappointment for him, it:
- a. Makes me hope that I have prepared him to meet disappointment
 - b. Makes me wish he didn't have to meet unpleasant experiences
 - c. Makes me want to keep him from doing it
 - d. Makes me realize that occasionally such an experience will be good for him
 - e. Makes me want to postpone these experiences
39. When my child is not interested in some of the usual activities of his age group, I:
- a. Try to help him realize that it is important to be interested in the same things as others in his group
 - b. Call his attention to the activities in which he is interested
 - c. Tell him it is all right if he isn't interested in the same things
 - d. See to it that he does the same things as others in his group
 - e. Help him to find ways of making the most of his interests

40. When my child shows a deep interest in something I don't think is important, I:
- a. Let him go ahead with his interest
 - b. Ask him to tell me more about this interest
 - c. Help him find ways to make the most of this interest
 - d. Do everything I can to discourage his interest in it
 - e. Try to interest him in more worthwhile things

College of Family Living
Blaine R. Porter, Dean



Brigham Young University

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June 22, 1979

Ms. Geraldine Pritchard
1131 Fair Oaks Drive
Irving, TX 75060

Dear Ms. Pritchard:

I am pleased to learn of your interest in the PORTER PARENTAL ACCEPTANCE SCALE. As you requested, I am sending a copy of the Scale; I am also sending a copy of the Instructions for Administering it and a Scoring Key. Additional copies may be purchased at \$.20 each, or if it is more convenient, you may reproduce the Scale.

I hereby grant you permission to use the Scale in your thesis asking only that you acknowledge the source of the instrument. Also, I would like very much to have you send me a copy of the results of your study.

Please accept my best wishes for success in your research.

Sincerely,


Blaine R. Porter

BRP:tch

Enclosures (2)

TEXAS WOMAN'S UNIVERSITY
Box 23717 TWU Station
Denton, Texas 76204

HUMAN SUBJECTS REVIEW COMMITTEE

51

Name of Investigator: Geraldine Pritchard Center: Denton

Address: 1131 Fair Oaks Dr. Date: October 2, 1980
Irving, TX 75060

Dear Geraldine Pritchard

Your study entitled Marital Adjustment and Child Acceptance Among Mothers of Autistic, Visually Impaired, and Normal Children

has been reviewed by a committee of the Human Subjects Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education, and Welfare regulations typically require that signatures indicating informed consent be obtained from all human subjects in your studies. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. Furthermore, according to DHEW regulations, another review by the Committee is required if your project changes.

Any special provisions pertaining to your study are noted below:

X Add to informed consent form: No medical service or compensation is provided to subjects by the University as a result of injury from participation in research.

 Add to informed consent form: I UNDERSTAND THAT THE RETURN OF MY QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH.

 The filing of signatures of subjects with the Human Subjects Review Committee is not required.

 Other:

 No special provisions apply.

cc: Graduate School
Project Director
Director of School or
Chairman of Department

Sincerely,

Marilyn Hinson

Chairman, Human Subjects
Review Committee

at Denton

TEXAS WOMAN'S UNIVERSITY

DENTON, TEXAS 76204

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THE GRADUATE SCHOOL

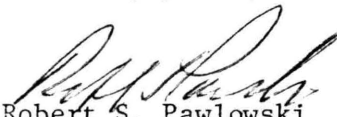
October 8, 1980

Mrs. Geraldine Pritchard
1131 Fair Oaks Dr.
Irving, Texas 75060

Dear Mrs. Pritchard:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,


Robert S. Pawlowski
Provost

RP:d1

cc Dr. James Laney
Dr. Virginia Jolly
Graduate Office

References

- Baum, M. H. Some dynamic factors affecting family adjustment to the handicapped child. Exceptional Children, 1962, 28, 387-392.
- Bossard, J. H. S., & Boll, E. S. Marital unhappiness in the life cycle. Marriage and Family Living, 1955, 17, 10-15.
- Buckhalt, J. A., Rutherford, R. B., & Goldberg, K. E. Verbal and nonverbal interaction of mothers with their Down's syndrome and nonretarded infants. American Journal of Mental Deficiency, 1978, 82, 337-343.
- Bumpass, L. L., & Sweet, J. A. Differentials in marital instability: 1970. American Sociological Review, 1972, 37, 754-766.
- Burchinal, L. G., Hawkes, G. K., & Gardner, D. The relationship between parental acceptance and adjustment in children. Child Development, 1957, 28, 65-78.
- Burr, W. R. Satisfaction with various aspects of marriage over the life cycle: A random middle class sample. Journal of Marriage and the Family, 1970, 32, 29-37.
- Dow, T. E., Jr. Family reaction to crisis. Journal of Marriage and the Family, 1965, 27, 363-366.
- Dunlap, W. R., & Hollinsworth, J. S. How does a handicapped

- child effect the family? Implications for practitioners. The Family Coordinator, 1977, 26, 286-293.
- Figley, C. R. Child density and the marital relationship. Journal of Marriage and the Family, 1973, 35, 272-282.
- Fowle, C. M. The effect of the severely mentally retarded child on his family. American Journal of Mental Deficiency, 1968, 73, 468-473.
- Freeston, B. M. An inquiry into the effect of a spina bifida child upon family life. Developmental Medicine and Child Neurology, 1971, 13, 456-461.
- Gath, A. The impact of an abnormal child upon the parents. British Journal of Psychiatry, 1977, 130, 405-410.
- Gordeuk, A. Motherhood and a less than perfect child: A literary review. Maternal-Child Nursing Journal, 1976, 5, 57-68.
- Hare, E. H., Laurence, K. M., Payne, H., & Rawnsley, K. Spina bifida cystica and family stress. British Medical Journal, 1966, 2, 757-760.
- Hawkes, G. R., Burchinal, L. G., Gardiner, B., & Porter, B. M. Parents' acceptance of their children. Journal of Home Economics, 1956, 48, 195-200.
- Hicks, M. W., & Platt, M. Marital happiness and stability: A review of the research in the sixties. Journal of Marriage and the Family, 1970, 32, 553-574.

- Hobbs, D. F., Jr. Parenthood as crisis: A third study. Journal of Marriage and the Family, 1965, 27, 367-372.
- Hobbs, D. F., Jr. Transition to parenthood: A replication and an extension. Journal of Marriage and the Family, 1968, 30, 413-417.
- Humphrey, M. The effect of children upon the marriage relationship. British Journal of Medical Psychology, 1975, 48, 273-277.
- Hurley, J. R., & Palonen, D. F. Marital satisfaction and child density among university student parents. Journal of Marriage and the Family, 1967, 29, 483-484.
- Jillings, C. R., Adamson, C. A., & Russell, T. An application of Roth's Mother-Child Evaluation to some mothers of handicapped children. Psychological Reports, 1976, 38, 807-810.
- Kennedy, J. F. Maternal reactions to the birth of a defective baby. Social Casework, 1970, 51, 410-416.
- Kolin, I. S., Scherzer, A. L., New, B., & Garfield, M. Studies of the school-age child with meningomyelocele: Social and emotional adaptation. Journal of Pediatrics, 1971, 71, 1013-1019.
- Locke, H. J., & Wallace, K. M. Short marital-adjustment and prediction tests: Their reliability and validity. Marriage and Family Living, 1959, 21, 251-255.

- Locke, H. J., & Williamson, R. C. Marital adjustment: A factor analysis study. American Sociological Review, 1958, 23, 562-569.
- Luckey, E. B. Marital satisfaction and its association with congruence of perception. Marriage and Family Living, 1960, 22, 49-54.
- Luckey, E. B. Measures of marital satisfaction: A correlation study of three instruments. Journal of Home Economics, 1964, 56, 593-598.
- Luckey, E. B. Number of years married as related to personality perception and marital satisfaction. Journal of Marriage and the Family, 1966, 28, 44-48.
- Luckey, E. B., & Bain, J. K. Children: A factor in marital satisfaction. Journal of Marriage and the Family, 1970, 32, 43-44.
- Mandelbaum, A., & Wheeler, M. E. The meaning of a defective child to parents. Social Casework, 1960, 41, 360-367.
- Martin, H. P. Parental response to handicapped children. Developmental Medicine and Child Neurology, 1975, 17, 251-252.
- Martin, P. Marital breakdown in families of patients with spina bifida cystica. Developmental Medicine and Child Neurology, 1975, 17, 757-764.
- Miller, B. C. Child density, marital satisfaction, and conventionalization: A research note. Journal of

- Marriage and the Family, 1975, 37, 345-347.
- Miller, B. C. A multivariate developmental model of marital satisfaction. Journal of Marriage and the Family, 1976, 38, 643-657.
- Paris, B. L., & Luckey, E. B. A longitudinal study in marital satisfaction. Sociology and Social Research, 1966, 50, 212-222.
- Porter, B. M. Measurement of parental acceptance of children. Journal of Home Economics, 1954, 46, 176-182.
- Renee, K. S. Correlates of dissatisfaction in marriage. Journal of Marriage and the Family, 1970, 32, 54-66.
- Richards, I. D. G., & McIntosh, H. T. Spina Bifida survivors and their parents: A study of problems and services. Developmental Medicine and Child Neurology, 1973, 15, 292-304.
- Richmond, J. B. The family and the handicapped child. Clinical Proceedings, Children's Hospital National Medical Center, 1973, 29, 156-164.
- Rollins, B. C., & Feldman, H. Marital satisfaction over the family life cycle. Journal of Marriage and the Family, 1970, 32, 20-28.
- Ryder, R. G. Longitudinal data relating marriage satisfaction and having a child. Journal of Marriage and the Family, 1973, 35, 604-606.

- Scheimo, S. L. Problems in helping parents of defective and handicapped children. American Journal of Mental Deficiency, 1951, 56, 42-47.
- Schonell, F. J., & Watts, B. H. A first survey of the effects of a subnormal child on the family unit. American Journal of Mental Deficiency, 1956, 61, 210-219.
- Spanier, G. B. Romanticism and marital adjustment. Journal of Marriage and the Family, 1972, 34, 481-487.
- Stone, N. D. & Parnicky, J. J. Factors in child placement: Parental response to congenital defect. Social Work, 1966, 11, 35-43.
- Straus, M. A. Family Measurement Techniques. Minneapolis: Univeristy of Minnesota Press, 1969.
- Taylor, A. B. Role perception, empathy and marriage adjustment. Sociology and Social Research, 1967, 52, 22-34.
- Terman, L. M. Psychological Factors in Marital Happiness. New York: McGraw-Hill, 1938.
- Tew, B. J., Payne, H., & Laurence, K. M. Must a family with a handicapped child be a handicapped family? Developmental Medicine and Child Neurology, 1974, 16, (Supp. 32), 95-98.
- Thornton, A. Children and marital stability. Journal of Marriage and the Family, 1977, 39, 531-540.

Walker, J. H., Thomas, M., & Russell, I. T. Spina bifida
--and the parents. Developmental Medicine and Child
Neurology, 1971, 13, 462-476.