

PARENTAL COPING STYLES AND THE SCHOOL ADJUSTMENT OF CHILDREN WHO ARE MENTALLY RETARDED

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The birth of a child who is mentally retarded can be a traumatic experience for the family which requires changes and adjustment in many life areas. A number of researchers have stressed the emotional and functional crises that parents of children who are mentally retarded undergo. These crises are often accompanied by numerous personal and social stresses. These stresses include physical and mental health problems, moodiness, demands on time, negative societal attitudes, over protectiveness, dependency, feelings of self sacrifice and reduced personal well being, marital happiness, and social support (Friedrich, *et al.*, 1985; Friedrich and Friedrich, 1981).

These stresses may influence the family climate in general (Beckman, 1983) and shape parent and child interactions in particular (Boldgett, 1971). Investigations of mothers' interactions with a child who is mentally retarded showed these mothers to be more directive, to initiate fewer interactions, and to respond less positively to their children than mothers

of children who are not mentally retarded (Crawley and Spiker, 1983; Cunningham *et al.*, 1981). In a study that compared parent - child interactions of mothers and fathers of a child who was mentally retarded to parent-child interactions of a child who was not mentally retarded, Levy-Shiff (1986) found that the former parents engaged in less verbal sequences, had less physical contact, and expressed less affection than did the latter parents. Differences between mothers' interactions with children who are mentally retarded and mothers' interactions with children who are not mentally retarded have been attributed either to the deterioration of parenting behaviour consequent upon the stress of having a child who is mentally retarded (Shere and Kastenbaum, 1966) or to attempts to cope effectively with the specific problems related to having such a child (Goldberg, 1982). Although much less is known about the interactions of fathers with their children who are mentally retarded, those differences that have been

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found could also be related to either one or both of the above processes.

The quality and quantity of parent-child interactions are not only important aspects of the child's present quality of life but they may also effect the child's future development and adjustment. Research has demonstrated that the emotional development of children who are mentally retarded is dependent more upon the manner in which these children's families respond to them than upon the severity of the retardation (Bentovin, 1972; Crnic *et al.*, 1983). A negative relation has been uncovered between the achievement of children who are mentally retarded and parental punishment and rigidity (Mahoney *et al.*, 1985). Thus, the manner in which parents deal with the stresses of having a child who is mentally retarded may significantly amplify or ameliorate the causes of these stresses.

Not all parents of a child who is mentally retarded experience psychosocial and physical distress. During the last thirty years, theoretical and empirical efforts have been made to uncover the sources of resistance to life's tensions and stresses. One of the fruitful constructs that these efforts have produced is the concept of a coping strategy (Lazarus 1966; Folkman and Lazarus; 1980; Moos and Tsu 1977; Moos and Billings, 1982).

Lazarus (1966) was one of the pioneers in developing this construct. According to Lazarus coping strategies are normative and functional. Individuals develop ways of dealing with stressful situations that may either magnify the problems associated with these

situations, reduce these problems, or even overcome them. Folkman and Lazarus (1980, 1985) developed a scale to measure coping strategies which includes eight factors. These factors have been labeled problem focused coping, wishful thinking, distancing, seeking social support, emphasizing the positive, self blame and tension reduction, and self isolation. In keeping with Folkman and Lazarus' structural taxonomy, these eight factors can be divided into two main categories, problem focused coping and emotion focused coping.

Problem focused coping relates to conduct aimed at the modification or extinction of the tension source and its consequences. This type of coping is characterized by seeking information related to the problem, learning specific methods of dealing with it, and the development of alternate sources of satisfaction when the problem can not be sufficiently changed or reduced. The purpose of this type of coping is to change the external stressful event rather than the person who is experiencing the stress.

Emotion focused coping, on the other hand, regulates the feelings that are aroused by the stressful event with the goal of achieving emotional equilibrium. Emphasizing the positive, self blame, and tension reduction are examples of this coping strategy.

The purpose of the study was to examine whether there is a correlation between the way parents cope with the tensions involved in the day to day struggle with the problem of raising a child with mental retardation and the

development and adjustment of the child. Adjustment was characterized by academic achievement, constructive behaviour and emotional disturbances at school. In addition, the differential correlation between each coping pattern and each kind of school adjustment was investigated. In the past, research on parent-child interactions both in general and in the field of mental retardation neglected the father in favour of mother-child relationships (Belsky, 1979; Lamb, 1981). Recently efforts have been made to redress this oversight. An additional purpose of the research was to investigate whether differences exist between the coping patterns of fathers and mothers and whether these differences are reflected by the adjustment of the child in different areas of school related behaviour. The specific research questions were:

- 1) Are there differences in mothers' and fathers' coping styles?
- 2) Are these two coping styles related to the child's school adjustment?
- 3) Are the relations between the coping styles and the child's school adjustment different for mothers and fathers?

Method

Subjects

Fifty seven parent pairs with a child with mental retardation participated in the study. The children with the mental retardation were attending a school for mildly retarded children located in two large cities in Israel and ranged in age from 9-12. All the families were from a medium to low socio-economic

background and were intact. The parents had eight to fifteen years of education with a mean of 9.8 for fathers and 9.4 for mothers. The average age of the fathers was 39 years with a standard deviation of 7.9 years and the mothers' average age was 37 years with a standard deviation of 6.6 years.

Instruments

Ways of Coping Scale (Folkman and Lazarus, 1980). This scale was used to measure the parents' coping strategies. The scale consists of coping responses to stressful life events and was validated in a number of studies with adults and college students (Folkman and Lazarus, 1980, 1985; Vitaliano *et al.*, 1985). Generally, subjects are asked to fill-out the questionnaire with regard to a specific stressful event. In the present study, parents were requested to use the scale to describe how they deal with their child's mental retardation. The scale was translated into Hebrew by Yacobi (1986) and was found to be reliable and valid. Alpha was higher than .70 for four sub scales, problem focused coping, wishful thinking, seeking social support, and self blame. An alpha between .40 and .70 was obtained for two additional scales, distancing and self isolation. Emphasizing the positive and tension reduction had an Alpha of less than .30. These low reliabilities may be due to the small number of items included on each of these scales.

For the purpose of this study, the six specific emotion focused scales were combined to form one general emotion focused scale. These were wishful

thinking, emotional distancing, emphasizing on the positive, self blame, tension reduction and self isolation. The original problem focused scale was retained as a measure of general problem focused coping. Since it is considered to be a measure of both emotion focused and problem focused coping, seeking social support was excluded from the analysis.

Adaptive Behaviour Scale (ABS). (Nihira *et al.*, 1974). This scale includes 110 items that describe personal and social skills and habits required for daily living. The reliability coefficient Alpha for the total scale was .86. Alpha ranged from .71 to .93 for the various areas of competence.

The translation into Hebrew was carried out by Sophrin (1980) in a study that investigated the impact of physical activity on institutionalized persons with mental retardation. As the present study's purpose was to measure the impact of parents' coping styles on school adjustment, the areas which professionals in the field did not consider related to school adjustment were excluded. Examples of these areas were eating alone, using toilet, appearance, dressing and undressing. The aspects of school adjustment that were measured by the remaining areas were academic achievement, constructive behaviour, and emotional disturbance. An example of a school achievement item from the relevant areas is "Writes or prints his or her name". An example of a constructive behaviour item is "Is able to attend to a goal directed activity". An example of an emotional disturbance item is "appears to lack emotional control".

Procedure

Students who fulfilled the criteria for the study were identified by the principals of the schools. These criteria were being mildly retarded, and being between the age of 9-12. Letters requesting permission to include them in the study, were sent to their parents. Once the signed letters granting permission were received, the parents were contacted by phone and an appointment to interview them was set up. At the meeting which was carried out in the home, the researchers administered the coping questionnaire separately to the mothers and fathers. The teachers of these children filled out the modified Adaptive Behaviour Scale. Out of the 58 families who were contacted only one refused to cooperate.

Results

To examine the relation between mothers' and fathers' coping strategies and the school adjustment of the child with mental retardation, Pearson product moment correlations were calculated between emotion focused coping and problem focused coping and each of the three criteria of school adjustment. The results of these calculations which were carried out separately for mothers and fathers are presented in TABLE I. Due to five mothers and two fathers who failed to fill out questionnaires, these calculations were based on different N's for the fathers and mothers.

The correlations that appear in TABLE I provide an answer to this study's second and third research

TABLE I
Pearson correlations between coping styles of the fathers, mothers, and factors of the child's adjustment.

Adjustment factors	Fathers' EF	Fathers' PF	Mothers' EF	Mothers' PF
School Achievement	r = 0.32 p = 0.01	r = -0.07 p = 0.299	r = 0.18 p = 0.09	r = -0.06 p = 0.32
Constructive Behaviour	r = 0.20 p = 0.08	r = 0.04 p = 0.39	r = 0.13 p = 0.16	r = 0.23 p = 0.04
Emotional Disturbance	r = 0.02 p = 0.45	r = 0.00 p = 0.49	r = 0.13 p = 0.18	r = -0.22 p = 0.05

questions regarding the differential relation between coping strategies and school adjustment. Although, as these correlations indicate, emotion focused coping and problem focused coping are related to different aspects of school adjustment, this differential relation seems to be moderated by parental role. For mothers, the correlations between problem focused coping and constructive behaviour and behaviour disturbance were in the expected direction and statistically significant whereas emotion focused coping did not correlate with any of the criteria of school adjustment. For fathers, only the positive correlation between emotion focussed coping and school achievement was statistically significant.

To answer this study's first research question concerning differences in coping strategy between mothers and fathers, t-tests for dependent samples were carried out on the mothers' and fathers' mean scores for problem focused coping and

emotion focused coping. Due to missing data, these analyses were carried out on fifty parent pairs. These analyses uncovered a statistically significant difference between mothers and fathers only for emotion focused coping, $t = 3.48$, $df = 49$, $p < 0.01$. According to these results, mothers use emotion focused coping ($x = 1.42$, $Sd = 0.3$) more than do fathers ($x = 1.25$, $Sd = 0.3$). No statistically significant difference was found between mothers and fathers for problem focused coping, $t = 1.12$, $df = 49$, $p > 0.05$.

Analyses of variance were carried out to check for possible interactions between behaviour focused coping and emotion focused coping and between parental roles on each of the criteria of school adjustment.

The main effects of these analyses replicated the findings of the correlations. No statistically significant interactions were uncovered for either coping strategies or parental role. Thus, the specific

relations of the mothers' and fathers' coping strategies with the different criteria of school adjustment of the child with mental retardation appears to be independent of each other.

Discussion

This study uncovered specific relations between mothers' and fathers' coping strategies and aspects of the school adjustment of a child who is mentally retarded. Fathers' emotion focused coping was found to be positively and significantly related to their children's school achievement. Thus, those children who teachers evaluated as doing well academically tended to be the children of fathers who reported using wishful thinking, self blame, tension reduction, self isolation, emphasizing the positive, and distancing to deal with their children's mental retardation. Mothers' problem focused coping correlated positively with their children's constructive behaviour and negatively with their children's behaviour disturbance.

Emotion focused coping was associated with school achievement for fathers regardless of the extent to which they used problem focused coping and whether their wives also used this coping strategy. Problem focused coping was associated with constructive behaviour and behaviour disturbances for mothers regardless of the extent to which they used emotion focused coping and regardless of whether their husbands also used this coping strategy.

Although a statistically significant difference was found between mothers'

and fathers' use of the coping strategies, this difference does not seem to be a consequence of the relations between mothers' and fathers' coping strategies and particular aspects of their children's school adjustment. Fathers reported using emotion focused coping less often than did mothers, even though a statistically significant relation was discovered between fathers' emotion focused coping and their children's school achievement.

The specific correlations between mothers' and fathers' coping strategies and aspects of the children's school adjustment can be interpreted in two ways. In keeping with Lazarus and Folkman's normative and functional model of coping with stress (1985), these correlations could represent how mothers' and fathers' use of a coping strategy influences their children's adjustment to the school situation. Since problem focused coping refers to such activities as thinking about problems, planning interventions that include a number of options, adapting the other's point of view, fighting for what one wants and relying on past experience, mothers' active, sensitive, and orderly attempts to deal with their children's mental retardation may have increased their children's constructive behaviour and decreased their children's behavioural disturbance. Since emotion focused coping consists mostly of a variety of avoidance behaviours such as wishing that the situation could somehow vanish or change, by avoiding overinvolvement and maintaining realistic expectations, fathers may have helped their children improve their academic performance.

Fathers, with time, may learn that such coping produces improvement in their children's academic achievement. Therefore, they may increase the frequency with which they use such coping (Hauser and Sellingham, 1991). According to this interpretation, the present investigation provides an operational example of the general claim that the adequate emotional development of a child who is mentally retarded is dependent upon the manner in which the child's family responds to the child (Bentovin, 1972; Crnic *et al.*, 1983). This interpretation is also consistent with the negative correlation that Mahoney *et al.*, (1985) uncovered between children's achievement and parental rigidity and punitiveness.

Since the statistically significant correlations that this study uncovered were derived from two sets of measures made at the same point in time, they could reflect the impact of the children's conduct on the parents' avowed use of the strategies as well as or instead of the influence of the parents' coping on the children's conduct. The highly specific and independent nature of the correlations would be more understandable if they were interpreted as the parents' response to their children's efforts and conduct at school. Fathers and mothers may have been influenced by their children's behaviour independent of each other only in areas which were especially salient for each parental role, fathers in the area of school achievement and mothers in the area of school conduct. This interpretation logically fits the correlation between the fathers' use of emotion

focused coping and the children's school achievement better than it does the correlation between mothers' use of problem focused coping and the children's conduct at school. Fathers who are concerned with school achievement may be able to use wishful thinking and fantasy to deal with their children's mental retardation when their children are doing relatively well at school. If their children are not doing relatively well at school, fathers may not be able to avoid ruminating about their children's condition. In a cross lagged study of the relation between ruminating and quality of life in a sample of persons with cancer, quality of life appeared to impact negatively on the tendency to ruminate on the illness so that persons with low quality of life ruminated more about their illness than did persons with high quality of life (Filipp and Klaner, 1991). The motivation for mothers to respond to their children's good conduct at school with increased problem focused coping is less clear cut. A researchable rationale for the suggestion that children's behaviour at school might produce mothers' problem solving could make use of the construct of hope. The children's good behaviour could encourage their mothers to adopt a rational and pragmatic approach to their children's mental retardation.

A principal advantage of the coping with stress approach to human problems is that it provides a framework for evaluating the effectiveness of the variety of ways individuals adopt to deal with these problems. The present investigation is an example of how this approach could be used to initiate the analysis and

assessment of the effectiveness of the strategies that parents of children who are mentally retarded apply towards solving the problems and relieving the stress associated with having a mentally retarded child. Further research and professional interest in the antecedents and consequences of mothers' and fathers' coping with children who are mentally retarded should adopt a longitudinal methodology that is better able to inform us as to the direction of the relation between parental coping and child behaviour.

Summary

This study examined how mothers and fathers cope with the tensions involved in the day to day struggle of raising a child with mental retardation. Furthermore, it investigated whether the ways in which mothers and fathers cope with these tensions are related to the school adjustment of the child. Two parental coping styles were investigated, problem focused coping and emotion focused coping. Adjustment was defined as academic achievement, constructive behaviour, and emotional disturbances as these were assessed by the child's teacher. Differences were uncovered between the coping strategies of mothers and the coping strategies of fathers. Mother's and father's coping strategies were also found to be differentially related to the criteria for school adjustment.

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