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Joy Severino Lepere

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PARENTAL ATTITUDES TOWARD THEIR MENTALLY
RETARDED CHILDREN

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by

Joy Severino Lepere

A RESEARCH PAPER
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Dr. Gabrielle Kowalski
(Advisor)

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CHAPTER I

INTRODUCTION

One of the most difficult truths for a parent to face is the fact that his child is mentally retarded. In some cases, telltale earmarks may be present at birth, while in other cases, evidence of retardation is vague and almost indiscernible until revealed through the slowness of a child's reactions. Whether the parent learns it early or late, the fact that his child will never mentally grow beyond the bounds of childhood is not easy to accept.

Parents of children with handicaps face a variety of problems beyond the usual ones of child rearing and family living. Not the least of these are encountered in their efforts to develop and maintain desirable foundations for their child's personality as well as to make positive and necessary adjustments in their own personalities. In an ideal situation, parents will be able to secure medical care, education, and other specialized services which the child's condition requires. However, it is the parent who must be the specialist, from the child's standpoint, in the development of a secure, friendly, and supportive environment for personality development in the young handicapped child. If they are to be effective in this

role, parents need not only an understanding of all children and themselves, but also an expanded understanding of the additional problems they will face.

There are all sorts of adjustments made by parents to a handicap in their children. Social and cultural factors profoundly influence the form the adjustment shall take. The ambivalent attitude of American society toward the handicapped child raises serious conflicts for the family. The conflicts set the stage for the arousal of feelings of frustration, anger, and guilt. The birth of a handicapped child places the family in a cultural dilemma and spiritual crisis which determine whether the child and the family will live together in relative peace, happiness, and security or in frustration, anger, and guilt. The cultural dilemma stems from the contradictory values and attitudes with which the culture, or more specifically our American society, invests the handicapped child.¹

Our culture places great emphasis upon the production of highly intelligent children of good physique and appearance. Accordingly, the existence of a handicapped child may have vast psychological impact upon the parents. From the very outset, parents may become frightened and concerned; guilty and anxiety ridden. They worry about the diagnosis,

¹G.H. Zuk, "The Cultural Dilemma and Spiritual Crisis of the Family with a Handicapped Child," Exceptional Children, XXVIII (April, 1962), 405-8.

where to go for treatment, the slowness of progress, the costs of therapy or about any of the hundreds of problems that can arise when they attempt to assist in the treatment or rehabilitation of the child.²

Our society has established certain rules and regulations regarding the relationship between parents and children. It is a deeply held notion that parents should love and protect their children. The strength of this notion varies from family to family. It varies, among other things, with educational background, social status, ethnic and religious origin. Our American society holds strongly to the view that to be a parent is a good thing. But, inconsistently enough, to be a parent of a handicapped child is a bad thing. For our highly competitive, industrialized, materialistic society tends naturally to disapprove of those individuals who will not be able to maintain certain standards set up by society. The family of the handicapped child is faced with a societal ambivalence toward its problem. Awareness of the ambivalence occurs quickly and is painful.³

Parents of retarded children do no more form one homogeneous group than do the children who have subnormal

²J.R.Thurston, "A Procedure for Evaluating Parental Attitudes toward the Handicapped," American Journal of Mental Deficiency, LXIV (January, 1959), 148-155.

³G.H. Zuk, "The Cultural Dilemma and Spiritual Crisis of the Family with a Handicapped Child," Exceptional Children, XXVIII (April, 1962), 405-8.

intelligence. In order to understand the individual parent's reactions and be able to help him it is not enough to know whether his child is mildly or severely defective, whether he is "retarded" or "defective" or whether his condition is "endogenous" or "exogenous". What one also needs to know is what this particular child's specific condition means to this particular parent in his specific situation. The nature and disposition of the individual parents, their educational and cultural, economic and social background, their fundamental philosophy for living-- all of these will help to determine how parents meet this first and basic problem.

An examination of research studies indicates that many investigations in the past devoted more attention to the retarded child than to his parents. Many writings in the field of mental retardation have been based upon the opinions and experiences of the authors rather than upon organized study. Although inter-relationship between child behavior and parental adjustment is commonly recognized today by those whose professions bring them in contact with handicapped child, it is doubtful whether the position of the parent is generally adequately understood. Those who necessarily center most attention upon the child, his needs and progress, usually find it far easier to diagnose his emotional problems as being the result of

infantilization, oversolicitude, rejection, or other parental sins of omission or commission, than to realize the catastrophic nature of the problems which beset his parents. Often insights into the origins of the child's behavior merge unobtrusively into open or implied criticism of his parents. We fail to allow for the fact that these same parents are two individuals no more adequate, mature, or better prepared to meet the trauma of having a handicapped child than is the average member of the population. We often unfortunately tend to relegate the father and mother to the realm of the abstract, where they become lay figure parents only, rather than taking shape as individuals. Once cast in this role as "parents", we expect of them a degree of understanding, patience, and maturity which they have not yet achieved. When they fail adequately to play the roles assigned, our criticism, explicit or implied, often exacerbates the problems of the bewildered father and mother.

Therefore, the need for a study of parental attitudes is useful to those who try to help mothers and fathers of retarded children gain a better understanding of their children's mental deficit and its implications.

CHAPTER II

REVIEW OF RESEARCH

Parental Attitudes

Mental deficiency is not a simple disease process that runs its course toward recovery. It is best viewed by professionals as a syndrome of diverse etiology; for parents it becomes a many-faceted symbol of personal defeat, cruel fate, an angry God, death, marital strife, guilt, anger, despair, genetic contamination, and punishment for sexual license. Mental deficiency is a family tragedy, and whatever one may do or say, the tragedy remains. Almost all families with mentally defective children experience a "chronic sorrow", which is an understandable, non-neurotic response to a tragic fact. The sorrow is chronic and lasts as long as the child lives. Most parents of mentally defective children suffer chronic sorrow, there are differences in the quality of response, depending on many variables. Some of these are social class, age of parents, religion, ethnicity, size of family, and ordinal position and sex of the defective child.¹

According to the observations of Stanley Mahoney,

¹S. Olshansky, "Parents Responses to a Mentally Defective Child," Mental Retardation, LV (August, 1966), 21.

when the parent has previously effected a relatively satisfying adjustment to himself and others, the retarded child may be temporarily experienced as a traumatic threat to one's well-being. Temporarily, and in varying degrees of intensity, a diversity of defensive behavior may be utilized to cope with this perceived threat. However, the parent gradually becomes better able to focus upon the realities of the situation and to tolerate the pain and anxiety frequently entailed in doing what is generally agreed upon as being best for the child. In cases where the parent has been unable to effect a satisfying adjustment prior to the coming of the retarded child, however, a very different situation presents itself. The child, experienced at first as a threat, is latter incorporated as a crutch.²

Dr. Leo Kanner distinguishes three principal types of reactions of parents toward a mentally retarded child. (1) Mature acknowledgement of actuality makes it possible to assign to the child a place in the family in keeping with his specific peculiarities. The child is accepted as he is. Both parents manage to appraise the needs of their normal children as well and to distribute their parental contributions accordingly. (2) Disguises of reality create artificialities of living and

²Stanley C. Mahoney, "Observations Concerning Counseling with Parents of Mentally Retarded Children," American Journal of Mental Deficiency, LXLII (July, 1958), 81-6.

planning which tend to disarrange the family relationships. The fact of the handicap is seen clearly but is ascribed to some circumstances, the correction of which would restore the child to normalcy. (3) Complete inability to face reality in any form to its uncompromising denial.³

Anne Marie Grebler attempted to examine parental attitudes toward mentally retarded children. Parents' attitudes fluctuate between two opposite poles of human relationships, that of love and that of hate. An attitude determined by love is expressed in acceptance, an attitude determined by hate is expressed in rejection of the child. Between the accepting and the rejecting attitudes are reactions determined by ambivalent feelings such as overindulgence, over-protection, and parental over-authority. In this study it was shown that feelings of parents of mentally retarded children were exposed to more trying experiences than those of parents of normal children. In the process of raising the child, parents experience few areas of compensation because of the child's slow or arrested mental development. Feelings of futility and frustration intensify the parents' own underlying problems. These feelings are expressed in their attitudes towards the child. Hypotheses were developed in

³Leo T. Kanner, "Parents' Feelings about Retarded Children," American Journal of Mental Deficiency, LVII (January, 1953), 375-383.

regard to the elements which form parental attitudes toward mentally retarded children. The general analysis was supplemented by a study of eleven cases of mentally retarded children at the Educational Clinic of City College, New York. The case studies suggest:

(1) The feelings of parents of mentally retarded children are exposed to an experience of frustration due to elements inherent in the child's condition and the limitations imposed upon them by the outside world. (2) The parents react to this frustration in terms of their own personality problems. (3) Their reaction to the child's mental retardation is interrelated with their general attitude towards the child. (4) Parents who tend to condemn the outer world for the child's mental retardation tend to reject the child. (5) Parents who react with emotions of guilt and condemn themselves show ambivalence towards the child. (6) Parents who do not express any blame show acceptance of the child. (7) Due to unfavorable parental attitudes, mentally retarded children show behavior problems which in turn prevent them from using even their limited capacities.⁴

According to Stone's study of forty-five parental reactions during interviews concerning diagnosis of mental

⁴Anne M. Grebler, "Parental Attitudes Toward Mentally Retarded Children," American Journal of Mental Deficiency, LVI (January, 1952), 475-83.

retardation in their children, much psychic pain is experienced by parents. In the individual families studied, the symbolic meaning of the defective child to each of his parents tended to isolate the parent from his fellows and to make him feel guilty. The retarded child was also found to be used negatively in problems of marital adjustment. Some parents felt personally defective and others used their children as symbols to punish each other. In the larger circle of acquaintance the meaning of a retarded child made it difficult for the parents. There may be a social stigma and blame from relatives, teachers, and neighbors. A diagnosis of retardation seems to be extremely painful to a parent where any of these factors are present.⁵

In a 1961 study by Worchel and Worchel the acceptance-rejection pattern of parents toward their mentally retarded children were assessed. An indirect technique for measuring this pattern was derived from self-concept theory, namely, the self-ideal discrepancy as an index of self-rejection. The following hypotheses, therefore, were proposed for investigation: (1) The discrepancy between the evaluation by the parent of his own child and of his conception of the "ideal" child is

⁵Marguerite M. Stone, "Parental Attitudes to Retardation," American Journal of Mental Deficiency, LIII (October, 1948), 363-372.

greater if the child is mentally retarded than if he is normal and; (2) the discrepancy between the evaluation by the parent of his own child and other children is greater if the child is mentally retarded than if he is normal. The parents of twenty-two families having at least one retarded child were used as the subjects of the study. Parents selected were twenty-five to sixty years old and of predominantly middle class status. The rating scale used was a modification of the Bills' Index of Adjustment and Values. It consisted of thirty-eight trait names selected from the literature on mental retardation. Subjects were asked to rate their child for each trait. The findings supported the hypotheses proposed in the investigation concerning the greater parental rejection of the retarded child.⁶

The attitudes of parents of retarded children, living in a rural section of Minnesota, were investigated in a study done by the Four-County Project for Retarded Children (now the Child Development Center) in Fergus Falls, Minnesota. The Thurston Sentence Completion Form

⁶Tillie Worchel and Philip Worchel, "The Parental Concept of the Mentally Retarded Child," American Journal of Mental Deficiency, LXV (May, 1961), 782-88.

was the instrument used to study parental attitudes toward mental retardation. The results indicated that parental attitudes were not uniform in this sample of 152 families whose children had been seen at the Project for a full evaluation. The findings of the study revealed certain concepts and ideas held by a group of rural parents. The following are some implications from the data of this study: (1) Parents of retarded children have a good deal of concern/anxiety about the future. What happens to them determines, in part, what in the future happens to the child. An opportunity is needed for them to explore the unknown. (2) Education is an important factor in American life. Despite recurrent expressions of anti-intellectualism, status and respect are accorded the educated person. Parents have needs for their retarded children in the direction of education. Professionals tend to prefer for the child such activities as special education, workshop opportunities, day care activities, etc. which are seen by parents as "substitutes" for education. (3) Despite the current emphasis on "bringing retardation out in the open", the condition is not well understood by the general public. (4) Professionals are rightly concerned with "proper" planning for the retarded child. Goals are established on the basis of needs. The largest

majority of parents, however, have a more abstract need system. The happiness of the child is the acceptable life goal. (5) Most parents receive the diagnosis of mental retardation from a professional person, mainly a physician. The initial reaction to the information is a strong emotional one. (6) Despite our general lack of knowledge concerning the causations of retardation, the question of cause and the nature of retardation continue to be of apparent concern to parents for many years.⁷

In a study by Joseph Meyerowitz, the responses of 120 parents of educable mentally retarded children (Binet I.Q. 60-85) were compared with responses of 60 matched parents of children with Binet I.Q.'s 90-110. Attention was focused upon awareness of deficiency and its implications for the child's future. Three interviews were conducted during the child's first two school years. The EMR children were alleged by the parents to have responded obliquely, in an immature manner, to their environment. Such observations were interpreted as signifying parental awareness. Half of the EMR children were placed in special-education classes. Parents of this experimental group manifested greater awareness and consistent, but statistically less than significant, tendencies to derogate and devalue their child.

⁷James T. Condell, "Parental Attitudes Toward Mental Retardation," American Journal of Mental Deficiency, LXXI (July, 1966), 85-92.

Despite special class placement of the child, fifty-five percent of these parents were judged unaware. Lack of awareness of educational deficiency and its implications are reported during the two years of this study.⁸

Initial reactions and concerns of parents to a diagnosis of mental retardation in their child are recorded in sixty-seven families at Los Angeles Childrens Hospital. The cause of the retardation and rejection of the child were the chief areas of subjective concern. Other reactions were rejection of the diagnosis and solicitude for other medical problems of the child. Even after complete diagnostic study, rejection of the diagnosis of retardation occurred in one-third of these families.⁹

Further report and recording of parental attitudes is expressed in a written theory by Solnit and Stark. They state that when a parent, who while waiting for his baby's arrival into this world has filled his thoughts with bright dreams for his child's future, is informed that his child is mentally retarded, the suddenness and

⁸Joseph H. Meyerowitz, "Parental Awareness of Retardation," American Journal of Mental Deficiency, LXXI (January, 1967), 637-43.

⁹B.V. Graliker, A.H. Parmelee, and R. Koch, "Attitude Study of Parents of Mentally Retarded Children: Initial Reactions and Concerns of Parents to a Diagnosis of Mental Retardation," Pediatrics, XXIV (November, 1959), pp. 819-821.

unexpectedness of the news may leave him in a state of bewildered disbelief. His parental dreams are abruptly shattered. The birth of a mentally defective child is a severe narcissistic blow similar to loss suffered through the death of a loved one, leaving the parents in a state of acute grief. Solnit and Stark hypothesize that the mother expects to have a normal child and builds up a fantasy image of it. The birth of a defective child is somehow equated with a dead child. When the damaged child is born, there is no time for working through the loss of the expected normal child because the "unexpected" abnormal baby requires immediate attention.¹⁰

Parental Attitudes Relating To Child Adjustment

One reason for studying parental attitudes is to relate them to child adjustment. It is important to know the pattern of parental attitudes in order to relate them to consequent child adjustment. One of the first steps is to develop valid instruments for the measurement of such attitudes. This in itself presents

¹⁰Stella S. Slaughter, The Mentally Retarded Child and His Parents, (New York: Harper and Row, 1960), p.70.

a major research challenge to which a number of investigators have recently addressed themselves. In researching attitudes of parents in relation to their children there are three definite steps which must be held conceptually apart. We first speak of parental attitudes and try to ascertain these by questionnaires, check lists, or interviews. The next step is to observe behavior and attempt to relate behavior to attitudes. The third step, after attitude and behavior are studied is to measure the effect of these on the child's response pattern and personality. The effect on the child is clearly a function of a great many variables, in addition to parental attitudes and behavior, so that this third step poses the most difficult problems from a research point of view.

Following, I have quoted a few examples of studies researching the relationship between parental attitudes and the child's direct response pattern and personality.

Stebbens and Carr investigated the relationship existing between ninth-grade pupils' perceptions of parental attitudes and such pupils' intellectual ability and educational efficiency. Students of similar mental ability differ widely with respect to academic performance. While some of the errors in the prediction of educational achievement are undoubtedly due to the errors in the instruments employed to measure both ability and achievement,

clinical observations and a multitude of previous investigations indicate that there are also differences in the home environment which might be associated with discrepancies between ability and achievement. It is conceivable that varying parental attitudes have varying effects on children's behavior, dependent on a number of crucial variables such as sex of child, sex of parent, intellectual ability of the child, age of the child, socioeconomic level of the family, number of children in the family, age of parents, etc. The results of this study appear entirely consistent with the general hypothesis that favorable, democratic attitudes of parents are positively related to educational achievement and authoritarian, rejecting, inconsistent behavior is negatively associated with such achievement. The present investigation considered those parental behaviors that result in meaningful, helpful parent-child interaction as "positive". "Negative" parental behavior was interpreted as leading to an increased physical and psychological distance between the parent and child.¹¹

¹¹Donald L. Carr and James A. Stehbens, "Perceptions of Parental Attitudes by Students in Intellectual Ability and Educational Efficiency," Psychology in Schools, VII (January, 1970), 67-73.

Maurice Chazam formulated a study of the incidence, nature and etiology of maladjustment among children in special schools for the educationally subnormal in South Wales. An intensive study was made of the thirty most maladjusted. Significantly more of the maladjusted children (1) showed more of physical weakness or defeat, (2) were subjected to adverse psychological pressures and unsatisfactory discipline at home, related to parental instability, and (3) had interrupted or incomplete relationships with their parents. In this study, few of the parents were fully aware of the implications for them of having a subnormal child in the family. The labelling of their child as "educationally subnormal" and the subsequent transfer to a special school had been interpreted by most of them as a negative act by the authorities. Although many parents of these children did not take the initiative in seeking advice about their child, most of them welcomed the opportunity to discuss the child with the social investigator who called at their homes. It was clear from the interviews that the unsatisfactory attitudes of the parents could be modified to some extent and it seemed desirable; therefore, that guidance should be given by a professional worker visiting the homes of pupils in special schools.¹²

¹²Maurice Chazam, "Factors Associated with Maladjustment in Educationally Subnormal Children," British Journal of Educational Psychology, XXXV (November, 1965), pp.277-85.

A study by Crandell, Dewey, Karkousky, and Preston investigated the relationship between parents' attitudes and behaviors regarding their children's intellectual achievement and their children's performance on standard academic achievement tests. The sample was comprised of forty primary age children and their fathers and mothers. The children were administered standard intelligence and scholastic achievement tests. The parents were individually interviewed regarding their general parental behaviors (affection, rejection, nurturance), as well as their children's everyday intellectual achievement efforts. It was found that specific attitudes and behaviors of the parents toward their children's intellectual achievement behaviors were predictive of the children's academic test performances; others were not. The following results were obtained: (1) General parental behaviors which significantly predicted the children's academic test performances pertained solely to mothers and their daughters; mothers of academically competent girls were less affectionate and less nurturant toward their daughters than were mothers of the girls who were less proficient. (2) Certain specific attitudes and behaviors of the parents toward their children's intellectual achievement behaviors were predictive of the children's academic test performances; others were not. First, neither the mothers' nor fathers' expressed values for the children's intellectual experiences

were positively associated with the children's observed performances. Second, both the mothers' evaluations of and satisfactions with, their children's general intellectual competence were positively related to these children's actual academic performances, while those of the fathers were not. Third, the positive and negative reactions of the parents to the children's intellectual achievement efforts were predictive of the children's academic achievement test performances for father-daughter combinations only; the more proficient girls had fathers more often giving praise, and less often criticizing, their everyday intellectual achievement attempts than did the less academically competent girls. (3) Many more significant relations obtained between the parents' attitudes and behaviors and their daughter's academic proficiency than occurred between these parental attitudes and behaviors and the boy's performance.¹³

¹³Vaughn J. Crandell, R. Dewy, Walter Katkousky, and Ann Preston, "Parents' Attitudes and Behaviors and Grade School Children's Academic Achievements," Journal of Genetic Psychology, CIV (1964), 53-66.

CHAPTER III

SUMMARY

The emotional trauma experienced by parents upon discovery that their offspring is mentally retarded arouses anxieties, fears, and guilt not generally associated with the production of an offspring of normal intelligence. Many parents may feel the birth of a mentally retarded child suggests a taint in the family stock referred to by one author as the "symbolic meaning" of the defective child to his parents. Some authors believe parents of defective children seek a negative answer to the question, "Is our child's mental retardation due to his heredity?" The threat to the social status and self-esteem of parents by having a retarded child may arouse defense mechanisms. Some authors hold that the denial of the child's deficiency seemed to be an important element in their defense mechanism and very necessary in the maintenance of their self-esteem. There is almost unanimous agreement among psychologists and social workers that parents are resistant to accepting the fact that the child is mentally retarded. It has been noted by some researchers that some parents refuse to recognize that certain characteristic behavior in their children is abnormal and these parents tend to

state that causes other than mental retardation are responsible for deviations in the child's behavior. The reaction of still other parents as observed by researchers is to abandon the child as quickly as possible, that is to place him in an institution and make no further effort to contact the child. One author points out that in competitive American society a mother may not feel free to love her child completely unless he measures up to his contemporaries. Then the experts berate her because she does not love her child enough. Thus she is faced with conflicting desires.

We can see that parents directly influence, favorably or adversely, an exceptional child's adjustment. A handicapped child can never achieve the same excellence of performance as a nonhandicapped child, and a mildly handicapped child performs better than a moderately handicapped one. However, an efficient, well-motivated, happy, handicapped child will excel in performance over a poorly-motivated, anxious, normal child. Here is where parental attitudes, which have been accepting from early life, have a great impact on a child's adjustment. The attitudes and emotional reactions of the parents of a handicapped child are of crucial importance in planning for his effective treatment and rehabilitation. The emotional reactions of the child and his level of maturity are a reflection of the degree of nurturance, care, and

security that he derives from the parents. As can be seen, workers in the field of mental retardation tend to believe the retarded child's attitudes regarding himself and his handicap are in major determined by parental reactions toward the child and his disability. There appears to be a definite need for those who work with mentally retarded children to be aware of parental attitudes and the possible effects of such attitudes on the social, emotional, and intellectual development of the child.

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