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Comparative Parental Perceptions of a Mentally Retarded Child¹

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Several studies have explored mothers' perceptions of and behavior toward their mentally retarded child. This research compares the retarded child perceptions of mothers and fathers utilizing the instrumental-expressive role framework of Parsons and Bales. Although not consistently statistically significant, evidence from a sample of 50 families with a retarded child showed that there is a tendency for fathers to perceive their child more instrumentally than mothers, the latter's perceptions being more expressive. Related research questions were discussed.

In assessing the impact of a mentally retarded child on his family, extensive effort has been directed toward trying to understand how a mother views such a child within her family. For example, Zuk, Miller, Bartram, and Kling (1961) found a low but positive correlation between measures of maternal acceptance and religious background. Mothers who rated themselves more intense in religious practices tended to verbalize attitudes judged more accepting of their retarded children. Holt (1957) from a sample of British mothers, found that one out of every six mothers was under severe physical and mental strain in having to care for her retarded child. Farber (1960) has probably undertaken the most extensive analysis of mothers' reactions to caring for their retarded children. He has related "perception of crisis" to a number of issues. Mothers with retarded children who were of high socioeconomic status tended to react as if bereaved; while role crisis and difficulty in organizing self-concepts for an extended period of time occurred in lower status mothers.

Obviously, mothers are a crucial factor in

determining the impact that retarded children have on their families since they generally occupy the position of greatest responsibility in familial child care. However, fathers also have some impact on their children, but their relative influence has been generally slighted in most research (Davidson, Sarason, Lighthall, & White, 1958; Eron, Banta, Walder, & Laulicht, 1961; Jordon, 1962). Studies of the relationship between fathers and their mentally retarded children are virtually nil. This study examines the comparative perceptions of mothers and fathers toward a mentally retarded child of their own.

Parsons and Bales (1955) have made extensive analyses of the various roles of family members in contemporary American society. This study makes use of two of their propositions:

If the nuclear family constitutes a social system stable over time, it will differentiate roles such that instrumental leadership and expressive leadership in the system are discriminated.

The nuclear family has certain features not common to all social systems. Parsons and Bales note that a specific feature of the nuclear family as a social system is the age-sex matrix and the differential distribution of means (in American society) for the performance of the

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two primary systemic roles. This suggests a second proposition:

If the nuclear family consists in a defined "normal" complement of the male adult, female adult, and their immediate children, the male adult will play the role of instrumental leader and the female adult will play the role of expressive leader.

Both of these propositions make a distinction between instrumental and expressive roles in terms of function. The instrumental function focuses on relations of the system with other systems; its goals are to achieve adaptation, to maintain equilibrium, and instrumentally to establish the desired relations to external goal objects. The expressive area concerns itself with the "internal" affairs of the system; to maintain integrative relations between members, and to manage tension between component parts of the social system.

To play either of these two primary familial roles means that the behavior expectations involved will significantly affect the control of a person's action, i.e., his overt acts and, at least, his stated perceptions. Having identified a person's role, one may deduce his probable perception of and attitude toward a given social object. Roles, therefore, influence the nature of social interaction among individuals and groups insofar as they affect mental processes. Because of this influence, the primary familial roles (instrumental and expressive) should lead to differential parental perceptions in the case of a mentally retarded child as a social object.

The following three hypotheses will be tested:

1. Fathers' perceptions of the crisis of having a mentally retarded child will be more instrumental while mothers' perceptions will be more expressive.

"Crisis" is defined as an event above and beyond normal difficulties for a family (Kirkpatrick, 1955). An "instrumental-crisis" involves the impact of a retarded child on the family's budget and concerns about the cost of providing help for the child. An "expressive-crisis" involves the emotional strain of caring for a retarded child, the readjustment of a family's daily routine, the additional time involved in caring for the child, the possibility of neglecting other family members, and

the ability to maintain harmony and integration.

2. Fathers' perceptions of the extra-familial roles of a mentally retarded child will be more instrumental while mothers' perceptions will be more expressive.

"Instrumental-extra-familial" role items in the questionnaire administered to parents in this study involve wanting the child to be a leader in his relationships with other children, to be a "winner," and to assert himself outside the home. "Expressive-extra-familial" role items involve wanting the following for the child: to get along well with other people, to make and keep friends, and to believe that even if one does not attain the highest levels of achievement, one may still be happy.

3. Fathers' perceptions of the future roles of a mentally retarded child will be more instrumental while mothers' perceptions will be more expressive.

"Instrumental-future" role items in the questionnaire involve concern with whether or not the retarded child will be able to achieve academic success, obtain the necessary training for a good job, and be able to support himself in adult life. "Expressive-future" role items involve concern that the child will be accepted by others, will be protected from emotional stress, and will be happy regardless of academic achievement or job success.

The major focus of these hypotheses is on the instrumental-expressive complex. The incorporation of "crisis," "extra-familial," and "future" dimensions is intended to make the focus more comprehensive in scope.

Procedure

Data was collected from a group of parents of mildly and moderately mentally retarded children. All of the children were under treatment in therapy programs at one of three agencies in the Milwaukee, Wisconsin area. These agencies provide one of a combination of the following services for mentally retarded children; medical care, social work, psychological services, physical therapy, speech therapy, occupational therapy, and special education.

The sample consisted of 50 mothers and fathers from the same families. In order to

control the effects of several possibly confounding variables, sampled parents were required to meet the following criteria: (a) one child in the family is mildly or moderately retarded,² (b) the retarded child is between the ages of 2 and 5, (c) both parents are married and living together at the time of the study, and (d) family members are Caucasian.

Severely mentally retarded children were not included in the study sample because of the imminent possibility of institutionalization, which could greatly influence the parental perception of the child. Although there are differences between mild and moderate mental retardation, both conditions are similar in that the child generally continues to reside with his family.

A questionnaire was constructed to elicit information about attitudes, perceptions, and belief of mothers and fathers about retarded children. It consisted of 32, randomly arranged, Likert-type items. These items were specifically designed to obtain reactions of parents to: (a) the crisis of having a mentally retarded child, (b) the child in extra-familial roles, and (c) the child in future roles. Examples of questionnaire items tapping the perceptions of crisis, extra-familial roles, and future roles follow:

Crisis Items

(instrumental) When I think of having a handicapped child I am most

² As Heber (1958) states: "Mental retardation refers to sub-average general intellectual functioning which originates during the development period and is associated with impairment in adaptive behavior." "Mildly retarded" is taken to be that level of mental retardation characterized by an IQ range of 53-86, and "moderately retarded" refers to a range of 36-52 [p. 3].

concerned about the added expense of providing help for him/her.

(expressive) The handicapped child takes a lot of additional time and I worry about neglecting my other children.

Extra-Familial Role Items

(instrumental) I want my child to be a leader when he/she plays with other children.

(expressive) I worry that because of my child's handicap, he will not realize the importance of getting along with other people.

Future Role Items

(instrumental) It is important to me that my handicapped child obtains a high school diploma.

(expressive) I would like my child to believe that it's more important to get along well with others than to achieve success as an individual.

Cumulative percentages based on positive responses to questionnaire items were tabulated for the total sample in order to determine high, medium, and low categories of response in each area of the foregoing three hypotheses. Scores that were in the 66th percentile or above, between the 66th and 33rd percentiles, and below the 33rd percentiles were classified as high, medium, and low, respectively.

Results

Table 1 shows the comparative responses of fathers and mothers to the instrumental-

TABLE 1
PERCENTAGE OF POSITIVE RESPONSES ON CRISIS ITEMS

Parent	Instrumental-crisis items			Expressive-crisis items		
	High	Medium	Low	High	Medium	Low
Fathers	(10) 20%	(25) 50%	(15) 30%	(15) 30%	(18) 36%	(17) 34%
Mothers	(16) 32%	(11) 22%	(23) 46%	(26) 52%	(15) 30%	(9) 18%

Note.—Instrumental-crisis items, $\chi^2=8.50$, 2 df, $p<.05$; expressive-crisis items, $\chi^2=5.69$, 2 df, $p<.05$.

crisis and expressive-crisis items. On the instrumental-crisis items, a smaller proportion of fathers (30 percent) scored low than mothers (46 percent). Moreover, a greater proportion of fathers (50 percent) scored medium than mothers (22 percent). This is as expected hypothetically. However, the relative proportions of fathers and mothers scoring high on instrumental-crisis items is not in the direction predicted. The percentage differences are significant at the .05 level using the chi-square test.

In interpreting these results, the analysis of specific items is useful. For example, almost one-third of the mothers agreed that there were rather severe financial problems involved in having a retarded child. This may be due to the fact that some of the mothers did not play strictly expressive roles. In our sample, approximately 25 percent of the mothers were engaged in either full or part-time employment which, incidentally, may have been necessitated by financial problems involved in having a retarded child. The employment of mothers reflects a mixing of roles. Mothers in this situation are more concerned about the functioning of a family as a system in relationship to other systems, something which Parsons feels is part of the instrumental role of the father.

On expressive-crisis items (Table 1), more than half of the mothers were highly concerned about the emotional crisis involved in having a retarded child. This is a function of perceptions of the additional time involved in caring for the child, the emotional strain of having a retarded child, and the ability to maintain family harmony and integration. Less than one-third of the fathers were con-

cerned about these same items. Furthermore, only 18 percent of the mothers showed a low degree of concern, whereas more than one-third of the fathers showed the same degree. The differences between mothers and fathers here are in the direction of that predicted in the first hypothesis above. However, this difference is not quite significant at the .05 level.

In Table 2, which shows parental responses on the instrumental-extra-familial role items, the data indicate that almost twice as many fathers (46 percent) scored high as mothers (24 percent). Also, more mothers (12 percent) scored in the low category than fathers (6 percent).

From these percentages we see that almost one-half of the fathers showed a high degree of concern about the retarded child in roles other than in the family. Fathers were more concerned than mothers about such things as wanting the retarded child to be a leader, to be a "winner," and to "stand up for himself" in relation to other children. Only about one-fourth of the mothers showed a high degree of concern that the retarded child be assertive and aggressive in roles other than in the family. Statistical analysis shows no significant difference at the .05 level between mothers and fathers in the perception of instrumental-extra-familial roles. However, the chi-square (5.60) is close to being significant (5.99) and the percentage distribution is in the predicted direction. Further refinement of the instrument and its use on a larger sample might yield a significant difference here.

On the expressive-extra-familial role items (Table 2), more mothers (48 percent) scored high than fathers (28 percent) and a higher

TABLE 2
PERCENTAGE OF POSITIVE RESPONSES ON EXTRA-FAMILIAL ROLE ITEMS

Parent	Instrumental-extra-familial role items			Expressive-extra-familial role items		
	High	Medium	Low	High	Medium	Low
Fathers	(23) 46%	(24) 48%	(3) 6%	(14) 28%	(17) 34%	(19) 38%
Mothers	(12) 24%	(32) 64%	(6) 12%	(24) 48%	(19) 38%	(7) 14%

Note.—Instrumental-extra-familial role items, $\chi^2=5.60$, 2 *df*, $p>.05$; expressive-extra-familial role items, $\chi^2=8.28$, 2 *df*, $p<.05$.

TABLE 3
PERCENTAGE OF POSITIVE RESPONSES ON FUTURE ROLE ITEMS

Parent	Instrumental-future role items			Expressive-future role items		
	High	Medium	Low	High	Medium	Low
Fathers	(19) 38%	(18) 36%	(13) 26%	(28) 56%	(9) 18%	(13) 26%
Mothers	(15) 30%	(15) 30%	(20) 40%	(31) 62%	(11) 22%	(8) 16%

Note.—Instrumental-future role items, $\chi^2=2.23$, 2 *df*, $p>.05$; expressive-future role items, $\chi^2=1.54$, 2 *df*, $p>.05$.

proportion of fathers (38 percent) scored low than mothers (14 percent). These differences were significant at the .05 level and support hypothesis two. The responses of the mothers tend to indicate a highly protective attitude toward their retarded child. They were concerned about the impact of the child's handicap on his being able to make friends and were more concerned about the child's happiness than about his ability to excel.

The distribution of responses on instrumental-future role items (Table 3) shows that 38 percent of the fathers scored high as compared to 30 percent of the mothers. The data show that there is a tendency for fathers to disproportionately emphasize the instrumental aspects of their perceptions of their child's future. This, however, was not significant at the .05 level.

An examination of responses to expressive-future role items (Table 3) shows that there is a tendency for mothers to emphasize this more than fathers, which supports hypothesis three. However, here again, the differences are not statistically significant. It should be pointed out that even though the chi-square test applied at the .05 level failed to reveal significant differences in some areas, the figures obtained were still all quite close to being significant at that level. It may be that future role perceptions are yet not highly relevant to parents of children from 2 to 5 years.

Discussion

The particular focus of this study was to compare the role of the mother and the role of the father within the nuclear family and to determine whether or not their respective

roles influence their perceptions of their mentally retarded child. The results obtained indicated that there were some differences between mothers' and fathers' perceptions of the crisis of having a retarded child, of this child in extra-familial roles, and of the child in future roles.

Although this study did not isolate them, there is reason to believe that other factors may influence parental perceptions of mentally retarded children. Among these are birth order (Toman, 1959), family size (Toman, 1961), and social class (Straus, 1967). More research is also needed to determine whether the sex of a mentally retarded child contributes to differences in mothers' and fathers' perceptions. For instance, do fathers of retarded boys perceive them differently than they would perceive retarded girls? Another question to systematically consider is whether or not a working mother perceives her retarded child differently than a non-working mother. The evidence here only suggests that there may be a difference.

One other point should be noted in discussion of the above findings. Since the perceptions elicited were from a clinic population, this itself may have biased responses away from what they might have been had a sample of parents been selected from the general population of parents with retarded children. Parents who do not seek, or have not sought, clinical help during the developmental period of their children's lives may have different perceptions of them.

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References

- Davidson, K. S., Sarason, S. B., Lighthall, F. F., Waite, R. R., & Sarnoff, I. Differences between mothers and fathers of low-anxious and high-anxious children. *Child Development*, 1958, 29, 155-160.
- Eron, L. D., Banta, T. J., Walder, L. O., & Laulicht, J. H. Comparison of data obtained from mothers and fathers on child-rearing practices and their relation to child aggression. *Child Development*, 1961, 32, 471-472.
- Farber, B. Perception of crisis and related variables in the impact of a retarded child on the mother. *Journal of Health and Human Behavior*, 1960, 1, 108-113.
- Heber, R. (Ed.) Monograph supplement. *American Journal of Mental Deficiency*, 1958, 64, 3-13.
- Holt, K. S. Impact of mentally retarded children upon their families. Unpublished doctoral dissertation, Sheffield, England, 1957.
- Jordon, T. E. Research on the handicapped child and the family. *Merrill-Palmer Quarterly*, 1962, 8, 243-259.
- Kirkpatrick, C. *The family as process and institution*. New York: Ronald Press, 1955.
- Parsons, T., & Bales, R. *Family, socialization and interaction process*. New York: The Free Press, 1955.
- Straus, M. A. The influence of sex of child and social class on instrumental and expressive family roles in a laboratory setting. *Sociology and Social Research*, 1967, 52, 7-21.
- Toman, W. Family constellation as a basic personality determinant. *Journal of Individual Psychology*, 1959, 15, 183-199.
- Toman, W. *Family constellation*. New York: Springer Publishing, 1961.
- Zuk, G. H., Miller, R. L., Bartram, J. B., & Kling, F. Maternal acceptance of retarded children: a questionnaire study of attitudes and religious background. *Child Development*, 1961, 32, 525-540.