DOCUMENT RESUME

ED 024 162 EC 001 738

By- Farber, Bernard; And Others

Family Crisis and the Decision to Institutionalize the Retarded Child. CEC Research Monograph, Series A, Number 1.

Council for Exceptional Children, Washington, D.C.; Illinois Univ., Urbana. Dept. of Sociology.; Illinois Univ., Urbana. Inst. of Research for Exceptional Children.

Spons Agency- Illinois Dept. of Public Welfare, Springfield. Psychiatric Training and Research Fund.

Pub Date 60

Note- 74p.

Available from- The Council for Exceptional Children, NEA, 1201 Sixteenth Street, N.W., Washington, D.C. 20036 ($2.00).

EDRS Price MF-$0.50 HC Not Available from EDRS.

Descriptors- *Attitudes, Cultural Factors, Custodial Mentally Handicapped, Decision Making, Ecological Factors, Educational Background, *Exceptional Child Research, *Family (Sociological Unit), Family Background, Family Structure, Marital Status, *Mentally Handicapped, Parent Attitudes, Parent Reaction, Placement, Religious Factors, Siblings, Social Status, Socioeconomic Status, Trainable Mentally Handicapped

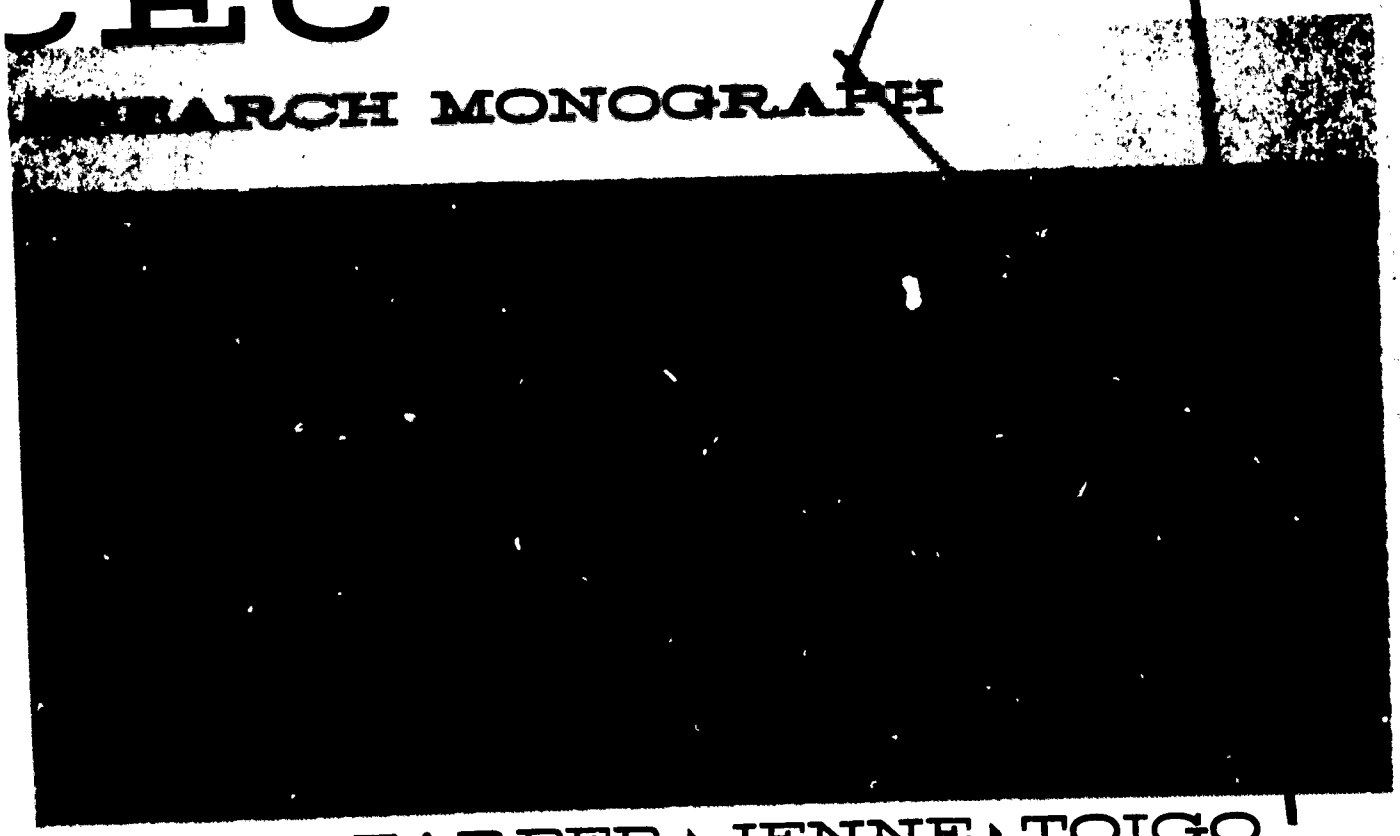
A case study was made by interviewing 268 couples who had at home a child they considered severely mentally retarded (IQ 50 or below, age 15 or below). Three kinds of effect were investigated, including general effect, effect of social setting (variables being social-psychological, social-organizational, and demographic-ecological), and joint effect. Results on the nature of family crisis indicated that in families with high early marital integration, the extent of initial impact of retardation on the husband was inversely related to the current degree of integration, and in the remaining families no such relationship was found: mothers were more willing to place a retarded boy who was an oldest child than one who was an only child; retarded boys had a greater impact on fathers initially and on mothers currently; and, especially for husbands, current impact tended to vary directly with initial impact. Results concerning the parents' willingness to institutionalize the child revealed that the higher the social status, the greater the relative willingness of the husband as compared with that of the wife; in high status families, willingness varied directly with the number of normal children in the family; and the lower the social status, the greater the relative willingness of mothers of retarded boys as compared with mothers of retarded girls. (JD)

NO 1

The Council for Exceptional Children, NEA

CEC

RESEARCH MONOGRAPH



FARBER • JENNE • TOIGO

CEC RESEARCH MONOGRAPH

Series A, No. 1

Library of Congress Card Catalog No. 60-11520

BERNARD FARBER
WILLIAM C. JENNE
ROMOLO TOIGO

INSTITUTE FOR
RESEARCH ON
EXCEPTIONAL
CHILDREN

AND

DEPARTMENT OF
SOCIOLOGY
UNIVERSITY OF
ILLINOIS

FAMILY CRISIS AND THE DECISION TO INSTITUTIONALIZE THE RETARDED CHILD

FOREWORD

This study is the seventh in a series of monographs from the Institute for Research on Exceptional Children at the University of Illinois. It is the third research report by Bernard Farber on studies of families with severely retarded children. We appreciate the opportunity to present this study as the first monograph in the CEC Research Monograph Series.

The first two monographs by Farber, No. 71 in 1959 and No. 75 in 1960 of the series, Monographs of the Society for Research in Child Development, dealt with different facets of the general problem. In the first monograph, Farber attempted to determine which variables concerning the severely retarded child and his family influence family integration. The second study concentrated on the various ways that families organize themselves to counteract the disintegrative effects of having a severely mentally retarded child.

This investigation focuses attention on the nature of the family crisis which arises from the presence of a retarded child in the home and attempts to delineate the factors which determine the decisions of parents to place their severely retarded child in an institution.

Professional personnel offer contradictory advice when they rely merely on opinion to answer parents' questions. In this study as well as in previous reports, Farber and his associates attempt to take the controversial recommendations out of the realm of opinion and subject them to sociological theory as well as to empirical research. Farber succeeds in clarifying for many of us some of the variables that should be considered in counseling parents with severely retarded children.

This investigation was supported by a grant from the Psychiatric Training and Research Fund of the Illinois Department of Public Welfare.

April 1960

Samuel A. Kirk, *Director*
Institute for Research on
Exceptional Children
University of Illinois

ACKNOWLEDGMENTS

We should first express our appreciation to the parents who participated in the study. They made possible any contribution which this research may make toward understanding the problems faced by families with mentally retarded children.

The Mental Health Service of the Illinois Department of Public Welfare, without revealing the identity of the families, enabled us to contact parents with children on the waiting list for admission to Lincoln and Dixon state schools. We also wish to thank Joseph Albaum, M.D., Superintendent of Lincoln State School, and V. Karr McKee, M.D., Superintendent of the Dixon State School, for their cooperation. We also wish to extend our thanks to Bertha Fox and Anne B. Hogan, Chief Social Workers at Lincoln and Dixon state schools, respectively.

The associations of parents of mentally retarded children, especially the Illinois Council for the Mentally Retarded, gave indispensible assistance in securing respondents for the study. The organizations which took an active part in the study include:

Association for Mentally Retarded Children, Southwest Chicago
Chicago School for Retarded Children
Community Welfare for Mentally Retarded Children
Dixon State School Parents Association
Garden School Benefactors
Glenview Association for Retarded Children, Inc.
Leyden Retarded Children's Aid
Lincoln State School Parents Association
Mentally Retarded Children's Aid, Inc.
North Shore Association for Retarded Children
Northwest Suburban Aid for the Retarded (Park Ridge)
Orchard School Parent Group
Retarded Children's Aid, Inc.
Suburban Southwest Association for Mentally Retarded Children (Oak Lawn)

We wish to acknowledge our debt to Samuel A. Kirk for his advice throughout the research and for his many valuable suggestions regarding the manuscript. The helpful criticism given by Carol S. Liebman, Research Assistant, was also greatly appreciated.

CONTENTS

INTRODUCTION

Parents of severely mentally retarded children are faced with many dilemmas. Perhaps the most difficult to resolve is whether or not it would be advisable to keep their child at home. Frequently, they receive contradictory advice from both professional persons and friends. Some suggest to them that they should institutionalize their retarded child at a very early age before they become too attached to him. Others suggest that if the child is kept at home, he will bring the family members closer together and help make them more understanding persons.

Because of the paucity of reliable information concerning effects of a retarded child on family relations, those who give advice to parents must rely upon personal opinion. Sometimes this personal opinion is based upon long experience. Frequently, however, this advice is based only upon acquaintance with a few cases. Furthermore, no one knows how typical these cases are and, even with persons of long experience, opinions are often derived from cases which stand out in the adviser's mind. Placing a child in an institution is a serious decision and parents cannot make the wisest choice on the basis of the adviser's limited experience or possibly capricious memory. Only systematic investigation of families with a retarded child can produce the reliable information required by the parents. As part of a program of research to fill this need, the present study was undertaken.

Previous Research Findings

To determine effects of a retarded child on family relations, an investigation of 240 families in the Chicago metropolitan area was undertaken in 1956. In socio-economic characteristics, the families studied were typical of members of associations of parents of retarded children. Two kinds of analysis of the data were made. The first analysis dealt with effects of the retarded child on family integration (7). The second analysis was concerned with the types of organization by which families maintain their integrity in the face of crisis (8).

Effects of the Retarded Child on Family Integration

In the study of effects of a retarded child on family integration, three categories of results were obtained—effects of the retarded child on the parents, effects on the parents of supportive and nonsupportive community relations, and effects on siblings.

Effects of retarded child on parents. Findings concerning the effect of the retarded child on the marital relationship of the parents were:

1. For families with a retarded child at home, it was found that the marital integration of parents with a retarded boy was lower than the marital integration of parents with a retarded girl.

2. An analysis by social status of the family indicated that in lower class families the presence of a mentally retarded boy had a more adverse effect on marital integration than the presence of a mentally retarded girl. In middle class homes, however, this difference was not as marked.

3. When age of the retarded child was taken into account, the finding was that as the mentally retarded boy grew older he tended to have an increasingly disruptive effect on the marital relationship of the parents.

4. With respect to the matter of institutionalization of the retarded child, the study showed that the marital integration of (a) parents with a mentally retarded girl at home, (b) parents with a mentally retarded girl in an institution, and (c) parents with a mentally retarded boy in an institution was approximately equal. In all cases the mean marital integation of the parents in the three categories listed above was higher than that of parents with a mentally retarded boy at home.

Supportive community interaction. In the study of community relations, religious association and frequent interaction with the wife's mother were regarded as being potentially beneficial to marital integration of parents with a retarded child at home.

1. With respect to religious association, the findings were that, for Catholics, there was little difference in marital integration for parents with a retarded boy at home and those with a boy in an institution. For non-Catholic parents, however, parents with a retarded boy at home had a lower marital integration than those whose boy was in an institution. Results on the frequency of church attendance without regard for religious denomination were inconclusive.

2. The study showed that frequent interaction with the wife's mother was related to high marital integration. Further analysis revealed that the emotional support of the wife's mother rather than her assistance in caring for the retarded child was responsible for facilitating high marital integration.

Nonsupportive community interaction. Other interactions engaged in by the parents, such as frequent contact with the husband's mother, a high degree of neighborliness, frequent contact with friends, and activity in formal organizations were considered as being potentially detrimental to marital integration.

1. Analysis of the data definitely established that frequent interaction with the husband's mother was associated with low marital integration.

2. For the other types of community interaction, the results were somewhat restricted. Thus, for women who were relatively poor marital risks, frequent participation with friends and neighbors was associated with low marital integration. In addition, men who were active in formal organizations not pertaining to religion or mental retardation, tended to have a relatively low marital integration.

Effects on siblings. Findings concerning the relationship between normal and retarded siblings at home were:

1. When the retarded child was young, interaction between normal and retarded children of approximately the same age tended to be on equalitarian or playmate basis. For older children, however, the normal sibling (especially if this normal child was a girl) tended to assume a superordinate position in the relationship.

2. Sex of the retarded child and the social status of the family had little influence on the adjustment of normal siblings to their family roles.

3. On the other hand, the degree of dependence of the retarded child and the age of the retarded child did influence the adjustment of the normal siblings. The higher the degree of dependence and the younger the retarded child, the more adverse was the effect on the adjustment of the normal siblings.

4. Normal girls who interacted *frequently* with a retarded sibling tended to be involved in more tense role relations with their mother than did normal sisters who engaged in little or no interaction with the retarded child. However, the results were inconclusive for the normal brothers of retarded siblings at home.

5. Normal sisters of a retarded sibling in an institution were found to have a better home adjustment than sisters of a retarded child at home. However, brothers of a retarded sibling at home indicated fewer signs of maladjustment than did brothers whose retarded sibling was in an institution. The results suggested that while the sister was freed from many responsibilities by the placement of the retarded child in an institution, the normal brother was placed in a more restrictive position with closer supervision by the parents.

Family Organization and Crisis

Analysis of the data on the effects of the retarded child on family integration revealed that the child frequently had a disrupting influence on family relations. Yet, through revising family roles and values, many families were handling the problems arising from their retarded child without incurring threat to family integration. The second analysis dealt with the particular kinds of organization of roles and values related to high family integration.

In the analysis, three kinds of family organization, which were regarded as strategic orientations, were isolated. These were called (a) child-oriented, (b) home-oriented, and (c) parent-oriented strategies.

a. *The child-oriented strategy: The parents agree that the most important task in family life is the maintenance of the family unit as an on-going concern vis-a-vis all other social groupings.* For the husband, this goal would imply that he must concentrate on securing the artifacts and economic and moral stability required for family continuity. The consistent pursuit of these goals by the husband would not place the wife in the position of having to mediate between

the husband's demands within the family and her activities aimed at fulfilling her own ends for the children. Essentially, through a sharp division of labor, both parents would structure their family life around needs and demands of the normal children in their career development.

b. *The home-oriented strategy: The husband minimizes the importance of the task of relating the family unit to external groupings and emphasizes the internal structuring of the family.* Severe conflicts between demands on the wife by the husband and children would be obviated by the husband's joining forces with his wife in the social-emotional patterning of family life. Since, by occupational role and tradition, the husband is also the instrumental leader in the family, through common interests or high personal identification with the wife, the husband here would be *the* central figure of the family. Since the husband takes on a social-emotional task, the division of parental labor in the family would be minimized; both parents would concentrate on structuring congenial interpersonal relations in the home.

c. *The parent-oriented strategy: The husband and wife agree that the demands of the children be subordinated to those pertaining to the husband's role.* The husband's demands are associated with problems of achievement in the middle-class structure in the community. The primary tasks of the wife become those of (a) reinforcing such goals as the attainment of artifacts and social contacts symbolic of success in middle-class society and (b) developing skills to collaborate with her husband in his work or social contacts in the community. To compensate for the wife's assumption of achievement functions, the husband would have to perform some of the social-emotional tasks ordinarily performed by the wife. Hence, partnership norms such as companionate practices in family life would be developed. Inasmuch as family life would be built around achievement, personal development and social skills would be emphasized.

In each of the above three strategies a clear-cut focus of the parents upon a single aspect of family life was implied. Families falling into a fourth or residual category, however, were regarded as either (a) lacking in focus or common orientation or (b) being organized in their systems of roles in such a way as to impede gratification pertaining to a common orientation. Hence, the residual category was considered as the grouping of kinds of family organization not conducive to high marital integration of the parents.

It was contended that especially where the family circumstances were potentially severely disruptive to marital integration, a consistent orientation by the parents toward the welfare of the normal children, the home, or the parents themselves was necessary to maintain high marital integration. Severity of circumstances was estimated on the basis of sex and birth order of the retarded child, social status of the parents, religion, and an estimate of the marital integration prior to the presence of the retarded child. The particular combinations of these characteristics were classified by degree of severity as favorable, unpredictable, and unfavorable family circumstances.

An example of a family in unfavorable circumstances is one with a retarded boy, low estimated marital integration prior to the birth of the retarded child, low social status, both parents non-Catholic, and the retarded child not being the first born. The mean marital integration score for families with these particular characteristics was low.

In contrast, a family with a retarded boy, high estimated marital integration prior to the birth of the retarded child, high social status, and both parents Catholic (regardless of the birth order of the child) was classified as facing favorable circumstances. The mean marital integration score for families with these particular characteristics was high.

Findings concerning the relationship between the use of strategic family orientations and marital integration were:

1. Parents who used consistent child-oriented, home-oriented, or parent-oriented strategies had a higher marital integration, on the average, than those who did not. This was found for families in each of the three degrees of severity of circumstances. However, the difference in marital integration between parents who used one of the putatively integrative strategies and those who did not was greatest for those families in unfavorable circumstances.

2. Whether the retarded child was at home or in an institution, those families utilizing one of the putatively integrative family strategies had a higher average marital integration than those who did not use an integrative strategy. This was the finding regardless of the favorableness of the circumstances. However, a greater proportion of families with a child in an institution were classified as child-, parent-, or home-oriented.

3. In a consideration of only those families using the putatively integrative strategies, degree of marital integration of parents with a retarded child in an institution and those with a retarded child at home was generally similar. However, the difference in mean marital integration between those parents with a retarded child in an institution and parents with a retarded child at home was greatest for families in unfavorable circumstances. Thus, for families faced with unfavorable circumstances, the mean marital integration of parents with a child in an institution was substantially higher than that of parents with a retarded child at home.

The Problem of the Present Study

The results of the previous investigations indicated that institutionalization in itself was not a major solution to problems involving the mentally retarded child and his family. Rather, the type of family orientation was closely related to degree of marital integration. It was, however, considered significant that (a) relatively more families with a retarded child in an institution than those with a retarded child at home were classified as home-, parent-, and child-oriented, (b) non-Catholic parents with a retarded boy at home had a lower mean marital integration than similar parents with a

retarded boy in an institution, and (c) sisters with a retarded sibling at home showed more maladjustment generally than did those girls with a retarded sibling in an institution. These findings suggest that institutionalization often provided a social setting which was favorable to the development of certain types of family organization, which, in turn, were related to high integration.

In the research described above, families with a retarded child in an institution were compared with families with a retarded child at home. Inferences relating to therapeutic effects of institutionalization were based on the assumption that prior to placing the child, these two sub-samples of families had been similar. In a cross-sectional (or *ex post facto*) analysis, however, the possibility exists that there had been a selection factor in institutionalization with which the investigator was unfamiliar. Especially pertinent is the possibility that, for a variety of reasons, highly integrated families are more prone to place their retarded child in an institution than are other families.

The present study was initiated to provide more conclusive evidence regarding interpretations of the findings of the earlier research. Data on 268 families with a severely mentally retarded child at home were used in the analysis. Eight hypotheses, which are presented in the section Results and Discussion, were developed to indicate the manner in which the family situation is related to the willingness of parents to place their retarded child in an institution.

THEORETICAL CONSIDERATIONS

Although the research was undertaken to study an empirical problem, theoretical problems were also considered.

Past studies of family crisis have shown that highly integrated families generally emerge from a crisis with less catastrophic consequences for family relations than do unintegrated families. One interpretation is that the ability of the family members to devise strategies to solve their predicament, rather than an imperviousness of the family organization to stressful situations, is responsible for the endurance of high family integration.

Although the selection of strategies seems to be a crucial variable in understanding the adjustment of the family in a crisis situation, little research has been performed regarding factors in the selection of a particular strategy. Institutionalization as a variable for study has the advantage of being an identifiable strategy which is available, at least in principle, to all parents of severely retarded children. Hence, one aim of the study was to contribute to the understanding of choice of strategy.

Like strategy choice, family crisis has been the topic of much discussion; yet, little research has been directed toward understanding the nature of family crisis. The second theoretical aim of the study was to provide insight into the nature of family crisis.

To organize the data regarding strategy choice and family crisis, a conceptual scheme relating to family interaction was applied.

The family as an arena of social interaction can be viewed from three perspectives. These are the demographic-ecological, social organizational, and the social psychological viewpoints (22). Any group such as the family can be viewed from these perspectives. While the family provides the primary focus of the investigation, the community is regarded as the larger or external system of social relations which impinges upon interaction in the family. In the study, because of practical limitations, only social organizational concepts relating to community life (social status and religion) were considered. Probably, additional insights into the relationship between family crisis and community could have been gained if demographic-ecological and social psychological variables relating to the community had also been introduced.

Demographic-Ecological Perspective of the Family

The demographic-ecological perspective is concerned with the organization of family interaction through a division of labor (5). Division of labor in a group such as the family is maintained through complementary offices or statuses (e.g., mother, father, child). The demographic-ecological perspective does not deal with subjective aspects of the relationships between the individuals involved in the division of labor or even with the internal consistency of the expectations involved in the division of labor. The perspective deals

with those characteristics of individuals which cannot be *attributed* to their incumbency of statuses but which nevertheless operate to distribute individuals selectively in the division of labor. In the nuclear family, demographic-ecological variables include number of family members, birth order of children, and age and sex of the family members.

Social Organization Perspective of the Family

While the demographic-ecological perspective deals with distribution of individuals among various statuses, the social organization perspective is concerned with the configuration of expectations regarding the various statuses. For example, what are the patterns of expectations of husband and wife? Social organization can be viewed from either a quantitative or qualitative position.

Quantitatively, social organization can be regarded as the degree of integration existing among the various statuses. The integration of statuses, in turn, is dependent upon the convergence between values as the ends of the group activity and behavioral expectations as the means for maintaining group activity. In a large scale organization, integration is generally uncontrollable by particular individuals and can be described in terms of cultural attributes or mechanisms of organizing the behavior of group members. In a small and intimate group, like the family, however, the selections by the leaders (i.e., the parents) of values and of norms for organizing expectations affects the integration of the entire family. In the present study, the quantitative aspects of the social organization of the family included degree of marital integration at the time of the investigation and estimated marital integration prior to the diagnosis of the child as mentally retarded.

Marital integration is regarded as having two aspects—consensus of the husband and wife regarding domestic values and mutual coordination of domestic roles. The degree of integration is then a function of the extent to which the husband and wife agree on the rank-order in importance of domestic values and degree of appropriate coordination of domestic roles. Failure to coordinate roles effectively places the system of roles in a state of tension. It is assumed that in a highly integrated family, (a) the members can develop domestic and community roles appropriate to their situation while maintaining a sense of personal integrity, and (b) the family members can meet crises without loss of commitment to one another and with a minimum disruption to their domestic careers (6).

In contrast to the extent of organization, the qualitative aspect of social organization can be considered in terms of the specific values and norms which govern the actions of status incumbents. The configuration of values and norms for the group can be described as a scheme of priorities utilized to resolve certain predicaments faced by groups. Qualitatively, the social organization of a group can be characterized by the type of priority scheme which it

espouses. The priority schemes further indicate the manner by which strategies are developed to enable the continued functioning of the group through changing circumstances. Four predicaments which affect nuclear family organization are:

Social-Emotional versus Instrumental Values and Norms

Social-emotional values and norms generally pertain to the development of a system of personal relations between family members. Social-emotional valuation would be reflected in a high preference given to values and expectations related to companionship, personality development, emotional security, and affectional satisfaction. In contrast, instrumental values and norms pertain to the continuity of the family unit through generations, administration of family affairs, and the place of the family among other institutions. Instrumental valuation would be reflected in a high preference given to values and expectations related to economic security, physical health of the family members, a respected place in the community, and adherence to moral and religious principles in developing role expectations.

Role-Orientation versus Career-Orientation

Role can be described as the expectations concerning an individual's activities in an institution such as the family at any particular time. A career is regarded as progression by an individual through a series of roles.

Problems faced by family members necessarily change during crisis and in the normal course of the family life cycle (7). The succession of problems stimulates changes in roles of the family members. Insofar as the family exists as a system of careers, a marked shift in one career in the system affects the other careers. With respect to each career in the system, the sequence of role changes can be orderly as opposed to haphazard from an observer's viewpoint and anticipated as opposed to unanticipated from the family members' perspective. In part, the orderliness of the development of the career system depends upon the anticipations of the family members with respect to future role changes within each career. Hence, the extent to which the family members are oriented toward potential role changes may affect family organization.

Anticipation of potential role changes affects family organization when new roles are developed to meet a change in circumstances at a point in time. One manner of developing roles is for family members to consider only short-run consequences and immediate personal gain. This kind of development can be considered as role-oriented, i.e., the members focus upon problems in the current family situation and tend to minimize concern with possible long-term consequences. A second way of developing roles is for family members to give minimal consideration to short-run consequences of role changes and to focus instead upon the control of potential role sequences in the family. This kind of development can be described as career-oriented.

The distinction between role- and career-oriented does not necessarily imply that in career-oriented families the members consider alternatives more carefully than members in role-oriented families do. Rather, the emphasis here is on the kind of perspective given priority in redefining the expectations of the individual members.

Potentially, in every family, the following situations may exist for the husband and wife: (a) Both are consistently career-oriented; (b) one spouse is consistently career-oriented and the other role-oriented; (c) both are consistently role-oriented; (d) there is personal inconsistency in role- versus career-orientation.

Maintenance of Internal (Family) versus External (Community) Organization

In a society based primarily upon kinship considerations, the predicament of choosing between family commitments and community extra-family commitments may not occur. However, in contemporary urban society, the demands of maintaining a social status in the community or a religious commitment may run counter to the values and norms in the particular family. Acceding to the community expectations means, therefore, a failure to fulfill expectations of the family status.

Life-Career Gratification Priorities: Parents versus Children

The predicament of career priorities grows out of the interrelationship between the other three predicaments of family life in an urban setting. It is assumed that each alternative in the solution of predicaments is related to a particular status within the family.

For the purpose of the present investigation, the content of family careers is defined in terms of the structuring of family life in middle-class American society. It is assumed that the wife's career revolves around the home while the husband's career is primarily aimed at relating the home to the community. That is, the wife is generally responsible for the internal relations of the family, whereas the husband is responsible for keeping the family a going concern in relation to the rest of the community. Insofar as this division of labor occurs, the wife is in the position of balancing the demands of the husband with those of the children. Successful mediation by the wife of the husband's and children's demands and needs would be necessary for the smooth coordination of activities within the family.

Generally, the task of the husband in achieving high marital integration is to adapt his family role in such a way as to minimize contradictory demands made on his wife. Theoretically, this can be accomplished in one of three ways: (a) by instituting a sharp division of labor, (b) by a coalition between husband and wife in giving priority to social-emotional tasks in structuring family life, and (c) by a coalition between wife and husband in giving priority to achieving goals in the community social structure. These three

strategies were described in the Introduction as child-oriented, home-oriented, and parent-oriented.

Since all three of these strategies are concerned with consistency in the allocation of priorities over time, they all tend to be career-oriented rather than role-oriented. However, failure to resolve any of the four predicaments in a consistent manner would affect the quantitative aspect of integration.

Although the present monograph does not deal directly with qualitative aspects of family integration, the above discussion was included to clarify interpretation of the results of the investigation.

Social Psychological Perspective of the Family

While the social organization perspective is concerned with the configuration of expectations existing among the various family statuses, the social psychological perspective focuses upon the subjective aspects of interaction. The failure to resolve predicaments of family organization is reflected in a change in the family members' perceptions of personal relations. This perception of personal relations, in turn, can be expected to affect the socialization of all family members.

The social psychological variables pertinent to the study deal with the personal impact of the retarded child on the parents, the parents' dissatisfaction with normal siblings of the retarded child, and the parents' willingness to place the retarded child in an institution. Each of these can be considered as a unique social psychological dimension. In order that the character of the various points along the dimension be effectively communicated, each of these variables is described below as a Guttman unidimensional scale. Empirical evidence of unidimensionality is presented in the section on Procedures.

Initial Impact upon Parents

Many parents reported a severe emotional reaction when the child was initially diagnosed as retarded by a physician or a psychologist. Often, the parents indicated that for some time afterward, they had received treatment for a nervous condition by a physician. In the study, a unidimensional scale of initial emotional impact upon the parents was developed. The continuum ranged from general grief at one extreme to alienation from all other persons at the other. As shown in Table 1, the items comprising the scale seem to reflect degrees of alienation. The dimension of alienation is regarded here as an estrangement from personal relations and from the norms and values involved in these relations (17, pp. 788-789).

Current Personal Impact upon Parents

In the assessment of the impact of the retarded child on each parent at the time of the study, the relationship between involvement with the retarded child and mental health of the parent was

Table 1

Scale of Initial Emotional Impact of the Diagnosis of Severe Mental Retardation

Scale Items Pertaining to Question: When you found out definitely that your child was mentally retarded, how did you react? For each statement below, please check the answer that best describes how you felt.[1]	Score for Each Response Category		
	Very much	Somewhat	Not at all
I felt that it was the biggest tragedy of my life.	1	1	0
I was very bitter and miserable.	1	1	0
I went to pieces; my world fell apart.	1	1	0
I felt the whole world was against us.	1	1	0
I avoided telling my relatives.	1	1	0
I felt somehow it was my wife's fault.	1	1	0

[1] Items listed in order of increasing impact. E.g., if respondent checked last item "very much" or "somewhat," he generally checked *all* the other items in the same categories.

considered important. Extreme involvement, either in care, control, or psychological rejection, suggests that the parent can maintain this involvement with the child only at the expense of his own withdrawal from gratifying personal relations with other family members and a disregard for their expectations. A unidimensional scale of current personal impact upon the parents is presented in Table 2. The continuum of present impact on the parent ranged from (a) perceiving the child as needing patience to (b) centering the parent's life around the retarded child.

Impact and Integration

Since the initial and current personal impact scales define extreme impact as alienation, a bridge between personal impact as a social

Table 2

Scale of Current Personal Impact of the Retarded Child as Perceived by the Parent

Scale Items Pertaining to Instruction: Below are statements concerning you and your retarded child. For each statement, please check the answer that best describes you.[1]	Score for Each Response Category		
	Very much	Somewhat	Not at all
Our retarded child needs patience and understanding.	1	0	0
Our retarded child is hard to handle.	1	1	0
I feel worn out from taking care of our retarded child.	1	1	0
My life revolves around the retarded child.	1	0	0

[1] Items in order of increasing impact.

psychological crisis and marital integration as social organizational can be made. As alienation develops in a family crisis, motivation for being sensitive to expectations of the spouse declines; there is an estrangement from the expectations of the spouse. Husband and wife tend to become independent in their activities, and, in this independence, common values fall away. In the long run, careers of family members, which once may have been contingent upon one another, diverge.

Parental Dissatisfaction with Normal Child's Behavior

The parent's dissatisfaction with his child's conformity to norms relating to social behavior was scaled along a dimension of external constraint versus internalization of norms. Sub-concepts were placed along a continuum to indicate the extent to which parents are dissatisfied with the child's internalization of norms. At one extreme, the concepts refer to conduct to which the child may conform only because of external constraints (conventional behavior). At the other extreme, the concepts refer to conduct reflecting a high degree of internalization (acceptance of home responsibilities). The dimension, however, is not the actual degree of internalization but the parent's estimate of the extent to which the child has attained internalization of norms to the degree expected by that parent. If the parent expects a high degree of internalization of norms relating to social behavior from a seven-year-old child, he probably will be generally dissatisfied. If the parent's expectations for that child are low, he will indicate high satisfaction. The relationship between parents' dissatisfaction and marital integration and parents' willingness to institutionalize the retarded child is described in the section Results and Discussion. The concepts which were regarded as reflecting a dimension of external constraint versus internalization of norms are shown in Table 3.

Parental Willingness To Institutionalize the Retarded Child

Parents' willingness to place the child in an institution was defined operationally by a unidimensional scale. At one extreme of willingness is the response that the problem of placement had been discussed. At the other extreme is the negative response to the suggestion that the parent is too attached to the child to place him. As Table 4 indicates, the four items in this unidimensional scale are trichotomies.

The Role of the Demographic and Community Setting Variables in the Research

The hypotheses, which are stated in a later section, pertained mainly to the social psychological family variables and degree of marital integration as these were related to each other and to parents' willingness to place the retarded child in an institution.

Table 3

Scale of Parent's Dissatisfaction with His Normal Child's Conformity to Parental Norms Regarding Social Behavior [1]

Contrived Items	Sub-Items on Interview Form
a. Conventional behavior	Go to church or Sunday school Spend his money on what he wants Go along with fads; e.g., "rock 'n roll," "hot rods," etc.
b. Maintaining friendly relations in general	Be friendly to people Feel sorry for those who are in trouble Trust people
c. Maintaining friendly family relations	Obey his father Show affection toward his mother Like to go places with the family
d. Serious concern for others	Be generous with his things Worry about what goes on in the world Take things seriously
e. Acceptance of authority of others	Take advice from older people Listen to his teachers Do things the way I tell him to
f. Acceptance of home responsibilities	Help around the house Keep own room neat Think about his belongings

[1] Scale based on items listed in question: I wish my son would do this activity: Much less, a little less, as he does now, a little more, much more, does not apply. Responses indicating satisfaction were "as he does now" and "does not apply." All other responses were regarded as dissatisfaction. Responses indicating satisfaction were given a plus-sign; those indicating dissatisfaction, a minus-sign.

The contrived item was given a score of *one* when two or three of the sub-items received a plus; a score of *zero* was given when two or three of the sub-items received a minus. The contrived item scores were summed to provide a total score.

Demographic-ecological variables relating to the family and community social organization variables (i.e., social status and religion) were introduced to determine the effects of particular social contexts on the interaction between organizational and social psychological family variables.

Summary

In this section, the theoretical considerations of the research were discussed. From the viewpoint of sociological theory, the purpose of the research was to contribute to the understanding of the selection of strategies by families in crisis and to provide insight into the nature of family crisis. As a framework for organizing the research, three perspectives for viewing the family as an arena for

Table 4
Scale of Parent's Willingness To Place the Retarded Child in an Institution

Scale Items Pertaining to Instruction: Below are statements concerning you and your retarded child. For each statement, please check the answer that best describes you.[1]	Score for Each Response Category		
	Very much	Somewhat	Not at all
a. My wife and I have discussed the possibility of placing our retarded child at Lincoln, Dixon, or other residential school.[2]	2	1	0
b. I have thought about placing our retarded child at Lincoln, Dixon, or other residential school.	2	1	0
c. I am willing to place our retarded child at Lincoln, Dixon, or other residential school.	2	1	0
d. I am too attached to our retarded child now to place him in Lincoln, Dixon, or other residential school.	0	1	2

[1] The pattern of response categories in order of increasing willingness is presented below. In the pattern, the following symbols are used: For score 1, the "somewhat" response, the symbol is ′. For score 2, the extreme response, the symbol is ″. The response pattern for the trichotomy is a′, b′, d′, c′, a″, b″, c″, d″. For example, b′ means that items a and b have scores of 1 and all others have 0 scores; d″ means that all items have scores of 2; a″ means that item a has a 2 score and all others 1.

[2] Lincoln and Dixon refer to the Illinois state institutions for the mentally retarded.

interaction were presented. These were the demographic-ecological, the social organizational, and the social psychological. The various concepts applied in the study were described in terms of these perspectives.

THE SAMPLE

The purpose of this chapter is to describe the characteristics of the population to which this study applies. Included is a discussion of the purposeful restrictions of the sample and a description of the social characteristics of the families studied. Inasmuch as the sample sources for this study are similar to those used in the earlier Farber study, the reader may refer to the earlier study for a discussion of the estimated effects of sources upon characteristics of the sample (7, Appendix C).

Purposeful Restrictions of the Sample

Inasmuch as the purpose of this study is to investigate factors related to parental willingness to place the retarded child in an institution, the sample was limited to families with the retarded child living in the home at the time of the study.

Further restrictions were imposed so that the families interviewed would be as homogeneous as possible with respect to other characteristics considered pertinent to the analysis. These restrictions pertained to (a) degree of retardation as perceived by the parents, (b) age of the retarded child, (c) number of retarded children in the family, and (d) marital situation of the parents.

To hold relatively constant the general characteristics of the retarded child, only those families who have defined one of their children as *severely* mentally retarded have been included. Usually, definition of severe mental retardation is confined to children with an IQ of 50 or below.

Inasmuch as the effect of the retarded child on family relations is likely to change as he grows older, and since the retarded child who has reached late adolescence is likely to present special problems, the sample was restricted to include only those families with a retarded children aged 15 or under.

Only families with no more than one child regarded by the parents as severely mentally retarded were included in the sample.

In order to further preserve homogeneity, only families in which the parents of the retarded child were married and living together at the time of the study were included in the sample. Thus, families in which one parent had died, a divorce or separation had occurred, or the mother was unwed were eliminated from the sample.

Socio-Economic Characteristics of the Sample

The sample included families in which the parents were in contact with the following types of organizations or agencies: (a) parents in contact with parents' associations for promoting the welfare of the mentally retarded, (b) parents with a retarded child on the waiting list for entrance into a state residential school for the retarded, and (c) parents with a child on a waiting list for

TABLE 5

ATTRIBUTES OF MEMBERS OF 268 FAMILIES WITH A RETARDED CHILD LIVING AT HOME INCLUDED IN STUDY

Attribute of individual or family	Categories	Summary Description
1. Number of families studied	———	268
2. Percentage of retarded children of each sex	Boy	61%
	Girl	39%
3. Percentage of families with both parents Caucasian	———	91%
4. Mean number of years parents of retarded child had been married	———	13.8 years
5. Mean age of parents of retarded child	Mothers	37.6 years
	Fathers	40.5 years
6. Percentage of parents in their first marriage	Mothers	89%
	Fathers	88%
7. Percentage of families in which both parents are native-born	———	89%
8. Percentage of parents who had completed high school (12 years of education)	Mothers	62%
	Fathers	62%
9. Percentage of wives with religious preference or affiliation	Protestant	47%
	Catholic	39%
	Jewish	11%
	Other, none, or unknown	3%
10. Median family income in previous year	———	$6,155
11. Percentage of 268 husbands at each socio-economic occupational level	*High:* Professional and technical workers, sales workers, managers and proprietors	42%
	Middle: Clerical workers, craftsmen and foremen	32%
	Low: Semi-skilled and unskilled workers	26%
12. Mean number of living children in each family	———	2.8 children
13. Mean age of retarded child	———	7.5 years

entrance into private day schools for the retarded. All of the families were living in the Chicago metropolitan area at the time of the study.

Table 5 gives some of the social and economic characteristics of the 268 families used in the analysis described in this monograph. Of these families, 40 had participated in the earlier Farber study.

Inspection of Table 5 reveals that, in general, parents included in the sample being reported on here had been married about 14 years, were in their first marriage, were about 40 years of age, had a median income of close to $6200 per year, had at least a high school education, tended to be in white-collar occupations, were more often Catholic or Protestant than Jewish, were native-born, predominantly Caucasian, and had an average of about three children.

Table 6 gives a comparison on the basis of various socio-economic characteristics between those families with a retarded child on a state residential school waiting list and those families whose retarded child is not on a waiting list.

In relation to the parents' association families, the waiting list families exhibit the following characteristics:

1. The retarded child tends to be significantly younger.
2. The parents are younger and have not been married as long.

TABLE 6

ATTRIBUTES OF 268 FAMILIES WITH A RETARDED CHILD LIVING AT HOME AND PRESENCE OF THE CHILD ON THE LINCOLN AND DIXON STATE SCHOOLS WAITING LIST

Attribute	Waiting List Status	
	On Waiting List	Not on waiting List
1. Number of families	92	176
2. Percentage of boys in sample	67.4%	57.4%
3. Mean years of age of retarded child	5.7	8.4*
4. Mean number of children in family	2.85	2.73
5. Mean years of age of husband	37.5	41.9*
6. Mean number of years length of marriage	11.1	15.2*
7. Percentage of families at each social status*		
High status	27.2%	49.4%
Middle status	30.4%	33.5%
Low status	42.4%	17.1%
8. Percentage of wives with religious preference or affiliation		
Protestant	57.6%	41.5%
Catholic	34.8%	40.9%
Jewish	0.0%	16.5%
Other, none, or unknown	7.6%	1.1% *
9. Median family income in previous year	$5,063	$6,663

* Difference between waiting list sample and parent group sample significant at .05 level.

3. There is a greater representation of low social-status families (which tends to ameliorate the social status bias of the parents' association lists).

4. There is a tendency for an over-representation of Protestant families and a significant under-representation of Jewish families.

Inferences made in this monograph with respect to nature of family crisis and factors influencing parental willingness to place the retarded child in an institution refer only to samples of families which meet the listed purposeful restrictions and which possess the residential and socio-economic characteristics presented here.

PROCEDURE

In this section (a) procedures for collecting data, (b) instruments and classifications used in the analysis of data, and (c) techniques of analysis are described.

The Interview

The interview procedures and the content of the interview forms used in this study evolved from the earlier Farber study (1955-56). The interviews which provided the data for this monograph were obtained in the Chicago area from September, 1958 to June, 1959.

A staff of 18 to 20 part-time interviewers was maintained in Chicago. The majority of the interviewers held graduate degrees in social work, sociology, psychology, or child development. The characteristics of the interviewer staff and the procedures used in their training and supervision were similar to those in the earlier Farber study (7, pp. 31-32).

The interviewing procedure used in the field was for two interviewers to visit each family in their home at an appointed time. While one interviewer talked with the husband, the other interviewed the wife. Whenever possible, husband and wife were interviewed in separate rooms. The interview, which lasted an average of two and one-half hours, consisted of one oral and two written sections.

Inasmuch as only a part of the data gathered in the interviews is reported here, only those instruments and classifications bearing directly upon the present analysis are discussed. Most of these data were taken from the written sections of the interview.

Instruments and Classifications Used in Analysis

The instruments involved in the study and criteria used in determining classifications are described below.

Quantitative Measures of Organization Within the Family

Two quantitative aspects of social organization are considered: (a) the degree of marital integration at the time of the study and (b) an estimate of the degree of marital integration early in the marriage (prior to the birth of the severely mentally retarded child).

Index of marital integration. Marital integration is regarded as consisting of two aspects: (a) the integration of ends, which is defined as consensus between husband and wife in their ranking of domestic values and (b) integration of means, which is defined as the mutual coordination of domestic roles (or negatively as tension in the system of roles) (6).

Both husband and wife ranked a list of 10 domestic values in order of their perceived importance to family success. The list included (a) a place in the community, (b) healthy and happy

children, (c) companionship, (d) personality development, (e) satisfaction in affection shown, (f) economic security, (g) emotional security, (h) moral and religious unity, (i) everyday interest, and (j) a home. A descriptive statement was included for each value in order to insure uniformity in interpretation by the respondent. The extent of agreement between husband and wife was measured by correlating their rankings and by regarding the size of the rank correlation coefficient as an index of the degree of consensus.

Underlying the construction of the role tension index are the following assumptions: (a) Tension in the role system may result in interpersonal conflict and personal frustration. (b) This tension would be reflected by the character of interpersonal relations. (c) The husband and wife would then redefine their self-concept and the concept of their spouse in terms of a vocabulary of conflict and frustration, thus tending to identify each other and themselves in terms of "negative" personality traits.

The ratings by husband and wife on 10 personality traits formed the basis for measuring tension in the system of marital roles. These traits were (a) gets angry easily, (b) stubborn, (c) jealous, (d) irritable, (e) dominating, (f) moody, (g) self-centered, (h) easily hurt, (i) easily excited, and (j) depressed. The items had been selected on the basis of high loadings on a single factor in which marital adjustment was also high (9). The ratings were made on a five-point scale from *has the trait very much* to *hasn't the trait at all.* For each item "very much" received a -2 and "not at all" a $+2$. The scores for the husband's ratings for his wife and himself and the wife's ratings for her husband and herself were summed to provide a role tension score.

The consensus and role tension indexes were combined into a single marital integration index by (a) assigning a score of 3 to couples in the top quartile in each index down to a 0 to those in the lowest quartile, and (b) adding each couple's quartile scores for both the consensus and role tension index together to provide a single marital integration score for the couple. Thus, the range of the marital integration scores was from 0 to 6, inclusive.

In tests of hypotheses which involved marital integration, couples who attained a score of either 5 or 6 were classified as having high marital integration, couples with a score of 3 or 4 as having middle integration, and couples with a score of 0, 1, or 2 as having low marital integration.

Several investigations have been made regarding the validity and reliability of the marital integration index (6, 7, 8). In general, the results revealed the index to be both valid and reliable.

Estimate of early marital integration. Inasmuch as one aim of this study was to evaluate effects of a severely retarded child on family integration, some means had to be developed to control other influences on family integration, such as the marital integration of the couple prior to the birth of the retarded child. If the relationship between marital integration at the time of the study and estimated

integration prior to the birth of the retarded child were statistically significant, then the degree of estimated early integration would have to be held constant in tests of hypotheses.

Farber and Blackman found that, in families in which all children, regardless of sex, are of normal intelligence, marriage integration tends to remain at a fairly constant level in the early and middle years of marriage (9). Thus, it was concluded that an estimate of marital integration in the early years of marriage would provide an indication of the probable integration at the time of the study had no retarded child been born.

In the earlier Farber study, the predicted direct relationship between early marital integration (marriage prediction score) and later marital integration was found to be statistically significant. Thus, it was concluded that, for families with a severely retarded child, the degree of marital integration prior to the birth of the retarded child influenced marital integration at the time of the study.

Farber had used a battery of 15 marital prediction items found to be significantly related to marital success in at least three previous studies (3) to estimate the degree of early marital integration. These items pertained to events both prior to and during the early years of marriage. Scores on the individual items were summed to produce a marriage prediction score for the couple.

Following the completion of the early study, an evaluation of the items used in the calculation of the marital prediction score was performed. The check-off responses to the items were scored by assigning a weight of 0 to the least favorable response and by adding 1 to each more favorable response.

The evaluation took the form of an item analysis in which the responses of both husbands and wives in the 240-case sample on each item were totalled for each response category. The responses were then dichotomized as "favorable" or "unfavorable." Then, for each item and for husbands and wives separately, the "favorable" and "unfavorable" responses were analyzed by marital integration score; the range of marital integration scores being from 0 to 6, inclusive. A chi square test of the significance of the association between favorable and unfavorable responses for each item and marital integration was then performed.

Inasmuch as the 15 items had been found to be significantly related to marital success in at least three previous studies, a significance level of .20 (one-tailed test) was used as the criterion for acceptance or rejection of the item. It was found that for the sample of 240 couples with a retarded child, seven items provided much of the discrimination between those parents with high marital integration and those with low integration. The discriminating items were:

1. For the husbands' responses, (a) difficulties of adjustment dur- the first year of marriage, (b) happiness of his mother in her own marriage, (c) happiness of his father in his own marriage, and (d) his parents' disapproval of husband's marriage at the time of the marriage.

2. For the wives' responses, (a) having doubts about her engagement, (b) the degree of closeness which she felt toward her own mother during childhood, and (c) frequency of her church attendance early in the marriage.

The seven items listed above were combined to form a revised marital prediction instrument. The 268 husbands and wives who made up the sample reported on in this monograph responded to all seven of the items. The same weighting procedure for responses to the items as used in the initial sample was employed. The maximum marriage prediction score = 34, minimum = 0, median = 20.6. In the present study, those couples with a marital prediction score of 21 or above were regarded as being high in early marital integration; those with a score of 20 or below were regarded as being low in early marital integration.

Social Organization Variables: The Community Setting

The social organization variables in the study which relate to the position of the family in the community are (a) social status of the family as determined by the husband's occupation and (b) religious preference as expressed by the wife.

Socio-economic status of the family. In the earlier Farber study, it was shown that socio-economic status of the family influenced the impact of the retarded child on marital integration—especially in relation to the sex of the retarded child (7, 8).

Each family in the current study was classified according to socio-economic status on the basis of the husband's occupation category as given in the U. S. Census index of occupations (21). In the current study, three levels of socio-economic status were used—high, middle, and low:

1. Families classified as high socio-economic status included those in which the husband was a professional, technical worker, manager, proprietor, or sales worker.
2. The middle socio-economic status consisted of families in which the husband was a clerical worker, craftsman, or foreman.
3. The low socio-economic status families were those in which the husband was in a semi-skilled or unskilled occupation. In the census classification scheme, low socio-economic status occupations included operatives and kindred workers, service workers, and laborers.

Evidence to support the validity of the above social status classification on the basis of husband's occupational category is given in Table 7. Level of social status varied directly with median number of years of husband's education and median annual income. Classification of families in the study also showed racial and religious patterns similar to those in the general population: Caucasians are underrepresented in low status occupations, Catholic men underrepresented in high status occupations, and Jewish men overrepresented in high status occupations.

Religious affiliation or preference of the parents. The religion of the parents was determined by their response to the question: What

TABLE 7

SOCIAL STATUS ON BASIS OF HUSBAND'S OCCUPATION AS RELATED TO EDUCATION, RELIGION, AND RACE OF HUSBAND AND FAMILY INCOME

Attribute	Social Status		
	High Professional and Technical Workers, Sales Workers, Managers and Proprietors	*Middle* Clerical Workers, Craftsmen, and Foremen	*Low* Semi-skilled and Unskilled Workers
Median years of education	13.7	11.0	9.8
Median annual family income	$7,055	$6,063	$4,833
Percent of husbands Caucasian	96%	95%	75%
Percent by husband's religion:			
Protestant	49%	40%	41%
Catholic	30	54	56
Jewish	21	6	3

is your religious preference or affiliation? In 228 of the families, both husband and wife reported the same religious affiliation. In 20 families, the husband was Catholic and the wife Protestant and, in nine, the husband was Protestant and the wife Catholic. There were 11 mixed marriages of various other combinations, including Jewish-Christian. Only the Catholic, Protestant, and Jewish wives' reports were used in the analysis.

The Social Psychological Variables

The social psychological variables include (a) degree of parental willingness to place the retarded child in an institution, which constitutes the dependent variable in the study, (b) degree of initial personal impact upon the parents of diagnosis of mental retardation, (c) degree of present personal impact upon the parents of the presence of the retarded child, and (d) degree of parental dissatisfaction with the social behavior of normal sons and daughters. These variables were described as unidimensional scales in the section Theoretical Considerations. The nature of the dimensions involved in these scales and the items which make up the scales were discussed in that section.

The social psychological scales were considered unidimensional in that the content of each scale implied a continuum and the rank

TABLE 8

REPRODUCIBILITY COEFFICIENTS FOR INITIAL AND TEST SAMPLES AND RANGE OF SCORES FOR SCALES USED IN THE ANALYSIS

Scales	Initial Sample[1]		Test Sample[1]		Range of Scores
	N	Reproducibility Coefficient	N	Reproducibility Coefficient	
1. Parent's dissatisfaction with child's conformity to norms regarding social behavior					
Men	92[2]	.93	60	.97	
Women	92[2]	.92	60	.92	1 - 7[3]
2. Initial emotional impact of diagnosis of retardation as perceived by parents					
Men	70	.92	60	.94	
Women	70	.95	56	.93	1 - 7[4]
3. Current personal impact of retarded child on parents					
Men	78	.91	79	.93	
Women	78	.91	80	.93	1 - 5[4]
4. Willingness to place retarded child in an institution					
Men	75	.96	79	.96	
Women	78	.95	80	.97	1 - 9[5]

[1] Unless otherwise indicated, both initial and test samples were drawn randomly from the research project files of Chicago area families with a retarded child at home.

[2] Sample of families with normal children only attending parochial school (Catholic) in Champaign, Illinois. N of 92 refers to number of normal children rated by parents.

[3] As score increases, parental dissatisfaction with social behavior of normal children decreases.

[4] As score increases, degree of impact as perceived by the parents increases.

[5] As score increases, willingness to place increases.

ordering of respondents was related to the pattern of their responses on the scale (20). For example, the ordering of respondents on initial impact was such that only the respondents with very high initial impact scores checked "yes" for the most extreme item (blaming the spouse); however, a large majority of the respondents checked "yes" for the items of least impact (the greatest tragedy in their lives). The unidimensionality of the scales was demonstrated empirically through the use of the Green modification of the Guttman scaling technique (12). Table 8 gives the reproducibility coefficients for the initial and test samples used to provide the data to examine scalability. The range of scores on each scale is also given. All scales were found to meet the criterion of unidimensionality (i.e., reproducibility coefficient $> .90$).

Evidence of the validity of the scale of parental willingness to institutionalize is given in Table 9. The bulk of the parents with a child on the waiting list for admission to a state school had scores which represented scale patterns with responses in the extremely favorable category. Scores of most other parents, however, fell into scale patterns involving at most responses in the "somewhat" category; i.e., they were hesitant to place the retarded child.

In tests of hypotheses involving initial personal impact of the diagnosis of retardation, respondents with scores of 1 or 2 were classified as low initial impact, those with scores of 3 or 4 as medium

TABLE 9

DISTRIBUTION OF SCORES ON SCALE OF PARENTAL WILLINGNESS TO PLACE THE RETARDED CHILD IN AN INSTITUTION, BY FAMILY'S WAITING LIST STATUS AND SEX OF PARENT

Willingness to Place Score	Parent and Waiting List Status			
	Results for Husbands		Results for Wives	
	Families with Child not on Waiting List	Families with Child on Waiting List	Families with Child not on Waiting List	Families with Child on Waiting List
1	53	0	58	2
2	25	2	31	0
3	27	5	33	6
4	18	6	10	2
5	22	6	8	7
6	7	6	8	5
7	8	16	10	14
8	3	16	7	26
9	10	32	6	27
Total	173	89	171	89
Mean Score	3.34[1]	7.16[1]	3.08[2]	7.21[2]

[1] Mann-Whitney U 2-tailed test; $z = 9.95$; $p < .00006$.
[2] Mann-Whitney U 2-tailed test; $z = 10.35$; $p < .00006$.

impact, and those with scores of 5, 6, or 7 as having experienced high initial impact.

Restrictions were placed on the sample of normal children considered in the scale of parent's dissatisfaction with the child's behavior. The sample rated by the parents included both step-children and adopted children, but *not* foster children, in the age range from 5 to 15, inclusive. In the event that two normal children of the same sex had been rated, only the rating of the older normal child was included in the analysis. However, if the parents rated both a boy and a girl in the 5 to 15 age range, then the scale score for both of the normal children was included in the analysis. The wife's responses were used in determining the ages of the normal children.

Demographic-Ecological Variables

The demographic-ecological variables included in the analysis were (a) number of normal children in the family, (b) birth order of the retarded child, and (c) sex of family members. For these variables, the classifications were made on the basis of responses to a single question.

In all cases, number of years of age of the child at last birthday, as reported by the mother, was used in determining birth order of children. If the child were less than one year of age, the age was recorded as one year. In the determination of birth order of the retarded child, only those children born to the couple in their present marriage were included.

In determining the number of normal siblings in a family, step-children and adopted children were included.

The remaining demographic-ecological variables: sex of parent; sex of normal children; and sex and birth order of the retarded child, are discussed elsewhere in this monograph.

Tests of Statistical Significance

Since the quantitative data in the study are regarded as ordinal (i.e., capable of being ranked) rather than cardinal (i.e., an equal interval scale with a zero point), nonparametric tests of significance and rank correlation techniques were applied. The nonparametric tests used in the study included: (a) the Mann-Whitney U test, (b) the Kruskal-Wallis test, and (c) the Wilcoxon matched-pairs signed-rank test (18). The Spearman rank correlation coefficient was used as a nonparametric measure of correlation.

In some instances, parents failed to respond to a sufficient number of items to make possible the calculation of an index or scale score. These cases were not used in tests of hypotheses which involved the missing index or scale score. Thus, the frequencies reported in tables refer only to the number of cases for which a particular index or scale score was available.

In this study, the .05 level of significance was used for accepting or rejecting null hypotheses. One-tailed tests of significance were

used except in those cases where the direction of the relationship was not predicted.

Report of Mean Scores in Tables

For the sake of convenience in the use of tabulating equipment, the scores for the scales of the social psychological variables as well as the marital integration score were increased by one unit. The modified range of scores for the social psychological scales is presented in Table 8. The range of scores on marital integration was changed from 0-6 to 1-7. All mean scores as given in the tables in this monograph were calculated on the basis of the range of scores used in electronic processing of the data.

The mean scores relating to marital integration and the social psychological variables were not used in calculations involved in tests of statistical significance. Rather, the mean scores are reported solely for the purpose of communicating to the reader the extent of differences between the sub-samples of respondents involved in the hypotheses.

RESULTS AND DISCUSSION

In this section, hypotheses and results are described. For each hypothesis, there appears a brief statement about the hypothesis, a description of results, and a commentary on the results.

The results are discussed in terms of a heuristic scheme which describes the extent to which the variables in the hypotheses are related. One variable may be found to be related to another for the entire sample, only under particular conditions, or only as a condition affecting the relationship between the second and a third variable (cf. 14, pp. 282-283). Hence, three kinds of effect were investigated in determining confirmation of hypotheses. These were:

1. *General effect.* Here the problem of confirmation is concerned with the entire sample. Are the results either statistically significant or internally consistent for the sample as a whole?

2. *Effect of social setting.* The problem of confirmation here is concerned with the placing of limits on the social situation for which the generalization tested is appropriate. Social settings investigated include demographic characteristics of the family, social organization variables, and social psychological variables. For example, a particular hypothesis may be supported in highly integrated marriages but not in others.

3. *Joint effect.* Here the confirmation rests upon indicating the influence of the variable studied in modifying the effects of a second variable in a particular direction as both of these variables are related to the phenomenon investigated. For example, degree of marital integration may be related to attitude toward institutionalization only in that the generalization that parental willingness to institutionalize the retarded child varies inversely with social status holds true for parents of low marital integration. The low-integration marriage in this case acts as a social organization setting which places limits upon effects of social status upon parental willingness to institutionalize a retarded child.

These three kinds of effects can be defined formally. In the formal definition, let I refer to an independent variable in a hypothesis, D to the dependent variable, and T to a third variable which is presumed to be related to both I and D. The definitions are as follows:

1. General effect is: *if* I *then* D without taking into account T.
2. Effect of the social setting is: *if* I *then* D only under particular conditions of T.
3. Joint effect of I and T is: (a) *if* T *then* D only under particular conditions of I or (b) *if* particular conditions of I and of T *then* D.

Hypothesis 1

The higher the degree of marital integration, the lower is the willingness of the parents to place their retarded child in an institution. In the earlier Farber study described in the Introduction, parents often reported that after the child had been diagnosed as

retarded, they had severe reactions such as a "nervous breakdown," personal disorganization, or severe depression. When this reaction occurs, it is unlikely that the parents can develop systematic interaction in maintaining consensus on family values and continued development of roles which are mutually consistent.

The traditional European-American conception of parenthood requires care of children within the home. It is suggested that failure to maintain high marital integration affects the parent's self-concept as a capable family person. He then becomes willing to accept the expedient of considering placement of the mentally retarded child in an institution.

The assumption was made that the relationship between marital integration and willingness to institutionalize the child was mediated by the amount of stress currently perceived by the parents as stemming from the presence of the retarded child in the family. It was then anticipated that extent of stress perceived by the parent would be related to both marital integration and willingness to place the child in an institution.

General Effect

The instruments used in the analysis were the index of marital integration and the scale of parents' willingness to place the retarded child in an institution. As indicated in Table 10, the results for husbands in all families were in the anticipated direction. For wives in all families, the relationship between marital integration and willingness to institutionalize the retarded child was curvilinear, with wives in the middle category of marital integration indicating the greatest willingness. The results in both instances were not statistically significant.

Effect of Social Setting

The hypothesis was supported in two social settings: (a) husbands in low social status families and (b) husbands in Protestant families (although this result was not statistically significant).

The effect of social status upon willingness to institutionalize the retarded child was as follows:

a. Among low-social-status husbands, willingness to place the retarded child in an institution was inversely related to marital integration; a Kruskal-Wallis H test was statistically significant ($H = 8.028$; $p = .02$). There was, however, no discernable pattern for husbands in the middle social status group with respect to the relationship between willingness to place the child and degree of marital integration. For husbands with high social status, the relationship between marital integration and willingness to institutionalize the child was similar to that of their wives.

b. Regardless of social status, women in marriages with middle marital integration were more willing to place their child in an institution than were women in marriages with either high or low

TABLE 10
MARITAL INTEGRATION AND PARENTS' WILLINGNESS TO PLACE THE RETARDED CHILD IN AN INSTITUTION

Parent and Social Status	Low Marital Integration		Middle Marital Integration		High Marital Integration	
	N	Mean Willingness Score	N	Mean Willingness Score	N	Mean Willingness Score
Results for Wives						
All families	59	4.12	119	4.71	71	4.11
High social status	26	3.62	52	4.31	28	3.86
Middle social status	16	4.06	36	4.42	30	4.37
Low social status	17	4.94	31	5.74	13	4.08
Results for Husbands						
All families	60	4.70	124	4.69	70	4.26
High social status	27	3.74[1]	52	4.79	28	4.43
Middle social status	16	4.94[1]	38	4.16	30	4.60
Low social status	17	6.12[1,2]	34	5.15[2]	12	4.00[2]

[1] Kruskal-Wallis H = 7.203; 2 d.f.; p = .05
[2] Kruskal-Wallis H = 8.028; 2 d.f.; p = .02

integration. These results were consistent for all social status groups but were not statistically significant.

The results on religion, marital integration, and parents' willingness to institutionalize the retarded child are shown in Table 11. Families were classified by the religion reported by the wife. Although the results were not statistically significant, they clarified the pattern of the relationship between marital integration and willingness to place the retarded child in an institution. The results for husbands in Protestant families were consistent with the hypothesis that willingness to institutionalize varies inversely with marital integration (Kruskal-Wallis H = 3.898; 2 d.f.; $.20 > p > .10$). The results for husbands in Catholic families were in the same direction, but less definite (Kruskal-Wallis H = 0.267; 2 d.f.; p = .90). The Jewish husbands' willingness scores fell into a pattern similar to that for the wives—that is, with the middle marital integration group showing a greater willingness to institutionalize the child than either of the extremes. (The nine families of wives who did not report Catholic, Protestant, or Jewish religious preference or affiliation were not used in the analysis.) Although the results relating to religion were not statistically significant, they were regarded as meaningful in the light of the findings of the earlier Farber study.

TABLE 11
RELIGION OF FAMILY, MARITAL INTEGRATION, AND PARENTS' WILLINGNESS TO PLACE THEIR RETARDED CHILD IN AN INSTITUTION [1]

Parent and Religious Affiliation of Family	Low Marital Integration		Middle Marital Integration		High Marital Integration	
	N	Mean Willingness Score	N	Mean Willingness Score	N	Mean Willingness Score
Results for Wives						
Protestant	25	4.88	56	5.16	34	4.50
Catholic	21	4.57	52	4.63	28	3.96
Jewish	12	2.00	10	3.30	6	2.00
Results for Husbands						
Protestant	27	5.52[2]	56	4.95[2]	34	4.35[2]
Catholic	20	4.90[3]	53	4.57[3]	28	4.39[3]
Jewish	12	2.42	11	3.45	6	2.83

[1] Families classified by religion reported by wife.
[2] Kruskal-Wallis H = 3.898; 2 d.f.; $.20 > p > .10$.
[3] Kruskal-Wallis H = 0.267; 2 d.f.; p = .90

Joint Effect

Two kinds of joint effect were discerned:

1. In marriages with low integration, husbands' willingness to institutionalize the retarded child varied inversely with social status. The results appear in Table 10. In high and middle integration marriages, there was no clear-cut relationship between social status and willingness to institutionalize the retarded child. The Kruskal-Wallis H test between high, middle, and low social status husbands in marriages of low integration was statistically significant ($H = 7.203$; $p = .05$). For women in marriages with middle or low integration, willingness to institutionalize the child varied inversely with social status. However, for women, the extent of the difference between social status groups was not statistically significant.

2. Families with low marital integration provided a setting in which current impact of the retarded child was high; this impact was associated with willingness to institutionalize the retarded child. This relationship was indicated by the following results:

a. The current personal impact of the retarded child as perceived by the parents tended to be inversely related to the degree of marital integration. The scale of current personal impact upon the parent was used for this analysis. As shown in Table 12, the results were statistically significant for wives in all families. With minor exceptions, the relationship between marital integration and extent of current impact of the child upon wives was consistent for all social status groups. The results for the husbands, however, were in the

anticipated direction only in the middle and low social status groups and were not statistically significant.

b. The relationship between current impact of the child and parents' willingness to institutionalize him was confirmed for both husbands and wives. A rank correlation coefficient (rho) between extent of current impact and willingness to institutionalize on the part of the husbands was .30 ($t = 5.004$; $p < .001$; $N = 261$); the rho for the wives was .37 ($t = 6.457$; $p < .001$; $N = 260$). It was concluded that current impact of the child as perceived by the parents is directly related to willingness to place the child in an institution for both husband and wife.

Comment on Results for Hypothesis 1

Effects of the social settings upon the influence of marital integration in parents' willingness to place their retarded child in an institution, in general, support the findings of the earlier Farber study of effects of a retarded child on family integration.

Farber found that non-Catholic parents of a retarded boy in an institution had a higher mean marital integration score than those

TABLE 12
CURRENT IMPACT OF RETARDED CHILD AS PERCEIVED BY THE PARENTS AND DEGREE OF MARITAL INTEGRATION, BY SOCIAL STATUS

Parent and Social Status	High Marital Integration Families		Middle Marital Integration Families		Low Marital Integration Families		Kruskal-Wallis Test
	N	Mean Current Impact	N	Mean Current Impact	N	Mean Current Impact	H value
Results for Wives							
All families	71	2.63	125	2.90	61	3.21	6.307[1]
High social status	28	2.75	53	2.72	28	3.00	
Middle social status	30	2.53	37	2.86	16	3.63	
Low social status	13	2.62	35	3.23	17	3.18	
Results for Husbands							
All families	69	2.48	126	2.78	62	2.79	3.425[2]
High social status	28	2.71	53	2.51	28	2.64	
Middle social status	30	2.37	38	2.71	16	2.94	
Low social status	11	2.18	35	2.80	18	2.94	

[1] $.05 > p > .02$; 2 d.f.
[2] $.20 > p > .10$; 2 d.f.

with a retarded boy at home. He concluded that institutionalization had helped the marital integration of the parents. In the present study, Protestant fathers who had low marital integration scores tended to be more willing to place their retarded child in an institution than did other Protestant fathers. Since, in the previous study, Protestant parents with a retarded child in an institution had a high mean marital integration, but those in the present study who were willing to institutionalize their retarded child now at home had a low mean integration, it is likely that placement is a factor in improvement of marital relations.

The joint effect of social status and marital integration on the willingness score can be interpreted in terms of family strategies for maintaining status in the community. It is commonly recognized that one of the functions of the family is to provide a status in the community for the family members (11). To enable families to carry out this function, various status-maintenance values and norms have been developed. In the United States, these norms and values include companionship marriage, rationality and planning in family activities, and concern for mental health of family members. In general, it is assumed that the higher the social status, the greater the emphasis in families within that status on values and norms conducive to status maintenance.

However, as emphasis on commitments to status-related values and norms increases, motivations induced by low integration within the family necessarily play a smaller role in arriving at a major family decision. Hence, in the study, the lower the social status, the more direct is the relationship between the parents' willingness to institutionalize their child and marital integration. This statement explains the findings of (a) the inverse relationship between marital integration and husband's willingness score in low social status families and (b) the tendency in families with low marital integration for willingness scores to vary inversely with social status.

When the factor of religious commitment was added to that of status-maintenance, the effects were even more striking. The Jewish couples in the sample, who tended to be in the higher social strata, had low willingness scores regardless of degree of marital integration.

The introduction of status-maintenance values and norms to explain the relationship between marital integration, social status, and willingness scores is consistent with the findings regarding the current personal impact of the child. In the study, marital integration and willingness scores were significantly related to current personal impact, but not to each other. Further analysis revealed that this finding was true especially in the middle and high social status groups. In the high social status families, the wife's alienation from others affects not only family integration but also status-related community relations. If the status-related effects are more important in determining the willingness score, then even when family integration has not yet been markedly affected, the willingness score of the husband and/or wife may be high. Thus, status maintenance values

TABLE 13
RELATIVE WILLINGNESS OF HUSBAND AND WIFE TO PLACE THE RETARDED CHILD IN AN INSTITUTION, BY SOCIAL STATUS OF FAMILY

Social Status of Family	Parent and Relative Willingness		
	Husband more Willing than Wife	Wife more Willing than Husband	Total
High Social Status Families	48	25	73
Middle Social Status Families	29	23	52
Low Social Status Families	18	27	45
TOTALS	95	75	170

$X^2 = 7.344$; 2 d.f.; $p = .05$.

and norms seem to influence the decision to institutionalize the retarded child.

Hypothesis 2

Husbands tend to indicate less willingness to place the severely retarded child in an institution than do their wives. This hypothesis was based on the results of the Illinois Trainable Project in which wives reported less "bias" toward institutions (10). Inasmuch as the necessity of the household duties induces the wife to be more involved than the husband with the retarded child, it seemed likely that they accept placement more often than do husbands.

General Effect

The findings regarding Hypothesis 2 are shown in Table 10. The hypothesis that wives are more willing than husbands to place the retarded child in an institution was not supported. For all 268 cases, there was no significant difference between willingness of husband and wife to institutionalize the retarded child (Wilcoxon two-tailed test; $z = 1.33$; $p = .18$).

Effect of Social Setting

The relationship between sex of the parent and willingness to institutionalize the child was influenced by social status of the family. According to Table 13, the higher the social status, the greater was the probability that the husband would be more willing than the wife to place the child in an institution (chi square = 7.344; 2 d.f.; $p = .05$). An analysis of the data indicated that for the high social

status couples, the difference between husband's and wife's willingness to place the child in an institution was statistically significant (Wilcoxon two-tailed test; $z = 2.62$; $p = .009$).

Comment on Results for Hypothesis 2

As in findings for Hypothesis 1, the results suggest that social status norms play an important role in the decision to institutionalize the retarded child. The role of the husband in lower social status families is more traditional than in higher social status families. In lower status families, the problems of managing the retarded child would fall mainly to the mother, with little direct involvement of the husband. The husband would be concerned with problems of parental responsibility and would not be inclined to institutionalize the child unless marital integration were low. In higher social status families, in which companionship norms are more prevalent, the husband would tend to be more involved in the management of the child and equalitarian status of his wife. With this concern, the husband would emphasize family welfare and community and status-maintenance responsibilities. In considering these, he may be inclined even more than his wife to favor institutionalization. Against the background of family norms among various social strata, the findings regarding relative willingness of husband and wife to institutionalize the retarded child seem plausible. The relationship between willingness to institutionalize the child and social status is analyzed further in connection with Hypothesis 6.

Hypothesis 3

The greater the amount of initial emotional impact of the diagnosis of retardation reported by the parent, the lower tends to be the marital integration score at the time of the study. Past research on family crises is based on a model of: *organization of family relations* followed by *critical event* followed by *disorganization of family relations* followed by *reorganization of family relations*. This disorganizing effect of a critical event is regarded as a function of (a) the hardships of the event, (b) the personal resources of the family members to meet the event, and (c) the family's definition of the event (13). Inasmuch as both the disorganizing effect of the event and the reorganization of family relations are related to the resources of the family to meet hardship effectively, a great initial emotional impact which disorganizes family relations probably leaves a residue of low integration. Hypothesis 3 tests this contention. Because family resources are conceptually related to both initial impact and integration, in the analysis, marital integration prior to the birth of the retarded child was taken into account as a rough index of family personal resources.

General Effect

In addition to the index of marital integration, the scale of initial emotional impact on the parents of the diagnosis of retardation was

used in the analysis. As shown in Table 14, the results for all wives supported the hypothesis. The greater the initial emotional impact of the child on the wife, the lower was the marital integration at the time of the study. The results were statistically significant (Kruskal-Wallis $H = 8.440$; $p < .02$). Similarly, for the husbands, the findings were in the anticipated direction. However, the husbands' results were not significant.

Effect of Social Setting

When integration early in the marriage, as estimated by the marriage prediction score, was taken into account, there was little consistency in the relationship between initial impact and marital integration score for *low* prediction score families. For families with *high* marital prediction scores, however, the initial impact, especially in the case of the husband, seems to have influenced the degree of marital integration. For high prediction score husbands, the results were in the expected direction and were statistically significant (Kruskal-Wallis H test; $H = 6.464$; $p < .05$). For wives, the results were generally consistent with the hypothesis regardless of marital prediction score.

TABLE 14

MARITAL INTEGRATION AT TIME OF STUDY AND EXTENT OF INITIAL EMOTIONAL IMPACT OF DIAGNOSIS OF RETARDATION, BY MARITAL PREDICTION SCORE

Parent and Prediction Score	High Marital Integration Families		Middle Marital Integration Families		Low Marital Integration Families		Kruskal-Wallis Test: H value
	N	Mean Initial Impact	N	Mean Initial Impact	N	Mean Initial Impact	
Results for Wives							
All families	71	3.24	127	3.28	62	3.90	8.440[1]
High prediction score families	47	3.17	53	3.34	23	3.87	n.s.
Low prediction score families	24	3.37	74	3.23	39	3.92	n.s.
Results for Husbands							
All families	71	2.66	126	2.93	62	3.03	n.s.
High prediction score families	47	2.70	53	2.81	23	3.65[3]	6.464[2]
Low prediction score families	24	2.58	73	3.01	39	2.67[3]	n.s.

[1] $p = .02$; 2 d.f.
[2] $.05 > p > .02$; 2 d.f.
[3] Mann-Whitney U 2-tailed test; $z = 2.51$; $p = .01$.

The relationship between all three variables—marital integration, initial impact, and marital prediction—was examined. In Table 14, the relationship between prediction score and marital integration is indicated. Families with high prediction scores tended to have high marital integration scores (chi square = 14.337; 2 d.f.; p = .001). However, as indicated by the comparison of high and low prediction score families for each level of marital integration in Table 14 there was generally little relationship for either husband or wife between marital prediction score and initial emotional impact of the diagnosis of retardation. The only significant finding in this analysis was that in low marital integration families, husbands with a high prediction score suffered a greater initial impact than husbands with a low prediction score. In the discussion of Hypothesis 4, Table 15 indicates similar results by sex of the retarded child.

Comment on Results for Hypothesis 3

The results indicate that early marital integration provides a social setting which, in turn, influences the long-run effects on the marital relationship of the initial emotional impact of the diagnosis of mental retardation. However, prior integration does not affect initial impact *per se* as concepts like "crisis-prone" families or family resources might suggest (13).

For low prediction score families, apparently, low current marital integration results from a variety of factors (in which initial emotional impact upon the husband may add only slightly to the difficulties). For high prediction score families, however, the initial emotional impact upon the husband presents a unique stress in the marriage relationship. Had a retarded child not been born into the high prediction score families in which the initial emotional impact upon the husband was great, probably the marital integration of the parents would have remained at a high level. Hence, although the hypothesis was supported for the total sample, the analysis by early marital integration suggested that the family resources concept was inadequate in explaining adjustment to crisis.

As an alternative to the family resources concept, the concept of strategy development is offered as an explanation of the situation whereby initial impact and estimated early integration are unrelated, while both of these are related to current marital integration. The content of family strategies which minimize conflicting demands of family members was described in the Introduction in terms of coalitions in child-oriented, parent-oriented, and home-oriented families. The concept of strategy would be consistent with the pattern of results in explaining how families, regardless of initial integration, could develop high current marital integration.

Hypothesis 4

Regardless of prior marital integration or sex of the retarded child, wives tend to report a greater initial emotional impact of the diag-

TABLE 15

INITIAL IMPACT UPON THE PARENTS OF DIAGNOSIS OF RETARDATION, BY SEX OF RETARDED CHILD AND MARRIAGE PREDICTION SCORE

Sex of Retarded Child and Marriage Prediction Score	Husband		Wife[4]		Wilcoxon Test	
	N	Mean Initial Impact	N	Mean Initial Impact	z	p
All families						
Retarded boy	163	3.06[1]	163	3.30	1.59	.06
Retarded girl	104	2.63[1]	104	3.57	4.58	<.00003
Families with high marriage prediction score						
Retarded boy	80	3.09[2]	80	3.31	1.12	.13
Retarded girl	46	2.63[2]	46	3.41	2.54	.006
Families with low marriage prediction score						
Retarded boy	83	3.02[3]	83	3.29	1.15	.13
Retarded girl	58	2.64[3]	58	3.69	3.83	.00007

[1] Mann-Whitney U 2-tailed test: $z = 2.17$; $p = .03$.
[2] Mann-Whitney U 2-tailed test: $z = 2.38$; $p = .02$.
[3] Mann-Whitney U 2-tailed test: $z = 2.21$; $p = .03$.
[4] Mann-Whitney U 2-tailed tests between impact of boy and impact of girl on wife not significant at .05 level.

nosis of mental retardation than do their husbands. This hypothesis is concerned with the relationship between initial impact of the diagnosis of retardation and family organization. In the discussion of the qualitative aspects of marital integration in the Introduction, the wife was regarded as the pivotal person in family relations, i.e., she was generally responsible for internal structuring of family relations and for balancing the demands of the husband with those of the children. Thus, it would be expected that the wife would be more highly involved than her husband in the obligations and personal commitments of parenthood. Parenthood problems should therefore have a greater impact upon the wife than on the husband.

General Effect

The scale of the initial impact of the diagnosis of retardation was used in the analysis. In the total sample, there was little difference in initial impact between husband and wife when the retarded child was a boy; however, the results suggest that the impact on the wife was slightly higher (Wilcoxon one-tailed test; $z = 1.59$; $p = .06$). For the retarded girl, the results indicated conclusively that initial emotional impact of the diagnosis of retardation is greater for the wife than for the husband ($z = 4.58$; $p < .00003$). The results are shown in Table 15.

TABLE 16
SEX OF RETARDED CHILD AND CURRENT IMPACT OF THE RETARDED CHILD UPON PARENTS

Parent	Sex of Retarded Child				Mann-Whitney U Test	
	Male		Female			
	N	Mean Current Impact	N	Mean Current Impact	z	p
Husband	162	2.77	104	2.66		n.s.
Wife	163	3.07	103	2.68	2.33	.01[1]

[1] 2-tailed test.

The results on the different effects of a boy and girl upon the initial emotional impact raised the question whether the finding was based mainly on a severe impact of a retarded girl on the wife or the impact of a retarded boy on the husband. The results showed no significant difference in the initial impact on wives whether the retarded child was a boy or a girl. For husbands, however, having a retarded boy provided a greater initial impact than having a retarded girl (Mann-Whitney U two-tailed test; $z = 2.17$; $p = .03$). An analysis by marital prediction scores indicates that these results were true regardless of the early marital integration of the parents.

The findings on the relationship between the relative effects of a retarded boy and retarded girl on the initial impact for the husband and wife raised the problem of whether the same relationship holds true for the current impact of the child upon the parents. The results of the investigation of the relationship between sex of the parent and relative effects of a retarded boy and a retarded girl are shown in Table 16.

According to Table 16, the situation at the time of the study had changed. A boy had a greater current impact upon the wife than upon the husband (Wilcoxon test; $z = 2.82$; $p = .004$); there was, however, no significant difference between the spouses regarding current impact of a girl. Furthermore, the greater current impact upon the wife than on the husband occurred because a boy had a significantly greater impact upon her than did a girl ($z = 2.33$; $p = .01$), while sex of the retarded child had little relationship to current impact on the husband. An analysis of the data by birth order of the retarded child revealed similar results.

The duration of impact of the retarded child on husband and wife is further indicated in Table 17. For both husband and wife, generally, the greater the initial impact of the child, the greater was the current personal impact. However, the results were statistically significant only for the husbands ($H = 6.236$; $p = .05$). At least for husbands, the inference can be made that the initial emotional impact tends to endure.

TABLE 17

CURRENT IMPACT OF RETARDED CHILD AS PERCEIVED BY THE PARENTS AND INITIAL IMPACT UPON THE PARENTS OF DIAGNOSIS OF RETARDATION

Parent	Low Initial Impact		Medium Initial Impact		High Initial Impact		Kruskal-Wallis Test H-Value
	N	Mean Current Impact	N	Mean Current Impact	N	Mean Current Impact	
Wife	89	2.69	106	2.93	71	3.18	5.007[1]
Husband	112	2.55	113	2.77	41	3.07	6.236[2]

[1] $.10 > p > .05$; 2 d.f.
[2] $.05 > p > .02$; 2 d.f.

Effect of Social Setting

Two analyses of social settings were made—social status and birth order of the retarded child.

Results on initial impact by social status are shown in Table 18. For wives, relative initial impact of a retarded boy and girl differed significantly in low social status families ($z=2.28$; $p=.02$). The

TABLE 18

SEX OF RETARDED CHILD AND INITIAL IMPACT UPON THE PARENTS OF DIAGNOSIS OF RETARDATION, BY SOCIAL STATUS

Parent and Social Status	Sex of Retarded Child: Male		Sex of Retarded Child: Female		Mann-Whitney U Test	
	N	Mean Initial Impact	N	Mean Initial Impact	z	p
Results for Wives						
High Social Status	62	3.53[1]	50	3.46		n.s.
Middle Social Status	57	3.54	30	3.57		n.s.
Low Social Status	44	2.66[2]	25	3.72	2.28	.02[3]
Results for Husbands						
High Social Status	62	3.13	50	2.60	1.94	.05[3]
Middle Social Status	57	2.95	29	2.59		n.s.
Low Social Status	44	3.09[2]	25	2.76		n.s.

[1] Kruskal-Wallis H test, results on mean impact of boys for mothers, differences between low, middle, and high social status, $H = 10.056$; 2 d.f.; $p = .01$.
[2] Wilcoxon Matched-Pairs Signed-Ranks 2-tailed test; $z = 1.17$; $p = .24$.
[3] 2-tailed test.

impact of a retarded girl on the wife increased slightly with decrease in social status. In low social status families, a retarded boy affected her less than was the case in the other statuses ($H=10.056$; 2 d.f.; $p=.01$). For husbands, the initial impact showed little variation with social status.

According to an analysis by birth order of the retarded child, as shown in Table 19, the main sex difference in effect on the husband occurred when the retarded child was the eldest. The mean initial impact score for fathers of retarded eldest daughters was 2.27 ($n=30$) as compared with 3.09 ($n=47$) for fathers of retarded eldest sons (Mann-Whitney U two-tailed test; $z=2.45$; $p=.01$) and 2.79 ($n=62$) for fathers of retarded younger daughters ($z=2.03$; $p=.04$). No other difference in initial impact by birth order was statistically significant.

Comment on Results for Hypothesis 4

In general, the findings support the model of family organization presented in the Introduction. However, the results on the effect of the social setting revealed that the finding of the earlier Farber study that a boy tends to have a more severe effect on marital integration than does a girl requires modification.

TABLE 19
INITIAL IMPACT UPON THE PARENTS OF DIAGNOSIS OF RETARDATION, BY BIRTH ORDER AND SEX OF THE RETARDED CHILD

Parent and Birth Order of Retarded Child	Sex of Retarded Child				Mann-Whitney U Test	
	Male		Female			
	N	Mean Initial Impact	N	Mean Initial Impact	z	p
Results for Wives						
Retarded child only child	23	3.35	12	3.75		n.s.
Retarded child oldest child	47	3.38	31	3.36		n.s.
Retarded child not oldest	93	3.25	62	3.61		n.s.
Results for Husbands						
Retarded child only child	23	3.04	12	2.75		n.s.
Retarded child oldest child	47	3.09	30	2.27[1]	2.45	.01[2]
Retarded child not oldest	93	3.04	62	2.79[1]		n.s.

[1] Mann-Whitney U 2-tailed test; $z = 2.03$; $p = .04$.
[2] 2-tailed test.

The initial stress of the child appears to be somewhat sex-linked, with the mother indicating a slightly greater impact if the child is a girl and the father a markedly greater impact, regardless of social status, if the retarded child is a boy. In the low status family, where sex differentiation of family roles is greatest, mothers suffered a greater impact when the retarded child was a girl.

With time, the nature of the impact upon the mother had shifted so that mothers of retarded boys now tended to find current personal impact more severe than did mothers of girls. Fathers of boys, however, did not have a higher current personal impact than fathers of girls. The differential impact of retarded boys shifted with time from the father to the mother. Probably, as the boy grows older, the differential effects on the mother increase (as suggested by the results of the Farber study that especially older boys exert a disrupting effect on their parents' marriage). The change in the nature of the family crisis is discussed in the Summary and Conclusions section in terms of the scales used to measure impact.

The results on the relationship between initial impact and birth order are perhaps most important for what they do not indicate—that initial impact is relatively independent of birth order. The only significant finding was that, for husbands, a retarded oldest boy had a higher initial impact than did a retarded oldest girl. Aberle and Naegele's finding that only in the case of first-born children did fathers show a greater concern for boys lends support to the personal identification hypothesis (1). The results are limited by the fact that few families in the sample had more than four normal children. Furthermore, not every retarded child classified as oldest in birth order had been an only child at the time of the diagnosis of retardation. This may have affected the results.

Hypothesis 5

High initial emotional impact of the diagnosis of retardation and low early marital integration are related to high willingness of the parents to place their retarded child in an institution. The relationship between initial emotional impact and propensity toward institutionalization is important not only for understanding long-run family crisis but also because of the possibility of predicting later parental attitude toward placement on the basis of initial impact of the retarded child.

General Effect

The scale of initial impact and marital prediction score provided the data for analysis. Results related to Hypothesis 5 are presented in Tables 20 and 21. In the total sample, neither the initial emotional impact of the diagnosis of mental retardation nor early marital integration (marriage prediction score) was found to be related significantly to the parents' willingness to institutionalize the retarded child.

TABLE 20

COUPLE'S MARITAL PREDICTION SCORE AND WILLINGNESS TO PLACE RETARDED CHILD IN AN INSTITUTION, BY SOCIAL STATUS

Parent and Social Status	High Prediction Score Couples		Low Prediction Score Couples	
	N	Mean Willingness Score	N	Mean Willingness Score
Results for Wives				
All Families	125	4.38	133	4.61
High Social Status	52	3.73[1]	57	4.37
Middle Social Status	42	4.55[1]	42	4.14
Low Social Status	31	5.23[1]	36	5.53
Results for Husbands				
All Families	125	4.59	137	4.68
High Social Status	52	4.19	58	4.72
Middle Social Status	42	4.79	44	4.18
Low Social Status	31	5.00	35	5.23

[1] Kruskal-Wallis H = 5.398; 2 d.f.; .10 > p > .05.

Joint Effect

The manner in which marital prediction and initial impact scores each influence the relationship between social status and willingness to institutionalize the retarded child was examined. As indicated in Table 20, high prediction score families showed a greater willingness to place the child as social status decreased. These results were consistent for both husband and wife. Kruskal-Wallis H tests, however, indicated that the results were not statistically significant (although those for the wife approached significance [H= 5.398; .10 > p > .05]).

For low prediction families, both high and low social status couples showed a greater inclination toward placing the child in an institution than did couples in the middle status category. However, in particular, the low social status, low prediction score husbands and wives showed the greatest inclination to place the child.

The findings on initial impact and willingness to place the child in an institution were generally inconclusive. As shown in Table 21, for wives with low initial impact, the relationship between social status and willingness score was statistically significant, with low status wives indicating a high willingness to institutionalize the retarded child (Kruskal-Wallis H=6.219; 2 d.f.; p < .05).

Comment on Results for Hypothesis 5

The lack of relationship between the earlier situation in the family—initial emotional impact of the diagnosis of retardation and early marital integration—and later willingness to institutionalize

Table 21

Family Social Status and Parental Willingness to Place Retarded Child in an Institution, by Initial Impact of Diagnosis of Retardation as Perceived by the Parents

Parent and Initial Impact Score	All Families		Family Social Status						Kruskal-Wallis Test
			High Social Status		Middle Social Status		Low Social Status		
	N	Mean Willingness Score	N	Mean Willingness Score	N	Mean Willingness Score	N	Mean Willingness Score	H Value
Results for Wives									
All Families			109	4.06	84	4.35	67	5.39	9.149[1]
High Initial Impact	69	3.83[3]	29	3.41	26	4.08	14	4.21	n.s.
Medium Initial Impact	104	4.72[3]	45	4.36	34	4.79	25	5.28	n.s.
Low Initial Impact	87	4.76[3]	35	4.23	24	4.00	28	6.07	6.219[2]
Results for Husbands									
All Families			110	4.42	85	4.48	66	5.12	n.s.
High Initial Impact	38	4.61	14	3.93	12	4.67	12	5.33	n.s.
Medium Initial Impact	112	4.60	51	4.24	37	4.30	24	5.83	n.s.
Low Initial Impact	111	4.64	45	4.78	36	4.61	30	4.47	n.s.

[1] p approximately .01; 2 d.f.
[2] $.05 > p > .02$; 2 d.f.
[3] Kruskal-Wallis H = 4.517; 2 d.f.; p approximately .10.

the retarded child serves to emphasize that the strategy of institutionalization grows out of the current family situation. A variety of strategies may have been developed prior to the study. The acceptance of these strategies in the family would minimize the relationship between the early situation and willingness to institutionalize the child.

Analysis by social status suggested that for families in which the initial impact on the wife of the diagnosis of retardation was low, the family situation associated with low social status may play an especially important role in her willingness to place the child. Thus, the results pertaining to this hypothesis support the findings for Hypotheses 1 and 2.

Hypothesis 6

Parents of retarded boys tend to be more willing to place their child in an institution than do parents of retarded girls. If boys are a greater strain than girls on family relations, then parents of retarded boys should be more prone to consider institutionalization. The results of the earlier Farber study suggest that the hypothesis should be supported especially in low social status families.

General Effect

The results on the relationship between sex of the child and willingness to institutionalize are shown in Table 22. In the total sample, for both husbands and wives, there was a greater willingness

TABLE 22

SEX OF THE RETARDED CHILD AND PARENTAL WILLINGNESS TO PLACE THE CHILD IN AN INSTITUTION, BY SOCIAL STATUS

Families by Social Status	Sex of Retarded Child				Mann-Whitney U Test[1]	
	Male		Female			
	N	Mean Willingness Score	N	Mean Willingness Score	z	p
Results for Wives						
All Families	158	4.87	102	3.92	2.66	.004
High Social Status	59	4.03	50	4.10		n.s.
Middle Social Status	56	4.70	28	3.64	1.83	.03
Low Social Status	43	6.23	24	3.88	2.88	.002
Results for Husbands						
All Families	157	4.96	105	4.16	2.11	.02
High Social Status	60	4.72	50	4.18		n.s.
Middle Social Status	56	4.98	30	3.53	2.19	.01
Low Social Status	41	5.27	25	4.88		n.s.

[1] One-tailed test.

to place a retarded boy than a retarded girl. The results were statistically significant for both parents. For men, a one-tailed Mann-Whitney U test indicated $z=2.11$; $p=.02$. For women, the results were even more conclusive ($z=2.66$; $p=.004$).

Effect of Social Setting

Two kinds of social setting effects were considered—social status of the family and birth order of the retarded child.

For both husbands and wives, the lower the social status, the greater was the inclination to place a retarded boy. Kruskal-Wallis tests indicated that the results for wives were statistically significant ($H=13.772$; 2 d.f.; p approximately .001). However, there was little relationship between social status and parents' willingness to institutionalize a girl.

A discrepancy in willingness to place a retarded boy and girl was found for husbands in all social status groups. For wives, although there was little difference in high social status families, the greater willingness to institutionalize a retarded boy became pronounced in lower status families.

Birth order of the retarded child is considered in Table 23.

TABLE 23

PARENTAL WILLINGNESS TO PLACE THE RETARDED CHILD IN AN INSTITUTION, BY BIRTH ORDER AND SEX OF THE RETARDED CHILD

Parent and Birth Order of Retarded Child	Sex of Retarded Child: Male N	Male Mean Willingness Score	Female N	Female Mean Willingness Score	Mann-Whitney U-Test z	Mann-Whitney U-Test p
Results for Wives						
Retarded child only child	22	3.86[1]	12	5.08		n.s.
Retarded child oldest child	45	5.64[1]	31	3.29	3.50	.001[3]
Retarded child not oldest	91	4.73	59	4.02		n.s.
Results for Husbands						
Retarded child only child	23	3.87	12	4.25		n.s.
Retarded child oldest child	45	5.31	31	3.29[2]	2.74	.006[3]
Retarded child not oldest	89	5.06	62	4.58[2]		n.s.

[1] Mann-Whitney U 2-tailed test; $z = 2.$[illegible]; $p = .02$.
[2] Mann-Whitney U 2-tailed test; $z = 2.18$; $p = .03$.
[3] 2-tailed test.

Husbands and wives in families with a retarded boy as the oldest child indicated a greater willingness to institutionalize than did parents in families in which the oldest child was a retarded girl (Mann-Whitney U two-tailed tests; Husbands: $z=2.74$, $p=.006$; Wives: $z=3.50$, $p=.001$). Mothers of a retarded oldest boy indicated a higher willingness to place their child in an institution than did mothers of a retarded boy who was an only child (Mann-Whitney U two-tailed test; $z=2.30$; $p=.02$). The fathers presented a similar pattern, but their results were not statistically significant. On the other hand, fathers of retarded girls who were not the eldest child were more willing to institutionalize than were fathers of retarded daughters who were the eldest (Mann-Whitney U two-tailed test; $z=2.18$; $p=.03$). The pattern for this comparison for mothers, although in the same direction, was not significant.

Comment on Results for Hypothesis 6

The findings provided additional support for the results of the previous Farber study. In the earlier study, lower class families with a retarded boy had a lower marital integration score than lower class families with a retarded girl; in middle class families, the sex of the child did not markedly affect marital integration differentially (although the results were in the same direction). In the current study, especially for mothers, the results were consistent with the earlier findings.

The results by social status in conjunction with the results on current personal impact (in Hypothesis 4) furthermore suggest that the difference in the meaning of a retarded boy versus a retarded girl for the mother at the time of the study is related to problems in managing the retarded child rather than his being a "deviant" intellectually.

This interpretation is supported by the finding that mothers are more willing to place the retarded boy who is oldest than the retarded boy who is an only child. Since the oldest and only children are firstborn, the results suggest that the presence of siblings create additional problems for the mother. This would be true especially in the lower class families, in which traditional rather than companionate norms predominate and sex differentiation of family roles is greatest. Hence, the results for Hypothesis 6 also reinforce the interpretation made of the findings related to Hypothesis 5, in which low status mothers with *low* initial impact were more favorable toward institutionalization than were middle or high status mothers with low initial impact.

Hypothesis 7

Parents tend to be more dissatisfied with the behavior of their normal boys than of their normal girls. Study of siblings of a mentally retarded child by Farber indicated that siblings' personal maladjustment was related to the degree of helplessness of the retarded child as perceived by the mother. This finding suggests that parental

Table 24

Number of Normal Siblings in the Home and Willingness of Parents to Institutionalize their Retarded Child

Social Status of Family and Number of Siblings	Husbands		Wives	
	N	Mean Willingness Score	N	Mean Willingness Score
All Families				
None	34	3.91	34	4.18
1	93	3.95[1]	91	3.80[2]
2	69	5.15[1]	70	4.96[2]
3 or more	65	5.48[1]	65	5.14[2]
Families by Social Status				
High Status Families				
None	20	4.05	19	4.26
1	39	3.95	39	3.64
2	30	4.53	30	3.77
3 or more	21	5.76	21	5.10
Middle Status Families				
None	10	4.00	10	3.80
1	31	3.29	29	3.38
2	25	5.40	25	5.48
3 or more	20	5.40	20	4.60
Low Status Families				
None	4	3.75	5	4.60
1	23	4.83	23	4.61
2	14	6.00	15	6.47
3 or more	24	5.29	24	5.63

[1] Kruskal-Wallis H = 12.110; 2 d.f.; p = .01.
[2] Kruskal-Wallis H = 10.691; 2 d.f.; p = .01.

frustration with respect to the retarded child leads to increased achievement and conformity to norms expected by the parents. Inasmuch as other studies have indicated that parents place a greater emphasis on the instrumental and achievement conduct of boys, it would be expected that parents would show a greater concern with the boy's failure to live up to expectations (1; 2).

The problem of dissatisfaction with behavior of normal siblings stimulated a more basic question: Does the number of normal siblings *per se* affect the willingness of parents to place their retarded child in an institution? Two analyses were made to answer this question. The results appear in Table 24. First, the willingness of parents to institutionalize a retarded child was compared for families with no normal children in the home and families with one normal child. There were no significant differences. However, in the second analysis, when families with one, two, and three or more children were compared, the greater the number of normal siblings, the

TABLE 25

SEX OF NORMAL CHILDREN AND PARENTAL DISSATISFACTION WITH BEHAVIOR OF NORMAL CHILDREN WITHIN SAME FAMILY

Parent	Sex of Normal Child				Wilcoxon Test[1]	
	Male		Female			
	N	Mean Dissat. Score	N	Mean Dissat. Score	z	p
Husband	35	4.49	35	4.77	1.16	.12
Wife	35	4.43	35	4.97	1.69	.05

[1] One-tailed test.

higher was the average willingness of the parents to place the retarded child in an institution. The Kruskal-Wallis H test was significant for both husband ($H=12.110$; 2 d.f.; $p=.01$) and wife ($H=10.691$; 2 d.f.; $p=.01$).

Since the number of children in the family is related to social status, a separate analysis was made for each status group. This analysis indicated that the general hypothesis relating number of children to willingness to institutionalize was supported clearly only in the high social status families. For the middle and low social status families, for both parents, although results were generally in the anticipated direction, willingness to place the retarded child in an institution was highest in families with two normal siblings in the home.

General Effect

The instrument used in the analysis was the scale of parental dissatisfaction with the behavior of their normal children. Table 25 indicates the relationship between the amount of dissatisfaction and the sex of the normal child for both husband and wife. *According to the scoring procedure used, the higher the score, the less was the dissatisfaction.*

This hypothesis was tested in the 35 families in which parental dissatisfaction score for both a brother and sister of a retarded child had been obtained. Although the results were in the anticipated direction in that for both husband and wife there was greater dissatisfaction with behavior of boys, the results were statistically significant only for the wives (Wilcoxon one-tailed test; $z=1.69$; $p=.05$).

Effect of Social Setting

Social setting effects studied were number of normal siblings and sex and birth order of the retarded child.

TABLE 26

PARENTS' DISSATISFACTION WITH SOCIAL BEHAVIOR OF NORMAL CHILDREN, BY SEX AND BIRTH ORDER OF RETARDED CHILD

Parent and Number of Normal Siblings in Home	Dissatisfaction Score for Normal Boy		Dissatisfaction Score for Normal Girl	
	N	Mean	N	Mean
Mother's Dissatisfaction				
One sibling	29	4.72	27	5.22
Two siblings	38	4.61	26	4.81
Three or more siblings	38	4.90	44	4.80
Father's Dissatisfaction				
One sibling	30	4.60	27	5.07
Two siblings	38	4.32[1]	26	5.31[1]
Three or more siblings	39	4.92	44	4.61

[1] Mann-Whitney U 2-tailed test; $z = 2.45$; $p = .02$.

Because of the relationship found between number of normal siblings in the home and parents' willingness to institutionalize the retarded child, an analysis between number of normal children and dissatisfaction with children was performed. The data are reported in Table 26.

Analysis of the data concerning number of normal siblings and parental dissatisfaction with a normal child's behavior indicated that:

1. No consistent pattern was found in comparing parental dissatisfaction with either boys or girls in different sized sibships.
2. Greater dissatisfaction by fathers with normal boys than by fathers with normal girls was present especially in families with only one or two normal siblings in the home. For families with two normal siblings, father's dissatisfaction with a normal son was significantly greater than dissatisfaction with a normal daughter (Mann-Whitney U two-tailed test; $z=2.45$; $p=.02$).

When sex and birth order of the retarded child and parental dissatisfaction with normal siblings were considered, the results as shown in Table 27 were:

1. In families in which the eldest child was retarded, fathers' dissatisfaction with sisters of retarded boys was greater than their dissatisfaction with sisters of retarded girls (Mann-Whitney U two-tailed test; $U=33.5$; $p=.05$).
2. In families with a retarded boy, fathers indicated more dissatisfaction with normal daughters in families in which the retarded boy was the oldest child than in families in which he was not the oldest (Mann-Whitney U two-tailed test; $z = 1.92$; $p = .055$).
3. In families with a retarded girl, fathers showed less dissatisfaction with normal daughters in families in which the retarded girl was

TABLE 27

PARENTAL DISSATISFACTION WITH SOCIAL BEHAVIOR OF NORMAL CHILDREN, BY SEX AND BIRTH ORDER OF RETARDED CHILD

Parent and Sex of Retarded Child	Retarded Child Oldest Child				Retarded Child Not Oldest Child			
	Normal Son		Normal Daughter		Normal Son		Normal Daughter	
	N	Mean Dissat. Score	N	Mean Dissat. Score	N	Mean Dissat. Score	N	Mean Dissat. Score
Results for Wives								
Retarded boys	16	5.00	18	4.83	41	4.83[5]	44	4.89
Retarded girls	12	4.83	9	4.89	35	4.46[5,6]	27	4.89[6]
Results for Husbands								
Retarded boys	16	4.63	17	4.35[1,3]	42	4.48[2]	45	5.11[1,2]
Retarded girls	12	4.92	9	5.78[3,4]	36	4.67	26	4.69[4]

[1] Mann-Whitney U 2-tailed test; z = 1.92; p = .055.
[2] n.s.
[3] Mann-Whitney U 2-tailed test; U = 33.5; p = .05.
[4] Mann-Whitney U 2-tailed test; z = 2.09; p = .03.
[5] n.s.
[6] n.s.

the oldest child than in families in which she was not oldest (Mann-Whitney U two-tailed test; z = 2.09; p = .03).

4. No statistically significant results were found for (a) parental dissatisfaction with normal sons by birth order of the retarded child or (b) mothers' dissatisfaction with normal children by birth order of the retarded child.

Comment on Results for Hypothesis 7

The index of parental dissatisfaction with the normal child's behavior proceeds along a dimension from *conventional behavior* to *maintaining friendly relations in general* to *maintaining friendly family relations* to *serious concern for others* to *accepting authority of others* to *accepting home responsibilities*. Inasmuch as, in general, girls participate more in family life than do boys, the finding that parents tend to be more dissatisfied with boys had been anticipated. Inasmuch as boys generally participate in sports, clubs, recreation, and work situations which differ markedly from expectations related to the home, they tend to internalize non-familial norms to a greater extent than do girls. Furthermore, parents' expectations may be greater for boys. Perhaps a more fruitful question is: *When* are parents more dissatisfied with boys than with girls?

8

In families for which data relating to parental dissatisfaction of both a boy and girl were available, mothers tended to distinguish between dissatisfaction with boys and girls to a greater extent than did fathers. Perhaps, the greater contact with children by mothers than by fathers influenced this finding.

However, when specific number of children and birth order were taken into account, fathers of boys showed more dissatisfaction than did fathers of girls. An interpretation placed upon this tendency is: Generally, in family organization, the father assumes the role of the instrumental leader while the mother is the social-emotional leader. That is, the father is generally responsible for continued maintenance of the family vis-a-vis the other institutions of society while the mother is concerned mainly with the relations within the family. Since the father is more concerned with the tasks necessary for sustaining the family, it is plausible that he makes greater distinctions between the special roles of family members than does the mother. With the father's greater attention to role and career specialization, he would therefore show greater differences in dissatisfaction with behavior of boys versus girls than would the mother under particular conditions. This interpretation is supported by the relationship found between father's dissatisfaction with the normal daughter and the sex and birth order of the retarded child.

The effect of number of siblings upon father's dissatisfaction with his normal children suggests that in small families there is greater pressure upon a given child to become the incumbent of a particular status. In the small family, the eligible population for incumbency is limited. In the larger family, a greater latitude in substitution is possible for the various statuses. In the larger family, potential conflict over the child's lack of concern for others, authority, and accepting home responsibilities, hence, would not be so specialized. Hence, boys in the small family might be required by the father to carry out particular activities, which, in larger families may be delegated to various children.

Findings on the relationship between number of children and willingness to institutionalize the retarded child provide additional insight into the role of social status in the decision to place the child. For high social status families, there was a linear relationship between number of children in the home and willingness to institutionalize the child. However, no such linear relation existed between marital integration and willingness score in Hypothesis 1. In contrast, in low social status families there was a linear relationship between marital integration and father's willingness score, but the relationship between willingness and number of children was not linear. On the basis of these findings, social status appears to influence institutionalization through the definition of family problems. In the high status families, planning and concern for the future life of the normal children are consistent with the delayed gratification patterns generally found in families with fathers who are professionals or proprietors. Delayed gratification norms, in turn, are related to status maintenance. On the other hand, the closer rela-

tionship between low marital integration and willingness to institutionalize the low status family child suggests institutionalization as a strategy to counteract a more immediate family problem in the low status groups.

Hypothesis 8

Parental dissatisfaction with behavior of normal children varies inversely with extent of marital integration. This hypothesis was based on the results of other studies. Porter found in his study of parental rejection that there was a moderate correlation between mothers' parental rejection scores and marital adjustment (16). Burgess and Wallin's investigation suggested that attitude toward children was indicative of the person's willingness to assume family roles (4). Lidz has suggested that marital difficulties as an expression of personality problems are a factor in the development of a schizophrenic child (15). Furthermore, it was anticipated that the combination of high dissatisfaction with a child and low integration might provide high motivation for placing the retarded child in an institution. Because of the possible relationship between the daughter's responsibilities for the retarded child and parents' low marital integration, it was also expected that the relationship would hold especially for normal sisters.

General Effect

The relationship between marital integration and parental dissatisfaction with normal sons and daughters is indicated in Table 28. Both husbands and wives tended to show a much greater dis-

TABLE 28
MARITAL INTEGRATION AND PARENTAL DISSATISFACTION WITH SOCIAL BEHAVIOR OF NORMAL CHILDREN

Parent and Sex of Normal Child	Low Marital Integration Families		Middle Marital Integration Families		High Marital Integration Families		Kruskal-Wallis Test
	N	Mean Dissat. Score	N	Mean Dissat. Score	N	Mean Dissat. Score	H Value
Results for Husbands							
Son	29	4.17	50	4.70	26	4.81	n.s.
Daughter	21	4.19	45	5.13	28	5.39	8.214[1]
Results for Wives							
Son	29	4.28	48	5.06	26	4.65	n.s.
Daughter	21	4.19	46	5.15	29	4.97	7.460[2]

[1] $p = .02$; 2 d.f.
[2] $.05 > p > .02$; 2 d.f.

satisfaction with their normal daughters' behavior (i.e., a lower score) in low marital integration families than in either the medium or high marital integration families (Kruskal-Wallis H test; Husbands: $H=8.214$, $p=.02$; Wives: $H=7.460$, $p=.05$). For sons, the results were similar, but not statistically significant.

Effects of Social Setting on Willingness Score

The influence of marital integration on the relationship between dissatisfaction with the normal child's behavior and willingness to place the retarded child in an institution was investigated. Among families with high or middle degrees of marital integration, there was little relationship between parental dissatisfaction with a normal sibling and willingness to institutionalize the retarded child. Only for parents with low marital integration was a strong association found, and then only for daughters. For these couples, the rank correlation between husband's dissatisfaction score for his normal daughter and his willingness to institutionalize the retarded child was $-.73$ ($t=4.390$; $N=19$; $p< .001$) (with a high score indicating low dissatisfaction). When the husband's dissatisfaction score for his daughter was correlated with his wife's willingness to place the retarded child, the resulting rho was $-.65$ ($t=3.654$; $N=20$; $p< .005$). The results were less striking for the effect of the wife's dissatisfaction score for her normal daughter upon willingness to place the retarded child in an institution. A rho of $-.29$ ($N=19$; not significant) was found between wife's dissatisfaction score for her normal daughter and husband's willingness to institutionalize the retarded child and a rho of $-.15$ ($N=20$; not significant) was found between wife's dissatisfaction score and her own willingness to place her retarded child in an institution.

Comment on Results for Hypothesis 8

The normal daughter's involvement in family affairs is emphasized by the finding that the extent of parents' dissatisfaction with the behavior of a normal daughter is related to the degree of marital integration of the parents. Perhaps with low marital integration, the tendency to give the normal daughter responsibility is increased. Heightened responsibility is accompanied by potentially greater conflict and an inability of the normal girl to live up to expectations of her parents. Hence, especially in the family with a retarded child in the home would parents' dissatisfaction with their normal daughter be related to low marital integration. These interpretations are also supported by the earlier Farber finding that normal daughters were viewed as better adjusted by mothers with a child in an institution than by mothers with a retarded child at home.

The failure of the data to support the hypothesis with respect to sons provides additional support to the interpretation given in Hypothesis 7 that sons tend to be more independent of the family.

The interpretation of increased responsibility is supported by the finding that low marital integration and father's dissatisfaction with

his normal daughter operate jointly to produce a high willingness of both husband and wife to institutionalize the retarded child. Moreover, the husband's evaluation of his normal daughter's behavior has more bearing on the attitude of the couple toward institutionalization than does his wife's.

Summary

In this section, eight hypotheses were described and results regarding them were presented. The findings supported the interpretations made in the previous Farber studies. In general, the results emphasized the role of status-maintenance norms and values, organization of the family, and impact of the child on his parents in the decision to institutionalize the retarded child.

SUMMARY AND CONCLUSIONS

The research reported in this monograph was concerned with the nature of family crisis and with those factors which determine the willingness of parents to place their severely mentally retarded child in an institution.

The Variables

The variables included in the study were classified into three groups: (a) *social psychological variables*—parents' willingness to institutionalize the retarded child, initial impact of the diagnosis of retardation upon the parents, current personal impact of the retarded child on the parents, and parents' dissatisfaction with the behavior of their normal children; (b) *social organization variables*—within the family: present marital integration and an estimate of early marital integration (prior to the birth of the retarded child), external to the family: social status of the family and religious affiliation of the parents; (c) *demographic-ecological variables*—number, age, and sex of family members.

Sample

The sample consisted of both parents in 268 families in the Chicago metropolitan area with a retarded child living at home. The parents were on either the mailing lists of associations for parents of mentally retarded children or the waiting lists for admission to the Lincoln or Dixon State Schools. The sample had been purposely restricted to include only the following families: (a) one child in the family regarded as severely mentally retarded by the parents, (b) parents of the retarded child married and living together at the time of the study, and (c) the mentally retarded child aged 15 or under. Generally, the parents were about 40 years of age, median income was approximately $6200 per year, the majority of parents had completed high school, husbands were more often in white-collar than in semi-skilled or unskilled occupations, and nine-tenths of the parents were Caucasian.

Procedure

In each family, the husband and wife were interviewed separately, but at the same time, by two interviewers (usually social workers) who visited their home after making an appointment. The interview, which lasted about two hours, consisted of an oral and a written section. Instruments used included indexes of family integration and scales relating to social psychological variables. In the analysis of the data, nonparametric statistical tests were applied.

Results and Conclusions

Eight hypotheses were tested. The results regarding these specific hypotheses were discussed in the section Results and Discussion.

The summary below includes only those results which pertain to the general problems of the research. These problems are (a) the relation of the findings to the earlier Farber studies, (b) the nature of family crisis, and (c) parents' willingness to institutionalize the retarded child.

Relation to Earlier Studies

In general, the following results provided support for interpretations made in the earlier Farber studies:

1. Protestant men with a low marital integration score tended to be more willing to place their retarded child in an institution than were Protestant men with a high marital integration score.
2. A retarded boy had a greater initial impact than did a retarded girl on the father and greater current personal impact on the mother.
3. In low social status families, the marital integration score varied inversely with the husband's willingness to place the retarded child in an institution.
4. For both husbands and wives, there was a greater willingness to place a retarded boy than a retarded girl in an institution.
5. Parents' dissatisfaction with a normal daughter varied inversely with degree of marital integration. However, extent of dissatisfaction with a normal son was unrelated to degree of marital integration.

The above results were consistent with the interpretations that a retarded boy placed a more severe stress on family relations, that institutionalization tended to alleviate pressures on the retarded child's sister as well as his parents, and that religion and social status were significant factors in determining the ability of the family to manage the retarded child at home.

The Nature of Family Crisis

Ordinarily, family crisis is regarded in terms of disorganization of family roles. However, various results in the study indicated that family crisis could be viewed more profitably in terms of the development of family strategies to resolve predicaments. These results were:

1. In families with high early marital integration, the extent of initial impact of the diagnosis of retardation on the husband was inversely related to the current degree of marital integration. In the remaining families, no such relationship was found for the husbands.
2. Although retarded boys had a greater initial impact on fathers, they had a greater current impact on mothers.
3. Mothers were more willing to place a retarded boy who was the oldest child than a retarded boy who was an only child.
4. Especially for husbands, current impact tended to vary directly with initial impact.

These results are discussed below in terms of the scales of initial impact of the diagnosis of retardation and current personal impact on the parents.

The index of initial impact of the diagnosis of retardation is scaled along a dimension from general grief to alienation. This dimension suggests a family crisis like that of bereavement. In bereavement, personal impact may be greatest in those families whose members had been close and highly interdependent prior to the death of one member. The similarity between bereavement and family reaction to retardation explains the fact that even couples with high marital integration are susceptible to this initial impact.

There seems to be a tendency for fathers to identify with their male retarded child and for mothers to identify with children of either sex (although probably slightly more with their retarded daughter). Like bereavement, this initial crisis appears to be one in which anticipated life-careers are frustrated and plans are demolished. A tragic event has occurred. This impact would be greatest when there is emphasis by the parent upon achievement. Therefore, there is a high probability that the tragedy type of crisis would be especially pronounced in middle-class, well-integrated families, where such emphasis occurs.

In contrast to the tragic crisis is the crisis of continued involvement with the retarded child. The index of current personal impact of the retarded child on the parent is along a dimension of involvement with the child. Involvement implies allocation of activity and personal commitment. The most extreme form of involvement in the scale is the complete focussing of attention upon the child at the expense of all other personal relationships in the family. Since the mother is the social-emotional leader in family life and is responsible for maintaining the personal relations in the family, her selective involvement with the retarded child affects the family role relations more than would involvement by any other family member. Without her coordination, role expectations of the other family members are not met and much tension exists in the system of family roles. This crisis of involvement is thus a situational predicament.

Strategies can be developed to counteract the alienating effects of the retarded child on the other family members. Since the character of the family crisis may change over a period of time, it is suggested that strategies which are appropriate for counteracting tragic crises may not be effective in counteracting situational crises and vice versa. A question may be raised whether the strategy of removing the retarded child from the home (and thereby reducing the involvement crisis) is also effective in reducing the continuing tragic crisis which has endured from the diagnosis of retardation.

Willingness To Institutionalize the Retarded Child

The relative influence of factors on parental willingness to place the retarded child in an institution varied with the demographic, social organizational, and social psychological context.

Results indicated that demographic variables were associated with willingness to institutionalize the retarded child in a context of variables related to social status of the family:

1. The higher the social status, the greater was the relative willingness of the husband as compared with the wife to institutionalize the retarded child.

2. In high status families only, the parents' willingness to place the child in an institution varied directly with the number of normal children in the family.

3. The lower the social status, the greater was the relative willingness of mothers of retarded boys as compared with mothers of retarded girls to institutionalize the child.

The findings indicate that demographic-ecological variables influence the parents' willingness to institutionalize insofar as there are norms in various social classes which define the parental expectations for children and the nature of the division of labor between husband and wife. Some of these norms have been described in past research: Generally, the *amount* of emphasis on instrumental activity varies *directly* with social status; the *sex difference* in this emphasis varies *inversely* with social status. With respect to the division of labor between husband and wife, the emphasis on companionship norms tends to vary directly with social status.

The results pertaining to willingness as related to number of normal children in the family and sex of the retarded child suggest that a high degree of parental emphasis on instrumental activity of children is inversely related to the ability of the family to keep the retarded child at home. Studies of families of returned mental patients show a similar finding (19, p. 346). Since emphasis on instrumental activity is associated with planning for the future, willingness to place the retarded child would be associated not only with failure of the retarded child to meet parental expectations but also with his interference with parents' planning for their normal children.

Results regarding husband-wife differences in willingness suggest that as social status increases, the husband's emphasis on family mental health and welfare also increases. With less emphasis on companionship norms in the lower social status families and little assistance from the husband in child care, problems of managing the retarded child would fall mainly to the wife. In higher social status families, however, the husband would tend to be more involved in the management of the child and, as a result, more sensitive to the possible injurious effects of the presence of the child on the mental health of the family members. Thus, the findings on husband-wife differences seem plausible.

The effects of social organization and social psychological variables on parental willingness to place the child in an institution were consistent with the findings regarding the influence of the demographic-ecological variables. The central variable in family organization was marital integration. The degree of marital integration was linearly related to degree of parental willingness to institutionalize the child only in a context of social organization variables related to the community (social status, religion) and

social psychological variables (initial and current impact of the retarded child).

When social status was considered, it was found that:

1. Marital integration varied inversely with husbands' willingness scores only in low social status families.

2. In marriages with low integration, husbands' willingness scores varied inversely with social status. No consistent relationship was found for other ranges of marital integration.

When religion was considered, it was found that:

1. Marital integration varied inversely with husbands' willingness in Protestant groups.

2. Jewish couples, who tended to be in the high-social-status classification, had low willingness scores regardless of degree of marital integration.

The index of marital integration provides a quantitative measure of the degree of integration existing among the various statuses within the family. As such, degree of marital integration is independent of any specific set of rules which define obligations and expectations for the husband and wife. The external system of social relations (social status and religion) of the community provides rules for family interaction.

Along with rules for family interaction, commitments in the community define tolerance limits in managing deviant family members (such as a retarded child). Insofar as social class and religious group permit exclusion of a deviant family member through institutionalization, this solution may be accepted by the family. However, the norms relating to tolerance of deviance must be consistent with those for status maintenance of the family in the community. Presumably, the higher the social status, the greater is the importance assigned by family members (especially the husband) to norms and values of status maintenance (cf. 19). Hence, with emphasis on instrumental expectations required for status maintenance, the high status families would have a lower tolerance level for deviance and, in addition, status-related considerations (such as planning for the future of the normal children) would enter into the decision to institutionalize the retarded child. In low status families, on the other hand, where less emphasis is placed upon status maintenance and related considerations, the state of relationships between family members can exert a greater influence on the decision to institutionalize. It is suggested that in low status families there is a greater tendency to emphasize immediate gratification of the wants and needs of the family members. In low-status families in which marital integration is high and family routines are handled with efficiency, the presence of the retarded child would not markedly interfere with need gratification of other family members. The ability of the family to meet the needs of its members through efficient handling of family routines is assumed to be directly related to the degree of marital integration. It is thus likely that a consistent relationship between marital integration and willingness would obtain for low-social-status families.

The social psychological variables, aside from parental willingness to institutionalize the retarded child, included the parents' impression of the initial personal impact of the diagnosis of retardation, the current personal impact of the retarded child on the parents, and the parents' dissatisfaction with the behavior of their normal children.

When initial and current impact of the retarded child were taken into account, the results were:

1. Generally, for husbands and wives, a relatively low but statistically significant correlation was found between willingness to place and current personal impact scale scores.
2. The wife's initial and current impact scores varied directly regardless of early marital integration of the couple.
3. A significant relationship between husband's initial impact and current marital integration was found only for couples with a high early marital integration (marriage prediction score). In families with low early integration, current marital integration tended to be low regardless of degree of husband's initial impact.
4. In families with low marital integration, parents' willingness to institutionalize the retarded child was related to their dissatisfaction with their normal daughter.

The results relating to the social psychological variables are meaningful only when they are viewed in the context in which they occur.

The scales of current personal impact of the retarded child and of willingness to place the retarded child in an institution both relate to social psychological dimensions which describe the parent's self-perceived relationship with the retarded child. The current impact scale indicates the parent's perception of the extent to which he is involved with the retarded child to the exclusion of other family members. The willingness scale indicates the extent to which the parent regards institutionalization as a solution to his problems. However, in the study, the rank correlation between extent of current impact and willingness was low (.30 for husbands; .37 for wives). Hence, other variables should be introduced to explain the variance in willingness scores.

The influence of social organization and demographic variables on the relationship between impact and willingness to institutionalize scores is of two kinds. On the one hand, these variables define the conditions under which impact is high through indicating the degree of tolerance of deviance permitted in the family or the amount of instrumental behavior expected of children. On the other hand, as suggested above, the social organization and demographic variables indicate the extent to which institutionalization is a permissable strategy to reduce impact.

The joint effect of a social psychological variable and social organization on willingness to institutionalize is suggested in the results for families with low marital integration. Parents' dissatisfaction with their normal daughter was highly associated with willingness scores only in families with low marital integration. In families at other levels of marital integration, there was little relationship be-

tween parents' dissatisfaction with their normal daughter and willingness to place the retarded child. Marital integration is itself related to willingness only in combination with certain attributes of social status, religion, and current impact. Extent of dissatisfaction with daughter is associated with degree of marital integration. This dissatisfaction is also regarded as reflecting a large amount of responsibility expected of the daughter. Hence, the influence of parental dissatisfaction with the normal daughter in the decision to institutionalize must be viewed in terms of the joint effects on family interaction of low marital integration, low social status, Protestant religion, and high current impact of the retarded child.

The findings relating to the demographic-ecological, social organizational, and social psychological factors in parental willingness to place their retarded child in an institution suggest that all three types of variables must be examined in order to understand choice of strategy in a family crisis situation.

APPENDIX:

Adjustment of Scores Involving Nonresponse to Items in Social Psychological Scales

When a parent did not respond to items in one of the social psychological scales, his total score on the particular scale was adjusted in accordance with the procedures described in this Appendix. The procedures defined the kind of adjustment to be made and the point at which information was considered too meager to permit the computation of a reliable total score. As described in the section Theoretical Considerations, the social psychological scales were (a) parent's willingness to place the retarded child in an institution, (b) initial impact upon the parent of the diagnosis of retardation, (c) current personal impact upon the parent, and (d) parent's dissatisfaction with the behavior of a normal child.

Scales Relating to Initial Impact, Current Impact, and Willingness to Institutionalize the Child

The adjustment for nonresponse to the scales relating to initial impact, current impact, and willingness to institutionalize the child was as follows: If a parent failed to respond to an item in the scale, that item was assigned a score of 1. The score category of 1 indicated a greater impact or willingness than the 0 score category. For the current impact and willingness scales, if the parent failed to respond to two or more items, then a total score was not computed for that scale. For the initial impact scale, no total score was computed if three or more items were not answered.

Scale Relating to Parent's Dissatisfaction with Normal Child

Because the scale relating to parent's dissatisfaction with a normal child was a "contrived item" scale, problems of nonresponse were different from those of the other scales. Each of the six contrived items on the parent's dissatisfaction scale was composed of three sub-items. Responses indicating satisfaction were given a plus-sign, and those indicating dissatisfaction a minus-sign. The contrived item was given a score of 1 when two or three of the sub-items received a plus; a score of 0 when two or three of the sub-items received a minus. Failure to respond to sub-items was treated as follows:

1. If there was no response to a sub-item, that particular sub-item received a minus.
2. In scoring the contrived items, if the respondent failed to answer one of the three sub-items, and if the remaining two sub-items *both* received either a plus or a minus, then the score of 1 or 0 for the contrived item was *not* determined by the single failure to respond to the sub-item.

3. On the other hand, if the respondent failed to answer one sub-item and one of the remaining sub-items received a plus and the other a minus, that contrived item received a score of 0 and, in this case, the score for the contrived item was determined by the failure to respond to a sub-item.

4. In addition, if the respondent failed to answer more than one of the sub-items of any given contrived item, then that contrived item received a score of 0 which was, of necessity, determined by the failure to respond.

In computing the scale score, if there were more than one contrived item whose score was determined by a failure to respond, no scale score was computed.

REFERENCES

1. Aberle, D. F., & Naegele, K. D. Middle class fathers' occupational role and attitudes toward children. *Amer. J. Orthopsychiat.*, 1952, 22, 366-378.
2. Ausubel, D. P., *et al.* Perceived parent attitudes as determinants of children's ego structure. *Child Develpm.*, 1954, 25, 173-183.
3. Burgess, E. W., & Locke, H. J. *The family.* New York: American Book, 1953.
4. Burgess, E. W., & Wallin, P. *Engagement and marriage.* New York: Lippincott, 1953.
5. Duncan, O. D., & Schnore, L. F. Cultural, behavioral, and ecological perspectives in the study of social organization. *Amer. J. Sociol.*, 1959, 65, 132-146.
6. Farber, B. An index of marital integration. *Sociometry*, 1957, 20, 117-134.
7. Farber, B. Effects of a severely mentally retarded child on family integration. *Monogr. Soc. Res. Child Develpm.*, 1959, 24, No. 2.
8. Farber, B. Family organization and crisis: Maintenance of integration in families with a severely mentally retarded child. *Monogr. Soc. Res. Child Develpm.*, 1960, 25, No. 1.
9. Farber, B., & Blackman, L. S. Marital role tensions and number and sex of children. *Amer. sociol. Rev.*, 1956, 21, 596-601.
10. Goldstein, H. *Report number two on study projects for trainable mentally handicapped children.* Springfield, Ill.: Superintendent of Public Instruction, 1956.
11. Goode, W. J. The sociology of the family. In R. K. Merton, L. Broom & L. S. Cottrell, Jr. (Eds.) *Sociology today.* New York: Basic Books, 1959, 178-196.
12. Green, B. F. A method of scalogram analysis using summary statistics. *Psychometrika,* 1956, 21, 79-88.
13. Hill, R. *Families under stress.* New York: Harper, 1949.
14. Hyman, H. *Survey design and analysis.* Glencoe, Ill.: Free Press, 1955.
15. Lidz, *et. al.* The family environment of schizophrenic patients: II. Marital schism and marital skew. *Amer. J. Psychiat.*, 1957, 114, 241-248.
16. Porter, B. M. The relationship between marital adjustment and parental acceptance of children. *J. Home Economics,* 1955, 47, 157-164.
17. Seeman, M. On the meaning of alienation. *Amer. sociol. Rev.*, 1959, 24, 783-791.
18. Siegel, S. *Nonparametric statistics for the behavioral sciences.* New York: McGraw-Hill, 1956.
19. Simmons, O. G., & Freeman, H. E. Social class and posthospital performance levels. *Amer. sociol. Rev.*, 1959, 24, 345-351.
20. Stouffer, S. A., *et al. Measurement and prediction.* Princeton: Princeton Univer. Press, 1950.
21. U. S. Bureau of the Census. *1950 census of population: Classified index of occupations and industries.* Washington: U. S. Government Printing Office, 1950.
22. Wirth, L. *Community life and social policy.* Chicago: Univer. of Chicago Press, 1956.

The Council for Exceptional Children expresses appreciation to Lianne Cordero, editorial assistant, and Michael J. McGurk, artist, of the NEA Publications Division for their technical assistance in preparing this first number of the new research monograph series.

INFORMATION FOR CONTRIBUTORS:

Principal investigators of major research projects in special education are invited to submit manuscripts for consideration in the monograph series. One copy is sufficient for initial inspection; additional copies will be requested if needed. The manuscript need not be in final report form, but it should present a reasonably complete description (including findings) of the research undertaken. Manuscripts which (a) are appropriate to the purpose of the series, and (b) reflect acceptable standards of research methodology, will be reviewed by authorities in the particular area(s) covered.

For further information, contact the Managing Editor, CEC Research Monograph Series, Council for Exceptional Children, 1201 16th Street, N.W., Washington 6, D. C.