

PARENTAL STRESS IN TURKISH FAMILIES WITH ATYPICAL AND TYPICAL CHILDREN: WHAT CAN WE LEARN?

Atipik ve Tipik Çocuklu Türk Ailelerinde Ebeveyn Stresi: Ne Öğrenebiliriz?

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ÖZET

Bu araştırma, ebeveyn stresi ve çocuk-taki gelişimsel bozukluk arasındaki ilişkiyi çocuk değişkenleri, ebeveynlerin çocuk bakımına katılımı ve sosyal destek sistemleri ile ilişkilendirerek incelemiştir. 4-7 yaş arasında gelişimsel bozukluğu olan çocukların (n=94) aileleri aynı yaş ve gelir grubunda normal gelişim gösteren çocukların (n=40) aileleri ile karşılaştırılmıştır. İncelemeler, çocuktaki gelişimsel bozukluğun ebeveyn stresinde belirgin artmaya yol açtığını, ancak, çocuğun yaşının veya cinsiyetinin ebeveyn stresine belirgin etki etmediğini saptamıştır. Normal çocuğu olan anne-babalarla karşılaştırınca, gelişimsel bozukluğu olan bir çocuğa sahip anne-babalar, belirgin olarak, daha çok ebeveyn ve aile sorunları

yaşamakta, daha karamsar olmakta, çocuklarına daha olumsuz karakteristikler atfetmekte ve çocuklarını fiziksel olarak daha yetersiz görmektedirler. Gelişimsel bozukluğu olan çocukların anne-babaları daha çok profesyonel kurum ve meslek elemanlarından destek alırken, normal çocuklu anne-babalar daha çok kendi akrabalarından destek almaktadırlar.

Anahtar Sözcükler: Ebeveyn stresi; sosyal destek sistemleri; 4-7 yaş arası tipik ve atipik çocuklar.

SUMMARY

The relationship between atypicality and parental stress was analyzed in Turkish families in relation to: child variables, parental involvement, and social support. Parents of 4 to 7-year-old developmentally atypical children (n=94) compared with parents of age- and income-matched typically developing children (n=40). The presence of child atypicality, but not child age or gender, was related to increased parental stress. Parents of atypical children were more likely to: perceive parent and family problems, be pessimistic, attribute negative characteristics to their child, and perceive their child as physically incompetent than were parents of developmentally typical children. Parents of atypical children perceived that they received more support from professional services. Parents of typical children reported more formal kinship support.

Key Words: Parental stress; social support; typical and atypical 4 to 7-year olds

INTRODUCTION

Researchers studying family interactions and stress often assume that the presence of a child with atypicalities will have significant psychosocial impact on families. Members of both the immediate and extended families

may be affected in various degrees (Crnic et al., 1983). Consequently, parents of developmentally atypical children have generally been viewed as being at risk for a variety of family life problems and emotional difficulties (Harris & McHale, 1989). Our understanding of families of children with developmental atypicality has grown as professionals are changing from a narrow singular focus on the mother to one that explores family dynamics and multiple social and ecological factors (Seligman & Darling, 1997).

What **meaning** family members attach to a child disability in different ecological contexts determines the impact of disability on a family or individual (Bronfenbrenner, 1977). Cultures vary in their attitudes toward persons with disabilities and social context has an important impact on families' behavior toward their atypical children. If we study families of handicapped children in isolation from their social context, we cannot properly understand the meaning of parental behavior. Since parents cannot be properly understood in isolation from their sociocultural context (Fewell, 1991) and family discipline and teaching style are affected by their social context (Honig, 1989), the present study utilizes an ecological perspective in studying the phenomenon.

In addition, a disability in one family member not only affects the disabled person, but also affects other family members. The family operates as an interactive unit and what affects one member affects all members. Thus, researchers should not focus just on one family member and ignore other

family members who may be affected by the presence and behaviors of the disabled child in the family (Seligman, 1991). In order to better understand the dynamic nature of family functioning, the present study, in addition to an ecological perspective, utilizes family systems theory and focuses on the family as a system in an ecological context.

Literature Review

Family stress can arise from ecological stressors, medical stressors, interpersonal problems within family, and child behavior stressors (Honig & Vesin, 1987) as well as from the burden of chronic illness or disability of one of its members (World Health Organization [WHO], 1981). During the last twenty years, increased research attention has been directed towards the families of children with developmental disabilities (Glidden, 1993).

Previous research documents that the special childcare demands faced by the parents of children with disabilities can cause significant stress for the parents and significant disruption in family relationships (Levy-Shiff, 1986). Friedrich et al. (1985) argued that the presence of a chronic disability in a child is a stressor that requires an ongoing coping response by the parents. While some stresses experienced by families of handicapped children are related to hardships associated with mental retardation, such as social stigmatization and the prolonged burden of care, other stresses can be related to typical parental responses to retardation, such as lack of appropriate information, confusion

concerning childcare, and periodic grief (Wikler, 1981).

Parents of atypical children are often considered at risk for numerous difficulties in comparison to families with developmentally typical children. The impact of disability is not restricted to the individual but extends to the family members. Parents of atypical children are at the great risk of emotional difficulties (Crnic et al., 1983).

Although there is a common notion that families of children with developmental atypicalities experience a high degree of stress, empirical evidence has been inconsistent. For example, a study shows that there is no difference between families of atypical and typical children in level of maternal stress as measured by the presence of physical and psychological symptoms (Waisbren, 1980). This is particularly true when supports are offered consistently for the family from birth (an early identification) onward (Honig & Winger, 1997)

Since children and families vary so widely on their specific characteristics and because of any number of different psychological, social, and practical day-to-day factors affect each family differently, attempts to assess the impact of atypical children on their families are difficult. We cannot assume that all families of a developmentally atypical child are similarly affected or possess similar characteristics. Some family members experience feelings, burdens, and stress that families of typical children will not experience. Developmentally atypical children have considerable psychological / emo-

tional, financial, and practical/logistical impacts and implications on the overall functioning of the family (Lyon & Lyon, 1991).

Literature in the area of psychological and emotional impacts of handicapped children on families has generally attempted to describe the deleterious and stressful effects of the presence of a disabled child on the family (Floyd & Gallagher). On the other hand, many families claim that the stress of the mental retardation has brought the family closer together (Wikler, 1981).

Current literature demonstrated some inconsistency in research findings regarding to families with atypical and typical children. Only a few researchers have examined the family experiences of fathers and mothers of atypical children and the results are inconsistent. Most studies with families of atypical children do not include a comparison group (Floyd & Gallagher, 1997; Friedrich, 1979). Also, among the comparison studies, many investigators employed a small sample size (Levy-Shiff, 1986). Other studies have encompassed a wide range of ages of the children with handicaps (Bailey et al., 1992; Marcenko & Meyers, 1991). But it is difficult to analyze whether family functioning *changes* overtime depending on child age and stage. Most of the studies do not include fathers in the research process (Friedrich, 1979; Harris & McHale, 1989; Marcenko & Meyers, 1991). This failure to include fathers in research has led to over reliance on maternal information and a subsequent assumption that what is valid for mothers is also valid for fathers

(Wolfensberger, 1967). Findings on fathers are more often based on clinical impressions, ratings of parent attitudes, or even interviews with mothers about fathers' involvement and experiences (Meyer, 1986).

Thus, it is important to note that this study includes fathers in the research design and examines both father and mother involvement with their atypical and typical children and parental stress and focuses on a smaller age range of children. There are two main reasons why fathers are also included in the present study. First of all as Minuchin (1974) proposed, the family operates as an interactive unit and that what affects one member affects all members. The impact of mental retardation is not limited just to mothers. Fathers are also affected by a child with disability. Second, including the fathers in any research attempt is important because many fathers today play a larger role in their child's daily life than did fathers of previous generations (Meyer, 1986).

METHOD

Participants

The sample for the present study consists of two-parent families with developmentally atypical and typical children drawn from six special education schools and rehabilitation centers, 10 primary schools, kindergartens, and day care centers in cities of Gaziantep, Ankara, and Hatay, in Turkey. Questionnaires about childcare activities, family resources and stress, and family support were distributed to the parents of typical children and atypical children. Data from 40

parents of developmentally typical children and 94 parents of developmentally atypical children, a total of 124 parents, were completed and then analyzed.

Table 1 reveals no significant differences in monthly income level between families with developmentally atypical and typical children. As can easily be viewed from the table, the only significant difference between families with atypical and typical children was in mother's education level. Mothers of typical children had more formal education than mothers of atypical children.

Demographic data also showed that, while 45% of mothers of typical children were employed, only 4.3% of mothers of atypical children were employed. Most special education schools have half-day programs for atypical children in Turkey. When this aspect of the special education schools is combined with the higher caregiving burdens of developmentally atypical children, then it is not surprising that only a small percentage of mothers of atypical children were employed outside of home.

Measures

Participants received packets containing a demographic form and the following instruments.

Childcare activity questionnaire.

This measure is a four category Likert type questionnaire (1= always father to 5=always mother) about childcare activities (See Table 2).

Table 1
Demographic Characteristics of Participants

	Families of Atypical Children (n=94)			Families of Typical Children (n=40)			F
	N	%	M	N	%	M	
Child Age (years)			5.77 (1.15)			5.50 (0.89)	0.86
Mother Age (years)			32.77 (7.07)			33.55 (4.90)	0.20
Mother Education (years)			7.09 (2.96)			9.45 (3.55)	7.96*
Mother Employment (employed)	2	4.3		9	45		
Father Age (years)			37.49 (7.79)			37.75 (5.29)	0.02
Father Education (years)			8.11 (3.55)			10.45 (3.95)	5.71
Father Employment (employed)	45	95.7		20	100		
Monthly Family Income (T.L.)			283million (149million)			329million (129million)	1.38
Number of Children							
One	13	13.8		14	35		
Two	35	37.2		16	40		
Three	20	21.3		3	7.5		
Four or more	24	25.5		7	17.5		

Note. Standard Deviations (SDs) are in parentheses.

* $p < .05$.

This questionnaire is used because it assess 34 specific parental activities which are common in caring for young children, such as basic daily routine care, play/leisure, discipline, emotional/social interactions, and so

on (Honig & Matsushita, unpublished)

A short-form of the questionnaire on resources and stress (QRS-F).
The Friedrich short form (QRS-F)

(Friedrich et al., 1983), used in this study, consists of 52 dichotomous True (T) False (F) self report items in a questionnaire divided into four scale factors: "Parent and Family Problems", "Pessimism", "Child Characteristics", and "Physical Incapacitation", with differing numbers of items in each scale (See Table 2). This scale was used to measure stress in families of developmentally atypical children.

Family support scale (FSS). This scale (FSS) measures the helpfulness of sources of support (Spouse/Partner, Parents, Relatives/Kin, Friends, Professionals, and so on...) for families rearing a young child (Dunst *et al.*, 1994). FSS includes 18 items (plus 2 respondent initiated items) rated on a five-point scale ranging from "not at all helpful (1)" to "extremely helpful (5)" (See Table 2).

Procedure

Prior to distribution of the questionnaires, with the help of a special education teacher, the researcher translated the questionnaires into Turkish. Subsequently, another person, who is fluent in English and familiar with the research topic, was asked to convert the items from Turkish into English in order to ensure that no shift in meaning had occurred. Participants were initially informed about the study and their role in it. The researcher did not review school records to contact potential participants directly. To protect privacy, the researcher sent a pam-

phlet home with students. Each parent was asked to fill out and sign a consent form as well as the research instruments separately without consulting each other and to return them to their child's class teacher in sealed envelopes. After both surveys were returned, families received a small gift for their child. Participant parents also received a "Participation Certificate" for their coordination and collaboration. University IRB approval for this research was obtained.

Reliability

Reliability as internal consistency of items in each questionnaire was analyzed for: the short form of the questionnaire on resources and stress, the childcare activity questionnaire, and for the family support scale. All of the reliability alpha (Cronbach's Alpha) scores were at moderately acceptable levels. The reliability alpha scores for Resources and Stress ranged from .82 to .90. The reliability alpha scores for Family Support Scale ranged from .44 to .62, which is acceptable. The reliability alpha scores of the Childcare Activity Questionnaire ranged from .57 to .85. Due to the small numbers of items in some sub-scales of Childcare Activity Questionnaire and the Family Support Scale, reliability scores ranged widely, and some subscales showed moderately low internal consistency of measurement.

Table 2
Subscales and Sample Items for Parental Care Activities and Other Family Measures

Name of the Measure	
Name of the Subscale	Sample Items
Childcare Activity Measure^a	
Performing Personal Routine Care (7)	e.g., dress child; bathe child; put child to bed
Promoting Child Development (8)	e.g., read to child; teach child polite words
Planning/Socialization Activities (6)	e.g., plan outing for child; take child to visit relatives
Playing with the Child (3)	e.g., play with toys, table games, and other games with child
Teaching Household Chores (2)	e.g., get child to help with easy chores; encourage child to help in kitchen
Transporting the Child (5)	e.g., take child to playground/zoo; take child for haircut; take child for health/dental care appointments
Friedrich's Short-Form of the Questionnaire on Resources and Stress	
Parent and Family Problems (20)	e.g., parents get upset with the way their life is going
Pessimism (11)	e.g., parents think child will always be a problem
Child Characteristics (15)	e.g., child does not communicate with others
Physical Incapacitation (6)	e.g., child can or cannot walk without help; feed himself/herself; go to bathroom alone
Dunst's Family Support Scale	
Informal Kinship Support (5)	e.g., friends; own children; other parents
Spouse/Partner Support (3)	e.g., spouse; spouse's parents; spouses kin
Social Organizations Support (4)	e.g., social groups; co-workers; school/daycares
Formal Kinship Support (2)	e.g., own relatives/kin; own parents
Professional Services Support (4)	e.g., professional helpers; agencies; child physician

Note. The numbers of items per sub-scale are in parentheses.

^a Honig & Matsushita (unpublished).

RESULTS

Stress

Because the four domains of stress constitute multiple dependent measures, a Multivariate Analysis of

Variance (MANOVA) was employed. Since the MANOVA showed significant effects, we investigated the nature of the relationship between stress level and sex of parent through univariate Analysis of Variance (ANOVA). Because we

wanted to be sure not to reject the null hypothesis (of no differences) because of the use of multiple Fs (Type I error), the significance level was adjusted (based on the Bonferroni technique) to .01.

Accordingly, four sets of univariate ANOVAs were carried out to determine whether family stress (parent and family problems, pessimism, perception of negative child characteristics, and perception of child's physical incapacitation) differed significantly among mothers and fathers of atypical and typical children. Significant differences among the means for family stress were found ($p < .001$) for the four parent groups (see Table 3). In the follow-up tests, four sets of a *posteriori* Tukey comparisons were conducted to find the source of these significant differences. When compared to parents of developmentally typical children, mothers and fathers of developmentally atypical children were found to be significantly more likely:

- * to perceive parent and family problems ($F(3, 133)=5.61, p < .001$)
- * to be pessimistic about the child's immediate and future prospects of achieving self-sufficiency ($F(3, 133)=20.12, p < .001$),
- * to attribute negative characteristics to their child ($F(3, 133)=27.89, p < .001$), and;
- * to perceive their child as physically incompetent ($F(3, 133)=14.37, p < .001$)

Neither child nor parent gender was a significant contributor to parental

stress levels. There were no significant differences in comparing maternal and paternal stress levels within families for parents of developmentally atypical or typical children. Within families, regardless of child typicality, fathers and mothers did not differ in their stress levels.

Parental Involvement

Another goal of the present study was to test for possible parental involvement differences among mothers and fathers of atypical and typical children. MANOVA and separate univariate ANOVA tests were conducted with Relative Parental Involvement, Satisfaction with Own Level of Involvement and Satisfaction with Partner's Level of Involvement serving as dependent variables. Relation to the Child served as the between-subjects independent factor (see Table 3).

For parental involvement, post hoc tests revealed that all of the comparisons among groups, except in Satisfaction with Own Level of Involvement, achieved significance according to the conservative Tukey criterion. Both parents of developmentally atypical and typical children reported that mothers were more likely than fathers to be involved in most of the domains of childcare. Apart from being the primary participant in basic daily care routines, mothers also were the ones who were more likely than fathers to be engaged in play with the little ones. In addition, there was little evidence that mothers and fathers of developmentally atypical and typical children divide childcare activities differently based on child gender.

In terms of personally felt satisfaction, both fathers and mothers of developmentally atypical and typical children were slightly dissatisfied with their perceived own level of involvement in childcare activities. While all parents were somewhat dissatisfied with their own level of involvement, all mothers (of developmentally atypical and typical children) tended to believe that their husbands did not contribute equally

to childcare and household tasks. Mothers were more likely to be dissatisfied with their husbands' "unfair" lesser contribution in household activities. Although fathers' scores of satisfaction with their partner's level of participation in childcare activities were higher than their wives' scores, fathers were also slightly dissatisfied with their partner's level of participation in childcare.

Table 3
Descriptive Statistics and Univariate/Multivariate Analysis of Variance for Measures of Stress, Involvement, and Social Support

Variables	MOTHERS		FATHERS		MANOVA			ANOVA	
	Atypical (n=47) M	Typical (n=20) M	Atypical (n=47) M	Typical (n=20) M	Wilks's Criterion	df	F	df	F
STRESS					.45	12	9.81*		
Parent/ Family Problems	.45 (.26)	.28 (.18)	.45 (.24)	.27 (.16)				3	5.61*
Pessimism	.73 (.23)	.40 (.23)	.71 (.25)	.35 (.20)				3	20.12*
Child Characteristics	.51 (.26)	.11 (.14)	.51 (.23)	.09 (.09)				3	27.89*
Physical Incapacitation	.48 (.34)	.11 (.16)	.49 (.32)	.15 (.13)				3	14.37*
PARENTAL INVOLVEMENT					.33	9	20.13*		
Own Involvement	3.70 (.45)	3.62 (.44)	2.45 (.44)	2.64 (.38)				3	82.16*
Satisfaction w/ Own Involvement	2.66 (.35)	2.84 (.45)	2.63 (.46)	2.69 (.41)				3	1.27
Satisfaction w/ Partner's Involvement	2.33 (.44)	2.47 (.54)	2.80 (.42)	2.91 (.42)				3	12.66*
SOCIAL SUPPORT					.25	15	15.43*		
Informal Kinship	2.29 (.75)	2.48 (.95)	.75 (.67)	.75 (.50)				3	54.68*
Spouse/ Partner Support	3.05 (1.01)	3.37 (.71)	1.79 (.79)	2.08 (.77)				3	25.24*
Social Organization	2.36 (.81)	2.71 (.90)	.80 (.72)	1.01 (.76)				3	43.25*
Formal Kinship	2.60 (1.19)	3.50 (1.30)	.57 (.64)	.83 (.78)				3	59.92*
Professional Services	3.95 (1.23)	3.70 (1.23)	2.20 (1.13)	1.46 (.77)				3	33.23*

Note. Standard Deviations (SDs) are in parentheses.

* $p < .001$

Social Support

To evaluate whether parenting an atypical or a typical child is associated with parents' differing perception of social support, we conducted a MANOVA and a series of univariate ANOVAs with Relation to the Child as the between-subjects variable; Informal Kinship, Spouse/Partner Support, Social Organizations, Formal Kinship, and Professional Services as the dependent variables (see Table 3). Significant differences among the means were found ($p < .001$). Regarding social support, a *posteriori* comparisons revealed that all mothers (of atypical and typical children) were more likely to receive significantly more social support in any domain of social support than were fathers. In addition, mothers of typical children reported receiving more Formal Kinship Support ($M=3.50$, $SD=1.30$) than any other parent group while mothers of atypical children reported receiving more Professional Services Support ($M=3.95$, $SD=1.23$) than any other parent group.

DISCUSSION AND CONCLUSIONS

Both within families with developmentally atypical and developmentally typical children, mothers were more involved in every domain of childcare. Mothers continue to assume the primary responsibility for the caregiving role regardless of child developmental status. Father involvement with their developmentally atypical and typical child seemed to be limited; fathers appeared reluctant to take part in most of the childcare activities.

Although, overall, mothers were more satisfied with their own level of involvement in childcare activities than fathers, both parents seemed to be dissatisfied with their own level of involvement in childcare. In addition, both mothers of developmentally atypical and typical children were dissatisfied with their partner's level of participation in childcare. Mothers felt that childcare activities were not fairly divided between themselves and their husbands and that their husbands did not equally contribute to childcare activities and household tasks.

Parents of developmentally atypical children reported significantly higher levels of family stress than parents of developmentally typical children. Couples with developmentally atypical children were more likely to perceive parent and family problems within the household, more likely to be pessimistic, more likely to attribute negative characteristics to their child, and more likely to perceive their child as physically incompetent.

These findings pose a challenge for professionals to reach out more to provide insight and support for families. For example, the social service office of a hospital could monitor the neonatal unit. When a couple gives birth to an atypical child, the hospital social worker can then be assigned to work with the mother and father closely right after the birth. Previous research has shown that greater father participation in childcare is related to higher marital satisfaction for both parents. Since father participation in childcare is related to marital satisfaction, social workers need to find creative ways to empower fa-

thers discover ways to help with household and caregiving tasks, so that both parents feel less stressed and regard each other as more helpful.

How can schools help? Effective courses in high schools and colleges can be helpful to teach young men the importance of their involvement with children within the family. In high schools, family life education programs may help "future parents" to discuss and explore their needs, concerns, expectations and roles regarding childcare and household care.

How important is couple counseling? Social workers and other helping professionals need training in and sensitization to the needs of couples, especially ones with developmentally atypical children. Social workers can help parents evaluate their relationships and to learn ways to communicate effectively and develop social skills to be more successful in couple roles as well as parenting roles. Mothers and other family members need to be more supportive toward father's involvement, rather than playing the role of "gate keepers". Social workers also need to focus on family relationships rather than just on the material and medical service needs of the families.

Creating supportive/educational programs for parents can ease family stress. Social workers employed in special education schools and rehabilitation centers can organize *week-end* support and training programs for parents of atypical children. Then both fathers and mothers can participate in programs. Service provid-

ers need to praise the specific efforts parents are indeed making to raise their atypical child. Every parent needs an encouraging boost, especially from a knowledgeable professional. In addition, since most salient aspects for satisfactory interpersonal relationships require effective communication, time together for talking, and positive affect (Arcus et al., 1993), these programs can suggest ways for partners to create time to spend together to maintain their own positive couple relationship. Some programs teach parents positive communication patterns, problem solving, and conflict resolution skills (Gordon, 1970; Shure, 1994). Offering respite care can decrease parent discouragement and weariness in caring for atypical children. Social workers can work closely with potential sources of support in order to structure and channel the support of grandparents and other members of the extended family. Staff may compile and provide a list of "baby sitters" who can effectively care for an atypical child for a few hours so that parents can go out for dinner, to walk in a park, or to see adult friends and relatives.

How important is outreach to families? Outreach home visits and family centered treatment plans should become an indispensable part of institution policy. By working closely with families, professional helpers can develop **individualized** programs and treatment plans respecting the unique needs of each individual family and members of the extended family, such as grandparents. Early intervention programs need to support parents as well as provide

services for them. It is not enough for institutions to say to parents "When you need to, come visit our services". Programs should reach out to parents and be in contact with them.

Home visits are invaluable resources to give the opportunity to professionals to examine where stress arises and what kind of arrangements can be made to lighten parental burdens and make them feel less stressed daily as they provide care for their atypical children.

In addition, professionals can organize picnics, day camps for parents and children, and send annual birthday cards. Staff can set up coffee hours at the agency and brainstorm other ways to keep in touch with parents. In order to expand their services as they assist parents to cope better by providing carefully tailored services to reduce stress and support the family, service providers need to schedule regular case conferences for each individual family and use each parent as an informant who can offer even more positive ideas to support optimal family functioning.

One limitation of the present study is related to the issue of sampling. Participants were selected by using reliance on availability of subjects in a nonprobability sampling design, and this sampling design limits the generalization of research findings. Also, because of some demographic differences between the two groups, comparison between families of atypical and typical children should be read with caution.

This research focused on the impact of atypical and typical children on parents. Future research can focus on the impact of child atypicality on other family members, such as siblings and grandparents. It is important to study the impact of the birth order of the atypical child on stress, parental involvement and support. This study revealed negative effects of atypicality as revealed by increased stress on families. We also need more research on the positive impact of personal and professional supports on family relations when there is an atypical child to care for.

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