

The University of Manitoba

Sibling Adjustment in Families with Institutionalized
Mentally Retarded Children: A Controlled Study

by

Sharon Fern Tritt

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Abstract

The emotional and behavioural adjustment of children with institutionalized retarded siblings was compared to that of children with non-retarded siblings. The 27 children in each group were matched on sex, age, intelligence, and parental marital status. Emotional adjustment was assessed through the Self-Appraisal Inventory (Frith & Narikawa, 1972) and by a question regarding overall happiness. Behavioural adjustment was measured by the Behaviour Problem Checklist (Quay & Peterson, 1965) rated by mothers. All children were also administered a semi-structured interview. As predicted, children with retarded siblings reported significantly lower overall emotional adjustment, significantly depressed affect in the family situation, and significantly less happiness. Contrary to prediction, children with retarded siblings were not reported to differ significantly in their overall behavioural adjustment. However, significant differences between the two groups were found in reported incidence of anti-social behaviour. Saliency of retardation was found to play a significant role in behavioural adjustment. Results were discussed in terms of their methodological contribution to the literature, directions for future research, and implications for therapeutic intervention in families with institutionalized retarded children.

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Table of Contents

	<u>Page</u>
Certificate of Examination	i
Abstract	ii
Acknowledgements	iii
Table of Contents	v
List of Tables	x
List of Figures	xii
Chapter	
1 Introduction	1
Parents of Mentally Retarded Children	3
Siblings of Mentally Retarded Children	4
Purpose and Research Hypotheses	5
2 Method	8
Identification of Potential Subjects	8
Identification of Families with Institut-	
ionalized Mentally Retarded Children	8
Identification of Families with No Retarded	
or Otherwise Handicapped Children	9
Subject Selection	10
Response Rate of Families with Institut-	
ionalized Retarded Children	11
Response Rate of Families with Non-Handicapped	
Children	11
Final Sample of Families Studied	13
Considerations in Matching Experimental and Control	
Subjects	13

Chapter		Page
2	Method, continued	
	Dependent Variables	15
	Moderator Variables	20
	Interview Procedure	21
3	Results	23
	Between-Group Differences	24
	Hypothesis 1	24
	Hypothesis 2	24
	Hypothesis 3	24
	Post-Hoc Analyses: SAI Subscales	31
	BPC Subscales	39
	Hypothesis 4	42
	Impact of Moderator Variables on the Adjustment of Children with Retarded Siblings	46
	Hypothesis 5	46
	Hypothesis 6	46
	Hypothesis 7	47
	Hypothesis 8	47
	Hypothesis 9	47
	Hypothesis 10	47
	Hypothesis 11	47
	Semi-Structured Interview	51
	Between-Group Differences	51
	Family Relationships	51
	Perceptions of Personal Appearance	54
	Academic Performance	54
	Peer Relationships	56

	Questions Specific to Having an	
	Institutionalized Retarded Sibling	57
	Similarities between Siblings	57
	Affect	57
	Experience of Having a Retarded Sibling	61
	Knowledge of Retardation and Family	
	Relationships	63
	Visiting with Retarded Sibling	65
	Peer Relationships	65
4	Discussion	70
	Between-Group Differences	70
	Hypothesis 1	70
	Hypothesis 2	71
	Hypothesis 3	73
	Post-Hoc Analyses: SAI Subscales	76
	BPC Subscales	79
	Hypothesis 4	82
	Impact of Moderator Variables on the Adjustment of	
	Children with Retarded Siblings	83
	Hypothesis 5	83
	Hypothesis 6	85
	Hypothesis 7	86
	Hypothesis 8	88
	Hypothesis 9	89
	Hypothesis 10	90
	Hypothesis 11	92
	Semi-Structured Interview	94
	Between-Group Differences	94

Chapter	Discussion, continued	Page
4	Questions Specific to Having an Institutionalized Retarded Sibling	102
	Reference Notes	111
	References	112
	Appendices	118
	<u>Appendix</u>	
A	Adjustment in Families with Mentally Retarded Children: A Literature Review	120
	Parents of Mentally Retarded Children	121
	Effects on Family Functioning	122
	Marital Relationship	123
	Independent Measures Influencing Parental Adjustment	126
	Summary	132
	Siblings of Mentally Retarded Children	134
	State of the Literature	134
	Effects on Adjustment	137
	Key Dependent Variables Relating to Sibling Adjustment	144
	Peer Relationships and Social Adjustment	144
	Behavioural Adjustment	147
	Emotional Adjustment - Self Esteem	149
	Summary	150
	Independent Measures Influencing Sibling Adjustment	151
	Institutionalization vs. Home Care	151
	Age	152

<u>Appendix A</u>	(continued)	<u>Page</u>
	Length of Institutionalization	152
	Severity of Handicap	153
	Saliency of Handicap	153
	Family Size	154
	Summary and Conclusions	154
	References	157
B	Letter to Families with a Child in St. Amant Centre	162
C	Questionnaire for Families with Institutionalized Child	164
D	Letter to Families with Children in St. Vital School Division	171
E	Questionnaire for Families with Children in St. Vital School Division	174
F	Outline of Telephone Interview	181
G	Feedback Letter to All Volunteers	184
H	Self-Appraisal Inventory - Primary Level	187
I	Self-Appraisal Inventory - Intermediate Level	190
J	Self-Appraisal Inventory - Secondary Level	195
K	Behaviour Problem Checklist	199
L	Semi-Structured Interview (Experimental Group)	203
M	Semi-Structured Interview (Control Group)	211
N	Physical Appearance Rating Scale	215

List of Tables

<u>Table</u>		<u>Page</u>
1	Response Rates from Experimental and Control Families	12
2	Characteristics of Final Sample of Subjects	14
3	Summary of the Multivariate Analysis of Variance and Discriminant Analysis on SAI and BPC Scores for Children from Different Family Statuses	25
4	Mean Self-Appraisal Inventory Total Scores and Behaviour Problem Checklist Total Scores for Children from Different Family Statuses	28
5	Summary of the Multivariate Analysis of Variance and Discriminant Analysis on SAI Subscale Scores for Children from Different Family Statuses	32
6	Mean Self-Appraisal Inventory Subscale Scores for Children from Different Family Statuses	34
7	Mean Self-Appraisal Inventory Subscale Scores for Male and Female Respondents	37
8	Summary of the Multivariate Analysis of Variance and Discriminant Analysis on BPC Subscale Scores for Children from Different Family Statuses	40
9	Mean Behaviour Problem Checklist Subscale Scores for Children from Different Family Statuses	43
10	Frequency of Happiness Ratings for Children from Different Family Statuses	44
11	Summary of the Analysis of Variance on Happiness Ratings for Children from Different Family Statuses	45

<u>Table</u>	<u>Page</u>
12 Correlations of BPC Total and SAI Total with Physical Appearance, Length of Institutionalization and Severity	49
13 Percent of Unique Proportion of Variance in BPC and SAI Total Scores Accounted for by Length of Institutionalization, Severity and Physical Appearance	50
14 Reported Frequency of Expression of Positive Affect to Non-Handicapped Siblings	53
15 Children's Perceptions of Frequency with which Parents Encourage Them to Achieve Better in School	55
16 A Comparison of Children's Expression of Positive Affect to their Retarded and Non-Retarded Siblings	59
17 A Comparison of the Frequency of Children's Expressions of Positive Affect to their Retarded and Non-Retarded Siblings	60
18 Reasons Given by Experimental Children for Wanting to Visit Retarded Sibling at Institution More Frequently	66
19 Reasons Given by Experimental Children for Wanting Retarded Sibling to Visit at Home More Frequently	67
20 Reasons Given by Experimental Children for Not Wanting Retarded Sibling to Visit at Home More Frequently	68

List of Figures

<u>Figure</u>		<u>Page</u>
1	Discriminant Function Centroids of the Different Family Statuses on SAI and BPC Total Scores	27
2	Discriminant Function Centroids of the Different Age Groups on SAI and BPC Total Scores	30
3	Discriminant Function Centroids of the Different Family Statuses on Children's SAI Subscale Ratings	33
4	Discriminant Function Centroids of the Different Sexes on Children's SAI Subscale Ratings	36
5	Discriminant Function Centroids of the Different Age Groups on Children's SAI Subscale Ratings	38
6	Discriminant Function Centroids of the Different Family Statuses on Mothers' Ratings of Children on BPC Subscales	41

Chapter 1 - Introduction

To date, the literature discussing mental retardation focuses primarily upon the mentally retarded person. There is a substantial body of research on such topics as the personality of institutionalized mentally retarded children as compared to non-institutionalized mentally retarded children (Burden, 1976; Moazami, 1976; Wynn, 1975), the various sub-types of mental retardation (Leong, 1976; Ross & Ross, 1978), the numerous ways retarded persons can be categorized (Alpern, 1971; Bradley, 1971; Cleland, 1979; Kolstoe, 1970), and the different remedial training programs that have been devised for the retarded (Fredericks, 1971; Schofield & Wong, 1975; Watson & Bassinger, 1974). Relatively less attention has been given to the parents of retarded children and how such offspring can affect their marital relationship and overall family functioning. Furthermore, the influence that a retarded child may have on his or her siblings has received minimal focus by researchers.

It is quite surprising that the siblings of retarded children have been largely ignored in the literature, since the available research on the effects of a retarded child on parental functioning indicate some fairly adverse effects. Depressed emotional adjustment has been noted in parents following the birth of a handicapped child (Poznanski, 1973) as have maladaptive psychological reactions (Davis, 1975). Other investigators have pointed to increased marital tension and aggravation of unhealthy relationships in families with a retarded child (Liberthson, 1968).¹ In light of the negative consequences on parents having a retarded child, it

¹See Appendix A for a more lengthy review of the literature on psychosocial adjustment of parents with retarded children.

would seem likely that siblings as well would be affected either directly by the retarded child or indirectly via the effects on parental functioning. Some preliminary research has suggested this may in fact be true and studies pointing to various aspects of childrens' lives that may be affected by having a retarded sibling are beginning to emerge.

Two areas of functioning that have been paid minimal attention relate to the emotional and behavioural adjustment of siblings.² Unfortunately the majority of this research suffers from serious methodological flaws. The most common of these shortcomings include a reliance upon anecdotal evidence rather than empirical documentation, the lack of properly controlled studies which eliminate the effects of confounding variables, and a focus on children with "severely" retarded siblings to the neglect of children with siblings who have other degrees of retardation. It is also quite evident from examining the literature on parents and siblings of retarded children that a number of variables such as the age, sex and place of residence of the retarded child may act to moderate the impact such a child has on family members. However, these variables have not been examined rigorously and thus the literature on this subject matter remains ambiguous. An additional problem with the literature on families of retarded children is that little differentiation is made between families of the physically handicapped and families of the mentally handicapped. With these technical problems in mind, the major findings to date regarding the impact of a retarded child on both parents and siblings will be briefly reviewed.

²See Appendix A for a more lengthy review of the literature on the adjustment of children with retarded siblings.

Parents of Mentally Retarded Children

In the case of parents of handicapped children, emphasis has been placed on the emotional problems associated with producing an abnormal child and on recognition of the stress created for the parents by such children. Poznanski (1973) in a clinical report notes the "storm of emotions" elicited in both parents by the birth of a handicapped child. She alleges that in these circumstances mothers and fathers are overwhelmed by feelings of "helplessness, disappointment, disbelief, anger, confusion and guilt". Also noted are the kinds of problems parents of such children encounter in their day-to-day living (e.g., handling discipline). These particular issues are also documented by Davis (1975) and Minde, Hackett, Killou and Silver (1972).

One area of family functioning that has repeatedly been shown to be seriously affected by a handicapped child is the marital relationship of parents of such a child. Farber (1959), Fowle (1968), Liberthson (1968), and Tew, Laurence, Payne, and Rawnsley (1977) have all examined the marital integration of parents of mentally retarded and/or physically handicapped children. Although none of these investigators employed a control group, their results were consistent in showing increased marital tension in the presence of a retarded child. The degree of this tension was found to be influenced by the place of residence of the retarded child (Farber, 1959; home versus institution), sex of the retarded child in relation to sex of the parent (Cain & Levine, 1961; Levine, 1965-66), age of the retarded child (Farber, 1959; Zuk, 1959-60), and length of institutionalization of the retarded child (Fowle, 1968). Thus far results regarding the influence of religious background, socio-economic status, and saliency

of retardation (Farber, 1959; Zuk, 1959-60; Poznanski, 1973; Caldwell & Guze, 1959-60, respectively) remain contradictory.

Siblings of Mentally Retarded Children

As far as examining the adjustment of children who have mentally retarded siblings, no one particular area of functioning has been emphasized. There are a number of people who conceptualize the birth of a defective child as a family crisis (Klein & Lindemann, 1961; Liberthson, 1968; Poznanski, 1969) and concentrate on the effects of such a child on both parents and siblings. Other researchers note that siblings of retarded children are a population at risk for adjustment problems but do not specify what types of problems are likely to emerge nor modes of treating these problems (San Martino & Newman, 1974; Weinrott, 1974).

The life goals of siblings of retarded children have been examined by both Cleveland and Brown (1977) and Farber (1963). In addition, a comparison of the relationships of normal siblings and their retarded siblings with normal siblings and their non-retarded siblings has been conducted by Miller (1974) and an attempt has been made by Taylor (1974) to categorize sibling adjustment in families with a retarded child into three different patterns. None of these studies, however, are very systematic (e.g., they do not include control groups), nor do they pinpoint specific difficulties which are amenable to treatment.

The literature on sibling adjustment also contains some references to behaviour disorders in this population. Poznanski (1969) and San Martino and Newman (1974) both report evidence of behavioural reactions in siblings of retarded children. Similarly, Minde et al. (1972) and Tew and Laurence (1973) allege that they found a significant increase in behaviour disorders in siblings of retarded children. None of these investigators indicated

however, whether the behavioural problems were in the form of shy-anxious behaviour or anti-social behaviour. Further, the methodology of these studies was not very rigorous. Measuring instruments used to assess this area of functioning were not described and control groups of children with non-handicapped siblings were not employed.

One area of sibling adjustment that has been virtually ignored in the literature relates to emotional functioning. Sagers (1973) is the only investigator to directly inspect this variable. In a well-controlled study he examined the self-esteem of siblings of retarded children who were either institutionalized or resided at home. In comparison with a control group of children who had no retarded siblings, he found, quite surprisingly, that children with retarded brothers or sisters compared favourably or had higher self-concepts than children without retarded brothers or sisters.

As with the parent population, certain moderator variables such as sex, age, place of residence, severity, saliency, and length of institutionalization have been found to influence the impact a retarded child has on siblings. However, results of studies looking at these factors are equivocal and thus no definitive statements regarding their impact can be made. The present investigation was the first to rigorously examine the effects of a number of these moderating variables on the psychosocial adjustment of siblings of institutionalized retarded children.

Purpose and Research Hypotheses

The purpose of this research was twofold: (1) to more rigorously examine the adjustment of children with institutionalized mentally retarded siblings by comparing them with a group of children who did

not have mentally retarded or otherwise handicapped siblings, and (2) to examine the role played by a number of variables in influencing the adjustment of children with retarded siblings. Two major areas of psychological functioning were assessed: affective/emotional adjustment and behavioural/social adjustment. The following hypotheses were advanced:

Hypothesis 1

Children with institutionalized retarded siblings would have significantly more overall emotional adjustment and behavioural adjustment problems than children without retarded siblings.

Hypothesis 2

Children with institutionalized retarded siblings would report significantly more overall emotional adjustment problems than children without retarded siblings.

Hypothesis 3

Children with institutionalized retarded siblings would be reported to have significantly more overall behavioural problems than children without retarded siblings.

Hypothesis 4

Children with institutionalized retarded siblings would report themselves to be less happy than children without retarded siblings.

Hypothesis 5

Children of the same gender as their retarded sibling would be significantly more adversely affected in their emotional and behavioural adjustment than children of the opposite gender to their retarded sibling.

Hypothesis 6

Female siblings of retarded children would be significantly more adversely affected in their emotional and behavioural adjustment than male siblings of retarded children.

Hypothesis 7

Older siblings of retarded children would be significantly more adversely affected in their emotional and behavioural adjustment than younger siblings of retarded children.

Hypothesis 8

Manifestation of behaviour problems would differ significantly in relation to the sex of the "normal" sibling.

Hypothesis 9

Children whose retarded siblings were institutionalized for longer periods of time would be significantly better adjusted than children whose retarded siblings had been institutionalized for shorter periods of time.

Hypothesis 10

Children with moderately retarded institutionalized siblings would be significantly better adjusted than children with severely or profoundly retarded institutionalized siblings.

Hypothesis 11

Children with institutionalized retarded siblings who did not have physical defects would be significantly better adjusted than children with institutionalized retarded siblings who had mild or severe physical defects.

Chapter 2 - Method

Identification of Potential Subjects

The first step in the study was to identify potential subjects for each of the following two groups: families in which there was a permanently institutionalized mentally retarded child (experimental group) and families in which there were no mentally retarded or otherwise handicapped children (control group). The following inclusion criteria were specified a priori: (1) the family must reside in Winnipeg; (2) siblings must be of at least average intelligence and between 4 to 18 years of age; and (3) the marital relationship of the parents must be intact (no evidence of previous marital breakdown). The criterion of residency in Winnipeg allowed examination of urban as opposed to rural families. Given that there is some suggestion in the literature that there are frequently undiagnosed defects in the siblings of retarded children (Wortis, Jedrycek, & Wortis, 1967), the criterion of "at least average intelligence" was utilized. The criterion of having intact marriages was employed to prevent confounding of the tests of differences between the two groups by previous marital statuses (e.g., separated, divorced, widowed).

Additionally, in choosing the experimental group, cause of the retardation was restricted to genetic or biochemical factors as opposed to being a result of an accident. This criterion was used in order to provide greater homogeneity as it was felt that family members would adjust differently to these various causal factors.

Identification of Families with Institutionalized Mentally Retarded Children

Potential subjects for the group with institutionalized retarded children were identified through the files of the St. Amant Centre. All

files for families who met the criteria for inclusion were used. There were 51 families who met these criteria. All of these families were contacted by means of a letter (see Appendix B) and were asked to fill out a questionnaire (see Appendix C) providing the following demographic information: marital status, race, religion, number, age and gender of children, parents' educational and working status, family income, history of psychiatric treatment and some information pertaining to social activities. Although some of this data was available from the family files, it was found that some of the files were not up to date. Therefore having the families report this information served to more accurately determine whether criteria for inclusion were met.

Those interested in learning more about the study and possibly participating in it were asked to provide their name, address and telephone number along with the other information and to return the questionnaire to the researcher in an enclosed, self-addressed, stamped envelope. Those who were not interested in learning more about the study were asked to provide the familial-demographic information, excluding any identifying information, and to return it in a like manner. This procedure guaranteed the anonymity of families with an institutionalized retarded child who did not wish to identify themselves.

Identification of Families with No Retarded or Otherwise Handicapped Children

Potential subjects for the group with no handicapped children were identified from a survey of three schools in the St. Vital School Division in Winnipeg. In each of the three schools, a number of teachers gave a letter addressed to "parents" to each pupil. The letter was similar in format to that sent to families with an institutionalized retarded

child (see Appendix D) and included a questionnaire (see Appendix E) similar in format to that sent to families with an institutionalized retarded child. The parents were asked to follow the same procedure as the experimental group in returning the questionnaire to the investigator.

The three schools all had large enrollments. Together they spanned an age range of kindergarten to Grade 12. Letters were distributed randomly in each of the schools, excluding students in the Special Education classes. In all, a total of approximately 200 letters were sent home with school children to their parents.

Subject Selection

Three weeks after the letters had been sent out to potential experimental and control families those who responded and indicated an interest in learning more about the study and possibly participating in it and who met the criteria for inclusion were delineated. An attempt was made to select 20 families from each of the two groups and to match the groups on the following variables: sex and age of the children, and marital status of the parents.

After potential subjects for the two groups had been selected and matched, they were contacted by telephone by the researcher. The purpose of the study and the requirements of subjects' participation were clearly outlined at this time (see Appendix F). The confidentiality of the findings of the study was assured. For those families who consented to participate in the study, an appointment for an interview was scheduled. At the completion of the study, all those who responded to the letter were sent a summary of the results (see Appendix G).

Response Rate of Families with Institutionalized Retarded Children

The responses from potential subjects for the group with institutionalized retarded children are presented in Table 1. Excluding letters that were returned to sender, the final response rate was only 35.5%. Of those who volunteered to participate in the study, 13 met the inclusion criteria. Fortunately, all of these families agreed to participate in the study when contacted by telephone. There were two families who did not meet the inclusion criteria or could not be interviewed.

Unfortunately, the characteristics of those families who volunteered and met the inclusion criteria could not be compared with those of experimental families who either volunteered but did not meet the criteria for inclusion or who returned the questionnaire anonymously, because of the small number of families in the latter two samples. In addition, it should be noted that the low response rate of those families who qualified for participation in the study makes it difficult to determine whether the sample studied was representative of all families with mentally retarded institutionalized children.

Response Rate of Families with Non-Handicapped Children

The responses from potential subjects from the group without any handicapped children are also presented in Table 1. Excluding letters that were returned to sender, the final response rate was 28%, which is similar to the response rate for families having institutionalized retarded children. This response rate may be a conservative estimate for a number of reasons: (1) in randomly selecting students to take questionnaires home, it is possible that more than one student from the same family may have carried a letter; (2) some of the students may not