

ly, we offer 7-month follow-up service to assure them of successful adjustment to their jobs and to community living.

The results of survey showed that a total of 1104 cases (606 boys, and 498 girls), or 67 percent, were employed in hundreds of jobs. A great number of these cases were placed in assembly line jobs (33%), machine operation (14%), and service jobs (10%). Their wages range from NT\$3,000 to 15,000 or more per month with an average of NT\$8,550. Forty percent of the employed cases stayed on the same job without any change.

The major reasons for unemployment were: 118 cases (22%) for further schooling, 111 cases (21%) for poor job-seeking skill, 66 cases (13%) for a worsening condition in the clients' health, 55 cases (10%) in military service, 47 cases (9%) for house keeping, 34 cases (5%) for the heavy duty of job, 17 cases (3%) for low Wages, etc..

During a two-week rehabilitation program, most of the 22 participants showed high interest in doing each activity, and that they significantly increased their job-seeking skills, such as, better personal appearance, knowing how to fill out an application form, how to answer questions in the interview, and how to explain their apparent enthusiasm for work.

In a two week job placement program, 15 cases (Mean IQ = 55.7, with SD = 10.3; Mean ages = 251 months, with SD = 47 months) were placed in competitive jobs, such as nursing home helper, kitchen helper, assembly line worker, and cleaner. After a seven-month follow-up study was made, we find that 11 of 15 cases were satisfactorily employed and making good adjustment.

Finally, it was strongly suggested that, a proposed network of vocational guidance for the retarded graduated from special classes in junior high schools must be developed to provide services for helping them acquire the skills and knowledge needed for successful occupational life and community adjustment.

Bulletin of Special Education, 1989, 5, 81-102.
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FAMILY ENVIRONMENTS IN CHINESE (IN TAIWAN) AND AMERICAN FAMILIES WITH MENTALLY RETARDED CHILDREN: A CROSS-CULTURAL STUDY*

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This study was to assess the dynamics of families with a mentally retarded child. A cross-cultural comparison between those of the Chinese (in Taiwan) and the American (in Iowa) was carried out. Thirty-two families were selected from each of two groups in the Taipei area: the family with a moderately or severely retarded child and the family with a normal child. Matching variables included sex of the child, family size, SES, and family structure. The American samples, drawn from Iowa City area, composed of 18 families with retarded children. The self-designed Family Interaction Questionnaire and the Family Environment Scale (Moos, 1974) were administered to all participating families during home visits. The results were analyzed by Chi-square test and t-test. In general, it was found that: (1) A retarded child's arrival into a family does have stress effects both on their social life and child's educational performance; (2) In Chinese (Taiwanese) settings, most parents felt pity for their retarded child. They also tended to suffer less social interaction and limited educational opportunities for their child; (3) In terms of support system, the American family seemed to depend more on community resources rather than on home itself, while the Chinese family's dependence was in contrast to that of the American.

* Paper presented at the 8th International Congress of the International Association for the Scientific Study of Mental Deficiency, Dublin, Ireland, 21-25 August, 1988.

There can be little doubt that the birth of an exceptional child into a family will have an impact upon that family's environment (Saengar, 1960). Ehly, Conoley, and Rosenthal (1985) indicate that the birth of a special needs child tends to disrupt a family's typical developmental process by presenting other family members with unexpected and often unwanted set of circumstances. It is obvious, that, as exceptional children develop according to their individual patterns, their families experience greater problems in organization and cohesiveness than do families without exceptional individuals.

The National Association for Retarded Citizens (NARC) explored the common reactions of parents who discover that their child is retarded as follows (Retish, 1985):

1. Disillusionment—parents experience the shattering of their hopes and dreams for their child. Being inexperienced with the realities of life for the retarded performer, parents often feel without hope for their child's future.

2. Aloneness—because of retarded performance, the child is less able than normal siblings to respond to parents in an aware fashion. Parents report missing a feeling of intimacy with retarded children, and report feeling alone and cut off from their child.

3. Vulnerability—accompanying the above, the parents feel exposed to the reactions of their relatives and neighbours. Families report that they are very sensitive to the talk and actions of others without retarded children.

4. Inequity—parents ask the question, "Why me?" Even with the knowledge that this question cannot be answered, parents often agonize on the "roots" of their child's retardation.

5. Insignificance—parents have reported doubts about their abilities and role as parents. When their child does not seem to be reacting or perceiving them as significant others, parents feel discouraged about their contributions as care givers.

6. Past orientation—parents report that their thoughts are tied up in the past performance (or lack of such) by their children, and have difficulty planning for their child's future. Instead, these parents view their child's future as uncertain, and a source of anxiety and hopelessness.

7. Loss of immortality—many parents view their children as their hope for carrying on their family's name and traditions. With a retarded child,

parents often abandon their dreams along these lines.

The NARC reports that parents of retarded children share many, if not most, of these feelings.

The literature on the retarded child is with few exceptions, based on observational data (Carver & Carver, 1972; Grossman, 1972). However, few research efforts have been focused on the dynamics within the families on retarded individuals.

Some of the earliest and still most quoted research on special needs individuals and their families was done by Saenger (1954) and Farber (1959). They tried to determine how members of the family and the community reacted to the special needs individual within the family. Farber studied reasons for the institutionalization of special needs individuals. Saenger found the greatest effects were on the female siblings because they were used as surrogate mothers for the handicapped child, who was otherwise ignored by family members. Also, it was shown that a male special needs individual had the greatest effect on parents. The thought that the family name and tradition will not be able to carry on causes the largest effect on the parent, especially the father.

The relationship between a retarded child and his family is potentially more complex and ambivalent than of the ordinary child and his family, the former being more intense and prolonged. Farber (1959) and his associates have suggested that the presence of such a child in a family arrests the usual family cycle. Gallagher (1983) discovered that 66% of the variance in parent and family problems could be accounted for by the additional or unusual caregiving demands alone. Parents of retarded children experience increased stress produced by additional demands on family members. The production of stress can be described by the following model (Philip & Dueckworth, 1982, p.33):

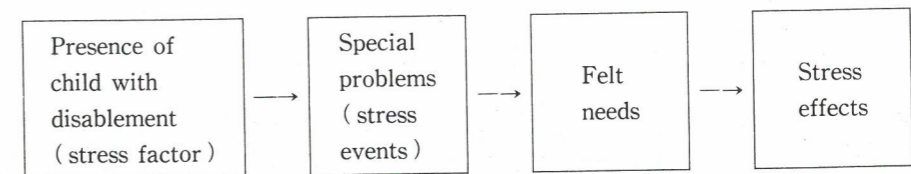


Figure 1. Model of how a child with disablement produces stress in the parents

Bradshaw and Lawton (1978) lists these stress effects in three categories : (1) physical burdens of care, (2) financial strain, and (3) emotional

and psychosomatic symptoms. Burton (1975) reports that 87% of fathers and 60% of mothers in her sample exhibited symptoms such as feeling ill or depression on hearing the news of their child's impairment.

The birth of a handicapped is sometimes viewed as the death of the expected normal child (Seligman, 1985). The parent's reaction is similar to the one families experience when a loved one dies. Huber (1979) considers the "loss model" outlined by Kubler-Ross (1969) could best describe the adapting process of the "special parent": (1) shock and disbelief, (2) denial, (3) anger, guilt, and frustration, (4) bargaining, (5) depression, (6) reorganization and adaptation.

Many variations of these stages have been identified by professionals, but at present there is agreement that there is a severe reaction by the family constellation to the news that one of its members has a disability (Schoenberg et al., 1970; Schulman, 1980). This process of "What do I do?" can become the over-riding theme in the family with a special needs child.

Longo and Bond (1984), selectively reviewing the literature on family response to the presence of retarded or physically handicapped children, noted that in fact, many families cope successfully with handicapped family members. Longo and Bond cogently observed that occasional stress is characteristic of all families and that counselors should not assume that an exceptional family is a dysfunctional unit until a careful assessment of family functioning is completed.

On the other hand, there is an obvious reciprocal relationship between retarded children and their families. The more favorable the relationship, the more stable, tractable and self-possessed the children are likely to be and the greater the contentment and stability of those who live with them (Robinson & Robinson, 1976). Such, in essence, was the finding in an extensive survey by Saenger (1957), who followed up retarded adults with IQs below 50 who as children had attended special classes in New York City. He discovered that the presence or absence of personality problems in these retarded adults showed "an exceedingly high relationship" to the extent of parental acceptance, family cohesion, and degree of overprotection, as measured by an index of family relations. Of the cases from families whose relationships were characterized as satisfactory, only one-fourth of the parents reported that their retarded children presented serious problems of adjustment. In contrast, of the families in

which tension and rejection of the retarded children were marked, more than three-fourths of the retarded children were reported as presenting adjustment problems.

Gallagher (1956) identifies four ways in which the harmful rejection can be expressed: (1) strong under expectations of achievement, (2) setting unrealistic goals, (3) escape, as through desertion or unwarranted institutionalization, and (4) reaction formation. Furthermore, he distinguishes usefully between "primary rejection", which stems from the basic unchangeable nature of the child, such as sex or ability level, and which is based in the personality dynamics of the parent rather than the behavior of the child, and "secondary rejection", which represents the expression of negative attitudes based upon unfortunate behavior manifestations of the child himself. Gallagher points out that serious danger of the cases of secondary rejection far exceed the cases of primary rejection.

It was the intention of this study to assess the dynamics of families with a mentally retarded child. A cross-cultural comparison between Chinese (in Taiwan) and American (in Iowa) was carried out to examine the cultural influence. Families were viewed to determine if different family attitudes and organizational systems develop with the presence of exceptional children. The basic hypotheses were as follows:

1. There are different support systems and family environments between families with retarded children and families with normal children.
2. There are different support systems and family environments between Chinese (Taiwanese) and American families with retarded children.

METHODS

Subjects

Thirt-two families, representing Chinese (Taiwanese) samples, were selected from each of two groups in the Taipei area: the family with a moderately or severely retarded child and the family with a normal child. Matching variables, including sex of the child, family size, SES, and family structure, showed no significant differences between these two groups. The American samples, drawn from Iowa City area, composed of 18 fam-

ilies with a moderately or severely retarded child. All samples were in preschool or elementary school level of age. Table 1 is the distribution of the sample.

Table 1. Distribution of Selected Children Sample

	Male	Female	Total
Chinese in Taiwan			
Normal	16	16	32
Retarded	16	16	32
American-Retarded	2	16	18

Instrumentation

Two instruments were used in this study to assess the attitudes toward the child and the faming climates: (1) the Family Interaction Questionnaire (FIQ) , (2) the Family Environment Scale (FES) .

The FIQ was a self-designed questionnaire which was answered by the parent, composed of three parts: (1) basic information, including the parent's education, occupation, marriage, family structure, etc.; (2) family interaction, including nursing / educational practice, family member's attitudes toward the child, social activities, and public attitudes toward the child; (3) the discovery of the retardation and the family attitudes toward the retarded child (to be answered by the retarded group only).

The FES was devised by Moos (1974) and was revised into Chinese by the writer. The FES assesses the social climate of all types of families. It focuses on the measurement and description of the interpersonal relationships among family members, on the directions of personal growth which are emphasized in the family, and on the basic organizational structure of the family. There are 90 items composed of ten subscales of the FES. The ten subscales as conceptualized into three dimensions are as follows :

Relationship Dimensions	{ 1. Cohesion 2. Expressiveness 3. Conflict
Personal Growth Dimensions	{ 4. Independence 5. Achivement Orientation 6. Intellectual-cultural Orientation 7. Active Recreational Orientation 8. Moral-religious Emphasis
System Maintenance Dimensions	{ 9. Organization 10. Control

According to Moos (1974) , the internal consistencies of the FES are all in an acceptable range, varying from moderate (.45 for Independence) to substantial (.58 for Cohesion) . The test-retest reliabilitis of ten subscales are also acceptable, varying from a low of .68 for Independence to a high of .86 for Cohesion.

Procedures

The families with retarded children were drawn from special classes and institutions / day care centers in Taipei area according to pre-set criteria. These were matched with families with normal children, selected from normal classes of elementary school and kindergarten near the home of the retarded subjects. The matching variables were controlled during sampling. Each family was visited by a pre-trained research assistant. During that visit the Family Interaction Questionnaire and the Family Environment Scale were explained to the mother (or father / guardian in the absence of the mother) . The FIQ and the FES were then left for the interviewee to complete later and returned by mail, through a stamped envelope. Each visit took approximately one hour per family.

The sampling in the United States generally followed the same procedure in Taiwan but with the exception that only retarded samples were selected.

The obtained data were analyzed by items and scales by means of Chi-square test and t-test.

RESULTS

Results from the Family Interaction Questionnaire

Six items of Part 1 and Part 2 respectively of the FIQ were selected for analysis. In Part 1, there were three groups: Chinese-Normal, Chinese-Retarded, and American-Retarded. In Part 2, there were two groups: Chinese-Retarded and American-Retarded. The Chi-square test was used to test the independence of distribution of the two groups. The results were shown as follows:

1. How old was the child when we first took him to visit someone else?

Table 2 showed: (1) In Chinese setting, the retarded children tended to be taken out of the home for visit in later years of age than the normal ones ($\chi^2 = 7.73, p < .01$); (2) In retarded groups, American samples tended to have visiting experience at much younger ages (88.9% at the first year) than Chinese ones ($\chi^2 = 11.08, p < .01$).

Table 2. FIQ: __ was __ old when we took him to visit someone else.

		Not Happen	1 yr.	2 yrs.	3 yrs.	4 yrs.	5 yrs.	χ^2
Chinese-Normal	n	4	22	2	3	1	0	7.73**
	%	(12.5)	(68.8)	(6.3)	(9.4)	(3.1)	(0)	
Chinese-Retarded	n	8	14	5	1	2	2	11.08*
	%	(25.0)	(43.8)	(15.6)	(3.1)	(6.3)	(6.3)	
American-Retarded	n	0	16	1	0	1	0	
	%	(0)	(88.9)	(5.6)	(0)	(5.6)	(0)	

* p < .05 ** p < .01

2. How old did the child start day care / preschool?

Table 3 showed: (1) In Chinese setting, half of the retarded samples failed to attend any day care / preschool, while all normal ones had the experience, starting from 3 years old, the difference is significant ($\chi^2 = 30.20, p < .01$); (2) In retarded groups, all American samples had day care / preschool experience, starting at as young as 1 year old, while Chinese samples started at much later years of age. However, still half of them failed to have the experience ($\chi^2 = 19.84, p < .01$).

Table 3. FIQ: __ started day care / preschool at __ years of age.

		Not Happen	1 yr.	2 yrs.	3 yrs.	4 yrs.	5 yrs.	6 yrs.	χ^2
Chinese-Normal	n	0	0	0	12	6	6	8	30.20**
	%	(0)	(0)	(0)	(37.5)	(18.8)	(18.8)	(25.5)	
Chinese-Retarded	n	15	0	1	2	4	6	4	19.84**
	%	(49.9)	(0)	(3.1)	(6.3)	(12.5)	(18.8)	(14.5)	
American-Retarded	n	0	1	2	5	7	3	0	
	%	(0)	(5.6)	(11.1)	(27.8)	(38.9)	(16.7)	(0)	

** p < .01

3. Does the child's behavior in a public restaurant not call attention to us ?

Table 4 showed: (1) In Chinese setting, the retarded children appeared to call more attention in the public than the normal ones ($\chi^2 = 12.00, p < .01$); (2) There was no significant difference between the Chinese-Retarded and the American-Retarded in terms of calling attention in public, the ratios of "Yes" and "No" are about the same.

Table 4. FIQ: __ behavior in a public restaurant does not call attention to us.

		Yes	No	χ^2
Chinese-Normal	n	30	2	12.00**
	%	(93.8)	(6.3)	
Chinese-Retarded	n	18	14	.26
	%	(56.3)	(43.8)	
American-Retarded	n	8	10	
	%	(44.4)	(55.6)	

** p < .01

4. Do my other children talk positively about the child?

Table 5 showed no significant differences between the Chinese-Normal and the Chinese-Retarded, between the Chinese-Retarded and the American-Retarded. It is apparent that most of the siblings talk positively about the child, whether she / he is retarded or not.

Table 5. FIQ: My other children talk positively about __.

		Yes	No	χ^2
Chinese-Normal	n	31	1	0
	%	(96.9)	(3.1)	
Chinese-Retarded	n	29	1	.41
	%	(96.7)	(3.3)	
American-Retarded	n	12	0	
	%	(100.0)	(0)	

5. Are we stared at when the child is with us ?

Table 6 showed: (1) In Chinese setting, the retarded group tended to be stared at more than the normal one ($\chi^2=7.05, p < .1$); (2) There was no significant difference between the Chinese-Retarded and the American-Retarded. In both groups quite a number of subjects experienced being stared at.

Table 6. FIQ: When __ is with us we are stared at.

		Yes	No	χ^2
Chinese-Normal	n	3	29	7.05**
	%	(9.4)	(90.6)	
Chinese-Retarded	n	12	20	1.52
	%	(37.5)	(62.5)	
American-Retarded	n	10	8	
	%	(55.6)	(44.4)	

** p < .01

6. Does the child's brother / sister enjoy taking care of him / her?

Table 7 showed no significant differences between the Chinese-Normal and the Chinese-Retarded, between the Chinese-Retarded and the American-Retarded. The results indicated that most siblings enjoy taking care of him / her, whether him / her is retarded or not.

Table 7. FIQ: __ brother / sister enjoy taking care of him / her.

		Yes	No	χ^2
Chinese-Normal	n	24	6	.37
	%	(80.0)	(60.0)	
Chinese-Retarded	n	24	4	3.27
	%	(85.7)	(14.3)	
American-Retarded	n	9	5	
	%	(64.3)	(35.7)	

Table 8. FIQ: Who told you that your child was handicapped?

		Doctor	Nurse	Teacher	Other	χ^2
Chinese-Retarded	n	29	1	0	2	4.23
	%	(90.6)	(3.1)	(0)	(6.3)	
American-Retarded	n	13	1	2	1	
	%	(76.5)	(5.9)	(11.8)	(5.9)	

7. Who told you that your child was retarded?

Table 8 showed no significant differences between the Chinese-Retarded and the American-Retarded. It is apparent that whether in Chinese setting or in American setting, the fact that the child was retarded was told mostly by the medical doctor than by the teacher of other persons.

8. Did you contact any agencies / organizations once you found out about your retarded child?

Table 9 showed no significant differences between the Chinese-Retarded and the American-Retarded. It is apparent that most subjects said "Yes" in terms of coping with this problem.

Table 9. FIQ: Did you contact any agencies / organizations once you found out about your handicapped child?

		Yes	No	χ^2
Chinese-Retarded	n	29	3	.69
	%	(90.6)	(9.4)	
American-Retarded	n	14	4	
	%	(77.8)	(22.2)	

9. What did your husband / wife feel when you found out about the child's problems?

Table 10 showed significant differences between the Chinese-Retarded and the American-Retarded ($\chi^2=7.43, p < .01$). While most subjects felt "sad" (about 53% for each group), the Chinese subjects showed more "OK" response and less "Angry" responses than the American ones.

Table 10. FIQ: When we found out about __ problems, my husband / wife felt

		OK	Angry	Sad	χ^2
Chinese-Retarded	n	13	2	17	7.43**
	%	(40.6)	(6.3)	(53.1)	
American-Retarded	n	2	4	7	
	%	(15.4)	(30.8)	(53.8)	

* p < .05

10. What did his / her brother feel when you found out about the child's problem?

Table 11 showed significant differences between the Chinese-Retarded and the American-Retarded ($\chi^2=6.82, p < .01$). It is apparent that while there was no "Angry" response from both groups, the Chinese subjects showed much more "OK" responses and less "Sad" responses than the American ones.

Table 11. FIQ: When we found out about __ problems, his / her brothers felt

		OK	Angry	Sad	χ^2
Chinese-Retarded	n	18	0	4	6.82*
	%	(81.8)	(0)	(18.2)	
American-Retarded	n	4	0	7	
	%	(36.4)	(0)	(63.6)	

* p < .05

11. What did his / her sisters feel when you found out about the child's problems?

Table 12 showed significant differences between the Chinese-Retarded and the American-Retarded. While there was almost no "Angry" response from both groups, the Chinese subjects tended to have more "OK" responses and less "Sad" responses than the American ones.

Table 12. FIQ: When we found out about __ problems, his / her sisters felt

		OK	Angry	Sad	χ^2
Chinese-Retarded	n	14	1	4	4.74*
	%	(73.7)	(5.3)	(21.4)	
American-Retarded	n	5	0	7	
	%	(41.7)	(0)	(53.3)	

* p < .05

12. What did your parent feel when you found out about the child's problems?

Table 13 showed significant differences between the Chinese-Retarded and the American-Retarded. While there was no "Angry" response from both groups, the Chinese subjects showed more "OK" responses and less "Sad" responses than the American ones.

Table 13. FIQ: When we found out about __ problems, my parent felt

		OK	Angry	Sad	χ^2
Chinese-Retarded	n	17	0	14	4.95*
	%	(54.8)	(0)	(45.2)	
American-Retarded	n	2	0	12	
	%	(14.3)	(0)	(85.7)	

* p < .05

Results from the Family Environment Scale

Table 14 is to compare the results of the Chinese-Retarded and the American-Retarded on 10 subscales and 3 dimensions of the FES.

The results showed that there were significant differences between the two groups on 6 subscales and 2 dimensions. It appeared that the American-Retarded group showed higher degree of cohesion, independence, intellectual-cultural orientation, moral-religious emphasis, and organization, and lower degree of conflicting interactions in the family than the Chinese-Retarded group. In terms of dimensions, again the American-Retarded group showed better relationship and personal growth

Table 14. Means and SDs of FES Subscales of Chinese and American Retarded Groups and t Tests

	Chinese-Retarded (n = 32)		AMERICAN-Retarded (n = 18)		t
	M	SD	M	SD	
1. Cohesion	5.53	1.29	7.72	1.48	-3.96**
2. Expressiveness	5.59	1.54	5.94	1.92	-.65
3. Conflict	3.97	1.26	3.17	1.65	1.74*
4. Independence	4.38	1.13	5.39	1.79	-2.11*
5. Achievement Orientation	4.53	1.37	5.17	1.82	-1.27
6. Intellectual-Cultural Orientation	4.06	.80	6.06	1.63	-4.00**
7. Active Recreational Orientation	4.84	1.32	4.78	2.05	.11
8. Moral-Religious Emphasis	4.81	1.18	7.06	1.70	-4.85**
9. Organization	4.94	1.27	6.50	2.15	-2.74**
10. Control	5.63	1.48	5.06	1.66	1.18
Relationship (1-3)	15.09	2.73	16.83	2.66	-2.33*
Personal Growth (4-8)	22.63	3.47	28.44	3.65	-5.36**
System Maintenance (9-10)	10.57	1.94	11.56	3.05	-1.21

* p < .05 ** p < .01

in the family than the Chinese-Retarded group. This seems to be inconsistent to the findings from the FIQ.

In order to look at cultural influence on family environments and the meaning of the differences between the two groups, the Chinese-Retarded was compared to the Chinese-Normal and the American-Retarded was compared to the American-Normal (norms). The results were shown in Table 15 and 16.

In Chinese setting, as indicated by Table 15, the retarded group showed similar family environments to the normal group except the cohesion scale, in which the normal was superior to the retarded.

In American setting, as indicated by Table 16, the retarded group showed higher degree of cohesion, moral-religious emphasis, and organization, and lower degree of conflicting interactions, independence, and active recreational orientation than the normal group. It appeared that the American-Retarded group was in a more favorable position in terms of family climates as compared to the norm group. However, this was not the situation for Chinese-Retarded group.

Table 15. Means and SDs of FES Subscales of Chinese Retarded and Normal Groups and t Tests

	Chinese-Retarded (n = 32)		American-Retarded (n = 18)		t
	M	SD	M	SD	
1. Cohesion	5.53	1.29	6.53	.98	-3.44**
2. Expressiveness	5.59	1.54	5.38	1.50	.54
3. Conflict	3.97	1.26	3.84	.92	.46
4. Independence	4.38	1.13	4.38	1.36	.00
5. Achievement ORientation	4.53	1.37	4.75	1.41	-.62
6. Intellectual-Cultural Orientation	4.06	.80	4.22	1.41	-.55
7. Active Recreational Orientation	4.84	1.32	4.94	1.27	-.30
8. Moral-Religious Emphasis	4.81	1.18	5.06	1.39	-.76
9. Organization	4.94	1.27	5.22	1.64	-.75
10. Control	5.63	1.48	5.72	1.14	-.27
Relationship (1-3)	15.09	2.73	15.75	2.50	-.99
Personal Growth (4-8)	22.63	3.47	23.34	3.95	-.75
System Maintenance (9-10)	10.57	1.94	10.94	1.93	-.75

* p < .05 ** p < .01

Table 16. Means and SDs of FES Subscales of American Retarded and Normal Groups and t Tests

	Chinese-Retarded (n = 32)		American-Retarded (n = 32)		t
	M	SD	M	SD	
1. Cohesion	7.72	1.48	6.36	1.86	2.21*
2. Expressiveness	5.94	1.92	5.43	1.49	1.08
3. Conflict	3.17	1.65	4.65	2.05	-3.54**
4. Independence	5.39	1.79	6.67	1.23	-2.91**
5. Achievement Orientation	5.17	1.82	5.64	1.66	-1.04
6. Intellectual-Cultural Orientation	6.06	1.63	6.15	1.98	-.22
7. Active Recreational Orientation	4.78	2.05	6.19	1.66	-2.78**
8. Moral-Religious Emphasis	7.06	1.70	4.55	2.15	5.82**
9. Organization	6.50	2.15	5.27	2.03	2.30*
10. Control	5.06	1.66	4.80	1.84	.62

* p < .05 ** p < .01

DISCUSSION

The Impact of a Retarded child upon Family Environment

In general, the presence of a child with disability in a family produces stress in three aspects: (1) physical burdens of care, (2) financial strain, and (3) emotional and psychosomatic symptoms (Bradshaw & Lawton, 1978). The family with a handicapped child tends to have smaller overall social networks (Kazak & Marvin, 1984) and inextricable family identity (Goode, 1984). The parent and other family members often show negative feelings toward the retarded child (Carver & Carver, 1972; Grossman, 1972; Wu, 1984). It is obvious, from the findings of this study, that a retarded child's arrival into a family does have stress effects. Thus the first hypothesis of this study is supported.

The findings from the FIQ (Table 2-13) clearly indicated that the parents of the retarded child face stress both from their social life and child's educational performance. With regard to social life, the parents tended to feel uneasy because of their child's peculiar behaviors in the public. With regard to child's education, because of mental deficiency, about half of the retarded children (in Chinese setting) failed to have preschool education or day care. This does not mean that the parents were unwilling to look for educational opportunities for their retarded child, but due to limited special facilities provided (Table 9 showed 90.6% parent tried to look for help from outside agencies). After knowing that their child was retarded from the medical doctor and failing to get the needed help, they felt sad themselves and pity for their retarded child. Among family members, the parent showed highest degree of feeling "sad" (53.1%), the child's grandparent came next (45.2%), then, the sisters (21.4%) and brothers (18.2%). On the other hand, the degree of feeling "OK" among the family members was as follows: brothers (81.8%), sisters (73.7%), grandparent (54.8%), and finally, parent (40.6%). It was apparent that there are still many parents who are coping positively with their retarded children. It was also fortunate that most brothers/sisters felt "OK" about their retarded siblings. For siblings, the stress seems to be not as great as for the parents. They may show

more acceptance towards the retarded child than do the parents. This was inconsistent to the findings of McConachie (1986) and Pearson & Sternberg (1986). Judging from the fact that there were very few/none "Angry" responses from the four different members of the family, the normal family members' feeling towards the retarded child could probably be concluded as "pity". Within the family (in Chinese setting), there may be a rich support for the caring of the retarded child.

Differences of Family Environments between the Chinese-Retarded and the American-Retarded

The second hypothesis, "there are different support systems and family environments between Chinese (Taiwanese) and American families with retarded children", is also supported by the evidence of this study. According to the results from the FIQ (Table 2-13), in cross-cultural comparisons, in general American retarded children seemed to be more acceptable in the society than within the family, while the Chinese samples were more acceptable within the family than in the public. Therefore, the pressure on the parents with a retarded child maybe different for the two cultural groups: in Chinese settings, the stress from social rejection was greater than that from within the family; in American circumstances, however, negative attitudes within the family toward the child were greater than those from the society. As we know, Chinese culture is heavily family-bound, it was the family that took care of the needs of individual persons. It was only in recent years that the families started to look for limited social help and care for their handicapped children. The results clearly reflect the differences of social attitudes and support system between the two cultural settings: the American-Retarded family seemed to depend more on community resources than the Chinese-Retarded family, while the Chinese-Retarded family tended to assume more family responsibilities than the American one. These comments are inferred from the following findings of this study: (1) the American retarded samples were taken by the parent to visit friends or relatives at younger age than the Chinese-Retarded ones; (2) the proportion of having day care/preschool experience was greater for the American-Retarded than the Chinese-Retarded; (3) American parents with a retarded child expressed more angry and less "OK" feelings toward the child's problem, while

Chinese parents with a retarded child expressed more "OK" and less angry feelings; (4) the proportion of siblings' feeling "OK" towards their retarded brother/sister was greater for the Chinese sample than the American one, while the proportion of sibling's feeling "sad" was greater for the American sample than the Chinese one; (5) the proportion of grandparents' feeling "OK" towards their retarded grandchild was greater for the Chinese sample than the American one, while the proportion of grandparents' feeling "sad" was greater for the American sample than the Chinese one.

However, on the other hand, the results from the FES (Table 14) indicated that, in terms of the differences on subscales and dimensions, the American-Retarded showed more favorable family climates than the Chinese-Retarded, this is inconsistent to the previously mentioned findings from the FIQ. The reason may be twofold: (1) the FES has a strong American culture orientation, for example, the Intellectual-Cultural Orientation scale is concerned about political and social activities, the Moral-Religious Emphasis scale is concerned about the ethical and religious issues and values. Both are not typical concerns of the Chinese family. Therefore, the difference may attribute to general cultural and social backgrounds rather than the selected samples of this study; (2) the American-Retarded sample derived from Iowa City area may be somewhat unique because the families are supposed to be more conservative than those from other areas and, therefore, showed more favorable family climates. Table 16 indicated that the American-Retarded sample tended to be superior to the norm in several scales, i.e., more cohesive, less conflict, higher moral-religious emphasis and better organization, they were only inferior to the norm in independence and active recreational orientation. On the other hand, seeing from Table 15, the Chinese-Retarded sample showed similar family environment to the normal, the only exception is cohesion, in which the retarded group was less favorable to the normal one. Thus, in final analysis, it would seem that the results from the FES need to be further studied.

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國立臺灣師範大學特教中心·特教研究所
特殊教育研究學刊, 民78,5期81—102頁

中美智障兒童家庭環境之比較研究*

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本研究旨在探討智障兒童家庭之互動關係與家庭氣氛，以中（台灣）、美（愛荷華州）樣本作比較文化之研究。中國（台灣）之樣本取自台北地區，包括中重度智障組與正常組，各有三十二個家庭，兩組之兒童性別、家庭人口、社經地位及家庭結構皆相匹配。美國樣本取自愛荷華市地區，由十八個有中重度智障兒的家庭組成。以自編「家庭互動量表」及修訂「家庭氣氛量表」（Moos, 1974），透過家庭訪問，由家長或監護人填寫。研究結果經卡方考驗及 t 檢定，發現：(1)家有智障兒，確為家庭帶來痛苦與壓力，影響其正常社會生活及孩子的教育安置；(2)中國（台灣）的智障兒之父母比之美國此類父母有較多的傷感，較少參與社交活動，其孩子的教育資源之尋求也較困難；(3)兩個文化環境的支援系統顯然不同，中國（台灣）有智障兒之家庭，較依賴家族的支持；美國此類家庭則較仰靠社區的資源，而非家庭本身。

* 本研究為行政院國科會補助專案研究 (NSC74-0301-07) 之一部分，特此向國科會致謝，並感謝王天苗博士之參與。本論文曾在1988年8月21~25日在愛爾蘭首府都柏林舉行之第八屆國際智能不足科會研究協會 (IASSMD) 大會上宣讀。