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A STUDY OF PARENTS' PERCEPTIONS OF PARENTING IN CHINESE FAMILIES OF CHILDREN WITH AND WITHOUT DOWN SYNDROME

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The purposes of this study were to examine (1) the effect of a handicapping condition on parents' perceptions of parenting; (2) the similarity and difference of parents' perceptions in families with handicapped and normally developing young children, and (3) to what extent parental perceptions of their children were correlated with perceptions of themselves. The parents, both fathers and mothers, of twenty-one Down syndrome and twenty-one normally developing toddlers, ranging in age from 12 months to 31 months, constituted two groups matched on the basis of the child's chronological age, birth order, and maternal educational level. All parents, except one father in the Down syndrome group, participated in this study. The Parenting Questionnaire, modified from Goldman and Johnson-Martin's (1983) measure, which was used to assess both fathers' and mothers' perceptions of various aspects of their children and themselves. The areas of perceptions included the child's behavioral characteristics, readability of the child's cues, family relationship, personal well-beings, and satisfaction with parenting.

The major findings of the present study were as follows: (1)parents of Down syndrome children perceived less satisfactions with their parenting and had more difficulties in reading their child's cues than parents of nonhandicapped children. (2)mothers of Down syndrome children, compared with fathers of Down syndrome children, had more negative perceptions of their relations with extended families but had less difficulties in reading cues of the child. (3)parental perceptions of child's behavioral characteristics and readability of child's cues were significantly correlated with their satisfactions with parenting, especially for mothers in both groups. Some recommendations for the intervention are suggested.

In recent years, researchers and interventionists have become increasingly interested in parents and families of handicapped children. Within these family studies in which handicapped children and their parents were examined have focused almost exclusively on the experience of and the effect on the mother due to the traditional caregiving role the mother plays in the early life of a child. Mothers of mentally handicapped children have been found to show greater depressive and dysphoric affect, more preoccupation with the child, less sense of maternal competence, less enjoyment of the child, greater possessiveness (Cummings, Bayley, & Rie, 1966), or to assume frequently a "manager" or "teacher" role with their children than mothers of nonhandicapped children (Cunningham, Reuler, Blackwell, & Deck, 1981). However, the factors, such as the growing number of working mothers and the relaxation of traditional parent and sex roles, have contributed to a growing appreciation of the father's experience of his child's handicap and the changing role the father plays in his young handicapped child's life. Fathers not only assume increasing responsibility for their child's care and development but also experience added stress with the appearance of a handicapped child. For example, fathers of mentally handicapped children have been found to be more depressed, to have lower self-esteem, and to express a lack of interpersonal satisfaction than fathers of nonhandicapped children (Cummings, 1976).

Much less is known of mother-father differences in parenting due to limited studies in the literature. However, findings from a limited number of studies seem to suggest that mothers of handicapped children experience differently in parenting than fathers. In an in-home observation of young Down syndrome children with their mothers and fathers, Stoneman, Brody, and Abbott (1983) found that mothers of Down syndrome children assumed the teacher role more often than fathers did. Fathers in both Down syndrome and nonhandicapped groups were found to interact less with their children in the triadic family grouping, whereas mothers consistently assumed a parenting role across family contexts. Levy-Shiff (1986) studied mother-father-child interaction in families with young mentally retarded children and reported that fathers of retarded children differed less from fathers of nonhandicapped children than did from mothers. Mothers were found to initiate verbally, respond, pay attention, play with toys, have physical contact, and give care more frequently than did fathers.

Theoretically and empirically, there are relatively rare data in documenting the effect of a handicapping condition on or differences between mothers and fathers of handicapped children in their perceptions of parenting. However, some researchers have provided pieces of evidence that differences in parenting could be found between mothers and fathers of handicapped children and between parents of handicapped children and nonhandicapped. In Krauss's (1989) study, differences reported between mothers and fathers of young children with disabilities were particularly evident in parenting stress on attachment, restrictions of role, relations with spouse, and parent health. No differences were found in terms of sense of competence, depression, and social isolation. Goldman, Johnson-Martin, and Gowen (1987) investigated two groups of families with normally

developing children and handicapped children and reported an overall similarity as the predominant pattern of parenting. However, they found that those variables where differences were frequently significant were those that assessed the child's "readability". Fathers were found to have more difficulties reading cues, especially cues of understanding and/or learning, than mothers. In comparing parents of handicapped infants with parents of normally developing infants, Goldman and Johnson-Martin (1987) further indicated that parents of handicapped children, compared with parents of nonhandicapped children, did have more difficulty understanding their children's cues, particularly cues of understanding/learning and interest in people.

In the Republic of China, increasing attention has been given to early intervention for young handicapped children, with programs for children with mental handicaps, physical handicaps, and sensory impairments. While practitioners and researchers have emphasized parental involvement in these early intervention programs, no attention has been given to the understanding of parents' perceptions of their parenting and the design of programs considering special needs of both mothers and fathers of handicapped children.

Therefore, the purposes of this study were to examine the influence of mental handicaps on parental perception of their parenting, and whether mothers perceived differently in parenting than fathers in the families of handicapped and nonhandicapped children. The correlation of parents' perceptions of their children and themselves in parenting were also investigated. Implementation of the study involved examinations of parents' perceptions of the child's behavioral characteristics, the readability of the child's cues, feelings of satisfactions with parenting, family relations, and personal well-beings. Parents of Down syndrome toddlers served as the representative population in this study. The selection of this group was based on the early diagnosis, relatively high frequency of occurrence, and assumed homogeneity of Down syndrome children.

The present study was regarded as descriptive. In this comparative analysis, it was hypothesized that: (1) parents of Down syndrome toddlers would have more difficulties in perceiving child's behavioral characteristics as well as cues and have more negative feelings of satisfaction with parenting, family relations, and personal well-beings than parents of nonhandicapped children. (2) mothers of Down syndrome children would perceive more negatively than fathers of handicapped children in parenting. (3) parental perceptions of child's characteristics and cues would be related to the degree of satisfaction with parenting, family relations, and personal well-beings.

METHOD

Subjects

Both parents, except one father in the Down syndrome group, of twenty-one Down syndrome (F = 9, M = 12) and twenty-one normally developing toddlers (F = 9, M = 12), aged 12 to 31 months, resided in the Taipei area participated in this study. Two groups,

Down syndrome (DS) group and nonhandicapped (NH) group, were matched on the basis of the child's chronological age, gender, birth order, and maternal educational level. The child with Down syndrome (mean CA = 22.2 months; mean MA = 11.3 months) were recruited from parent groups and local hospitals in the area. None of the children had received any form of intervention. A group of nonhandicapped children (mean CA = 21.6 months; mean MA = 21.4 months) from the same geographical area was randomly selected by using information from county birth records and referrals from the staffs. Majority of the mothers in both groups had completed a high school education (67% in the DS group and 62% in the NH group). Most of the fathers (67%) in the NH group received a college degree, while half of the fathers (50%) in the DS group had a high school degree. The mean ages of the mothers were 31.8 years (Range = 23.8 – 43.5 years) in the DS group and 32.3 years (Range = 25.3 – 42.3 years) in the NH group. Fathers of the Down syndrome children ranged in age from 25.2 to 61.1 years (Mean = 35.1) and fathers of the nonhandicapped children ranged in age from 28.6 to 56.0 years (Mean = 35.4 years). Paired *t*-tests and χ^2 conducted on the child's and parental variables between two groups confirmed the adequacy of the matching procedure in that no group differences were found in child's age ($t = -.3, p > .05$), birth order ($\chi^2 = 10.9, p > .05$), maternal educational level ($\chi^2 = 4.9, p > .05$), maternal age ($t = .02, p > .05$), paternal educational level ($\chi^2 = 7.3, p > .05$), and paternal age ($t = -.4, p > .05$).

Procedure

The present study was part of the Mother-Child Interaction study. Both fathers and mothers of the Down syndrome and nonhandicapped children completed the Parenting Questionnaires designed to tap parental perceptions of the degree of ease/difficulty in caring for their child. The parents were asked to take home the questionnaire after the mother-child interaction session scheduled for each pair (mother and child), complete it within a week and return it in a stamped self-addressed envelope to the investigator. A call followed if the questionnaire was not received within two weeks. One of the fathers in the DS group failed to send in the questionnaire as required.

Measure

The Parenting Questionnaire (Wang, 1988), modified from Goldman and Johnson-Martin's (1983) measure, which was used to assess parents' perceptions of various aspects of their children and themselves in regards to their parenting. The questionnaire was composed of 35 items which were grouped into five aspects of child's Behavioral Characteristics and Readability of Child's Cues, Family Relations, Personal Well-Beings, and Satisfaction with Parenting. Parental perceptions of child's **Behavioral Characteristics** measured the degree of ease/difficulty in caring for child's mood (1 item), cuddliness (1 item), and child's response to novelty (3 items). Seventeen items of **Readability of Child's Cues** were rated according to how parents interpreted their child's cues of distress (6 items), happiness (3 items), interests in toys (3 items), interest in interacting with people (3 items), and learning (2 items). Included in the definition of **Family Relations** were the

relations with spouse (1 item) and with extended families (3 items). The last two aspects concerned the parents' perceptions of their **Personal Well-Beings** (3 items) and **Satisfaction with Parenting** (6 items). Each item was rated on a 1 – 5 point scale anchored descriptively. The lower numbers of the scale reflect more optimal perceptions, while higher scores reflect perceptions that are more negative. The score for each aspect was calculated from the mean of the total ratings obtained from all the sub-aspects or items within that aspect. The sample items from these five aspects are presented in Table 1. The original Parenting Questionnaire was constructed and reviewed by approximately 40 professions with expertise in normal infant development or exceptional infant development. At least 75% agreement of item assignments reported by Goldman and Johnson-Martin (1987) suggested the Parenting Questionnaire as a content-validated measure.

Analyses

Given that the two groups were matched on key variables and the repeated measure in each group, the data were tested by the analysis designed for two related samples. In addition, because the sample size was considerably small, group differences were analyzed with nonparametric statistics, a series of one-tailed Wilcoxon Matched-Pairs Signed-Ranks tests. Differences with a probability less than .05 were accepted as significant.

Table 1. Sample Items from the Parenting Questionnaire

Aspect	Questions
Beh. Char.	Compared to 4 months ago, how easy is it for you to know how your child is feeling?
	How much does your child cuddle and snuggle when held?
	How does your child usually act toward a new person?
Cue Reading	How easy is it for you to know what's bothering your child when he/she cries or fusses?
	How much does your child smile and make happy sounds?
	How easy or difficult is it for you to find toys your child enjoys?
	How interested does your child become when other people play with or talk to him/her?
	How easy is it for you to know when your child understands or learns something new?
Relations	How would you judge your relationship with your spouse?
	How would you judge your relationship with your own parents?
Well – Beings	Over the past 4 months, what has been your general mood?
Parenting Satis.	In the past 4 months, how have you felt about the way you care for your child?

The Pearson correlational analyses were used to test the relationships of parental perceptions of their child and themselves.

RESULTS

Results from the present study for the two groups are presented within the following sections: differences between the two groups of mothers and fathers, differences between fathers and mothers in the two groups, and the correlations of parents' perceptions of their child and themselves. The mean frequency and results from Wilcoxon tests are presented in Table 2. The correlations of parents' perceptions of their child and themselves are presented in Table 3.

Table 2. Mean Frequency of and Comparisons for Parental Perceptions Between Groups and Genders of the Parents

	DS Group				NH Group				$M_D \times M_N$ $F_D \times F_N$			
	Mother (N = 21)		Father (N = 20)		Mother (N = 21)		Father (N = 21)					
	M × F				M × F							
	Mean	SD	Mean	SD	Mean	SD	Mean	SD				
Child's Beh. Characteristics	2.29	.80	2.28	.65	.50	2.17	.66	2.29	.53	-.38	.06	-.08
Mood	1.57	.98	1.70	.86	.73	1.67	1.11	1.67	.73	-.65	.25	-.03
Cuddliness	2.48	1.50	2.37	1.01	.24	2.70	1.34	2.76	1.22	-.15	.71	-1.03
Response to Novelty	2.83	.84	2.80	.76	-.03	2.24	.76	2.44	.52	-1.21	-2.08*	1.37
Readability of Child's Cues	2.30	.59	2.51	.61	1.45	1.79	.39	2.22	.50	-2.69**	-3.35***	1.54
Cues of Distress	2.22	.35	2.41	.45	1.53	2.12	.39	2.53	.65	-2.04*	-.98	-.33
Cues of Happiness	2.29	.88	2.37	.79	.48	1.60	.56	2.03	.75	-1.97*	-2.76**	1.47
Cues of Interest in People	2.41	.98	2.35	.92	.13	1.76	.71	2.10	.64	-1.77**	-2.17*	.83
Cues of Interest in Toys	2.11	.85	2.65	.91	2.32*	1.75	.72	2.05	.50	-1.37	-1.34	2.52**
Cues of Learning	2.45	.86	2.80	.89	1.72*	1.74	.54	2.38	.93	-2.65**	-3.17**	1.85*
Family Relations	2.25	.54	1.94	.59	-1.92*	2.14	.56	2.08	.61	.65	-1.06	-.60
W / Spouse	2.24	.89	1.95	.83	-1.13	2.24	.89	1.95	.74	1.16	-.26	-.06
W / Extended Families	2.25	.50	1.93	.55	-2.13*	2.04	.51	2.21	.58	-.90	-1.47	-1.53
Personal Well-Beings	2.86	.68	2.68	.84	-.72	2.75	.60	2.73	.53	-.06	-.92	-.01
Satisfaction with Parenting	3.35	.76	3.07	.77	-1.37	2.26	.65	2.23	.57	.01	-3.84***	3.40***

Note: DS = Down Syndrome; NH = nonhandicapped; M = Mother, F = Father;

M_D = Mothers in the DS group, M_N = Mothers in the NH group; F_D = Fathers in the DS group, F_N = Fathers in the NH group;

* $p < .05$ ** $p < .01$ *** $p < .001$

Comparisons of Parental Perceptions Between Groups

Overall, mothers of the Down syndrome children, compared with mothers of nonhandicapped children, were found to have more difficulties to read their child's cues and experience less satisfaction with parenting. Particularly, the mothers in the DS group perceived themselves have more difficulties in reading child's cues of happiness, cues of interest in people, cues of learning, and in understanding their child's response to novelty. In regards to the differences between two groups of fathers, fathers of the Down syn-

drome children reported significant less satisfactions with parenting and had more difficulties in reading child's cues of interest in toys and cues of learning than fathers of the nonhandicapped children.

Comparisons Between Fathers and Mothers in the Two Groups

When overall perceptions of Child's Behavioral Characteristics, Readability of Child's Cues, Family Relations, Personal Well-Beings, and Satisfaction with Parenting were considered, mothers differed significantly from fathers in the Family Relations in the Down syndrome group but differed from fathers in the Readability of Child's Cues in the nonhandicapped group. Specifically, the significant difference on the overall Family Relations between mothers and fathers in the Down syndrome group was reflected in differences in the relations with extended families. Mothers of the Down syndrome children were found to display more negative perception of the relations, particularly, with extended families, than fathers in the same group. In addition, they were found to have less difficulties in reading cues of child's interest in toys and cues of learning. In the nonhandicapped group, fathers perceived themselves have more difficulties than mothers in reading child's cues of distress, happiness, interest in people, and learning.

Correlations of Parents' Perceptions of their Child and Themselves

The results from the correlational analyses indicated that maternal feelings of Satisfaction with Parenting were significantly related to the perceptions of their child's Behavioral Characteristics and Readability of Child's Cues in the Down syndrome and nonhandicapped groups. In regards to fathers' perceptions, no significant relationships were found between perceptions of their child and themselves in the Down syndrome group. The results for the fathers in the nonhandicapped group indicated pattern different from fathers in the Down syndrome group. In the nonhandicapped group, fathers' perceptions of Family Relations, Personal Well - Beings, and Satisfaction with Parenting were found to significantly correlated with Readability of Child's Cues, and Family Relations were found to associate with child's Behavioral Characteristics.

Table 3. Correlation of Parents' Perceptions of their Child and Themselves in the Down Syndrome and nonhandicapped Groups

	DS Group						NH Group					
	Mother			Father			Mother			Father		
	FR	PWB	SP	FR	PWB	SP	FR	PWB	SP	FR	PWB	SP
Child's Characteristics	.05	.07	.49*	-.12	.15	.42	.41	.43	.66***	.54*	.43	.27
Readability of Child's Cues	.13	.36	.52*	-.21	.12	.33	.30	.32	.65**	.45*	.57**	.49*

Note: DS = Down Syndrome; NH = nonhandicapped;

FR = Family Relations; PWB = Personal Well-Beings; SP = Satisfaction With Parenting.

* $p < .05$ ** $p < .01$ *** $p < .001$

DISCUSSION

This study was designed to address three questions. First, would mental handicaps of the Down syndrome children influence parents' perceptions of parenting? Second, would mothers differ from fathers in their perceptions of parenting? Third, to what extent were parental perceptions of their children associated with perceptions of themselves.

The first finding of this study suggests that parents of Down syndrome and nonhandicapped children, in general, are relatively similar in terms of the perceptions of their child's behavioral characteristics, family relations, and personal well-beings. However, the influence of mental handicapped appeared in parental feelings of satisfaction in parenting and cue reading. Parents, both mothers and fathers, of Down syndrome children perceived significantly less satisfaction with their parenting and had more difficulties in reading their child's cues than parents of nonhandicapped children. The findings were consistent with what has been found in the previous studies (Cummings et al., 1966; Goldman et al., 1987). More difficulties in reading child's cues reported in the parents of the Down syndrome group can be interpreted as a reflection of child's deficit in communication. Evidence have suggested that the Down syndrome child displays not only a lesser amount but a lower quality of looking, responding, and communicative gesturing (Richard, 1986). As a result of difficulties in reading child's cues, parents of Down syndrome children tended to have less satisfactions with parenting than parents of nonhandicapped children. It was evident by the significant positive relationships between the variables of Reading Cues and Satisfaction with Parenting in the study (see Table 3).

Difficulties in reading child's cues and having negative feelings of satisfaction in parenting may be also explained as a reflection of limited resource, support, and services systems provided for the family of young handicapped children in the area. It should be noted that most of the subjects included in the American studies were recruited from early intervention programs. In those studies, parents of Down syndrome children not only have access to resources but also receive educational consultation from interventionists. In contrast, none of the subjects in this study were served by any form of early intervention programs except medical care. The stereotyped negative attitude toward the Down syndrome child held by most of the public, or even parents themselves, makes the caregiving role the parents have to play more difficult. Parents usually experience a great deal of stress following the birth of their Down syndrome child, given the limited resources outside the family and feelings of public humiliation. As a consequence, parents may have little knowledge about their Down syndrome child's potential, or may grieve their misfortune without sharing with families having similar problems. All these situations may explain why the differences in parental perceptions were particularly demonstrated in cue reading and parenting satisfaction in the parents of the Down syndrome group.

The second question addressed in this study concerned the comparison of mothers and fathers of Down syndrome and nonhandicapped children in their perceptions of parenting.

It was expected that mothers of Down syndrome children would perceive more negative in parenting than fathers of Down syndrome children. The results showed that mothers of Down syndrome children did have significant more negative perceptions of their relations with extended families but have less difficulties in reading certain cues of the child than fathers in the same group. Therefore, it seems to suggest that mothers and fathers of Down syndrome children experience differently in parenting. The results of the present study are in agreement with those of Goldman et al. (1987) who suggested that differences of perceptions of parenting between mothers and fathers of handicapped children appeared in readability of child's cues. However, the findings did not provide support for the evidence given by Krauss (1989) which suggested that parenting difficulties and stress tended to be in relations with spouse and parent health. All these findings of the present study may be explained by the next two interpretations. First, extended families play an important role in providing supports and comforting the mother's grief following the birth of a handicapped child in the Chinese society. This can be explained by the findings of Wu, Wang, and Retish (1987) showing most of the Chinese families of handicapped children seek comfort within the family or among relatives. Second, mothers still play traditional caregiving roles in the Chinese family and no exceptions for the mother of a handicapped child. Being with their handicapped child for longer time, they are naturally more sensitive to what messages their handicapped child sends to them than fathers.

The results from the comparison of mothers and fathers in the nonhandicapped group showed similar patterns of parental perceptions as in the Down syndrome group except mothers of nonhandicapped children perceived their relations with spouse and extended families not different from what fathers did. This can be interpreted again that the mother of a handicapped child experiences more stress when she seeks comfort from extended families. On the other hand, less sensitivity in reading child's cues in fathers of Down syndrome and nonhandicapped children may not only suggest a commonality shared by fathers but pinpoint the area to work with when family intervention is considered.

The third question of this study concerned the association between parental perceptions of their child and themselves. The findings showed that parental perceptions of child's behavioral characteristics and readability of child's cues were significantly correlated with their satisfaction of parenting, especially for mothers in both groups. The improvement of parents' sensitivity to child's characteristics and cues can, hence, be the focus of the intervention involving the family in order to upgrade parents' feelings of satisfaction with parenting.

Taken together, the results of the present study seem to suggest that differences found between the Down syndrome and nonhandicapped groups were more than differences found between mothers and fathers. However, the size of the sample in the present study limit the generalizability of the findings. To more fully understand parental perceptions of parenting, it will be useful to replicate the study with a larger group of sample and with parents of children in different handicapping conditions. Future research also needs to examine changing perceptions of parenting as a function of developmental

growth or availability of services.

In conclusion, three main implications can be identified for the planning of intervention for Down syndrome children and their families. First, early intervention is definitely needed for young mentally handicapped children and their families. Parents of handicapped children can benefit from both emotional and practical support and consultations provided by interventionists, particularly during the first few years of their handicapped child. Being actively involved or even trained in the intervention program delivered to handicapped children and their families, parents are expected to gain higher level of satisfaction of parenting by learning more effective strategies of parenting, such as the strategies of reading child's cues. A strong evidence of program effects has been reported in Vadasy, Fewell, Meyer, & Greenberg (1985) study indicating that parents who participated in the program displayed lower levels of stress and depression and higher levels of satisfaction with social support than parents who were newly enrolled in the program. Second, reading child's cues and understanding child's behavioral characteristics can be areas for focus of parent training in early intervention practices. Such experiences may facilitate parents' ability to more effectively handle their mentally handicapped child and, as a consequence, to be more satisfied with their role in parenting. Third, it seems necessary to include both parents and extended families in the intervention because of the fact that fathers in the family with Down syndrome children show a basic equivalence to mothers in their perceptions. Fathers appear to be natural partners in any intervention aim at enhancing the quality of parenting. In addition, extended families may play an important role for giving parents of a young mentally handicapped child emotional support and sharing extra caregiving work, if possible.

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唐氏症幼兒父母養育經驗之研究

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摘 要

本研究目的有三：(一)比較唐氏症幼兒父母與普通幼兒父母養育經驗的差異；(二)比較唐氏症幼兒父親與母親養育經驗的差異；(三)探討父母對幼兒行為的覺知與個人變項間的關係。本研究樣本包括二十一對唐氏症幼兒父母與二十一對普通幼兒父母，其中僅一位唐氏症幼兒父親未參與研究。兩組以幼兒實足年齡(年齡分布在 12 個月至 31 個月間)、出生序、母親教育程度配對而成。本研究所使用的工具為修訂後的「父母養育問卷」，此問卷用以測量父母覺知幼兒行為特徵與感應幼兒溝通線索的情形，以及父母個人與家人關係、個人心理狀況、和養育子女滿意度等項目。

本研究的主要發現如下：(一)兩組父母對養育經驗大致類似，唯唐氏症幼兒父母的養育滿意度顯著低於普通組父母，且對幼兒溝通訊息的感應也較差。(二)唐氏症幼兒母親較唐氏症幼兒父親對親人關係有顯著負向的感覺，但對幼兒溝通訊息的感應比父親好。(三)父母養育子女的滿意度和他們對幼兒行為特徵與溝通訊息的感應度有密切的關係。

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語意處理策略 對智能不足學生語文自由回憶之影響*

林俊銘

宜蘭縣立礁溪國中

過去的研究發現，智能不足者經過記憶策略的指導，學習常有顯著的進步。本研究即針對策略中使用故事組織的方法進行實驗，探討其對字詞回憶效果的影響。本研究以 60 位輕度智能不足學生為對象，隨機分派為提供故事、自編故事與複誦三組。實驗材料是雙字詞，分組同時呈現的方式。每位受試者接受二個實驗，實驗一先以五個雙字詞同時呈現；實驗二則加入新的材料，改成十個一組。每位受試者實驗時各做三次的嘗試，分別評量其立即回憶量，以及十分鐘與一個月後的保留回憶量。

研究結果顯示：(1)在立即回憶量方面，無論採何種呈現方式，三組的處理策略與不同嘗試次間都沒有交互作用。三組間的回憶量也沒有顯著差異，只有隨嘗試的次數增加，回憶量有顯著的進步。(2)在十分鐘後保留回憶量方面無論採何種呈現方式都沒有顯著差異。(3)在一個月後的保留回憶量方面，五個雙字詞同時呈現時，三組間雖無差異，但是在十個雙字詞時，自編故事組的回憶量則優於提供故事與複誦二組。檢討原因，可能與學習的字詞數量增加時，自編故事組在長時間的保留狀況下，較能利用過去的經驗回憶字詞有關。

緒 論

一、研究動機與目的

記憶(memory)在學習的過程中是相當重要的部分，假如一個人學得的知識容易遺忘，則他不但需要時間重複的練習，而且也會影響到他這些知識的應用。所以從有學者編製個別智力測驗，測量人的學習能力以來，都少不了記憶的項目在內(Campione & Brown, 1977; Robinson & Robinson, 1976)。但是對記憶進行有系統的理論性研究則要至 1960 年代訊息處理論(information processing theory)發展後才算正式開始探索人們記憶事件的過程及所作的種種活動。而智能不足者的記憶問題也在這個時候成為學者關心的焦點之一。

從過去的研究發現，智能不足者具有記憶方面的缺陷(Bray 1979; Campione & Brown, 1977; Detterman, 1979; Robinson & Robinson, 1976; Strichart & Gottlieb, 1982)。至於原因呢？早期

*本研究為作者之碩士論文，承陳榮華博士指導，鄭昭明博士、王振德博士審查。謹此致謝。