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GRADUATE COLLEGE

THE CHILD REARING ATTITUDES OF PARENTS OF CEREBRAL PALSIED CHILDREN AND THEIR RELATIONSHIP TO CHILD ADJUSTMENT FACTORS IN HABILITATIVE THERAPIES

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THE CHILD REARING ATTITUDES OF PARENTS OF CEREBRAL PALSIED CHILDREN AND THEIR RELATIONSHIP TO CHILD ADJUSTMENT FACTORS IN HABILITATIVE THERAPIES

APPROVED BY

DISSERTATION COMMITTEE

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THE CHILD REARING ATTITUDES OF PARENTS OF CEREBRAL PALSIED CHILDREN AND THEIR RELATIONSHIP TO CHILD ADJUSTMENT FACTORS IN HABILITATIVE THERAPIES

CHAPTER I

INTRODUCTION

Cerebral palsy, as a handicapping condition, presents a wide range of problems for professionals working in the area. Not the least among these are those having to do with the psychological adjustment and development of the cerebral palsied child.

Cerebral palsy as a medical diagnosis has been defined by Boles (1959) as a "neuromuscular dysfunction involving paralysis, involuntary movements, incoordination, or muscular weakness, having as its origin damage to the motor areas of the brain" (p. 163). Denhoff (1966) reported that in 1964 a representative international group stimulated by the World Commission on Cerebral Palsy agreed upon its definition as "a disorder of movement and posture due to a defect or lesion of the immature brain" (p. 25).

Cruickshank (1966) pointed to the inadequacies of definitions that involve only neuromotor dysfunction:

> (1) cerebral palsy is more than merely a "motor" problem, and (2) cerebral palsy, etiologically speaking, is not limited to birth trauma alone. Thus, the practical definition...warrants serious consideration. From such a point of view cerebral

> palsy is seen as one component of a broader brain-damage syndrome comprised of neuromotor dysfunction, psychological dysfunction, convulsions, and behavior disorders of organic origin. In some cerebral palsied individuals only a single factor may appear; other individuals may be characterized by any combination of the factors mentioned (p. 4).

The complexity of cerebral palsy as a medical diagnosis and its various associated problems has led to the development of the "team" approach in the treatment and habilitation of children with cerebral palsy (Allen, 1957; Cardwell, 1956; Denhoff, 1966; Wright, 1960). Centers for the care, treatment, and habilitation of cerebral palsied children conventionally include professionals working in the areas of pediatric and orthopedic medicine, nursing, psychology, physical therapy, occupational therapy, speech therapy, social work, and special education.

Denhoff (1966) stated that the "success of the multi-faceted habilitation program revolves around a nucleus--the patient and his family" (p. 75). Others (Boles, 1959; Call, 1957; Egland, 1964; Wright, 1960) have also emphasized the importance of the social and family environment of the cerebral palsied child.

Denhoff (1966), Denhoff and Holden (1951), Jordan (1943), and Sheimo (1951) have emphasized the crucial role that parents play in the treatment efforts. The importance of social work services to parents has been stressed by Messner (1966) and Mason (1956). Programs for the development of parent counseling and parent education have been reported (Allen, 1957; Bice, 1966; Moore, 1953; Winder, 1958).

The above literature stresses the value of involving the parents in all phases of treatment of the cerebral palsied child. Parents are viewed as the single most important influence on the development of the cerebral palsied child. Therefore, a vital research consideration should be the parental attitudes and practices that affect the growth and development of the cerebral palsied child's capacity to make maximal functional use of the wide range of habilitative therapies appropriate for the individual case. Such research may have implications for professionals working with both parents and children with cerebral palsy.

Parent Attitudes and Child Development

Since the work of Freud, personality and developmental theorists have stressed the role parents play in determining the personality characteristics and behavior of their children. In this study, the nature of parental influence on child development is viewed through an eclectic conceptualization of the ego development of the child (Ausubel, 1952; Erikson, 1963; Fried, 1955). Erikson (1963) emphasized the development of the ego's capacity to function autonomously and deal with the environment in a positive, active way. His basic conception of the ego is illustrated in the following:

> Between the id and the superego, then, the ego dwells. Consistently balancing and warding off the extreme ways of the other two, the ego keeps tuned to the reality of the historical day, testing perceptions, selecting memories, governing action, and otherwise integrating the individual's capacities of orientation and planning (p. 193).

The ego (Erikson, 1963) is the "central principle of organization in man's experience and action" (p. 415).

If the cerebral palsied child is to adjust to his handicap, it is assumed that he should be able to make maximal use of habilitative therapies. And yet, the therapeutic process may sometimes involve activities which are perhaps boring, painful, or difficult to accomplish and frustrating. The cerebral palsied child's ego, then, must deal with this reality. Its task is to organize the child's experience and behavior in such a manner that he may be able to effectively adjust. Viewed from this theoretical perspective, the development of the cerebral palsied child's ego will be crucial in his ability to develop the personality characteristics which would facilitate his adjustment to habilitative therapies.

Ausubel (1952) has outlined the reasons for the influence of parental attitudes upon the development of the ego. During infancy, the parents' protective and altruistic role and their association with the important bodily satisfactions make them important. They have extensive power in regulating the child's life. They are the primary representatives of the larger culture in which the child exists. The child's interpersonal environment is for the most part restricted to his parents at a time when his growth is relatively rapid. Ausubel theorized that these factors

> all add directly or indirectly to the parent's capacity to influence the child's value and attitude formation by means of authority, prestige- or loyalty-suggestion, and to magnify their effect in terms of achieving a maximum degree of change with a given expenditure of

> training effort. These varieties of suggestion also operate maximally in a wholly unstructured and undifferentiated field as represented by attitude and value content where no other frame is available (p. 264).

Because parents play such a vital role in their child's development, their attitudes have been the subject of much study. Varying methods have been used to study parental attitudes, such as the clinical case study method (e.g., Adler, 1926, Levy, 1943), laboratory observation (Escalona and Heider, 1959), and the questionnaire and interview method (Sears, Maccoby, and Levin, 1957).

Paper-and-pencil tests, surveys, and inventories of parent attitudes have been developed in order to further objectify the measurement and assessment of attitudes toward child rearing. The advantages of such instruments are the elimination of observer subjectivity and ease of administration and scoring. Some examples are the U.S.C. Parent Attitude Survey (Shoben, 1949), the Family Problems Scale (Loevinger and Sweet, 1961) and the Parent Attitude Research Instrument (Schaefer and Bell, 1959).

Of the many parent attitude tests developed, the most widely used as a research tool has been the Parent Attitude Research Instrument (PARI). However, one apparent shortcoming of the PARI is that it does not control for the social desirability set (Becker and Krug, 1965).

Pumroy (1966) developed the Maryland Parent Attitude Scale (MPAS) with controls for the social desirability set. The survey is composed of 90 forced-choice items and measures parental indulgence, discipline, rejection, and protection. Both Pumroy

(1966) and Tolor (1967) found that the MPAS was not correlated with social desirability.

Many attempts have been made to correlate parent attitudes with child development and behavior. Adler (1926) and Levy (1943) related maternal attitudes of overprotectiveness and overindulgence to child adjustment difficulties. Peterson, Becker, Hellmen, and Shoemaker (1959) compared a group of parents seeking help in child guidance clinics with a group of parents not experiencing problems with their children. They found that both parents of problem children were judged to be less well adjusted, less sociable, more autocratic, and to experience more disciplinary problems than did parents of normal children.

Some studies have shown significant differences in maternal attitudes between groups of schizophrenic or emotionally disturbed children and groups of normal children (Freeman and Grayson, 1955; Klebanoff, 1959; Mark, 1953). However, other studies have found no differences (Goldstein and Carr, 1956; Zuckerman, Barrett, and Bragiel, 1960; Zuckerman, Oltean, and Monashkin, 1958). Thus the hypothesis that parental attitudes are a causative factor in the development of adjustment or emotional difficulty has received only equivocal support. Klebanoff (1959) offered the hypothesis that the more extreme or "pathological" attitudes sometimes observed in parents of disturbed children may reflect a reaction to the disorder rather than a causation of it. He compared parents of schizophrenic children with parents of brain-injured and retarded children and found that both groups had more

"pathological" attitudes than a normal group.

Much of the empirical research on parent characteristics in relation to child development to date has not yielded results strongly consistent with theory. As Caldwell (1964) suggested, the methodological difficulties of dealing with complex interaction effects may have led to the paucity of significant findings. For example, most of the parent attitude instruments developed have been found to be sensitive to such variables as social class, educational level, and the social desirability set (e.g., Zuckerman et al, 1963; Garfield and Helper, 1962; Dingman, Eyman, and Windle, 1963). The operation of such variables may well tend to confound results. In addition, current research has not been able to clarify to what extent attitudes of parents of disturbed or maladjusted children are reactive to the disorder or are causative of it.

Parents of Cerebral Palsied Children

Developmental theory and research have emphasized parental attitudes and practices and their critical influence on personality development. The role that parents of cerebral palsied children play in their child's personality development is no less important.

The reactions of parents to having a cerebral palsied child may involve severe emotional trauma. There is usually a period of uncertainty during the child's infancy before the diagnosis of cerebral palsy is made. Solnit and Stark (1961) characterized the period after the parents realize they have a defective child

as a period of mourning intensely charged with trauma. The healthy baby that parents hope for and expect has been replaced by a defective one. They stated:

> In the mother's mourning reaction to the loss of the healthy child, her wishes for and expectations of the desired child are crushed by the birth of the defective child. Her anxious fears of having a damaged child are realized. These disappointed, highly charged longings for the normal child may be recalled, intensely felt, and gradually discharged in order to reduce the impact of the loss of the expected loved child. This process, which requires time and repetition, can liberate the mother's feelings and interests for a more realistic adaptation (p. 526).

Because of the threat involved, some parents may initially react with denial. Instances of parental "shopping" for a different diagnosis have been reported (Barsch, 1968; McDonald, 1962; Solnit and Stark, 1961). After the diagnosis is accepted, however, disruptive feelings and emotions may continue. McDonald (1962) has discussed the overwhelming confusion that parents feel during this time. They are unsure what cerebral palsy is and means, what to do about it, how much to expect of their child, etc. The result may be increasing anxiety about their child.

In addition, parents may experience frustration, social embarrassment, disappointment, etc. These feelings may lead to hostility toward the child, which in turn may lead to feelings of guilt. Solnit and Stark (1961) characterized a continuum of possible pathological reactions to the birth of a defective child:

> Although each situation has to be individually analyzed for the highly specific considerations essential for planning and treatment, in our

> experience there are two extreme reaction patterns that delimit the continuum of the pathological reactions to the birth of a defective child. The manifest reaction and the underlying feelings should be differentiated. At the one extreme is the guilt feeling leading to the mother's manifest dedication of herself unremittingly and exclusively to the welfare of the retarded child. At the other extreme is the parents' manifest intolerance of the child and the almost irresistable impulse to deny their relationship to the child. The underlying narcissistic injury is intolerable (p. 526).

The ways in which parents cope with the disturbing emotional reactions should have profound implications for their behavior and for the development of the child and family life. Unfortunately, there are indications that many parents have difficulty making a realistic adjustment. For example, Thurston (1960) found that there was still a significant amount of "emotional disturbance" in parents of severely handicapped cerebral palsied children many years after the birth of the child.

Having a cerebral palsied child has been related to disruption of normal family functioning. Little (1951) found that 21 of 22 families studied showed "marked evidence of emotional disturbance secondary to having a child with cerebral palsy" (p. 182). McDonald (1962) theorized that "handicapped families" would develop around handicapped children unless the disturbing feelings of the parents were understood and resolved. Wortis and Cooper (1957) found that 42 of 63 families in their study group could be described as "severely traumatized." Of those, 23 families had broken down completely due to death of one of the parents, psychosis, marital dissension, illness, alcoholism, and other factors.

Schaffer (1964) studied thirty families with cerebral palsied children. He described thirteen of these families as "too-cohesive," in that a disproportionate amount of family activity revolved around the handicapped child. The cerebral palsied child was the focus of almost all family activity. This appeared to interfere with normal family functioning and seemed detrimental to the emotional adjustment of each of the family members.

Hall (1963) compared families of mildly handicapped children with a group of families of severely handicapped children. In terms of family interaction, he found that the severe group had less family unity, made more consistent use of defenses of denial, projection, and reaction formation, and more frequently displayed feelings of imposition, futility, and hostility. With reference to family transaction, he found relatively little difference between the groups. Severe families were lower on family mobility and fewer mothers worked outside the home. However, there were no differences with reference to eight other measures of family transaction.

Barsch (1968), in his study of parents of several different groups of handicapped children including cerebral palsy, found no evidence that parents became more socially isolated as a result of having a handicapped child. Barsch (1960) also presented the impression that the presence of a handicapped child did not hinder parents' social mobility or activity. These findings appear to be at variance with those of other studies. However, Barsch

did not explore the extent of emotional difficulties within the family.

Barsch (1962; 1963; 1968) has also studied the child rearing practices of parents of cerebral palsied children. Comparing his data with that of Sears et al (1957), he found that bowel and bladder training was initiated later and took longer than normals. There were no differences with regard to sleep and bedtime practices. Barsch favored the interpretation of these findings as being a result of physical realities. The cerebral palsied child is often incapable of beginning toilet training at the expected age due to slower development of the muscular control and other abilities necessary for successful training. Barsch (1968) concluded that parents of handicapped children do not significantly alter their child rearing practices as a function of the handicap.

Some studies have attempted to define the effects a cerebral palsied child has on the personality characteristics and attitudes of parents, especially mothers. Boles (1959) performed an extensive study of personality factors of mothers of cerebral palsied children. Comparing them with a control group of mothers of normal children, he found no significant differences between the groups with regard to amount of manifest anxiety, guilt, rejection of the child, or realistic appraisal of their child's functioning. He did, however, find that cerebral palsy mothers were significantly higher in overprotectiveness, marital conflict, and unrealistic attitudes about future achievements of the child. Mothers of younger cerebral palsied children were found to be more

socially withdrawn.

Shere and Kastenbaum (1966) did a study involving interviewing, observation, and guidance of mothers of cerebral palsied children. They found that physical symptoms of the child often provided a focus for binding the anxiety of the mothers. They felt that the mothers in the study had relatively little insight into the psychological growth and development of their children. That is, they did not seem to realize that their child's physical limitations had important implications for his psychological well being. Although the mothers typically evaluated their children as "good", it seemed that "being good" was defined in terms of the child's almost complete passivity. The mothers frequently reacted to any activity on the child's part in a negative and inhibiting way. This seemed to foster dependency and immaturity. In addition, the mothers seemed to experience exaggerated feelings of shame and guilt about having such a child, and it was difficult for them to admit having such feelings. The authors interpreted these findings as having profound implications for the cognitive and psychological development of the child, and they urged early professional assistance for mothers of the cerebral palsied.

Parents of cerebral palsied children may tend to develop attitudes toward their children that differ from the attitudes of parents of normal children. This may occur in order to cope with the psychological trauma of having a handicapped child. As Solnit and Stark (1961) have suggested, the reactions may vary from extreme overprotection to overt rejection. Since further trauma and guilt

might be associated with adopting a rejecting mode, it seems more likely that parents would tend to develop attitudinal patterns of overprotection.

Wright (1960) has outlined reasons why parents may develop overprotective attitudes. They are: (1) Genuine love and concern for the child. The parent may actually have genuine love for the child and strive to do all for him, not realizing that in the long run this might be detrimental to the child's development. (2) Guilt. Out of the threat of unrecognized feelings of anger and hostility toward the child, the parent may overprotect him in order to deny such feelings. (3) Need for a dependent child. The parent may have personal needs to be loved, needed, and depended upon, and therefore foster dependency in the child by overprotecting and overcontrolling him. (4) Impatience. It requires patience to let a child, especially a cerebral palsied one, do things for himself. The parent may act for the child in order to avoid that impatience and frustration that might be associated with the child's failures or slowness in attempts to act for himself.

Much empirical and clinical research has supported the hypothesis that parents of cerebral palsied children do have attitudes that differ from the attitudes of parents of normal children. Bice (1954) collected attitudinal statements from a group of parents of the cerebral palsied. He found that 74% of these statements reflected attitudes toward the child that were negative in nature. Lassar (1957) found that 16 of 19 mothers of cerebral palsied children were overprotective, domineering, or rejecting.

Many other investigators have observed attitudes in cerebral palsy parents that differ from the norm. Generally, the attitudes have been characterized as being overprotective, overindulging, or in some cases, rejecting (Call, 1958; Carter and Chess, 1951; Glick, 1953; Lenard, 1962; Newland, 1957; Shere and Kastenbaum, 1966; Wortis, 1954).

Most of the research involving parents of cerebral palsied children has found that they differ in important ways from normal parents. It has been found that there is a larger amount of disturbing emotional reactions involving their children and their conditions. There seems to be a significantly higher disruption of normal family functioning. Child-rearing attitudes appear to be different. Only the studies of Barsch (1962; 1963; 1968) found little significant differences between cerebral palsy parents and parents of normal children.

It is clear that parents may have disturbing emotional reactions to their cerebral palsied child. The extent to which resultant attitudes and practices are detrimental to healthy parent-child relations and in turn to the psychological development of the child is to be discussed in the following section.

Adjustment Problems of the Cerebral Palsied

Cruickshank (1955) stated that "the basic adjustment problems of the crippled child are the same as those of children of comparable chronological and mental development who are physically normal" (p. 285). Although basic adjustment problems may

be the same, the presence of the cerebral palsy handicap may exacerbate these problems and/or significantly alter the child's physical and social environment.

In the literature on the adjustment, treatment, and habilitation of the cerebral palsied child, the importance of psychological and emotional factors has been consistently emphasized. For example, Perlstein (1956) stated:

> The importance of the emotional factor in cerebral palsy cannot be overemphasized. Studies in the vocational rehabilitation of the adult cerebral palsied have disclosed the appalling fact that in over 80 percent of the unemployed cerebral palsied, the emotional factor precluded gainful employment. It is imperative, therefore, that more attention be paid to the psychologic aspects of the management of the cerebral palsied child, before personality and emotional patterns become molded irreversibly (p. 237).

Hersov (1963) stated "It is difficult to make an accurate estimate of the prevalence of emotional disturbance in cerebral palsy and there are as yet no studies bearing directly on the problem" (p. 504). However, there have been several studies reported which suggest that the incidence of emotional or personality disturbance in cerebral palsy is much greater than in the normal population. Dunsdon (1952) found "emotional instability" in 38% of cerebral palsied children with intelligence quotients above 70. For children with intelligence quotients below 70, 14 of 16 were found to be emotionally unstable. He commented that the incidence for the group as a whole was approximately 10 times that of the normal population. Floyer (1955) found "excessive emotionality" in 42 out of 100 cerebral palsied children. Gardner (1961) found

"emotional disturbance" in 45% of a group of hemiplegic children. Small (1962) found that 16% of a group of cerebral palsied children has "psychiatric disorders."

It is clear that the parents of cerebral palsied children play a crucial role in his personality development. Sarason (1969) stated:

> In every family unit there are interactions between child and parents that foster or impede a child's successful exploitation of his own individual pattern of abilities for the purpose of his overall social and emotional adjustment. The problem exists for the average and the gifted child just as surely as it does for the mentally subnormal (p. 402).

Although parents are crucial to the development of any child, they may be more so for the cerebral palsied child. Lenard (1962), for example, pointed out that the disabled, in contrast with the non-disabled, are relatively lacking in a basic fund of common experience. That is, the nature of their handicap precludes some of the wide variety of physical, social, cultural, and interpersonal experiences that are available to the normal child. Taylor (in Meyer and Crothers, 1953) stated:

> The pattern described...confirms in the psychological study the thesis that attitudes that surround the child mold more than in normal cases the personality of the cerebral palsied child. The prolonged dependence on parents and the many contacts with authoritative figures, such as doctors, physiotherapists, speech therapists, etc., prolong the stages of unilateral relationships which in the normal child's development are soon offset and counterbalanced by his growing independence and outside contacts with contemporaries on equal terms (p. 154).

Since a good parent-child relationship is essential for adequate personality development, an adequate parental adjustment to the cerebral palsied child is necessary. And yet, as has been documented earlier in this chapter, many parents have difficulty adjusting to their child. As Cardwell (1956) stated:

> This matter of "emotional contagion" and emotional atmosphere in the home is very important to all children, but, because his very existence in the home tends to create unusual emotional tensions, it may require more than ordinary understanding and mature affection to keep the cerebral palsied child's emotional environment one which is conducive to healthy personality growth (pp. 393-394).

Call (1958), through small group discussions with parents, found there were many significant psychological problems for the cerebral palsied child. Parent attitudes were significantly related to these problems, especially the development of what he referred to as "inhibiting parent-child symbiosis." Block (1955; 1956) found that many cerebral palsied children perceived their parents' attitudes as being inconsistent and ambivalent, and he related this to the development of personality problems. Abrams (1958), in a study of well-adjusted, minimumly handicapped cerebral palsied children, found that the environment and parental attitudes were important to their development.

There have been a number of studies of adult cerebral palsied which have explored the possible relationship between parental attitudes and child adjustment. Klapper and Birch (1966), in a study of young adults with cerebral palsy, found that there were many problems of overdependence on families and inadequate

social, educational, and vocational adjustment. Glick (1953), in her study of 200 cerebral palsied adults, found that parental overprotection was correlated with a lack of motivation to succeed educationally or vocationally. Wortis and Cooper (1957), in their extensive study of the life experience of 63 cerebral palsied adults, found that family attitudes and family disorganization were related to the physical health and degree of improvement of the cerebral palsied.

Holden (1958) found that staff ratings of the motivation and adjustment of cerebral palsied children were highly correlated with ratings of overall treatment progress. Thus, in order for habilitative therapies to have their most positive effects, the cerebral palsied child should be capable of adjusting to them. However, parental attitudes of overprotection have been related to inadequate personality development in cerebral palsied children (Wortis, 1954; Wright, 1960). Carter and Chess (1951) related parental overprotection to the development of anxiety in cerebral palsied children when attempting new experiences or facing new situations. Such personality characteristics could interfere with the child's ability to make use of habilitative therapies.

The research reviewed heretofore generally supports the hypothesis that many parents of cerebral palsied children have overprotective attitudes. These attitudes may be especially harmful to the development of the ego's capacity to adjust. Fried (1955) theorized that such attitudes lead to inadequate ego development. She stated:

> Broadly speaking, one of the detriments to the ego resulting from overprotection is what I shall call underpractice of ego functions. The overprotective parent makes the child an appendage of her (his) self. The parent's ego is substituted for that of the child who is encouraged from birth on to live on a borrowed ego, since the job of living is performed to a high degree by someone else (pp. 409-410).

Thus, an overprotected child would find it difficult to function within the framework of habilitative therapies. The therapies require effort, patience, persistence, independent action, etc. Such a child might find therapy an anxiety-provoking experience and one to be avoided. His motivation is likely to be poor.

The parents of the cerebral palsied child, through their attitudes toward him, play a crucial role in the development of personality characteristics which facilitate his motivation for and performance in habilitative therapies. Of course, much of the child's ultimate growth and development will depend on his ability to make use of such therapies. It is the purpose of this study to investigate the relationship between parental attitudes and the cerebral palsied child's adjustment to habilitative therapies.

CHAPTER II

PROBLEM

In the preceeding chapter the review of the research has indicated that many parents of cerebral palsied children have been found to have child rearing attitudes that differ substantially from the norm. Generally, these attitudes have been characterized as overprotecting and/or overindulging.

Regardless of the etiology of such attitudes, the important question to be raised is the extent to which these attitudes may be detrimental to the personality development of the cerebral palsied child. It is theorized that overprotecting and overindulging parental attitudes would be detrimental to the ego development of the child, and negatively affect his ability to adjust to and make use of habilitative therapies.

While many parents may have been found to have these attitudes, it is evident that many do not. In addition, it is also evident that many cerebral palsied children are able to adjust well to habilitative therapies. Therefore, the following hypothesis was made.

Hypothesis 1. Parents of a group of well adjusted cerebral palsied children will have attitudes that differ from parents of a group of poorly adjusted cerebral palsied children.

The instrument used to measure parental attitudes in this study is the Maryland Parent Attitude Scale (Pumroy, 1966). The four scales of the MPAS are Protection, Indulgence, Discipline, and Rejection. With reference to the former three variables the following hypotheses are made.

Hypothesis 2. Parents of a group of well adjusted cerebral palsied children will score lower on Protection than parents of a group of poorly adjusted cerebral palsied children.

Hypothesis 3. Parents of a group of well adjusted cerebral palsied children will score lower on Indulgence than parents of a group of poorly adjusted cerebral palsied children.

Parents who are overprotective and/or overindulging should experience a great deal of difficulty disciplining their child (Levy, 1943; Ausubel, 1952; Wright, 1960). Therefore, the following hypothesis is made.

Hypothesis 4. Parents of a group of well adjusted cerebral palsied children will score higher on Discipline than parents of a group of poorly adjusted cerebral palsied children.

From past research it would seem that most parents of poorly adjusted children would have developed overprotective attitudes rather than rejecting attitudes. Therefore, no hypothesis was made regarding Rejection, the fourth variable measured by the MPAS.

In addition to comparing the attitudes of both parents in the two groups, each of the above hypotheses will be evaluated with regard to differences between the fathers and between the mothers

in the two parent groups.

In addition, variables such as the child's age, intelligence, and degree of physical handicap may be thought to be influential in determining the child's ability to adjust to habilitative therapies. Measures of these variables were obtained and correlated with the measure of the child's adjustment.

Variables such as the age, number of children, and educational level may influence the parents' attitudes as measured by the MPAS. They may also be influenced by certain characteristics of the child, such as the child's age, intelligence, and degree of physical handicap. Measures of these variables were obtained and correlated with the parents' MPAS scores. Correlation coefficients were also obtained between the four MPAS scales and the measure of the child's adjustment to habilitative therapies.

CHAPTER III

METHOD

Subjects

Subjects for this study were the parents of cerebral palsied children who had been inpatients at the Oklahoma Cerebral Palsy Center. Located in Norman, Oklahoma, the Center provides for the care, treatment, and habilitation of cerebral palsied children who have been judged by an interdisciplinary staff to be able to benefit from the therapy programs there. Offered at the Center are physical therapy, occupational therapy, speech therapy, and special education. The program for each child is under the general direction of an orthopedic consultant. In addition to these therapies, the Center provides pediatric, dental, nursing, psychological, and recreational services.

A child was chosen for participation in this study if (1) he had been an inpatient at the Center for a period of at least sixty days from September 1, 1968 through September 1, 1969; (2) he had lived with at least one of his natural parents all his life; (3) he had an intelligence quotient of at least 60; (4) he was between the ages of four and twelve years. Using these criteria, 50 cerebral palsied children were selected. This number was approximately half of the total number of inpatients seen at the Center

during that time.

Of the 50 children selected for the study, 29 were males and 21 were female. Their ages ranged from four years eleven months to eleven years eleven months. The mean age for the group was seven years eleven months, with a standard deviation of 2.22 years.

Of the 50 children, nineteen were medically diagnosed as spastic quadriplegics, nine were spastic paraplegics, and eight were spastic hemiplegics. Athetosis was the diagnosis for four of the children, and Rigidity was the diagnosis for four of the children. Mixtures and other diagnoses occurred six times.

Intelligence quotients were obtained for all children in the study from the psychometric records at the Center. In cases where the child had been tested more than once, the most recent IQ score was used. The instruments used to obtain the IQ score on each child varied. The Stanford-Binet Intelligence Scale or modifications of it was used 39 times, the Wechsler Intelligence Scale for Children was used eight times, the Columbia Mental Maturity Scale was used twice, and the Merrill-Palmer Scale of Mental Tests was used once. The IQ scores ranged from 60 to 127. The mean IQ score was 82.5, with a standard deviation of 17.07.

Degree of Physical Handicap

The degree of severity of the physical handicapping conditions of each cerebral palsied child may play an important part in the child's development. Therefore, a Degree of Handicap

rating scale adapted from Katz (1956) was used. Four of his six dimensions of physical handicap were used. These were walking, sitting balance, arm-hand use, and speech (verbal). Each child was rated on walking and sitting balance by the physical therapist, on arm-hand use by the occupational therapist, and on speech by the speech therapist. The ratings were made on a four-point scale for each dimension reflecting minimal, mild, moderate, and severe handicapping conditions. One point was assigned to each dimension checked under minimal, two points for mild, etc. The points were then totaled, making the possible range of scores from 4 to 16, with higher scores reflecting a more severe degree of physical handicap. The actual scores ranged from 4 to 15. The mean for the scores was 6.94, with a standard deviation of 2.59. A copy of the Degree of Physical Handicap Scale may be found in Appendix I.

Adjustment Rating Scale

An Adjustment Rating Scale (ARS) was developed in order to measure the adjustment of the children to the habilitative therapies at the Center. In developing the scale, the experimenter observed many children in the various therapies and also consulted all the therapists to obtain their ideas regarding the behaviors which were indicative of good or poor adjustment. Ten statements, each of which referred to a relatively concrete aspect of behavior, were constructed. An attempt was made to construct the items such that the child's age or physical handicap would not influence the ratings.

Five of the ten statements were reflective of a good adjustment, and five were reflective of a poor adjustment.

The statements were randomly ordered and presented to the therapists to rank each child on each item using a five-point scale. The points on the scale referred to the varying degrees of frequency with which each behavior occurred (almost never, seldom, sometimes, frequently, almost always). A copy of the ARS may be found in Appendix II.

For those items which were indicative of a good adjustment, five points were given if the item was checked almost always, four if checked frequently, etc. The reverse was true if the item was reflective of a poor adjustment. Thus the range of possible scores for any one rating was 10 to 50, with higher scores being indicative of a better adjustment.

A rating was obtained from each therapy area (physical therapy, occupational therapy, speech therapy, special education) in which a child was seen. In cases in which a child has been seen by more than one therapist or therapy aide within one area, their judgments were pooled with one therapist being responsible for all ratings from each therapy area.

The ratings from all therapies in which a child had been treated were averaged, and this score was accepted as the measure of the child's adjustment. Nineteen of the children were seen in all four therapies; twenty two were seen in three of the therapies, and nine were seen in two therapies.

The mean ARS scores ranged from 26.0 to 46.5, with the mean of these scores being 36.12. The standard deviation was 5.14.

Procedure

After the Degree of Handicap ratings and the Adjustment ratings were obtained, the parents of the 50 children were contacted. Of the 50, 21 were currently inpatients or daily outpatients. The remaining 29 had been discharged from the Center. Initially, it was possible to contact the parents of 17 of the children in person and 29 by phone. Parents of 4 of the children could only be contacted by mail.

At the time of initial contact, whether in person, by phone, or by mail, the parents were asked to participate in a study on the child rearing attitudes of parents of cerebral palsied children. It was explained to them that participation was voluntary, and that the study would have no effect on the treatment their child was receiving from the Center. The nature of the Maryland Parent Attitude Survey was explained to each parent in order to familiarize them with the survey. All 46 who were contacted either in person or by phone agreed to participate. They were either given or sent by mail two copies of the MPAS if both parents were in the home, or one copy if only the mother was in the home. Of the 50, 42 included both parents and 8 had only mothers. When both parents were included, each was asked to complete the MPAS independently of the other.

Included with each MPAS were detailed written instructions

for completing the test (See Appendix III). It was especially emphasized to the parents that they were to answer the MPAS with their cerebral palsied child in mind. Also included was an information sheet which recorded each parent's age, number of children, and educational level. A self-addressed stamped envelope was included for the parents' convenience in returning the surveys.

If the surveys had not been returned within thirty days, a follow-up contact was made either in person, by phone, or, when necessary, by mail. If the surveys still had not been returned after an additional thirty days, a second follow-up contact was made.

Maryland Parent Attitude Scale

The MPAS was used as the measure of parental attitudes in this study because it has been shown to be independent of social desirability (Pumroy, 1966; Tolor, 1967) and because of the applicability of its scales to this study. The MPAS is a forced-choice attitude scale composed of 90 items introduced by 5 buffer items. The subject is forced to choose one of two statements about children or child rearing that he feels most closely reflects his own attitudes or feelings.

The four categories of attitudes measured by the MPAS are parental Protection, Indulgence, Discipline, and Rejection. Pumroy (1966) characterized protective parents in the following way:

> Protective parents are primarily concerned with seeing to it that the child takes a minimum amount

> of risks. Consequently, the parents are overly watchful of the child and always alert to possible dangerous aspects of all situations. These parents perform tasks for the child long beyond the time the child is capable of doing the task for himself. The child is not allowed to grow up and do things for himself (e.g., feeding, bathing, going to school alone, etc.) for fear that something might happen to him (p. 75).

He described indulgent parents in the following manner:

> These parents are child centered; the child is allowed to have his own way in all matters. The child is showered with warmth and affection. While there are attempts at discipline, the child knows the rules can be circumvented. The child is not encouraged to show any initiative, and seldom does he have any responsibility around the house. Frequently, but for no particular reason other than an impulse on the part of the parents the child is given gifts and treats (pp. 74-75).

Disciplinarian parents were described as follows:

> These parents need and expect fairly strict obedience from the child. The child knows that if he does not comply he will be punished, as the rules are explicitly stated by the parent. This punishment is carried out in a fair and consistent manner. This parent is constantly pushing the child to achieve beyond his ability, forcing him to grow up early (p. 75).

Rejecting parents were characterized in the following way:

> These parents are openly and actively hostile toward their children. This hostility is frequently reflected in discipline and punishment. This discipline and punishment seems to be based more on the general negative feelings of the parent than on the behavior of the child. Because of the hostility engendered in the child, these parents frequently feel that children are incorrigible (p. 75).

Experimental Design

Of the 42 pairs of parents, 35 returned correctly completed and scorable surveys. One pair returned incorrectly

completed and thus invalid surveys, one pair returned their surveys undone, and five pairs did not respond despite two follow-up contacts.

Of the eight who were mothers only, five returned correctly completed and scorable surveys. One returned an invalid survey, one returned the survey undone, and one was returned because of an incorrect address.

In computing the intercorrelations between the child's age, intelligence, degree of handicap, and A.R.S. score, all 50 children scores were used.

The scores of the 35 pairs of mothers and fathers who responded were used in computing the correlations between the parent's age, educational level, number of children, their child's age, degree of handicap, and intelligence and their scores on the MPAS scales. The same group was used in computing the intercorrelations between the MPAS scales.

In order to test the hypotheses presented in the preceeding chapter, a group of well adjusted children and a group of poorly adjusted children were selected. A child was placed in the well adjusted group if his ARS score was one of the eleven highest of the group of 35 children whose mothers and fathers responded. A child was placed in the poorly adjusted group if his score was one of the eleven lowest. Thus the two groups consisted of the top 31.4% and bottom 31.4% of the ARS scores of the larger group of 35.

The mothers and fathers of the two groups were compared by the use of the split-plot factorial analysis of variance, type

SPF pr.q (Kirk, 1968). In addition, correlation coefficients between the MPAS scores of all 35 mothers and fathers and the child's ARS score were obtained.

The small group of mothers only was analyzed separately, and correlation coefficients between their MPAS scores and their child's A.R.S. score were obtained.

CHAPTER IV

RESULTS

The Maryland Parent Attitude Scale raw scores for the experimental groups were transformed into T scores (Pumroy, 1966), and the means and variances are presented in Table 1. The data were analyzed by means of a split-plot factorial analysis of variance design, type SPF pr.q (Kirk, 1968). Tests for homogeneity of variance of error terms, required by the assumptions underlying the split-plot factorial design, were accomplished by means of the Fmax statistic. For the subjects within group error terms, Fmax (4,10) = 5.49. For the scales X subjects within groups error terms, Fmax (4,30) = 3.05. Neither of the values of Fmax was significant at the .05 level, supporting the assumption of homogeneity of variance of error terms.

The Analysis of Variance Summary Table is located in Table 2. The main effects of A (parents of well adjusted children versus parents of poorly adjusted children) and C (fathers versus mothers) on the total of the MPAS scales is not significant. The interaction of AC on the MPAS total is also not significant. This is to be expected because the MPAS total for each subject should vary quite closely around 200, since the forced-choice nature of the MPAS determines that the average of all scales is approximately

Table 1

Group Means and Variances

	Protection		Indulgence		Discipline		Rejection	
Group	mean	var.	mean	var.	mean	var.	mean	var.
Fathers of W.A. Children	50.73	104.743	54.00	69.454	49.82	67.967	44.91	87.891
Mothers of W.A. Children	51.82	32.695	46.36	28.048	50.55	24.275	52.64	79.691
Fathers of P.A. Children	56.18	72.880	54.64	45.508	44.64	26.781	44.55	129.345
Mothers of P.A. Children	52.78	47.101	51.00	141.657	50.27	42.929	45.91	113.529

Table 2

Analysis of Variance Summary Table

Source of Variation	SS	df	MS	F ratio	F	P*
1. Between Subj:	35.637	44				
2. A (W.A. - P.A.)	0.568	1	0.568	$\frac{2}{5}$	.756	
3. C (Fathers - Mothers)	2.273	1	2.273	$\frac{3}{5}$	3.026	
4. AC	2.750	1	2.750	$\frac{4}{5}$	3.662	
5. Subj. W/Groups	30.046	40	0.751			
6. Within Subj:	13756.000	132				
7. B (MPAS Scales)	916.909	3	305.636	$\frac{7}{19}$	3.170	.05
8. B at a_1 (W.A. Parents)	69.307	3	23.102	$\frac{8}{19}$	0.242	
9. B at a_2 (P.A. Parents)	1254.034	3	418.011	$\frac{9}{19}$	4.379	.01
10. AB	407.342	3	135.781	$\frac{10}{19}$	1.422	
11. BC	701.182	3	233.727	$\frac{11}{19}$	2.449	.10
12. B at c_1 (Fathers)	1453.136	3	484.309	$\frac{12}{19}$	5.074	.01
13. B at c_2 (Mothers)	164.955	3	54.985	$\frac{13}{19}$	0.576	

Table 2 (continued)

Source of Variation		SS	df	MS	F ratio	F	P*
14.	C at b_1 (Protection)	15.364	1	15.364	$\frac{14}{20}$	0.214	
15.	C at b_2 (Indulgence)	349.454	1	349.454	$\frac{15}{20}$	4.868	.05
16.	C at b_3 (Discipline)	111.364	1	111.364	$\frac{16}{20}$	1.551	
17.	C at b_4 (Rejection)	227.273	1	227.273	$\frac{17}{20}$	3.166	.10
18.	ABC	275.704	3	91.901	$\frac{18}{19}$	0.963	
19.	B s Subj: W/Groups	11454.863	120	95.457			
20.	Within Cell	11484.909	160	78.780			
21.	TOTAL	13791.637					

50.

The main effect of B, or the differences between the means of the MPAS scales, was significant at the .05 level. Further analysis revealed that B is significant at the .01 level for parents of poorly adjusted children, both mothers and fathers. It is also significant at the .01 level for all fathers. B is not significant for parents of well adjusted children or for all mothers. These results indicate that there are differences between the MPAS scales for all parents of poorly adjusted children and for all fathers.

The AB interaction, or the differences between parents of well adjusted children and parents of poorly adjusted children on the MPAS scales was not significant. Therefore, Hypothesis 1 is rejected. It appears that in general the two groups do not differ on all the MPAS scales.

The BC interaction, or the differences between all fathers and all mothers on the MPAS scales, was significant at the .10 level. Although significance in this instance is marginal, the differences between fathers and mothers on each of the MPAS scales were explored. There were no differences between fathers and mothers on the Protection or Discipline scales. Fathers scored higher than mothers on Indulgence at the .05 level of significance, while mothers scored higher than fathers on Rejection, but only at the .10 level of significance.

The ABC interaction, or the differences between the four groups according to sex of parent and adjustment of child (fathers

of well adjusted children, mothers of well adjusted children, fathers of poorly adjusted children, mothers of poorly adjusted children) on the MPAS scales was not significant.

The non-significance of the AB interaction would indicate that there were no differences between parents of well-adjusted children and parents of poorly adjusted children on any of the MPAS scales. However, because of the a priori nature of the hypotheses, t ratio tests (Kirk, 1968) were used to compare the differences between the two groups. Table 3 shows that none of the t ratios is significant, indicating that Hypotheses 2, 3 and 4 are rejected. However, it should be noted that all the differences between the two groups were in the directions predicted, although not significant; that is, parents of well adjusted children scored lower on Protection and Indulgence, higher on Discipline. They also scored higher on Rejection, which was significant at the .10 level.

The group of fathers of well adjusted children were compared with the group of fathers of poorly adjusted children by means of t ratio tests. As shown in Table 4, fathers of well adjusted children scored lower on Protection and higher on Discipline than did fathers of poorly adjusted children, but in both cases the level of significance was only the .10 level. There were no differences between the two groups on Indulgence and Rejection. If the .05 level of significance is taken at the minimum to reject the null form of the hypotheses, then Hypotheses 2, 3, and 4 with regard to fathers must all be rejected. There is, however, marginal suppprt

Table 3

t Ratio Comparisons of Differences Between Both Parents of Well Adjusted Children and Both Parents of Poorly Adjusted Children

Scale	t Ratio
Protection	-1.245
Indulgence	-1.034
Discipline	+1.069
Rejection	+1.366*

*$p < .10$

Table 4

t Ratio Comparisons of Differences Between Fathers of Well Adjusted Children and Fathers of Poorly Adjusted Children

Scale	t Ratio
Protection	-1.508*
Indulgence	0.177
Discipline	+1.434*
Rejection	0.100

*$p < .10$

for hypotheses 2 and 4.

The group of mothers of well adjusted children was compared with the group of mothers of poorly adjusted children by means of t ratio tests. There were no significant differences between these groups with regard to Protection, Indulgence, and Discipline, as shown in Table 5. Thus, with regard to mothers, Hypotheses 2, 3, and 4 must also be rejected. It was found, however, that mothers of well adjusted children scored higher on Rejection than did mothers of poorly adjusted children at the .05 level of significance.

Because of the significance of the B (scales) factor, the differences between the mean MPAS scores of all parents was further analyzed by use of Duncan's Multiple Range Test (Kirk, 1968). The differences in mean MPAS scores of all parents is located in Table 6. It was found that Protection was higher than Rejection at the .01 level, and that Indulgence was higher than Rejection at the .05 level.

There were no differences in mean MPAS scores of both parents of well adjusted children (B at a_1). This is substantiated by Duncan's Test as shown in Table 7.

There were differences in mean MPAS scores for both parents of poorly adjusted children, since B at a_2 was significant at the .01 level. Table 8 shows that Protection was higher than Discipline at the .05 level and higher than Rejection at the .01 level. Indulgence was higher than Rejection at the .05 level.

There were differences between mean MPAS scores of all

Table 5

t Ratio Comparisons of Differences Between Mothers of Well Adjusted Children and Mothers of Poorly Adjusted Children

Scale	t Ratio
Protection	0.266
Indulgence	1.284
Discipline	0.077
Rejection	1.863*

*$p < .05$

Table 6

Differences in Mean MPAS Scores of Parents

			Critical Values	
		At level .05 = 4.12	4.35	4.49
		At level .01 = 5.47	5.67	5.79
Mean		Pro.	Ind.	Dis.	Rej.
52.86	Pro.		1.36	4.04	5.86**
51.50	Ind.			2.68	4.50*
48.82	Dis.				1.82
47.00	Rej.				

*p < .05
**p < .01

Table 7

Differences in Mean MPAS Scores of Parents of Well Adjusted Children

		Critical Values		
	At level .05 = 5.85	6.17	6.37
	At level .01 = 7.77	8.08	8.27
Mean		Pro.	Ind.	Dis.	Rej.
51.27	Pro.		1.09	1.09	2.50
50.18	Ind.			0.00	1.41
50.18	Dis.				1.41
48.77	Rej.				

Table 8

Differences in Mean MPAS scores of Parents of Poorly Adjusted Children

		Critical values		
		At level .05 = 5.85 At level .01 = 7.77	6.17 8.08	6.37 8.27
Mean		Pro.	Ind.	Dis.	Rej.
54.45	Pro.		1.63	7.00*	9.17**
52.82	Ind.			5.37	7.54*
47.45	Dis.				2.17
45.28	Rej.				

*p < .05
**p < .01

fathers since B at C_1 was significant at the .01 level. Table 9 shows that Indulgence was greater than Discipline at the .05 level and greater than Rejection at the .01 level. Protection was greater than Discipline at the .05 level and greater than Rejection at the .01 level.

There were no differences between the mean MPAS scores of all mothers (B at C_2). This is substantiated by the use of Duncan's Test as shown in Table 10.

The differences between the mean MPAS scores for each of the two father groups and two mother groups were also evaluated by the use of Duncan's Test.

Table 11 shows the differences in mean MPAS scores for fathers of well adjusted children. There were no differences between any of the mean scores.

Table 12 shows the differences in mean MPAS scores for mothers of well adjusted children. There were no differences between any of the mean scores.

Table 13 shows the differences in mean MPAS scores for fathers of poorly adjusted children. Protection was greater than Discipline and Rejection at the .05 level. Indulgence was greater than Discipline and Rejection at the .05 level.

Table 14 shows the differences in mean MPAS scores for mothers of poorly adjusted children. Only one difference occurred; Protection was higher than Rejection at the .05 level.

Table 9

Differences in Mean MPAS Scores of Fathers

		Critical values		
		At level .05 = 5.85	6.17	6.37
		At level .01 = 7.77	8.08	8.27
Mean		Ind.	Pro.	Dis.	Rej.
54.32	Ind.		0.87	7.09*	9.59**
53.45	Pro.			6.22*	8.72**
47.23	Dis.				2.50
44.73	Rej.				

*p < .05
**p < .01

Table 10

Differences in Mean MPAS Scores of Mothers

		Critical values		
		At level .05 = 5.85	6.17	6.37
		At level .01 = 7.77	8.08	8.27
Mean		Pro.	Dis.	Rej.	Ind.
52.27	Pro.		1.86	3.00	3.59
50.41	Dis.			1.14	1.73
49.27	Rej.				0.59
48.68	Ind.				

Table 11

Differences in Mean MPAS scores of Fathers

of Well Adjusted Children

		Critical values		
	At level .05 = 8.43	8.87	9.13
	At level .01 =11.25	11.75	12.08

Mean		Ind.	Pro.	Dis.	Rej.
54.00	Ind.		3.27	4.18	9.09
50.73	Pro.			0.99	5.82
49.82	Dis.				4.91
44.91	Rej.				

Table 12

Differences in Mean MPAS Scores of Mothers

of Well Adjusted Children

		Critical values		
	At level .05 = 8.43	8.87	9.13
	At level .01 = 11.25	11.75	12.08

Mean		Rej.	Pro.	Dis.	Ind.
52.64	Rej.		1.18	2.09	6.28
51.82	Pro.			1.27	5.46
50.55	Dis.				4.19
46.36	Ind.				

Table 13

Differences in Mean MPAS Scores of Fathers of Poorly Adjusted Children

			Critical values	
		At level .05 = 8.43	8.87	9.13
		At level .01 = 11.25	11.75	12.07
Mean		Pro.	Ind.	Dis.	Rej.
56.18	Pro.		1.54	11.54*	11.63*
54.64	Ind.			10.00*	10.09*
44.64	Dis.				0.09
44.55	Rej.				

*$p < .05$

Table 14

Differences in Mean MPAS Scores of Mothers of Poorly Adjusted Children

		Critical values		
	At level .05 =	8.43	8.87	9.13
	At level .01 =	11.25	11.75	12.08

Mean		Pro.	Ind.	Dis.	Rej.
54.45	Pro.		1.63	7.00	9.17*
52.82	Ind.			5.37	7.54
47.45	Dis.				2.17
45.28	Rej.				

*$p < .05$

Patterns of Parental Attitudes

The significance of B in the analysis of variance indicated that there were differences between the mean MPAS scores for all parents. The attitude pattern for all parents in the analysis of variance is graphically illustrated in Figure 1. This pattern is one in which Protection and Indulgence are higher than Rejection.

The attitude patterns for all fathers and mothers are illustrated in Figure 2. The differences between some of the means as shown by Duncan's test indicate that fathers have a more "extreme" pattern of attitudes than do mothers. That is, the distribution of the scales varies around the mean to a greater extent. There were no differences between the mean MPAS scales for all mothers, as was indicated by Duncan's test.

The attitude patterns of parents (both fathers and mothers) of well adjusted children and of parents of poorly adjusted children are illustrated in Figure 3. There were differences between the mean MPAS scores for parents of poorly adjusted children, whereas there were no differences for parents of well adjusted children. This suggests that parents of poorly adjusted children have a pattern of attitudes which is more "extreme" than parents of well adjusted children.

The attitude patterns of the four groups of parents were also determined and are graphically illustrated in Figures 4 and 5. The pattern of the group of fathers of well adjusted children does not vary much around the mean, whereas the pattern for fathers of

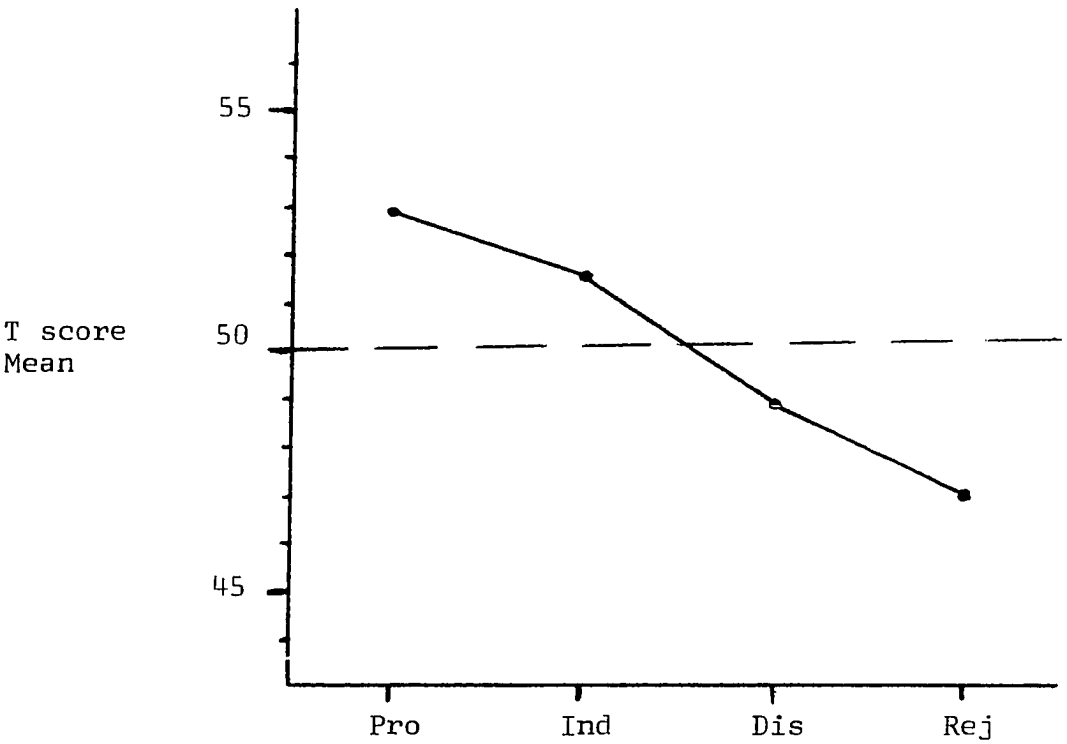


Figure 1. Attitude Patterns for all Parents.

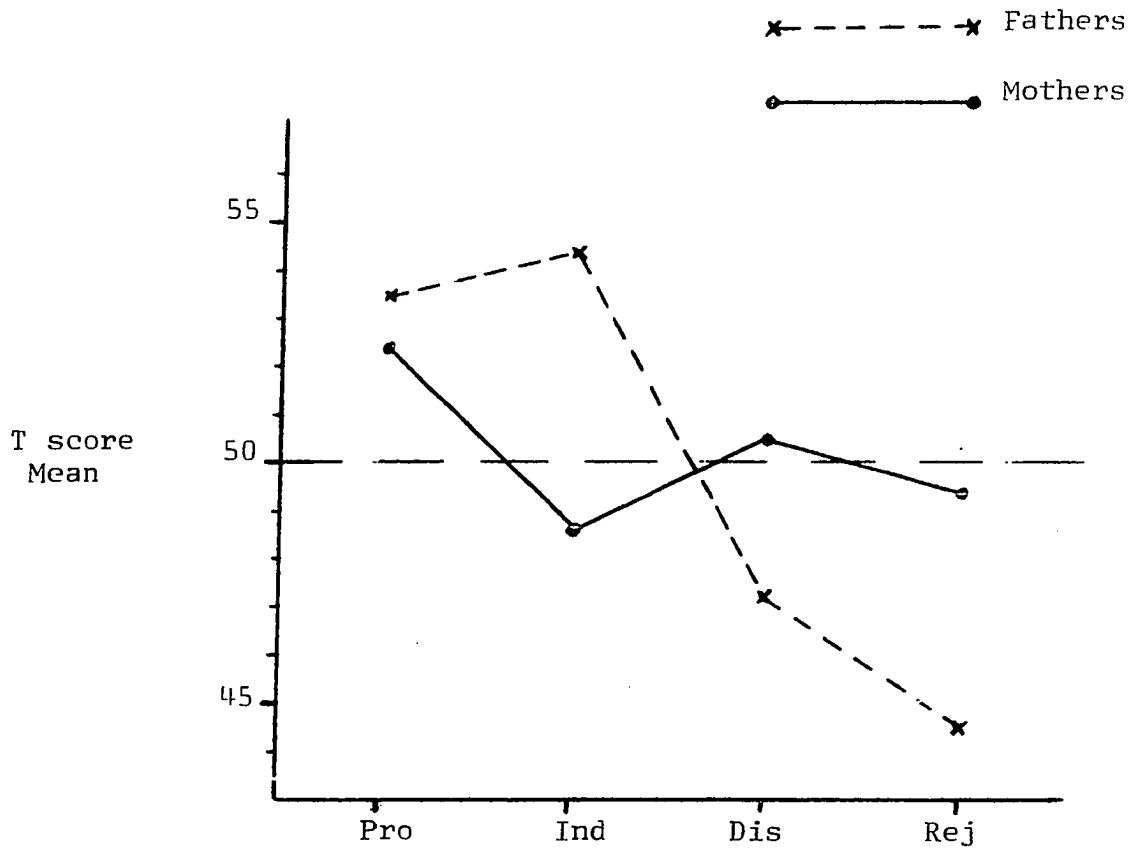


Figure 2. Attitude Patterns for all Fathers and all Mothers.

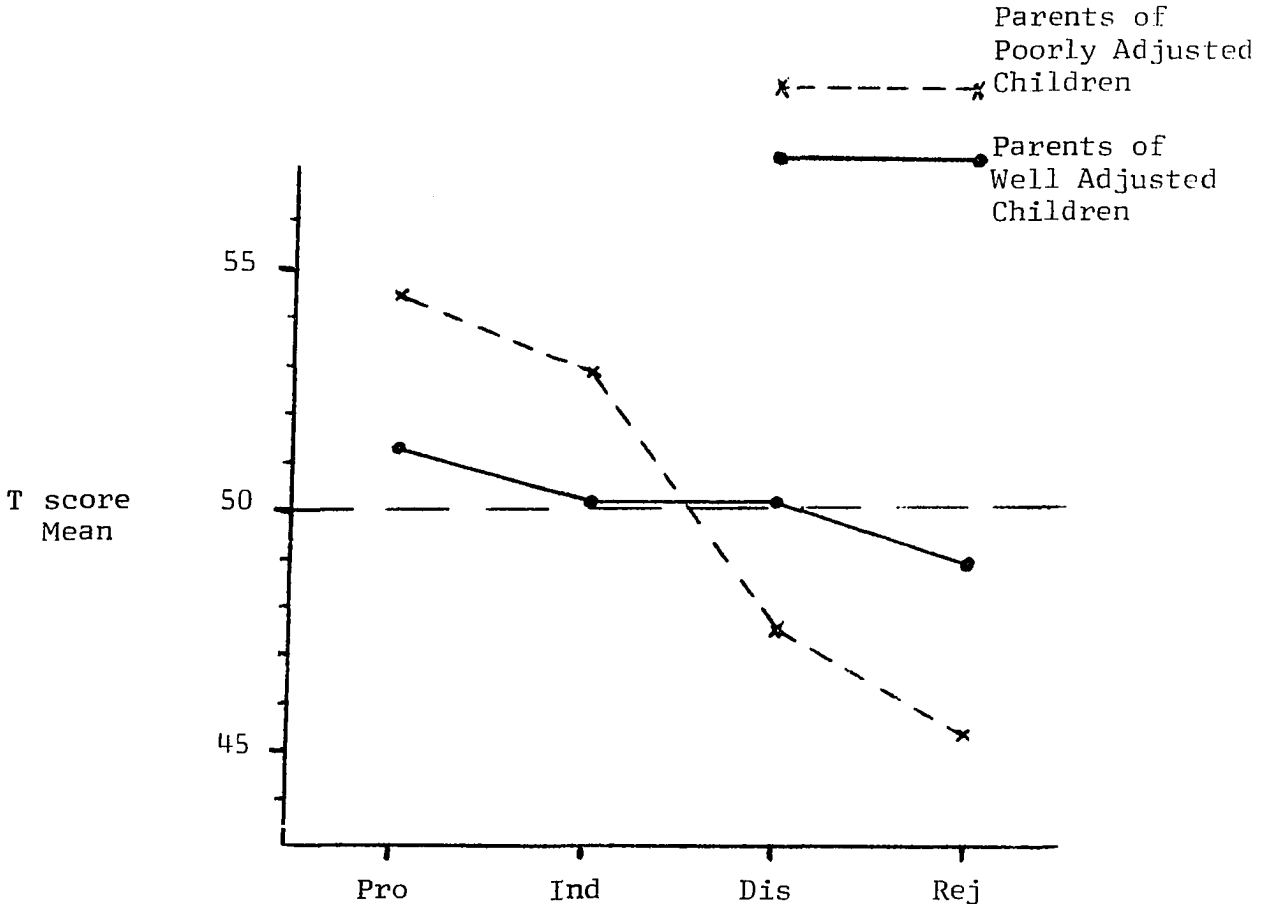


Figure 3. Attitude Patterns of Parents of Poorly Adjusted Children and Parents of Well Adjusted Children.

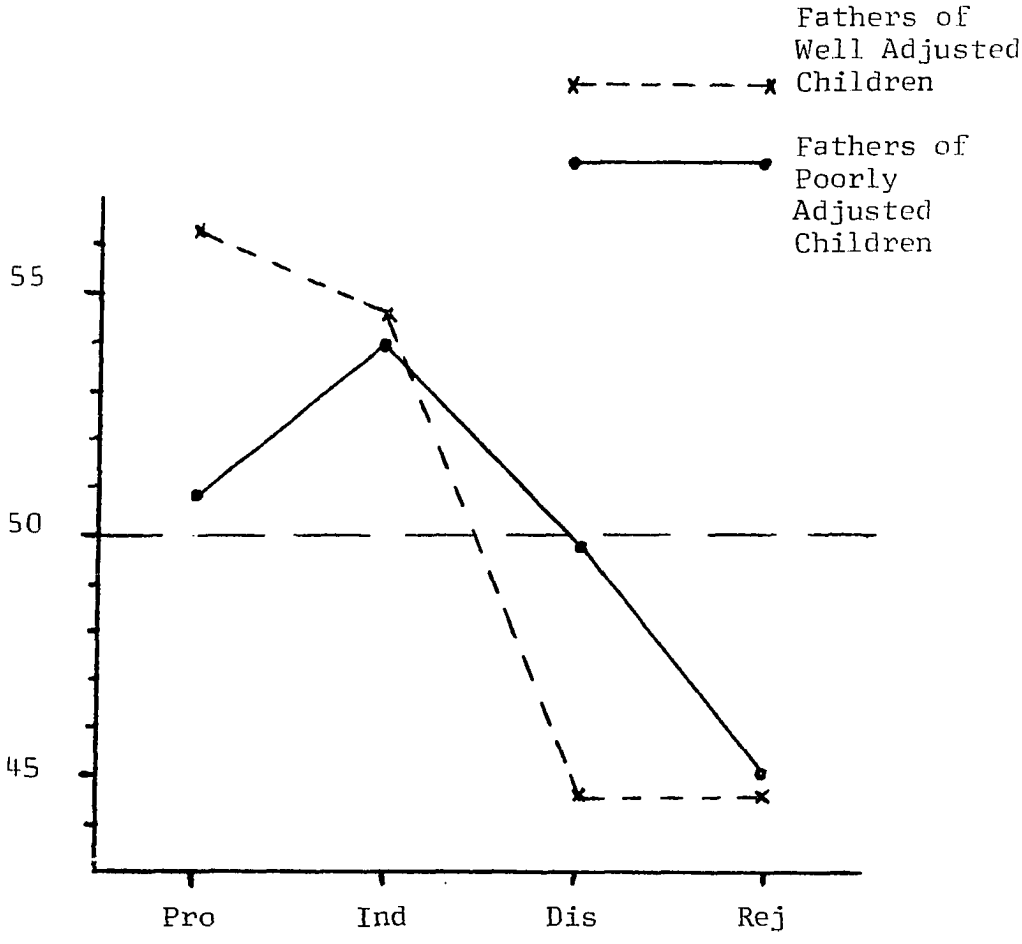


Figure 4. Attitude Patterns of Fathers of Well Adjusted Children and Fathers of Poorly Adjusted Children.

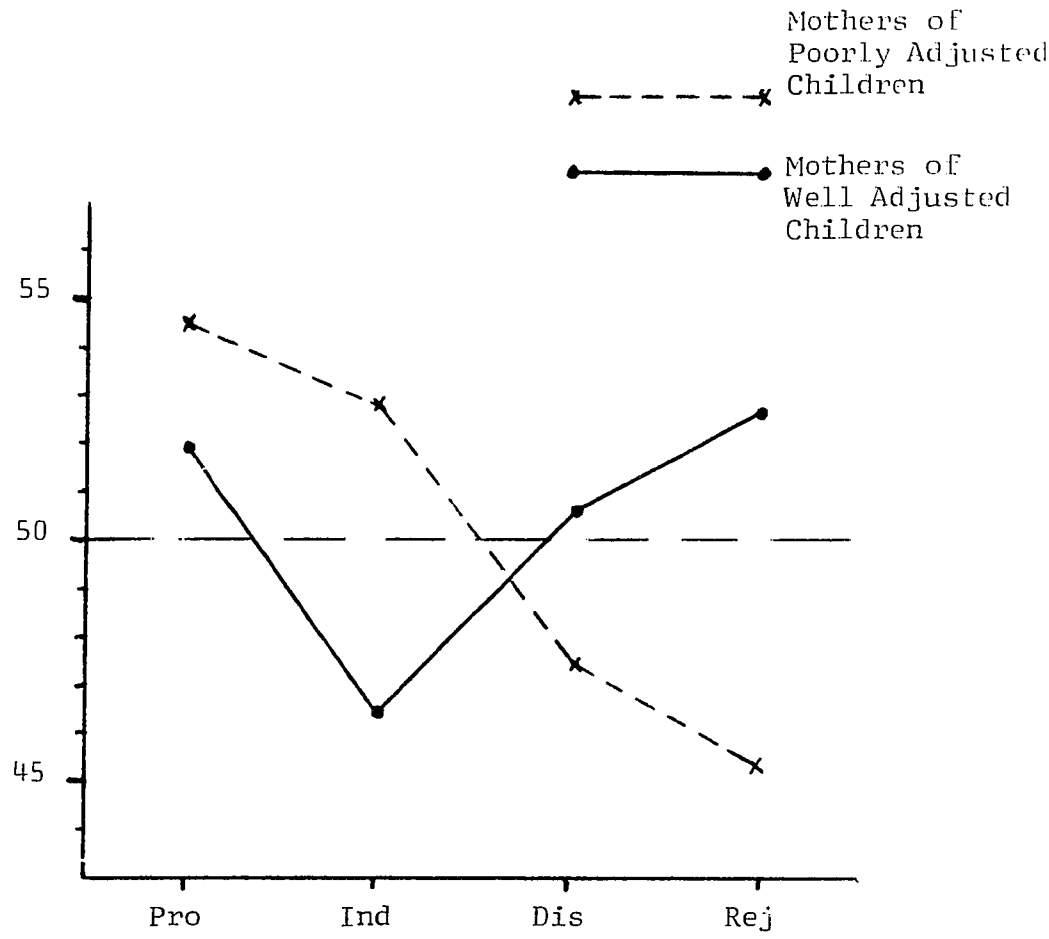


Figure 5. Attitude Patterns of Mothers of Well Adjusted Children and Mothers of Poorly Adjusted Children.

poorly adjusted children does to a greater extent, with Protection and Indulgence being higher than Discipline and Rejection.

The attitude pattern for mothers of well adjusted children varies closely around the mean, since there were no differences between any of the mean MPAS scores. This is also the case with mothers of poorly adjusted children, although the patterns seem to be somewhat different in nature. Mothers of well adjusted children scored lowest on Indulgence and highest on Rejection, while mothers of poorly adjusted children scored highest on Protection and lowest on Rejection.

Correlations of Variables Possibly Related to Adjustment with ARS Scores

It is possible that either the child's age, degree of physical handicap, or intelligence might affect his ability to adjust to habilitative therapies. In addition, these variables might introduce error into the adjustment ratings done by the various therapists. Correlational coefficients between these variables and the ARS scores are shown in Table 15. There were no significant correlations between ARS scores and either the child's age or degree of physical handicap. There was a positive correlation between intelligence and ARS, which was significant at the .01 level.

Attitudes of All 35 Fathers and 35 Mothers in the Study

The MPAS means and standard deviations of all 35 sets of

Table 15

Correlations Between ARS Scores and Child Age, Handicap Rating, Number of Siblings, and Intelligence Quotients (N=50)

	ARS
Age	.184
Handicap	-.016
# Siblings	-.001
I.Q.	+.419*

*$p < .01$

parents in the study are located in Tables 16 and 17. These subjects included not only the 22 fathers and 22 mothers of well adjusted and poorly adjusted children, but also those 13 sets of parents whose children were located about the mean of the ARS distribution.

The intercorrelations of the four MPAS scales for fathers and mothers are shown in Table 18. These correlation coefficients were computed to determine the relationships between the scales, even though the data does not conform to the statistical assumptions underlying the computation of correlation coefficients. That is, the data for the four scales are not statistically independent.

The data in Table 18 indicates that there is relatively little difference between the MPAS intercorrelations for mothers and fathers. For both groups, Protection is negatively correlated with both Discipline and Rejection. Indulgence is negatively correlated with Discipline and Rejection. Protection has a relatively low positive correlation with Indulgence for both fathers and mothers. There is small positive correlation between Discipline and Rejection for fathers, but there was no correlation between these two scales for mothers.

It may be that a number of variables (child age, degree of physical handicap, intelligence, age of parent, number of children, educational level of parent) are related to parental attitudes as measured by the MPAS.

Table 19 shows the correlation coefficients between the above variables and each of the MPAS scales for fathers. There were no significant correlations between any of the MPAS scales

Table 16

Means and Standard Deviations of

Father MPAS Scores (N=35)

Scale	raw scores mean	raw scores s.d.	t scores mean	t scores s.d.
Protection	26.80	4.51	52.49	9.34
Indulgence	22.37	6.27	54.91	10.90
Discipline	26.31	5.20	47.09	8.71
Rejection	14.51	5.81	44.71	10.84

Table 17

Means and Standard Deviations of

Mother MPAS Scores (N=35)

Scale	raw scores mean	raw scores s.d.	t scores mean	t scores s.d.
Protection	26.74	4.80	53.09	8.41
Indulgence	21.54	5.84	49.03	8.50
Discipline	25.91	5.51	49.09	9.17
Rejection	15.74	5.59	49.11	10.07

Table 18

Intercorrelations Between MPAS Scales

	Ind.	Dis.	Rej.
Protection			
Fathers	.257	-.429	-.670
Mothers	.330	-.640	-.579
Indulgence			
Fathers		-.727	-.629
Mothers		-.645	-.694
Discipline			
Fathers			.222
Mothers			.052

Table 19

Correlations Between MPAS Scales of Fathers and Child Age, Intelligence, Handicap Rating, Father Age, Number of Children, and Educational Level (N=35)

	Pro.	Ind.	Dis.	Rej.
Child Age	.192	-.112	.053	-.075
Handicap	.267	.249	-.223	-.211
I.Q.	-.268	-.004	.034	-.095
Father Age	-.005	.181	-.327*	.207
# Children	.097	.092	-.238	-.178
Education	-.533**	.214	.291*	.186

*p < .05
**p < .01

and child age, degree of physical handicap, intelligence, and number of children. There were no significant correlations between age of the fathers and Protection, Indulgence, or Rejection. There was a significant positive correlation at the .05 level between age of the father and Discipline. The father's educational level was not significantly correlated with Indulgence or Rejection. However, there was a significant positive correlation between educational level and Discipline at the .05 level. There was a significant negative correlation between educational level and Protection at the .01 level.

Table 20 shows the correlation coefficients between the variables and the MPAS scores of mothers on each of the scales. There were no significant correlations between any of the MPAS scales and child age, degree of physical handicap, intelligence, age of the mother, and educational level of the mother. There were no significant correlations between number of children and mother Protection or Discipline. There was a significant negative correlation between number of children and Indulgence at the .05 level, and there was a significant positive correlation between number of children and Rejection at the .05 level.

Table 21 shows the correlation coefficients between the MPAS scores of fathers and child ARS scores. Extension of Hypotheses 2, 3, and 4 lead to the predictions that Protection and Indulgence would be negatively correlated with ARS, and that negatively correlated with ARS, and that Discipline would be positively correlated with ARS. Protection was negatively correlated with ARS

Table 20

Correlations Between MPAS Scales of Mothers and Child Age, Intelligence, Handicap Rating, Mother Age, Number of Children, and Educational Level (N=35)

	Pro.	Ind.	Dis.	Rej.
Child Age	-.170	-.167	.146	-.241
Handicap	.103	.008	-.035	-.091
I.Q.	-.121	-.081	.252	-.065
Mother Age	-.222	-.096	.021	.249
# Children	-.120	-.304*	.095	.316*
Education	.237	-.077	-.164	.004

*$p < .05$

Table 21

Correlations Between ARS Scores and

Father MPAS Scores (N=35)

Scale	ARS
Protection	-.298**
Indulgence	.006
Discipline	.258*
Rejection	.006

*p < .10
**p < .05

at the .05 level, as predicted. Indulgence was not correlated with ARS. Discipline was positively correlated with ARS, but the significance level was only .10. In addition, Rejection was not correlated with ARS.

Table 22 shows the correlation coefficients for the MPAS scales of the 35 mothers and child ARS scores. The predictions for mothers would be the same as those for fathers. Table 22 shows that there were no significant correlations between Protection, Indulgence, or Discipline with ARS. Rejection was positively correlated with ARS, but the level of significance was only .10.

Attitudes of the Group of Mothers Only and Their Relationship to Child Adjustment

Table 23 shows the means and standard deviations for the group of mothers only (N=5). By inspection, it does not appear that the attitudes of this group differ substantially from the attitudes of the 35 mothers in intact families as shown in Table 19.

Table 24 shows the correlational coefficients between each of the MPAS scales and child ARS for this group. Again, extension of Hypotheses 2, 3, and 4 would lead to the predictions that Protection and Indulgence would be negatively correlated with ARS, and Discipline would be positively correlated with ARS. This is not the case with this group, as Protection and Indulgence were positively correlated with ARS, while Discipline and Rejection were negatively correlated with ARS. The correlation of Protection and

Table 22

Correlations Between ARS Scores and Mother MPAS Scores (N=35)

Scale	ARS
Protection	-.149
Indulgence	-.247*
Discipline	.067
Rejection	.249*

*p < .10

Table 23

MPAS Means and Standard Deviations For

The Group of Mothers Only (N=5)

Scale	raw scores		t scores	
	mean	s.d.	mean	s.d.
Protection	29.0	6.10	57.2	10.63
Indulgence	18.6	3.83	46.2	6.62
Discipline	25.6	5.89	48.4	10.87
Rejection	16.6	4.32	50.6	7.84

Table 24

Correlations of Mothers Only MPAS Scores and Child Adjustment (N= 5)

Scale	ARS
Protection	.721*
Indulgence	.656
Discipline	-.751*
Rejection	-.550

*p < .10

Discipline with ARS were significant at the .10 level. The correlations of Indulgence and Rejection with ARS were not significant. The critical values for significance of a correlation coefficient in this instance is quite high because of the small number of subjects in the group.

CHAPTER V

DISCUSSION

The Concept of Child Adjustment to Habilitative Therapies

The dependent variable in this study was the Adjustment Rating Scale scores. The ARS was constructed in order to measure the child's adjustment to the various habilitative therapies offered at the Oklahoma Cerebral Palsy Center. This was a purposefully narrow use of the term "adjustment," and it should be operationally clarified.

The ARS was composed of relatively concrete behavioral items which on face validity reflect a good adjustment to therapies. The items reflect a child's persistence, independence, initiative, and attention only within the therapy areas. A child who scores high on the ARS would be motivated to succeed in therapy and would be expected to make maximal progress in the therapies relative to his physical capabilities.

The ARS score of a child is viewed as one operational measure of ego strength. That is, a child with a well developed, integrated, functional ego would be expected to make a good adjustment to habilitative therapies, and thus score well on the ARS.

An attempt was made to construct the ARS items so that

the child's age or physical handicap would not affect the way the therapists rated the children. The results indicated that there were no relationships between ARS and either of these two variables. Therefore, the child's age is not related to his ability to adjust to therapies within the age range of four to twelve years. More importantly, perhaps, these results suggest that the degree of the child's physical handicap is not related to his ability to adjust to therapies. That is, more severely handicapped children are just as capable of adjusting to therapy as mildly handicapped children.

There was a significant positive correlation between the intelligence quotients of the children and their scores on the ARS. Thus, a more intelligent child would tend to be capable of a better adjustment to therapy. This suggests that intelligence is related to the development of the ego to adjust, an inference which has been supported in psychological therory (e.g., Ausubel, 1952; Monroe, 1955; Rappaport, Gill, and Schaefer, 1968). The child's cognitive and intellectual abilities should affect his ability to pay attention in therapy, comprehend what is expected of him, become interested in various aspects of the therapy, etc.

Factors Influencing Parental Attitudes

Research on parental attitudes has found that a number of variables affect the nature of parental attitudes. The diagnostic category of the child and the social class and educational level of parents has been shown to affect their attitudes (Garfield and

Helper, 1962; Zuckerman et al, 1958; Zuckerman et al 1960). In this study a number of extraneous and possibly confounding variables were measured and correlated with the parents' scores on the MPAS. The relationships found are discussed in the following paragraphs.

No relationships were found between the age of the child and any of the MPAS scales for either mothers or fathers. This indicates that the age of the child does not affect the attitudes of parents as measured by the MPAS.

No significant relationships were found between the degree of the child's physical handicap and any of the MPAS scales of either mothers or fathers. This suggests that the physical condition per se of the child does not affect parental attitudes. There was a wide range of physical handicapping conditions in these children--from the most severe to the very mild. It might be expected that the more handicapped the child, the more protective the parents might tend to be. Since this was not the case, it seems that it is the presence of the handicap alone and not the varying degrees of it that is the more important factor affecting parental attitudes.

No significant relationships were found between the child's intelligence and any of the MPAS scales for either mothers or fathers. Once again, one might expect parents of the more retarded children to be more protective because of the necessity of supervising their children more closely. Again, this was not the case.

No significant relationships were found between the age of the mother and any of the MPAS scales. For fathers, there were

no significant relationships for Protection, Indulgence, and Rejection. There was a significant negative correlation between father age and Discipline (at the .05 level). However, the absolute value of this correlation was not high, and this was the only significant relationship found. In general, then, it appears that the age of the parent does not have a very important influence on their attitudes, with the possible exception that fathers tend to have less disciplinary attitudes as their age increases.

No significant relationships were found between the number of children in the family and any of the MPAS scales of fathers. For mothers, there were no significant relationships between number of children and Protection or Discipline. There was a significant negative correlation (at the .05 level) between this variable and Indulgence, and a positive correlation (at the .05 level) between this variable and Rejection. Thus as the number of children in the family increases, mothers tend to become less indulging and more rejecting. This may be explained by the fact that mothers of larger families, because of increased child care burdens, may simply have less time and energy available to indulge their handicapped child. Such a mother may score higher on Rejection for the same reason.

There were no significant relationships between the educational level of the mothers and any of the MPAS scales. This would appear to be in contrast with the data of Garfield and Helper (1962) and Zuckerman et al (1960). However, there was very little variability in the present group of mothers. For example, the standard deviation for educational level of mothers was 1.41 years, while for fathers

it was 2.82 years. To further illustrate, 26 of the 35 mothers had received from 11 to 13 years of education, while only 18 of the 35 fathers were included in the same range. Thus, the nature of the relationship between maternal education and attitudes is clouded in this study because of the lack of variation in this group.

No significant relationships were found between the educational level of fathers and Indulgence and Rejection. There was a significant positive correlation between this variable and Discipline (at the .05 level) and a significant negative correlation with Protection (at the .01 level). It would appear that education is an important factor in determining the attitudes of fathers of cerebral palsied children. Fathers with more education tend to be much less protective and more disciplinary than fathers who have had less education.

Because a total of 48 correlational co-efficients were computed, one would expect at least two of the co-efficients to be significant at the .05 level due to chance alone. There were only a total of four correlations that were significant at the .05 level; one was significant at the .01 level. In general, then, it seems probable that the only variable clearly affecting parental attitudes is that of the educational level of fathers.

The Relationship of Parental Attitudes and Child Adjustment

The purpose of this study was to determine if there was

a relationship between the child rearing attitudes of parents of cerebral palsied children and child adjustment to habilitative therapies. The major research hypotheses were that the child rearing attitudes of parents of well adjusted cerebral palsied children would differ from attitudes of parents of poorly adjusted cerebral palsied children. In addition, it was possible to obtain correlation coefficients between the MPAS scales of all the fathers and mothers in the study and child adjustment.

Hypothesis 1 stated that parents (both fathers and mothers) of well adjusted children would have attitudes that differed from those of parents of poorly adjusted children. This hypothesis was rejected, as were Hypotheses 2, 3, and 4, which stated, respectively, that parents of well adjusted children would score lower on Protection, lower on Indulgence, and higher on Discipline. It was noted, however, that all differences were in the directions hypothesized. In addition, parents of well adjusted children were found to be more rejecting at the .10 level of significance. However, these parents were only "normally" rejecting, as the mean T score on the Rejection scale for this group was 48.77, while the mean T score for the parents of poorly adjusted children was 45.28.

The two father groups and two mother groups were also compared. With regard to the father groups, there were no differences on any of the scales at the .05 level of significance. However, fathers of well adjusted children scored lower on Protection and higher on Discipline than fathers of poorly adjusted children at the .10 level of significance.

For all 35 fathers, Protection was negatively correlated with ARS at the .05 level, and Discipline was positively correlated with ARS at the .10 level. Indulgence and Rejection were not correlated with ARS. Thus, the combination of the t ratio tests of differences between fathers of well adjusted children and fathers of poorly adjusted children and the correlations does lend marginal support for Hypotheses 2 and 4 for fathers.

The t ratio tests between the two groups of mothers showed that there were no significant differences between them on either Protection, Indulgence, or Discipline. The correlations for all 35 mothers were not significant for Protection or Discipline. Indulgence was negatively correlated with ARS, but at only the .10 level of significance. Therefore, Hypotheses 2, 3 and 4 with regard to mothers were rejected.

There was a significant t ratio at the .05 level between the mother groups on Rejection, with mothers of well adjusted children scoring higher on this scale than mothers of poorly adjusted children. In addition, the Rejection scale for all mothers was positively correlated with ARS at the .10 level. It should be noted that the mean for mothers of well adjusted children on the Rejection scale was 52.64, while for mothers of poorly adjusted children it was 45.28. Thus mothers of well adjusted children were "normally" rejecting, whereas mothers of poorly adjusted children were much less so.

In summary, all the research hypotheses must be rejected when the level of significance is set at .05. The results indicate

no clear cut relationships between parental attitudes and child adjustment. There are, however, certain trends in the data which may be of importance. First, when both parents of the well adjusted and poorly adjusted group are compared, all the differences were in the directions hypothesized; that is, parents of well adjusted children scored lower on Protection and Indulgence and higher on Discipline. In addition, these parents scored higher on Rejection.

There were also trends in the data to suggest that fathers who are less protective and more disciplinary tend to have children who are better adjusted, and that mothers who are more rejecting (but only at a normal level) tend to have children who are better adjusted.

It is recognized that the above inferences have been only equivocally supported by the empirical data. However, some support for the inference that parents of well adjusted children differ in attitudes from parents of poorly adjusted children is obtained by comparison of the differences in the attitude patterns of the various groups. Parents (both fathers and mothers) of poorly adjusted children have a more divergent or extreme pattern of attitudes than do parents of well adjusted children. When the parents are further divided into the two father groups and the two mother groups, it was found that the group of fathers of poorly adjusted children had the most extreme attitude pattern.

A note of caution about the above generalizations is in order. The basis for all T scores used is the norm group of Pumroy. The mean age for the males in his group was 20.8 years, while the

mean age for females was 18.5 years. The mean age for fathers in this study was 36.6 years, while the mean age for mothers was 32.2 years. If the above generalizations about the patterns of parental attitudes are to be valid, then it must be assumed that the T scores reported by Pumroy are representative of the normal population. This may be a questionable assumption, since child rearing attitudes may change with the age of the parent. However, in this study it was shown that in general the age of parent was not related to MPAS scores, with the exception that age of the father was negatively correlated with discipline.

The Group of Mothers Only

It is difficult to attach any significance to the findings for the group of mothers only, primarily because of the very small number of subjects within the group. In general, their attitudes do not seem significantly different from the attitudes of those 35 mothers in the study who were in intact families. However, it was noted that the correlations for this group's MPAS scales and child adjustment were in the opposite directions from what was predicted. The correlations between Indulgence and Rejection and ARS were not significant, but those for Protection and Discipline were significant at the .10 level of significance. Thus, there is some support for the inference that the more protecting and less disciplinary the mother, the better adjustment the child will make.

It may be that the operation of maternal attitudes in these families cannot be evaluated in the same way as the attitudes

of mothers who function within a normal family structure. The family structure in these cases is often different. For example, the mother and her children may live with maternal grandparents or other relatives. Older siblings may assume more of a parental role than is customary. Nevertheless, it is difficult to theoretically construct a family situation in which maternal attitudes of overprotection and underdiscipline would be facilitating to the ego development of the child. In any case, these results do suggest that the effect of maternal attitudes must be evaluated within the context of the family structure in which they operate. It may be speculated that maternal attitudes within families without fathers may have different effects on the development of the child.

Methodological Limitations of the Study and Their Implications

There are some methodological limitations of the study which may have contributed to the equivocal results that were obtained.

It is possible that error could have been introduced into the ratings of the child's adjustment because of their post hoc nature. All children used in the study had been inpatients for at least sixty days from September 1, 1968 through September 1, 1969. All ratings by the therapists were completed during September, 1969. Many of the children were no longer inpatients at that time. Of the ones that were, their inpatient stays varied from two months to twelve months. Thus, the time at which the ratings were obtained

was not controlled. It would probably be more difficult for therapists to rate children who had not been seen for some time, and the length of time a child had been seen at the time of rating may have affected the therapists' ratings.

The gathering of the MPAS data from all parents was accomplished between October, 1969, and January, 1970. Thus, the parents' attitudes were measured after their child had been an inpatient for some time, and, in many cases, after their child had been discharged. Any one of a number of possible factors could have influenced the parents' attitudes during this time. For example, the child's progress, or the lack of it, could have changed the nature of the parents' attitudes in unspecified ways. The child's continued absence from the home may have also been a factor, even though many of the children went home most weekends. Much of the frustration and disturbing emotions of the parents which have been theorized to give rise to more extreme attitudes could well have lessened during the child's absence.

In addition, parents have the opportunity for much contact with the professional staff at the Center. Parents are encouraged to come to the periodic Clinic evaluations of their children. During these times they may be counseled by any of the therapists, nurses, or the psychologist. Appropriate child care practices are often discussed during these times. It may be speculated that parents have the opportunity for attitudinal change as a result of this. Along these lines, mothers have far more contact with the staff than do fathers. Often the only times parents can

come to the Center are during the normal working hours of the fathers. It is estimated that mothers may have as much as ten times the contact with the Center staff than do fathers. Thus, there is perhaps more opportunity for mothers to change their attitudes. It can be speculated that the mothers' increased contact with staff may have led to their having less "extreme" attitudes than did fathers. It can also be speculated that this was a major factor resulting in the non-significance of the results of the study.

Interpretations of the Trends in the Data

The review of the research generally supported the hypothesis that parents of cerebral palsied children have attitudes that differ from those of parents of normal children. There is some support for this hypothesis from the results of this study, as the entire group of parents were found to have a pattern of attitudes in which Protection and Indulgence were both greater than Rejection.

The major purpose of this study was to determine if there was a relationship between parental attitudes and the child's adjustment to habilitative therapies. It was predicted that those parents in the cerebral palsy population who have more extreme attitudes (more protective, more indulging, less disciplinary) would have children who had more difficulty adjusting because of inadequate ego development.

As stated earlier, all hypotheses were rejected at the

.05 level of significance for both parents taken together, and also for fathers and mothers separately. There were trends in the data which lent marginal support for Hypotheses 2 and 4 for fathers. Also, it appeared that mothers of poorly adjusted children were less rejecting than mothers of well adjusted children.

It would be expected that those parents who did not react to their cerebral palsied children with extreme attitudes would have children who would be capable of a better adjustment to therapies. Some support for this inference was found. Parents of poorly adjusted children had a more extreme attitude pattern than parents of well adjusted children, even though there were no significant differences between the groups on each of the scales. In addition, it appeared that fathers of poorly adjusted children had the most extreme attitudes of the two father and two mother groups. Thus, those children who had fathers with the most extreme attitudes tended to be poorly adjusted. However, the attitudes of mothers of poorly adjusted were not found to be extreme.

It has generally been accepted that the more extreme attitudes in parents of the cerebral palsied can be traced to their emotional reactions to their child's disorder. It may be, however, that the resultant attitudes of fathers and mothers differ. The results of this study suggest that fathers may become more indulging and less rejecting than do mothers. There seems to be no difference between fathers and mothers on Protection and Discipline. Again, however, the methodological limitations of the study make it difficult to draw real inferences along these lines.

The results suggest that the effects of parental attitudes may vary according to the sex of the parent. For example, it may be that the extent of father protection and discipline may be relatively more important to the ego development of the child than mother protection and discipline. In addition, the occurrence, or lack of occurrence, of the mother's rejecting attitudes may be more important to the child's development than the father's rejection. It is, of course, important for any child to gradually develop independence from his parents. The lack of rejection on the part of mothers of poorly adjusted children suggests that these mothers may be loathe to let their children go. They may continue an overdependent relationship with them, a state of affairs which could conceivably negatively affect the ego development of the child.

The trends in the data suggest that the attitudes of fathers are at least as important to the development of the child as those of mothers. This question, however, cannot be satisfactorily answered from the results of the study. It may have been that the real relationship between maternal attitudes and child adjustment was obscured in this study because of its methodological limitations. That is, the attitudes of the mothers of poorly adjusted children might have become less extreme during the child's inpatient stay.

As is common in studies of an exploratory nature, this study raises more questions than it is able to answer. The methodological limitations mentioned earlier are primarily responsible for the inability of the study to adequately answer the major

questions initially raised. These limitations were unavoidable because of the need for a relatively large number of subjects. However, the trends noted in the data suggest that further research may well yield more positive results and be able to answer a number of questions.

Implications of the Study and Suggestions for Future Research

The experience gained from this study should be helpful in formulating questions for and properly designing future research in this area.

Future research should be designed so that parental attitudes can be measured before any one of a number of confounding factors can influence them. Specifically, parental attitudes should be measured when the child is first admitted to the Center. In this manner the attitudes obtained would be more representative of those influencing the child's development. In addition, the measurement of the child's adjustment should be made at a specifically controlled time. For example, the child could be rated thirty days after his admission. This is ample time for the child to have made an initial adjustment to the Center, well after the most traumatic aspects of his admission and separation from parents has passed. By this time all therapists should be adequately acquainted with the child. At the same time, measurement at this point should be well before any long term personality changes possibly made as a result of the therapeutic process itself.

It would also be useful to measure the adjustment of the child at various times during his inpatient stay to determine the effectiveness of the therapies at the Center to deal with the child's adjustment problems in addition to other aspects of his functioning. Concomitantly, the attitudes of the parents could be measured at various times during the child's inpatient stay. Thus it could be determined if contact with the staff or changes in the child affected the nature of parental attitudes.

Such research should be better able to answer the questions raised in this study. The trends in the data that were noted do not at present provide sufficient empirical support for some of the inferences that were suggested. It is important for those professionals working with the cerebral palsied to be more knowledgable about the effects of the child on parents, and, in turn, the effects of the parents on the development of the child. The nature of the relationship between parental attitudes and practices and child adjustment and the variables that affect the relationship should be better understood.

Finally, both professionals and non-professionals who work directly with cerebral palsied children often function as parent substitutes for them. A better understanding of the effects of parental attitudes and practices on the development of the cerebral palsied child may have direct implications for staff-child relationships.

CHAPTER IV

SUMMARY

Past research has indicated that parents of cerebral palsied children have child rearing attitudes that differ from those of parents of normal children. The purpose of this study was to determine if those attitudes were correlated with the ability of the cerebral palsied child to adjust to habilitative therapies.

It was hypothesized that the attitudes of parents of well adjusted children, as measured by the Maryland Parent Attitude Scale, would differ from those of parents of poorly adjusted children. Further, it was hypothesized that parents of well adjusted children would score lower on Protection and Indulgence and higher on Discipline than parents of poorly adjusted children. All research hypotheses were rejected at the .05 level of significance. There was, however, marginal support for the hypotheses that fathers of well adjusted children were less protective and more disciplinary than fathers of poorly adjusted children. In addition, it was found that mothers of well adjusted children were more rejecting (but only at a "normal" level) than were mothers of poorly adjusted children.

Some additional support for the hypothesis that parents

of well adjusted children differ from parents of poorly adjusted children was gathered from the fact that the latter group had a more "extreme" pattern of attitudes. Further, it was found that fathers of poorly adjusted children had a more "extreme" attitude pattern than did mothers.

Certain methodological limitations of the study may have contributed to the non-significance of the results. Specifically, the attitudes of the parents were measured after their children had been inpatients at the Center. Any one of a number of factors could have precipitated a change in attitudes during the child's inpatient stay, thus concealing the true relationship between parental attitudes and child adjustment.

The study did raise some interesting questions. It may be speculated that fathers and mothers react differently to having a cerebral palsied child, thus causing resultant child rearing attitudes to differ. Also, it may be that the influence of parental attitudes on child development may vary according to the sex of the parent. For example, it may be that the extent of the father's protection and discipline is relatively more important to the development of the child than the mother's protection and discipline.

The results of the study suggested that fathers are at least as important to the development of their cerebral palsied child as are mothers. Suggestions were made for future research, which might be able to provide adequate answers to the questions raised by the study.

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APPENDICES

APPENDIX I

SURVEY OF DEGREE OF PHYSICAL HANDICAP

Name _____ Age _____

	Non-Handicapping		Handicapping	
	Minimal	Mild	Moderate	Severe
	____	____	____	____
SPEECH (verbal)	Speech can be understood without difficulty by a stranger	Some difficulty in being understood by a stranger; able to get ideas across in speech	Speech hard for a stranger or immediate family to understand; hard to get ideas across in speech	Almost totally unable to communicate by speech; totally without speech
	____	____	____	____
SITTING BALANCE	No difficulty in sitting in a chair or at a table	Some difficulty in sitting in a chair or at a table, but not handicapped in doing so	Quite handicapped in sitting in a chair or at a table; needs a relaxation chair and tray	Unable to maintain sitting balance unless fully supported

APPENDIX I (continued)

	Non-Handicapping		Handicapping	
	Minimal	Mild	Moderate	Severe
ARM-HAND USE	No difficulty in using arms and hands for self-help activity	Some difficulty in using arms and hands for self-help, but not handicapped in doing so	Quite handicapped in using arms and hands for many self-help activities	Unable to use arms and hands for any self-help activity
WALKING	No difficulty in walking	Braces needed; unsteady gait; but able to get around	Quite handicapped in walking; cannot walk independently	Unable to walk

APPENDIX II

ADJUSTMENT RATING SCALE

Name _____ Age _____ Therapy _____ Rater _____

Place a check mark in the most appropriate box.

Behavior	Almost Never	Seldom	Some-times	Fre-quently	Almost Always
1. Eager to come to therapy	___	___	___	___	___
2. Cares about therapeutic activities; is disappointed if they are not accomplished successfully	___	___	___	___	___
3. Needs excessive amounts of praise, encouragement pressure, etc.	___	___	___	___	___
4. Follows directions easily; they do not need to be repeated	___	___	___	___	___
5. Does nothing on his own; must be told everything to do or engages in inappropriate activity	___	___	___	___	___
6. Is easily distracted; does not pay attention to the task at hand	___	___	___	___	___

APPENDIX II (continued)

Behavior	Almost Never	Seldom	Some-times	Fre-quently	Almost Always
7. Does not tire easily; continues activity even if tired	____	____	____	____	____
8. Does not give up, even if task is difficult; very high tolerance of frustration	____	____	____	____	____
9. Overly dependent on therapist in the direction and control of activity	____	____	____	____	____
10. Wants to discontinue therapy before session is over	____	____	____	____	____

APPENDIX III

Maryland Parent A titude Survey

by Donald K. Pumroy

Directions: This survey is concerned with parents' attitudes toward child-rearing. At first, you may find it difficult; but as you proceed, it will go more rapidly.

Below are presented 95 pairs of statements on attitudes toward child rearing. Your task is to choose ONE of the pair (A or B) that MOST represents your attitudes, and place a circle around the letter (A or B) that proceeds that statement. For example:

A. Parents should like their children.
B. Parents frequently find their children a burden.

Note that in some cases it will seem that both statements represent the way you feel; while, on other occasions, neither represents your point of view. In both cases, however, you are to choose the one that MOST represents your point of view. As this is sometimes difficult to do, the best way to proceed is to put down your first reaction.

Remember to please PICK ONE FROM EACH OF THE PAIRS.

Since we are interested only in the attitudes toward child rearing of parents of cerebral palsied children, please remember to keep your cerebral palsied child in mind as you answer the items. Since some of the statements may seem to be about children who are older, or younger, than your cerebral palsied child, try to answer the items AS IF your particular child was that age. It is very important for you to do this, since we are interested in your attitudes toward your cerebral palsied child, rather than your attitude toward children in general.

1. A. Parents know what is good for their children.
   B. A good leather strap makes children respect parents.

2. A. Parents should give some explanations for rules and restrictions.
   B. Children should never be allowed to break a rule without being punished.

3. A. Parents do much for their children with no thanks in return.
   B. Children should have tasks that they do without being reminded.

4. A. Parents should sacrifice everything for their children.
   B. Children should obey their parents.

5. A. Children should follow the rules their parents put down.
   B. Children should not interfere with their parents' night out.

6. A. Parents should watch their children all the time to keep them from getting hurt.
   B. Children who always obey grow up to be the best adults.

7. A. Children should never be allowed to talk back to their parents.
   B. Parents should accompany their children to the places they want to go.

8. A. Children should learn to keep their place.
   B. Children should be required to consult their parents before making any important decisions.

9. A. Quiet, well behaved children will develop into the best type of grown-up.
   B. Parents should pick up their child's toys if he does not want to do it himself.

10. A. Parents should do things for their children.
    B. A child's life should be as pleasant as possible.

11. A. Watching television keeps children out of the way.
    B. Children should never be allowed to talk back to their parents.

12. A. Personal untidiness is a revolt against authority so parents should take the matter in hand.
    B. A good child always asks permission before he does anything so he doesn't get into trouble.

13. A. Sometimes children make a parent so mad they see red.
    B. Parents should do things for their children.

14. A. Children should be taught to follow the rules of the game.
    B. A child's life should be as pleasant as possible.

15. A. Parents should cater to their children's appetites.
    B. Many parents wonder if parenthood is worthwhile.

16. A. A child's life should be as pleasant as possible.
    B. Sometimes children make their parents so mad they see red.

17. A. Children should not tell anyone their problems except their parents.
    B. Children should play wherever they feel like in the house.

18. A. A good form of discipline is to deprive a child of the things that he really wants.
    B. Children should do what they are told without arguing.

19. A. Children should be taken to and from school to make sure there are no accidents.
    B. Children who always obey grow up to be the best adults.

20. A. Many parents wonder if parenthood is worthwhile.
    B. Children should be required to consult their parents before making any decisions.

21. A. Children should play wherever they feel like in the house.
    B. Good children age generally those who keep out of their parents' way.

22. A. If a child doesn't like a particular food, he should be made to eat it.
    B. Children should have lots of gifts and toys.

23. A. Children never volunteer to do anything around the house.
    B. Parents should pick up their child's toys if he doesn't want to do it himself.

24. A. Good children are generally those who keep out of their parents' way.
    B. Children should not be allowed to play in the living room.

25. A. Modern children talk back to their parents too much.
    B. Children should be required to consult their parents before making any decisions.

26. A. Parents should make it their business to know everything their children are thinking.
    B. Children never volunteer to do any work around the house.

27. A. Children should come immediately when their parents call.
    B. Parents should give surprise parties for their children.

28. A. Good parents overlook their children's shortcomings.
    B. Watching television keeps children out of the way.

29. A. Parents should watch their children all the time to keep them from getting hurt.
    B. A child should never be forced to do anything he doesn't want to do.

30. A. Television keeps children out of the way.
    B. The most important thing to teach children is discipline.

31. A. Children should do what they are told without arguing.
    B. Parents know how much a child needs to eat to stay healthy.

32. A. Television keeps children out of the way.
    B. A child needs someone to make judgments for him.

33. A Modern children talk back to their parents too much.
    B. Parents should amuse their children if no playmates are around to amuse them.

34. A. Good children are generally those who keep out of their parents' way.
    B. Parents should pick up their child's toys if he doesn't want to do it himself.

35. A. Parents should see to it that their children do not learn bad habits from others.
    B. Good parents lavish their children with warmth and affection.

36. A. Parents shouldn't let their children tie them down.
    B. Modern children talk back to their parents too much.

37. A. Children who destroy any property should be severely punished.
    B. Children cannot make judgments very well for themselves.

38. A. Most parents are relieved when their children finally go to sleep.
    B. Parents should hide dangerous objects from their children.

39. A. Children should not be allowed to play in the living room.
    B. Children should play whereever they feel like in the house.

40. A. Parents should give surprise parties for their children.
    B. Most parents are relieved when their children finally go to sleep.

41. A. Children should be taken to and from school to make sure there are no accidents.
    B. Parents should clean up after their children.

42. A. Children are best when they are asleep.
    B. Personal untidiness is a revolt against authority so parents should take the matter in hand.

43. A. The earlier the child is toilet trained the better.
    B. A child needs someone to make judgements for him.

44. A. Watching television keeps children out of the way.
    B. Parents should accompany their children to the places they go.

45. A. The earlier the child is toilet trained the better.
    B. Good parents overlook their children's shortcomings.

46. A. Parents should clean up after their children.
    B. Children need their natural meanness taken out of them.

47. A. Parents should give surprise parties for their children.
    B. Parents should hide dangerous objects from their children.

48. A. Most parents are relieved when their children finally go to sleep.
    B. Children should come immediately when their parents call.

49. A. Children who lie should always be spanked.
    B. Children should be required to consult their parents before making any decisions.

50. A. Sometimes children just seem mean.
    B. Parents should see to it that their children do not learn bad habits from others.

51. A. Punishment should be fair and fit the crime.
    B. Parents should feel great love for their children.

52. A. Parents should buy the best things for their children.
    B. Children are best when they are asleep.

53. A. Children should be required to consult their parents before making any decisions.
    B. Parents should cater to their children's appetites.

54. A. Parents should have time for outside activities.
    B. Punishment should be fair and fit the crime.

55. A. Children should not be allowed to play in the living room.
    B. Children should not tell anyone their problems except their parents.

56. A. It seems that children get great pleasure out of disobeying their elders.
    B. Parents should watch their children all the time to keep them from getting hurt.

57. A. Personal untidiness is a revolt against authority so parents should take the matter in hand.
    B. Parents should buy the best things for their children.

58. A. Children should learn to keep their place.
    B. Good parents overlook their children's shortcomings.

59. A. Parents should accompany their children to the places that they want to go.
    B. Good parents overlook their children's shortcomings.

60. A. Children do many things just to torment their parents.
    B. Parents should insist that everyone of their commands be obeyed.

61. A. Children should come immediately when their parents call.
    B. Parents should hide dangerous objects from their children.

62. A. Children do many things just to torment a parent.
    B. Children should be protected from upsetting experiences.

63. A. Children who lie should always be spanked.
    B. Parents should cater to their children's appetites.

64. A. A child should never be forced to do anything he does not want to do.
    B. It seems that children get great pleasure out of disobeying their elders.

65. A. Parents should keep a night light on for their children.
    B. Parents live again in their children.

66. A. Sometimes children make parents so mad they see red.
    B. Children should be taught to follow the rules of the game.

67. A. Parents should insist that everyone of their commands be obeyed.
    B. Children should be protected from upsetting experiences.

68. A. Good children are generally those who keep out of their parents' way.
    B. Children should not tell anyone their problems except their parents.

69. A. Children who destroy property should be severely punished.
    B. Children's meals should always be ready for them when they come home from play or school.

70. A. Parents should frequently surprise their children with gifts.
    B. A good form of discipline is to deprive children of things that they really want.

71. A. Children should depend on their parents.
    B. Parents should amuse their children if no playmates are around to amuse them.

72. A. Many parents wonder if parenthood is worthwhile.
    B. Children who lie should always be spanked.

73. A. Quiet, well behaved children will develop into the best type of grown-up.
    B. Children never volunteer to do anything around the house.

74. A. Children need their natural meanness taken out of them.
    B. Children should be taken to and from school to be sure that there are no accidents.

75. A. Children should never be allowed to talk back to their parents.
    B. Good parents overlook their children's shortcomings.

76. A. Parents should give their children all that they can afford.
    B. Television keeps children out of the way.

77. A. Children cannot make judgements very well for themselves.
    B. Children's meals should always be ready for them when they come home from play or school.

78. A. Sometimes children are inconvenient.
    B. Children should be reprimanded for breaking things.

79. A. If children misbehave they should be punished.
    B. Parents should see to it that their children do not learn bad habits from others.

80. A. Children are often in one's way around the house.
    B. Children seven years old are too young to spend summers away from home.

81. A. Children should do what they are told without arguing.
B. Parents should frequently surprise their children with gifts.

82. A. Parents should feel great love for their children.
B. Parents should have time for outside activities.

83. A. A child needs someone to make judgments for him.
B. Good parents overlook their children's shortcomings.

84. A. Parents should make it their business to know everything their children are thinking.
B. Quiet, well behaved children will develop into the best type of grownup.

85. A. Children who destroy any property should be severely punished.
B. A good child always asks permission before he does anything so that he does not get into trouble.

86. A. A good form of discipline is to deprive a child of things that he really wants.
B. Parents know how much a child needs to eat to stay healthy.

87. A. The most important thing to teach a child is discipline.
B. Parents should give their children all that they can afford.

88. A. Parents should amuse their children if no playmates are around to amuse them.
B. Parents shouldn't let children tie them down.

89. A. Parents know how much a child needs to eat to stay healthy.
B. Parents should frequently surprise their children with gifts.

90. A. Sometimes children just seem mean.
B. If children misbehave they should be punished.

91. A. Children should be taught to follow the rules of the game.
B. Parents should do things for their children.

92. A. Parents shouldn't let their children tie them down.
B. Children should depend on their parents.

93. A. Children who always obey grow up to be the best adults.
B. Parents should clean up after their children.

94. A. Children's meals should always be ready for them when they come home from play or school.
    B. Children do many things just to torment a parent.

95. A. A good child always asks permission before he does anything, so that he doesn't get into trouble.
    B. Parents should buy the best things for their children.