

# Impact on Marital and Sibling Relationships of Taiwanese Families Who Have a Child with a Disability

Ying-Ting Huang\*  
Joseph Ososkie\*  
Tsu-Hsuan Hsu\*

## INTRODUCTION

Having a child who is identified with a disability often comes as a shock with parents experiencing varied psychological impacts (Gupta & Singhal 2004; Summers, Behr, & Turnbull, 1989). Many researchers have pointed out that parents who have children with disabilities often experience feelings of guilt, shame, and embarrassment (Blacher & Hatton, 2001; Kang, Lovett, & Haring, 2002; Lamorey, 2002; Wong, Wong, Martinson, Lai, Chen, & He, 2004). Other researchers have identified several similar emotional stages that parents of children with disabilities may go through (Taylor, 2004). These stages include: shock, denial, anger, sadness, detachment, reorganization, and acceptance (Hornby, 2000). While examining psychological adjustment of parents of children with disabilities is an important issue in disability-related studies, other researchers are concentrating their efforts on whether having a child with a disability influences marital relationships.

In fact, some professionals have already indicated that having a child with a disability might influence marital relationships in positive, negative, and mixed directions (Bloom, 1996; Turnbull & Turnbull, 2001). First of all, researchers mentioned that having a child with a disability, including mental retardation, may impair marital relationships due to several factors: unequal distribution of the care-taking tasks, the lack of time for hobbies, and stress concerning children's health (Taanila, Kokkonen, & Jarvelin, 1996; Friedrich & Friedrich, 1981). On the contrary, many studies showed that having a child with a developmental delay or mental retardation may improve marital relationships (Raghavan, Weisner, & Patel, 1999; Helsel Family, 1985). Having a child with a disability allows couples to understand each other better, to share house work more equally, and to have enhanced opportunities to communicate their stress in order to support one another in providing for the needs of their child with a mental disability.

Less significant effects on marital relationships among parents of children with specific disabilities, including Down syndrome, mental retardation, Diabetes mellitus, and motor disability has been reported (Gau, Chiu, Soong, & Lee, 2008; Taanila et al., 1996). While research results demonstrated varied findings regarding how having a child with a disability can influence marital and overall family relationships, certain variables may mediate the

---

\* University of Northern Colorado, Human Rehabilitative Services, School of Human Sciences, Gunter Hall 1250, Campus Box 132, Greeley, CO 80639 U.S.A.

effect. These factors may include: income, temperament of the individuals involved, religious beliefs, time of disability onset, type of disability, and availability of social services (Benson & Gross, 1989; Helsel Family, 1985; Hodapp & Krasner, 1994; Raghavan et al., 1999). Therefore, having a child with a disability influences marital relationships in a complex manner.

Studies looking at the interaction patterns and relationships between children with disabilities and their siblings have been conducted as well (Harris & Glasberg, 2003; Sharpe & Rossiter, 2002). Similar to their parents, children who grow up with siblings with mental disabilities can also experience favorable, unfavorable, or no noticeable impacts. For instance, researchers stated that assuming caregiving responsibility for siblings with Autism expected by parents could be a stressor for nondisabled children (Lin, Tsai, & Chang, 2008). The feeling of parental favoritism toward their siblings with disabilities, including Down syndrome and mental retardation, is a common phenomenon experienced by children without disabilities (Bischoff & Tingstrom, 1991). On the other hand, there was no major impact reported among children who have siblings with mental retardation and Autism (McHale, Sloan, & Simeonsson, 1986).

Providing support services, such as group discussion, may assist children in learning how to get along with their siblings who have disabilities as well as help them obtain disability-related knowledge (Dyson, 1998). There are specific factors that may influence relationships between siblings with and without disabilities. These can include: responsibility of caretaking, age, culture, individual temperament, gender, birth order, and parental attitudes (Crnic & Leconte, 1986; Seligman & Darling, 2007).

The issue of whether having a child with a mental disability influences family relationships has attracted attention. However, much of the research in relation to the influences of having a child with a disability on marital and sibling relationships has been done in English-speaking societies with limited reference to non-English speaking cultures. For example, children in Chinese cultures, such as in Taiwan, are expected to inherit family property and take care of their parents; therefore, children born with disabilities are seen as unable to fulfill their assigned obligations (Her, 1999). In addition, people within Chinese culture deeply believe in reincarnation and tend to view people with disabilities as having done something bad in their previous lives (Chang & McConkey, 2008; Liu, 2005). Therefore, some parents may consider having a child with a disability as a disgrace to the family. These perceptions may add stress to family including emotional stability and marital relationships that may negatively influence attitudes of their children toward siblings with disabilities. Thus, the purpose of this qualitative study was to investigate whether having a child with a disability influences marital and sibling relationships within Taiwanese families.

## LITERATURE REVIEW

### **The Meaning and Perception of Disability in Taiwanese Culture**

Individuals are from a specific culture, and culture means different things to different people (Hunt & Marshall, 2002). In daily life, cultural morals and beliefs not only shape how persons view the world, but also influence their behaviors and interactions. Thus, in any review

considering concepts, perceptions, and issues related to human disability, it is important to note that one's personal sense of disability and one's personal inclination to interact with persons with disabilities is highly influenced by one's own personal culture (Hunt & Marshall, 2002).

Taiwan is no exception. Taiwanese culture for the most part is of Chinese origin and is primarily brought by Chinese immigrants from Fukien and Kwangtung provinces. Thus, Taiwan's society and culture are basically traditional Chinese (Copper, 1996). Therefore, it may be said that from a cultural viewpoint, there is little difference between mainland China and Taiwan. Since Taiwanese society reflects traditional Chinese cultural views, most Taiwanese hold similar perceptions about disability to those of most mainland Chinese. It has long been demonstrated that persons with disabilities are seen as a stigma that brings shame to the family. In addition, persons with disabilities are viewed as being less valued than are persons without disabilities, and are often stereotyped as dependent, isolated, depressed, and emotionally unstable (Chang & McConkey, 2008; Chou & Palley, 1998).

As with mainland Chinese cultural views, persons in Taiwanese society are also very concerned about others' reactions or social expectations, known as "face-love." In Taiwan, having a child with a disability involves losing face, and is viewed as a family disgrace as well, because the disability represents a permanent and irreversible event (Chou & Palley, 1998; Kang et al., 2002). Due to Chinese cultural influence, Taiwanese families who have children with disabilities are not only likely to face challenges from their own families, but also have serious problems resulting from stigma and negative societal reactions.

### **Marital Relationships When Having a Child with a Disability**

Whether having a child with a disability has an influence on marital relationships has been studied over the years resulting in equivocal outcomes. In fact, many researchers mentioned that having a child with a disability may influence marital relationships in varied directions, or have no effect at all. For example, results of some research indicated that having children with disabilities would adversely impact marital relationships and increase divorce rates due to the stress of caring for children with disabilities (Friedrich & Friedrich, 1981; Gath, 1977, Singhi, Goyal, Pershad, Singhi, & Walia, 1990). The outcomes of two research projects conducted by Taiwanese scholars also found that having a child with a mental disability has an adverse influence on emotional behaviors and communication patterns between wives and husbands (Chang & Hsu, 2007; Lin et al., 2009).

Some research has even found positive influences on marital relationships when having children with disabilities (Risald & Singer, 2004). These positive influences included: having the opportunity for personal growth, building closer family ties, and even gaining a better understanding of their lives in general (Abbott & Meredith, 1986; Bloom, 1996; Chang & Hsu, 2007; Summers et al., 1989).

Research has also indicated that marital relationships would not be affected at all when having a child with a disability. For example, the results of several studies concluded that child disability was not a significant factor related to marital satisfaction and/or divorce rate

(Kazak, 1987; Mullen, 1997; Seltzer, Greenberg, Floyd, Pettee, & Hong, 2001). Similarly, a recent study conducted by Taiwanese researchers demonstrated that marital relationships were not influenced by having a child with Down syndrome (Gau et al., 2008). However, the results of this study indicated that parents of children with Down syndrome have a higher psychological stress level compared with other parents who do not have children with disabilities.

### **Siblings of Children with Disabilities**

Having a child with a disability may not only have an influence on marital relationships and overall family interaction patterns, but also on sibling relationships (Baxter, Cummins, & Yiolitis, 2000; Dyson, 1998). Those influences may also vary in negative, positive, and mixed directions. For instance, researchers found that parents may spend more time taking care of their children with disabilities, or may be reluctant to communicate with their children without disabilities about their siblings' conditions. This may cause siblings without disabilities to feel not equal and confused about their siblings' conditions (Seligman & Darling, 2007; Sharpe & Rossiter, 2002). In addition, siblings of children with disabilities may feel guilt, grief, and shame regarding the health conditions of their brothers and sisters (Chang & McConkey, 2008; McLoughlin & Senn, 1994; Powell & Gallagher, 1993). Furthermore, feeling the burden of extra caregiving responsibility is another significant stressor that has been found in siblings of children with disabilities (Lin et al., 2008; McLoughlin & Senn, 1994).

However, it is encouraging that siblings who do not have disabilities may experience positive effects on their emotional and/or psychological well-being. In fact, siblings of children with disabilities can gain more awareness of disability-related issues and learn how to get along with their siblings as long as they receive proper training through related support programs (Dyson, 1998). In addition, growing up with a sibling with a disability may foster more patience, knowledge, and comfort in expressing feelings as a result of attending sibling support programs, and individual counseling sessions (Siegel & Silverstein, 1994). Therefore, growing up with a sibling with a disability can be beneficial and meaningful to one's life as well.

### **RESEARCH QUESTIONS**

The purpose of this qualitative study was to investigate the experiences of ten Taiwanese mothers that have children with mild to moderate mental retardation as their children enter into their teenage years (ages 13-15), with a particular focus on perceived marital and sibling relationships of the research participants. The main reason for focusing on mothers as research participants was because they are major caregivers and more accessible in comparison to their partners who might spend the majority of their time working outside the home. Two specific research questions addressed in this paper include:

1. In families with children with mental retardation, how has the marital relationship been affected as perceived by mothers?
2. What types of relationships do their young teenagers with mild to moderate mental retardation have with their siblings without disabilities as perceived by mothers?

## METHOD

### Participant Criteria

This research primarily focused on mothers' perceptions of marital and sibling relationships within their families when having a child with a disability. The first criterion was that the participants must be birth mothers of those teenagers. This is because the adoptive mothers may be well prepared to raise a child with a disability while the birth mothers may not (Glidden, Kiphart, Willoughby, & Bush, 1993). Thus, to achieve the highest quality and integrity of information, only birth mothers could qualify as the best sources with the clearest perceptions of personal experiences in raising children with disabilities. Second, the participants must be native Taiwanese so they can have a better, or more detailed, understanding about how Taiwanese society perceives mothers who raise teenagers with disabilities. Third, we chose mothers of young teenagers' ages 13 to 15 with mild to moderate mental retardation because these children have been in the families for a long period of time and the family interaction patterns were more established. Finally, the reason for choosing mothers of young teenagers with mental retardation was because the population of people with mental retardation was among one of the highest groups in disability categories (Ministry of the Interior, Taiwan, 2007). This allowed us to conveniently identify and locate qualified interviewees.

### Participants

Participants whose views were represented in this paper were ten Taiwanese mothers of teenagers with mild to moderate mental retardation. After the Institutional Review Board (IRB) granted permission to conduct interviews in Taiwan, the pool of mothers considered for this study were taken from local community organizations and schools with special education programs. The final research participants were recruited, selected, and referred by the Parents' Association For Persons with Intellectual Disability in Taipei (Interviewee B), Bread of Life Christian Church in Taipei (Interviewees C and D), and a special education teacher at a public school in Taipei (Interviewees A, E, F, G, H, I, and J). Children of research participants were officially diagnosed and classified with mild to moderate mental retardation by government health agencies and the educational system. While children of interviewees were identified with mild to moderate mental retardation, they were also diagnosed with the following associated conditions such as autism, gigantism, Down syndrome, epilepsy, cerebral palsy, and scoliosis.

The age of the interview participants ranged from 41 to 53 years ( $M = 45.3$ ). Among these ten participants, five had a college degree (Interviewees A, C, F, H, and I), three had a vocational high school diploma (Interviewees B, E, and J), and two had a high school diploma (Interviewees D and G). The number of years the interviewees were married ranged from 14 to 27 years, with two interviewees divorced (Interviewees B and D). All interviews were conducted in Spring 2006. (See [Table 1](#) for detailed key information about the participants).

### Procedures

We contacted the referred participants and explained the purpose of the study. Interview

Table 1. Demographics of Interview Participants

Participant	Age	Education degree	Job title & duty	Marriage Status	Family members	Primarily disability label of the child	The Age & grade of the Child	Primarily family income resource
A	42	College.	Accountant.	She has been married for 14 years.	Husband, one older son (13 years), and one younger son (10 years).	Mental retardation and Autism.	13 years old/ 7 <sup>th</sup> grade.	Double income family.
B	46	Vocational high school.	Accountant.	She was married for 17 years, but divorced in 2005.	One daughter (15 years old).	Mild mental retardation and Giantism.	15 years old/9 <sup>th</sup> grade.	Participant self.
C	46	College	Housewife.	She has been married for 19 years.	Husband and one son (15 years old).	Mild mental retardation and Down Syndrome.	15 years old/9 <sup>th</sup> grade.	Husband.
D	53	High school.	Retired.	She had been married for 27 years, but divorced in 2004.	One daughter (25 years old) and one son (15 years old).	Moderate mental retardation and Down Syndrome.	15 years old/9 <sup>th</sup> grade.	Retired pension.
E	46	Vocational high school.	Interior designer and planning.	She has been married for 16 years.	Husband, two daughters (15 and 12 years old), and one younger son (9 years old).	Mental retardation, Epilepsy, and attention deficit disorder.	15 years old/9 <sup>th</sup> grade.	Double income family.
F	45	College.	Manager.	She has been married for 19 years.	Husband and two sons (17 and 14 years old).	Mild mental retardation and Cerebral Palsy.	14 years old/ 8 <sup>th</sup> grade.	Double income family.
G	43	High school.	Accountant.	She has been married for 20 years.	Husband, two sons (19 and 17 years old), and one younger daughter (14 years old).	Mild mental retardation, scoliosis, and heart deficit.	14 years old/ 8 <sup>th</sup> grade.	Double income family.
H	43	College.	Human resource administrator.	She has been married for 16 years.	Husband, one older son (15 years old), and one younger daughter (14 years old).	Mild mental retardation and Autism.	15 years old/ 9 <sup>th</sup> grade.	Double income family.
I	48	College.	Secretary.	She has been married for 25 years.	Husband, three daughters (23, 21, and 19 years old), and one younger son (13 years old).	Mild mental retardation.	13 years old/ 7 <sup>th</sup> grade.	Double income family.
J	41	Vocational high school.	Housewife.	She has been married for 15 years.	Husband, three daughter (15, 12, 11 years old), and one son (14 years old).	Moderate mental retardation.	15 years old/ 9 <sup>th</sup> grade.	Husband.

consent forms, both in Chinese and English, were e-mailed or faxed to participants for their signatures. They were informed that they could withdraw from participation at any time without penalty. Next, a list of open-ended interview questions was provided to each participant in order to reduce their anxiety and to be familiar with the questions when they were being interviewed.

Examples of open-ended questions asked included: (1) What are your husband's attitudes toward your child with a disability? (2) Does your young teenager with a disability have an influence on your marital relationship? (3) Do your other children feel you are partial to their sibling with a disability? We also used follow-up questions to help the participants elaborate and provide more detailed information. In addition to those questions that were directly related to the research questions, other interview questions were asked to examine how they perceive the general Taiwanese attitudes toward individuals with disabilities. This section was guided by the following question: What are your child's interactive patterns with your neighbors within the community you live?

The interviews were conducted between three days to one week after research participants had signed the consent forms and reviewed the interview questions. All ten interviews were conducted at their chosen places, including school classrooms (Interviewees E, F, G, and H), a meeting room of Bread of Life Christian Church (Interviewees B, C, and D), a coffee shop (Interviewee A), a work office (Interviewee I), and one's personal home (Interviewee J). All of these ten interviews were conducted with interviewees alone without anyone else present. This allowed interview participants to express their true feelings in a more comfortable and relaxed atmosphere. Each interview took approximately an hour to an hour and a half to complete. All interviews were conducted in Chinese.

### **Data Collection and Analysis**

According to Creswell (2007), four primary types of data collection methods that can be implemented for a qualitative study include: observation, interviews, documents, and audiovisual materials. We believed that face-to-face interviews were the most appropriate and effective method to obtain key information related to this study. Since the interviews were conducted in Taiwan, tape recording each interview not only helped the researchers to conduct interviews without feeling stressed and distracted, but also was a great means for further review and reference. A code was added to each tape to protect the confidentiality of the participants.

Data from the interviews were first transcribed into Microsoft Word documents after finishing each interview. Second, the researchers carefully read and reviewed these transcriptions to obtain general ideas of the participants' thoughts. Third, researchers created charts and diagrams to investigate relationships between themes (See [Table 2](#) for summary information). Fourth, the transcriptions were reviewed by a second member of the research team to enhance the validity of this study and to ensure that the interviewees' thoughts and opinions were accurately presented. Fifth, peer examination was conducted by one of our colleagues who is knowledgeable in both Chinese and English. This ensured that our findings were translated correctly and properly from Chinese to English.

Table 2.

## Questions Addressed in the Study

		Key thoughts from each participant		
	What are your husband's attitudes toward the child with disabilities?	Does your young teenager with disabilities influence your marital relationship?	Do your other children feel you are partial to their siblings with disabilities?	How do the community and neighbor perceive your child with a disability?
A	He couldn't accept in the beginning, but accepted it later on.	Positive influence. We compromise the way of teaching the child. He is more patient and considerate of me	Yes. I explained and discussed the situation to them.	They accept my child.
B	He couldn't accept it at all.	Negative influence. Divorce.	N/A (one child only)	They accept my child.
C	He accepted the child in the beginning.	Positive influence. He is more considerate.	N/A (one child only)	They accept my child, and they always encourage me.
D	He couldn't accept it at all.	Negative influence. Divorce.	No complaints.	They are willing to interact with my child.
E	He accepted the child in the beginning.	Positive influence. We are closer.	Yes. I explained and discussed the situation to my younger daughter.	They couldn't accept my child, and we rarely have interactions.
F	He accepted the child in the beginning.	Positive influence. He cares more about the family and shares household.	No complaints	They couldn't accept my child and we rarely have interactions.
G	He accepted the child in the beginning.	Positive influence. He is more considerate.	Yes. I explained and discussed the situation to them.	They accept my child.
H	He couldn't accept in the beginning, but accepted it later on.	Positive influence. He is more considerate.	Yes. I explained and discussed the situation to them.	They couldn't accept my child and we rarely have interactions.
I	He accepted in the beginning.	Positive influence. We are closer.	No complaints.	They couldn't accept my child and we rarely have interactions.
J	He couldn't accept in the beginning, but accepted it later on.	Positive influence. He is more considerate.	No complaints.	They couldn't accept my child and we rarely have interactions.



## **RESULTS**

### **Marital Relationships**

The first goal of this study was to explore how marital relationships are affected in families raising children with mental retardation. Interview participants reported a wide range of attitudes their husbands held toward their young teenagers with disabilities and how it might influence their marital relationships. The results illustrated that the acceptance of having children with disabilities held by the husbands of interviewees seemed to serve as a catalyst to improve their marital relationships. The results also indicated that husbands of interviewees who did not accept their children with disabilities led to divorce. In summary, having a child with mental retardation influenced marital relationships of the interview participants in positive, negative, and mixed directions.

First, 3 out of 10 interviewees (A, H, and J) mentioned that their husbands could not accept having a child with a disability in the beginning. However, they were gradually more accepting after gaining information and knowledge about special education, social support programs, and health services. The increase of interactions between fathers and children also influenced their husbands' perceptions of their children with disabilities in a more positive way, which also became a means to improve their marital relationships with the interviewees. Briefly speaking, interviewees A, H and J believed that having a child with a disability improved their marital relationships because their husbands became more considerate, shared caring responsibility, and spent more time with them. This ultimately led interviewees to feel that they had a closer relationship with their husbands.

For example, Mother A stated:

To be honest, my husband used to argue with me a lot about many issues including how to educate and care for our child.... This did impact our marriage negatively especially in the beginning.... We had a lot of conversations and he gradually accepted our child after gaining more knowledge related to disability issues. Now, he is more patient and considerate of me.

Mother H also had a similar experience. She mentioned:

I think our relationship became closer due to having a child with a disability.... My husband realized that I have spent most of my leisure time in caring for our child.... Sometimes, I am really tired and don't want to prepare dinner, so my husband takes us to a restaurant.

Finally, Mother J said:

My husband could not accept having a child with a disability in the beginning since this is our first child.... He always blamed himself about why he had such bad luck. After interacting with other parents of children with disabilities, we became more positive toward our child...and my husband became more considerate of me and also shared responsibilities of educating and caring for our child.

5 out of 10 interviewees (C, E, F, G, and I) stated that their husbands had a positive perception toward having a child with disability from the beginning of their child's birth. Similarly, they mentioned that their marital relationships improved in a positive direction after having children with disabilities. For instance, interviewees perceived that having a child with a disability led their husbands to be willing to help with housework, become more considerate and thoughtful, and share caregiving responsibility of their children with disabilities. This promoted interviewees to establish a better relationship with their husbands; thus, improving their marital relationships. The following responses best exemplified marital relationships between interviewees and their husbands.

Mother C commented:

To be honest, I think I am very lucky. My husband totally accepted that we had a child with Down syndrome from the beginning. When the Down syndrome organization or school holds activities, my husband is generally willing to attend with my son.... My husband has been very willing to help me do housework and takes caring responsibility of our child. He is very thoughtful of me.

In addition, Mother F said:

Having a child with a disability has had a positive influence on our marital relationship.... As a result of our child with a disability, my husband has become more considerate of me.... He now routinely shares housework with me to decrease some of my stress.

Furthermore, mother I mentioned:

My husband and I have the same goal to support this child...He tries his best to share my caring responsibility...he is very considerate of me...I think having this child enables our relationship to be more close and also helps my family members unite as a whole.

While the majority of interviewees stated that having children with disabilities improved their marital relationships in a more positive direction, two interviewees (B and D) mentioned that their husbands could not accept having a child with a disability at all. They believed that the lack of acceptance of a child with a disability held by their husbands eventually led them to divorce. For instance, interviewee B noted that having a child with a disability led her to have more arguments with her husband. Similarly, interviewee D expressed that having a child with a disability caused her husband to avoid contact with his son; thus, abandoning the family and asking for a divorce. The followings were their responses:

Mother B reported:

Having a child with mental retardation negatively influenced my marriage, but I don't blame anyone. Truly, my husband just could not accept having a child with a disability. Before we divorced, my husband blamed me for having a child with a disability.... He said it was my fault because, he believed my genes were not good.... Three years ago, he divorced me.

Mother D shared a similar situation. She reported:

I think having a child with a disability did indeed negatively influence our relationship. Since my son was first identified as a child with Down syndrome, my husband no longer wanted to come home.... A few years ago, my husband asked me for a divorce.

### **Sibling Relationships**

Although Taiwanese society reflects traditional Chinese cultural views, the Taiwanese government does not implement the One Child Policy as the Chinese government does. Thus, the second goal of this study was to investigate relationships between young teenagers with mild to moderate mental retardation and their siblings without disabilities. Except for interviewees B and C who only have one child, the information obtained from participants A, D, E, F, H, and, I clearly indicated that birth order can be a significant factor that influences relationships between siblings with and without disabilities. In other words, age is a significant factor that can influence relationships between siblings with and without disabilities.

First, research participants A, E, and H mentioned that younger siblings without disabilities did sometimes complain to them about their being partial to their teenagers with disabilities. These complaints included spending too much time with siblings with disabilities and treating them too well. Therefore, the negative feelings of parental favoritism, negligence, and jealousy were commonly experienced by younger siblings of children with disabilities that were perceived by interview participants. In addition, the interaction patterns between siblings with and without disabilities were also varied depending on situations.

For example, Mother A mentioned:

I tried to communicate with my younger son and told him that his older brother is different and needs more care.... The younger son used to invite his older brother with disabilities to play Chinese Checker but often received refusals because his brother felt it was too difficult to learn. This caused them to have limited opportunity to have fun together. The situations did not change too much until recently... Now he is old enough to understand what is going on about his older brother.

Mother E reported:

Since my older daughter is a child with mental retardation and epilepsy, I pay more attention to taking care of her. On occasion my younger daughter has expressed doubts that I am her birth mother. She frequently comments that I am very permissive with her older sister and overly strict with her.... I always try to explain to my younger daughter that my reasons for doing this are due to her sister's situation. Basically speaking, my younger daughter and son can watch cartoons or read books together.... However, my son seems to be unwilling to have fun with his older sister who has disabilities.

Mother H said:

My younger daughter always says that I spend too much time on my older son with

disabilities. She complains that I always accompany her older brother to study and do homework but rarely accompany her.... I always tell her that she is an excellent child and I believe that she can do things well by herself. At the same time, I try to explain to her that her older brother is a child with special needs, so I need to pay more attention to him. Nevertheless, my younger daughter still likes to play with her older brother.

On the contrary, interviewees D, F, and I noted that their older children without disabilities never complained of feeling neglected or treated unequally because their parents spent more time with their younger siblings with disabilities. These three interviewees perceived that older siblings of children with disabilities were more mature and tolerant and always allowed parents to spend time with their younger siblings with disabilities. Most significantly, interviewees mentioned that older siblings of children with disabilities were always willing to have social or casual activities with their disabled brother or sister.

For instance, Mother D said:

I think my older daughter without a disability is very mature.... She is a college student now... When she was in high school, she joined the chorus club and always welcomed her younger brother to attend her performance and had fun with her club members. She does not mind that I spent more time with her younger brother with disabilities.

Mother F stated:

I really do spend a lot of time taking care of my teenager with disabilities. But, my older son without a disability never complains to me. My older son is very independent.... Ever since my older son was in elementary school I explained to him that his younger brother is a child with special needs and I therefore need to pay more attention to teaching his younger brother. I think this may be one of the reasons why he is so independent... Since my older son is a baseball fan, he always wants to watch baseball games on TV with his younger brother with disabilities and explains the game rules to him.

Mother I mentioned:

My three daughters never complained to me about this issue. I think this may be the age gap. The three of my daughters are 23, 21, and 19 years old, while my son with mental retardation is only 13 years old. All three of my daughters are college students, while my son is a junior high school student... My daughters always tell me that I should pay more attention to my son because they can take of themselves.... To be honest, my three daughters have a great relationship with their younger brother with mental retardation. When my daughters have a conversation together, my son loves to join them and listen to what they are talking about even though he does not understand what they are saying.... The oldest daughter even used to be interested in majoring in Special Education in college.

Finally, interviewees G and J believed that birth order was not a significant factor that influenced interaction patterns between children with and without disabilities. For example,

interviewee G stated that her two older children always had unfavorable attitudes toward their youngest sister with disabilities due to feelings of jealousy and parental favoritism. On the contrary, interviewee J noted that her three younger siblings of her child with mental retardation had more positive attitude toward their oldest sister with a disability. This allowed the interviewee to spend more time in taking care of the disabled child. The following responses best describe their observation of interactions between siblings with and without disabilities.

Mother G stated:

My two older sons always complain that I spend too much time caring for their youngest sister who has multiple disabilities.... They also argue that I am so strict with their academic performance but not their younger sister's. Specifically, my oldest son always argues with his younger sister with disabilities on many issues.

In contrast, Mother J mentioned that:

I have never heard my three younger children complain that I spend too much time with their oldest sister who has a disability...On the contrary; they always tell me that I should spend time taking care of their oldest sister with moderate mental retardation.... My oldest daughter with mental retardation may not have conversations or have fun with her younger brothers and sisters...but she is very happy to stand beside them and to look at what they are doing.

## DISCUSSION

### **Marital Relationships**

Whether having children with disabilities influences marital relationships was the first goal of this study. Some researchers reported that having children with disabilities would adversely impact marital relationships and increase divorce rates (Friedrich & Friedrich, 1981). Other researchers stated that there were both positive and negative influences on marital relationships when having children with disabilities (Risdal & Singer, 2004). In this study, two interviewees (B and D) clearly reported that their marriages ended in divorce that was directly associated with having children with disabilities. It seems that their husbands still held traditional Chinese viewpoints toward individuals with disabilities and believed that it brought shame to the family.

However, it is encouraging that 8 out of 10 mothers who stated that their husbands accepted their teenagers with disabilities either at the beginning or with the growth of the children described improved marital relationships. The information obtained from eight interviewees illustrated that they had an improved marital relationship after having a child with a disability because their husbands became more considerate, showed more care for their families, grew more tolerant, spent more time with the family, and shared more housework and caregiving responsibility of their children with disabilities. Eight Interviewees believed that having a child with a disability added more strength than strain within their families. Thus, the commitment their husbands bring to their children with disabilities has become a catalyst to

improve their marital relationships with their husbands.

While the results of the present research support the notion that having children with disabilities may influence marital relationships in both positive and negative directions, it is surprising that the majority of research participants in this study indicated that having children with disabilities improved their marital relationships. In fact, a recent study conducted by Taiwanese researchers examined whether marital relationships were influenced due to having a child with Down syndrome also yielded a significant finding (Gau et al., 2008). They found that the marital relationships of families with and without children with disabilities were not different. The results of our study and the above study seem to contradict the general Chinese viewpoints that having a child with a disability is viewed as a family disgrace.

Our hypotheses regarding the improvement of medical, educational, and social and human services for supporting parents of children and individuals with disabilities in Taiwan could be potential explanations. For example, individuals with disabilities in Taiwan are now protected by laws securing their rights to education, vocational rehabilitation, medical services, and employment since the passage of the Special Education Act of 1997, the Protection Act for Individuals with Disabilities of 1997, and the Regulations of Establishment of Shelter Factories and Rewards for the Disabled 2002 (Bureau of Employment and Vocational Training, Taiwan, 2010; Kang et al., 2002; Ministry of Education, Republic of China, 1999). These pieces of legislation provide Taiwanese with disabilities equal opportunity in education, social service, and employment as others without disabilities.

We believe that those enhancements for children and individuals with disabilities may not only help parents reduce their stress but also provide them with necessary supports in assisting their children in acquiring needed medical care, education, and related social welfare services. The improvement of disability-related amendments could be the best method to reduce emotional arguments between parents of children with disabilities, which may be caused by feelings of uncertainty and/or worrying about their disabled children's future. In fact, our hypotheses parallel opinions mentioned by other researchers that varied social and human service can be a means to decrease marital stress due to having a child with a disability (Turnbull & Turnbull, 2001).

### **Sibling Relationships**

The second aspect of family relationships in this study was to examine the interaction patterns among siblings with and without disabilities. Research involving siblings of children with disabilities produced findings that the impact on the siblings without disabilities could be both positive and negative (Baxter et al., 2000; Dyson, 2000). The results of the present study also yielded similar conclusions. On one hand, some research participants mentioned that their children without disabilities rarely complained to them about being partial to their siblings with disabilities. On the other hand, other interviewees reported their children without disabilities complained to them about this issue. Complaints included that parents spent too much time with their siblings with disabilities, and treated their siblings with disabilities better.

In fact, this study encountered a significant pattern related to the effects of sibling birth

order. For instance, participants (A, D, E, F, H, and I) clearly mentioned that they felt birth order can be an important factor that influences interaction patterns and relationships between children with and without disabilities. First, interviewees D, F, and I mentioned that their older siblings without disabilities rarely complained about feeling neglected or unequally treated. In addition, older children seem to include their siblings with disabilities into their social or daily activities. On the contrary, interviewees A, E, and H indicated that their younger children without disabilities always felt unfairly treated compared to their older sibling who has a disability. However, they believed that younger children without disabilities do not understand their siblings' health conditions, which may cause them to feel confused about differential treatment. Nevertheless, while younger siblings of children with disabilities may experience negative feelings of parental favoritism and negligence, it does not mean that they do not want to have social activities with their siblings with disabilities.

This finding is similar with opinion mentioned by other researchers. For example, Naseef (2001) also mentioned that younger children always felt that they were supposed to be protected and spoiled by their older siblings as well as their parents, thus, they might expect that parents should take care of them due to their age. To deal with this issue, researchers have recommended methods to assist siblings of children with disabilities cope with their negative feelings through parental supports. These may include: discussing and communicating with children without disabilities about their siblings' conditions, helping children without disabilities join support programs that are specifically designed for siblings of children with disabilities, and paying more attention to the mental health of siblings of children with disabilities (Dyson; 1998; Lin et al., 2008; Seligman & Darling, 2007). This may more or less reduce feelings of resentment, jealousy, and unfair treatment held or perceived by siblings of children with disabilities.

### **Other Significant Findings**

Finally, although examining the general Taiwanese attitudes toward individuals with disabilities was not planned as one of the major study goals in this investigation, we discovered that the general Taiwanese viewpoints toward individuals with disabilities were also improved. For instance, half of the interviewees (A, B, C, D, and G) mentioned that their neighbors felt comfortable to interacting with their children with disabilities. The following responses can be best used to exemplify the attitudes toward individuals with disabilities experienced by research participants.

Mother D said:

I think the majority of young people in my community are willing to interact with my child who has a disability, except for the older generation.... Younger people are more accepting to have people with disabilities live in their community.

Mother C stated:

I feel that the majority of my neighbors and strangers like my son.... They do not hesitate to talk with me when my child is present.... They are very supportive and always encourage me.

On the contrary, the remaining five interviewees (E, F, H, I and J) stated that their neighbors would not interact with their children with disabilities. For instance, Mother F noted:

A lot of strangers feel weird toward my child. I feel that many people feel uncomfortable especially when I bring my child to the playground or to fast food restaurants.

Mother J also mentioned:

My neighbors are totally unwilling to have any interactions with my child with mental retardation, especially the older generation.... They do not even want to have eye contact with my daughter.

The above sample responses cited from interviewees indicated that the general Taiwanese attitudes toward people with disabilities seem to be mixed. However, it is encouraging that more Taiwanese had positive and accepting attitudes toward individuals with disabilities. The results contradict the general Chinese-culture-dominated society viewpoints toward disability that have been previously determined (Chou & Palley, 1998; Kang et al., 2002). Again, we presume that it is highly possible the combination of improvement of educational systems, social services, and vocational support programs has helped the Taiwanese to view individuals with disabilities in a more positive manner (Hsu, Ososkie, & Huang, 2009; Kang et al., 2002). Most importantly, it may also enhance Taiwanese's disability awareness to a higher level and lead them to have more supportive attitudes toward individuals with disabilities.

### RECOMMENDATIONS

The results of this study also suggest a number of recommendations that may direct future research. First, prior research indicates that fathers may deal with family stress differently compared to mothers, and may also respond less emotionally on specific issues in relation to their children with disabilities (Beckman, 1991). Therefore, future research may investigate Taiwanese fathers' perceptions of their young teenagers who have disabilities and whether their marital relationships will be influenced due to having a child with a disability.

In addition, the outcomes of this study illustrated that the relative age gap of siblings and birth order influences children's interaction patterns of their siblings with disabilities. The results in this study parallel Dyson's findings cited by Seligman and Darling (2007) that when there is a larger age gap between children with disabilities and their siblings, the siblings generally adjust well. Therefore, we recommend that future researchers explore the effect of the relative age gap on interaction patterns between siblings with and without disabilities. Researchers can also investigate whether perceptions of children without disabilities toward their siblings with disabilities change over time.

Finally, the information obtained from research participants indicated that younger children express more concerns toward their older brothers and sisters with disabilities. On the contrary, older children have different perspectives toward their younger siblings with disabilities. However, some researchers have already discovered that parents may be overly sensitive to



negative attitudes held by their children toward their siblings with disabilities (Sharpe & Rossiter, 2002). Therefore, we recommend that future studies be conducted to examine the difference between parental reports and child self-reports on the same or similar topics. This may help investigators obtain a better understanding of this issue.

In closing, the results of these future studies could provide valuable information for educators, social service providers, and rehabilitation counselors when they have opportunities to interact with Taiwanese parents who live either in Taiwan or in other countries. When combining prior research results with the present study, both educational and social service professionals will get a better understanding of the different perceptions toward children with disabilities held by the Taiwanese population.

### LIMITATIONS

There were several limitations of this qualitative study. First, since we did not interview fathers and siblings of those teenagers with disabilities; as such, the information obtained from mothers did not represent the opinions of the entire family. Second, mothers' perceptions toward their marital and sibling relationships may change over time, and information we collected during the interviews may express what they felt at that particular time. Finally, the children of our research participants were not only identified with mental retardation but also diagnosed with varied disabling conditions. Those multiple visible and invisible disabilities not only influenced their functional abilities differently but also require them to receive different services to meet their unique needs (Heller, Forney, Alberto, Schwartzman, & Goeckel, 2000). In addition, different degrees of mental retardation influenced children's daily activities (Falvey, Bishop, & Gage, 2002). Therefore, research participants may experience different feelings and emotional impacts on the same issues that we examined in this study.

### REFERENCES

- Abbott, D.A. & Meredith, W.H. (1986). Strengths of parents with retarded children. *Family Relations*, 35(3), 371-375.
- Baxter, C., Cummins, R.A. & Yiolitis, L. (2000). Parental stress attributed to family members with and without disability: A longitudinal study. *Journal of Intellectual & Developmental Disability*, 25(2), 105-118.
- Beckman, P.J. (1991). Comparison of mothers' and fathers' perceptions of the effect of young children with and without disabilities. *American Journal of Mental Retardation*, 95(5), 585-595.
- Benson, B.A. & Gross, A.M. (1989). The effect of a congenitally handicapped child upon the marital dyad: A review of the literature. *Clinical Psychology Review*, 9, 747-758.
- Bischoff, L.B. & Tingstrom, D.H. (1991). Siblings of children with disabilities: Psychological and behavioural characteristics. *Counselling Psychology Quarterly*, 4(4), 311-321.
- Blacher, J. & Hatton, C. (2001). Current perspectives on family research in mental retardation. *Current Opinion in Psychiatry*, 14, 477-482.
- Bloom, B. (1996). Parent survey: The experience of parenting a child with disabilities. Saskatoon, SK: University of Saskatchewan. (ERIC Document Reproduction Service NO. ED392234).
- Bureau of Employment and Vocational Training, Taiwan (2010). Regulations of Establishment of

- Shelter Factories and Rewards for the Disabled. Retrieved February 13, 2010 from [http://www.evta.gov.tw/eng/content/content.asp?mfunc\\_id=97&func\\_id=97&type\\_id=0&cata\\_id=0&id=9164](http://www.evta.gov.tw/eng/content/content.asp?mfunc_id=97&func_id=97&type_id=0&cata_id=0&id=9164)
- Chang, M.Y. & Hsu, L. L. (2007). The perceptions of Taiwanese families who have children with learning disability. *Journal of Clinical Nursing*, 16(12), 2349-2456.
- Chang, M.Y., & McConkey, R. (2008). The perceptions and experiences of Taiwanese parents who have children with an intellectual disability. *International Journal of Disability, Development and Education*, 55(1), 27-41.
- Chou, Y.C., & Palley, H.A. (1998). The impact on the family of having a child with developmental disabilities in Taiwan: The interactional and social resource context. *Social Development Issues*, 20(3), 35-52.
- Copper, J.F. (1996). *Taiwan: Nation-state or province?* (2<sup>nd</sup> ed.). Boulder, CO: Westview Press, Inc.
- Creswell, J.W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage.
- Crníc, K.A. & Leconte, J.M. (1986). Understanding sibling needs and influences. In R.R. Fewell, & P.F. Vadasy (Eds.), *Families of handicapped children: needs and supports across the life span* (pp. 75-98). Austin, TX: Pro-Ed.
- Dyson, L. (1998). A support program for siblings of children with disabilities: what siblings learn and what they like. *Psychology in the School*, 35(1), 57-65.
- Falvey, M.A., Bishop, K.D. & Gage, S.T. (2002). Mental retardation. In M. G. Brodwin, F. Tellez & S.K. Brodwin (Eds.), *Medical, psychosocial and vocational aspects of disability* (pp. 119-128). Athens, GA: Elliott & Fitzpatrick, Inc.
- Friedrich, W.N. & Friedrich, W.L. (1981). Psychosocial assets of parents of handicapped and non-handicapped children. *American Journal of Mental Deficiency*, 85(5), 551-553.
- Gath, A. (1977). The impact of an abnormal child upon the parents. *British Journal of Psychiatry*, 130, 405-410.
- Gau, S.F., Chiu, Y.N., Soong, W.T. & Lee, M.B. (2008). Parental characteristics, parenting style, and behavioral problems among Chinese children with Down Syndrome, their siblings, and controls in Taiwan. *Journal of the Formosan Medical Association*, 107(9), 693-703.
- Glidden, L.M., Kiphart, M.J., Willoughby, J.C. & Bush, B.A. (1993). Family functioning when rearing children with developmental disabilities. In A.P. Turnbull, J.M. Patterson, S.K. Behr, D.L., Murphy, J.G. Marquis & Blue-Banning, M.J. (Eds.), *Cognitive coping, families, & disability* (pp. 183-194). Baltimore, Maryland: Paul H. Brookes Publishing Co.
- Gupta, A. & Singhal, N. (2004). Positive perceptions in parents of children with disabilities. *Asia Pacific Disability Rehabilitation Journal*, 15(1), 22-35.
- Harris, S.L. & Glasberg, B.A. (2003). *Siblings of children with Autism: A guide for families*. Bethesda, MD: Woodbine House.
- Heller, K.W., Forney, P.E., Alberto, P.A., Schwartzman, M.S. & Goekel, T.M. (2000). *Meeting physical and health needs of children with disabilities: Teaching student participation and management*. Belmont, CA: Wadsworth/Thomson Learning.
- Helsel Family. (1985). The Helsels' story of Robin. In H.R. Turnbull & Turnbull, A.P. (Eds.), *Parents speak out: Then and now* (2<sup>nd</sup> ed., pp. 81-100). Englewood Cliffs, NJ: Merrill/Prentice-Hall.
- Her, K. (1999). Paradise regained: Taiwan's Garden of Eden. *Free China Review*, 49(1), 33-39.

- Hodapp, R.M., & Krasner, D.V. (1994). Families of children with disabilities: Findings from a national sample of eighth-grade students. *Exceptionality*, 5(2), 71-81.
- Hornby, G. (2000). *Improving parental involvement*. New York: Cassel.
- Hsu, T.H., Ososkie, J. & Huang, Y.T. (2009). Challenges in transition from sheltered workshop to competitive employment: Perspectives of Taiwan social enterprise transition specialists. *Journal of Rehabilitation*, 75(4), 19-26.
- Hunt, N. & Marshall, K. (2002). *Exceptional children and youth*. 3<sup>rd</sup> ed. Boston, MA: Houghton Mifflin Company.
- Kang, Y.S., Lovett, D. & Haring, K. (2002). Culture and special education in Taiwan. *Teaching Exceptional Children*, 34(5), 12-15.
- Kazak, A.E. (1987). Families with disabled children: Stress and social networks in three samples. *Journal of Abnormal Child Psychology*, 15(1), 137-146.
- Lamorey, S. (2002). The effect of culture on special education services: Evil eyes, prayer meetings, and IEPs. *Teaching Exceptional Children*, 34(5), 67-71.
- Lin, J.D., Hu, J., Yen, C.F., Hsu, S.W., Lin, L.P. & Loh, C.H., et al., (2009). Quality of life incaregivers of children and adolescents with intellectual disabilities: Use of WHOQOL-BREF survey. *Research in Developmental Disabilities*, 30, 1448-1458.
- Lin, C.R., Tsai, Y.F., & Chang, H.L. (2008). Coping mechanisms of parents of children recently diagnosed with autism in Taiwan: A qualitative study. *Journal of Clinical Nursing*, 17, 2733-2740.
- Liu, G.Z. (2005). Best practices: Developing cross-cultural competence from a Chinese perspective. In J.H. Stone (Ed.), *Culture and disability: Providing culturally competent services* (pp. 65-85). Thousand Oaks, CA: Sage.
- McHale, S.M., Sloan, J. & Simeonsson, R.J. (1986). Sibling relationships of children with autistic, mentally retarded, and non-handicapped brothers and sisters. *Journal of Autism and Developmental Disorders*, 16(4), 399-413.
- McLoughlin, J.A., & Senn, C. (1994). Siblings of children with disabilities. In S.K. Alper, P.J., Schloss & Schloss C.N. (Eds.), *Families of students with disabilities: Consultation and advocacy* (pp. 95-122). Boston, MA: Allyn and Bacon.
- Ministry of Education, Republic of China (1999). *Special education in Taiwan*, R.O.C. Taipei, Taiwan: Ministry of Education, Republic of China.
- Ministry of the Interior, Taiwan (2007). *Statistics*. (in Chinese). Retrieved March 10, 2008 from [http://www.moi.gov.tw/stat/main\\_1.asp?id=616](http://www.moi.gov.tw/stat/main_1.asp?id=616)
- Mullen, S.W. (1997). *The impact of child disability on marriage, parenting, and attachment: Relationships in families with a child with cerebral palsy*. Dissertation Abstracts International: Section B. The Sciences & Engineering, 58(7-B), 3969.
- Naseef R.A. (2001). *Special children, challenged parents: The struggles and rewards of raising achild with a disability*. Baltimore, MD: Paul H. Brookes Publishing Co.
- Powell, T.H. & Gallagher, P.A. (1993). *Brothers & sisters: A special part of exceptional families*. 2<sup>nd</sup> ed. Baltimore, MD: Paul H. Brookes Publishing Co.
- Raghavan, C., Weisner, T.S. & Patel, D. (1999). The adaptive project of parenting: South Asian families with children with developmental delays. *Education and Training in Mental Retardation and Developmental Disabilities*, 34(3), 281-292.

- Risdal, D. & Singer, G.H. (2004). Marital adjustment in parents of children with disabilities: A historical review and meta-analysis. *Research & Practice for Persons with Disabilities*, 29(2), 95-103.
- Seligman, M. & Darling, R.B. (2007). *Ordinary families, special children: A systems approach to childhood disability*. 3<sup>rd</sup> ed. New York, NY: The Guilford Press.
- Seltzer, M.M., Greenberg, J.S., Floyd, F.J., Pettee, Y. & Hong, J. (2001). Life course impacts on parenting a child with a disability. *American Journal on Mental Retardation*, 106(3), 265-286.
- Sharpe, D. & Rossiter, L. (2002). Siblings of children with a chronic illness: A meta-analysis. *Journal of Pediatric Psychology*, 27, 699-710.
- Siegel, B. & Silverstein, S. (1994). *What about me? Growing up with a developmentally disabled sibling*. New York, NY: Plenum Press.
- Singhi, P.D., Goyal, L., Pershad, D., Singhi, S. & Walia, B.N.S. (1990). Psychosocial problems in families of disabled children. *British Journal of Medical Psychology*, 63, 13-182.
- Summers, J.A., Behr, S.K. & Turnbull, A.P. (1989). Positive adaptation and coping strengths of families who have children with disabilities. In G.H. Singer & Irvin, L.K. (Eds.), *Support for caregiving families: Enabling positive adaptation to disability* (pp. 27-40). Baltimore, MD: Paul H. Brookes Publishing Co.
- Taanila, A., Kokkonen, J. & Jarvelin, M.R. (1996). The long-term effects of children's early-onset disability on marital relationships. *Developmental Medicine and Child Neurology*, 38, 567-577.
- Taylor, G.R. (2004). *Parenting skills and collaborative services for students with disabilities*. Lanham, MD: Scarecrow Education.
- Turnbull, A. & Turnbull, R. (2001). *Families, professionals, and exceptionality: Collaborating for empowerment*. 4<sup>th</sup> ed. Upper Saddle River, NJ: Prentice-Hall, Inc.
- Wong, S.Y., Wong, K.S., Martinson, I., Lai, A.C., Chen, W.J. & He, Y.S. (2004). Needs of Chinese parents of children with developmental disability. *Journal of Learning Disabilities*, 8(2), 141-158.

Copyright of Journal of Comparative Family Studies is the property of Journal of Comparative Family Studies and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.