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Religion and Families of Children With Developmental Delays

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Parents in 102 families with a 3- to 5-year-old child with developmental delays of uncertain etiology were interviewed concerning religion and adaptations to their child with delays. Religious parents were somewhat more familistic than were nonreligious parents, emphasized parental nurturance, and said that their child was an opportunity rather than a burden. Religious and nonreligious families were similar on other measures of developmental beliefs and social support. Religious parents described the "purpose" of their children with delays in their lives in emotionally powerful and meaningful ways that clearly helped them, although direct measures of peace of mind and emotional adjustment did not differ between religious and nonreligious families.

Religion influences how some families respond to children with developmental delays. The following quotes are from parents of 3- to 5-year-old children with developmental delays:

[Religion] is what really helps me through the day, because the Lord gives me strength to go

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through the day, just really helps out a lot. . . . If I have the time to do it, usually I like to go in my room and kind of meditate, kind of pray a little bit . . . that helps. . . . Basically what we do with any decision that we make, we usually like to pray about it, because we feel that the Lord will always give us the right answer, the right thing to do in every situation, especially with Steven and Judy.

You're a special person to get a special person in your life, that the Lord has looked down on you to say that, "You have the patience, you have the love to give this child, this special child—you're blessed, really."

[Religion] gives me confidence that God is in total control. [Religion] gives me an anchor. God planned her, I didn't . . . and I just have to believe that He knew what was best. I can do all things through Christ, which strengthens me.

It is apparent that religious beliefs, symbols, and styles of discourse are organizing these parents' thoughts and giving meaning to their struggles. Religious convic-

tion can be heard in parents' interpretations of their lives; it can be seen in prayer and church involvement and can be felt in a sense of peace of mind in social interactions. Even if there were no theoretical reasons to examine religion, these parents' voices would be sufficient to suggest that researchers should do so.

Does commitment to religion influence how parents experience and respond to children with developmental delays, and, if so, how do religious and nonreligious families differ? Experientially, religion seems to influence families by shaping the meaning and interpretation given to having a child with developmental delays—how the child is understood. Responses to the child refer to actions taken as a result, that is, behaviors and everyday activities organized in response to that child. We anticipated that religion would have discernible but quite modest effects on behavioral and interactional responses to delay, but that religious influence on the *meaning* of the experience and interpretations of it would be strongly affected.

Although religion has not always proved to be an especially powerful variable in familial responses to having a child with handicaps, several investigators have found that a combination of religious beliefs and formal support influences families with such children. Crnic, Friedrich, and Greenberg (1983), for example, suggested that religion might exert a powerful influence on parents' acceptance of and adaptation to their child, on the degree of their perceived stress, and on the decision of whether to care for the child in their home. Research on the relations between religiosity and handicap has focused on parents' acceptance of their child (Stubblefield, 1965; Zuk, 1959; Zuk, Miller, Bartram, & Kling, 1961), the use of religion as a buffer or coping mechanism against stress (Friedrich, & Friedrich, 1981; Friedrich, Cohen, & Wilturner, 1988; Friedrich, Wilturner, & Cohen, 1985), and the relative contributions of religious beliefs versus participation in religious organizations to family support and coping (Bristol & Shopler, 1984; Fewell, 1986).

Zuk et al. (1961) suggested that Catholic mothers were more accepting of their children with handicaps than were mothers from other religious denominations because the doctrines of Catholic religion absolve Catholics of guilt and responsibility for their misfortunes and, in particular, the guilt related to bearing a child with handicaps. Friedrich and his colleagues, on the other hand, did not find that religiosity was an important coping factor for families with children who had handicaps compared to such features as the child's status and behaviors, parental depression, marital status, and family relationships. In a later study, however, they found that mothers who scored within the upper third on their religiosity measure generally reported a more positive sense of well-being and less depression than did mothers who scored lower.

Different measures of religiosity used in these studies may, in part, explain different findings. Friedrich et al. (1988) measured "conventional religious practice, e.g., attendance in church, belief in a God, belief in a purpose of life . . . [but] not the more general, spiritual aspects of religiosity" (p. 42). These two domains (religious practice and spirituality) seem to function differently in the lives of parents with children who have handicaps. Fewell et al. (1983), for example, found that the effect of religion as a buffer against stress associated with parenting a child with handicaps may be more a function of parental beliefs than of specific supports from organized religion. Similarly, Vadasy and Fewell (1986) found that 88% of mothers of deaf and blind children surveyed reported that "religious beliefs had helped them care for their child with handicaps" (p. 136). Of these mothers, 59% attended church or temple at least once a week, and 78% belonged to an organized religion. Fewell (1984) found that mothers of children with Down syndrome who had high religious support also received more support from family and friends and were more satisfied with the support that they received than were less religious mothers.

Although this literature shows some interesting relations, the investigators did not capture other important functions of religion in family life, functions that have been widely recognized since the work of William James. Religion is an interpretive tool for families, and its meaning and interpretation have been neglected in scientific research on family responses to children with developmental delays. Previous researchers have not always considered religion's role for parents in defining the meaning of their child's handicap and how they may use it to interpret suffering, trouble, and grief. Although many parents of children with developmental delays talk about the pervasiveness of religion as a cultural theme in their everyday lives, this fact is not reflected in the literature. Researchers have not distinguished clearly between the *subjective experience* of families with children who have developmental delays and the objective circumstances of their responses, such as their social supports, stress, coping skills, and ways of accommodating to their child in everyday routines. This subjective experience is a powerful feature of family responses to delay in its own right, in addition to measures of family adaptation.

The meaning of having a child with developmental delays to a family is not necessarily confined to themes of suffering and misfortune. However, the everyday life of families with children who have developmental delays can be difficult, especially in a culture where parents, professionals, and others generally define and treat such children as difficult and troubling. Parental loss of their imagined "normal" child and the subsequent struggles to establish a new set of expectations for their child with developmental delays are painful. Religions are, in part, cultural tools that assist families in understanding experiences in general, and, among these, experiences of suffering. In addition, religion suggests *ways* to suffer. Geertz (1973) commented that:

As a religious problem, the problem of suffering is, paradoxically, not how to avoid suffering but how to suffer, how to make of

physical pain, personal loss, worldly defeat, or the helpless contemplation of others' agony something bearable, supportable. (p. 104)

Although most religious parents used religion to help understand why they had a child with developmental delays, some did not use religion to help with the problems of meaning, belief, and support. The experience of having a child with developmental delays drove some parents away from faith and from their church, as the following excerpts from parent interviews indicate:

When Michelle was born—there was no God. I was angry, I was extremely angry. There just couldn't have been a God at that point, nobody could have brought that on. There was just no reason for it. And I do have trouble resolving that, to accept that God gave me a child that's handicapped is not my picture of the way things are supposed to go. In spite of other people having it, it wasn't supposed to happen to *me*, and that's not resolved with me, yet. But I do believe in God, but this is a conflict I have. And to say that God created Michelle that way—I don't like that idea at all. This is something that happened beyond control, and I don't have it fully reckoned with myself.

... And I said to my husband, before we got the results, I said, "If they turn up something wrong with Sean, I'll never set foot inside a church again, because I kind of feel like, why should I go there and sing these songs of praise to God, when this has happened to me?" I think I need to talk to the minister about it, and maybe he could explain to me why this has happened.

However, for most families, if not these two, religion helps resolve the problem of "interpretability" (i.e., what does life or the world mean?). Geertz (1973) pointed to three circumstances in which interpretability becomes especially salient: when analytic capabilities are no longer usable, when endurance and strength are exhausted, and when there is no moral interpretation possible for events. Each of these circumstances confronts parents of children with developmental delays as they construct the events of their everyday life: What is going on? Do I have the energy and strength to do what seems to need to be done? And what, after all, is right and wrong to do?

Religion is one part of a cultural system of beliefs and symbols that has evolved, in part, to provide answers to questions of interpretation. As such, religion may have a privileged position with regard to understanding suffering, but it is certainly not the only set of cultural beliefs that can assist families with interpreting misfortune. Our focus on religious conviction in this paper does not preclude the importance of other cultural and social beliefs and institutions in providing answers to suffering, but here we have limited our explorations to the role of religion as one important cultural tool that parents talk about and use to help understand such events in their lives.

The role of experiential, interpretive aspects of religion derives from several sources, including recent extensions of ecocultural theories of family accommodation to children either with or without delays (Gallimore, Weisner, Kaufman, & Bernheimer, 1989; Schneider & Gearhart, 1988; Weisner, 1984; Weisner & Gallimore, 1985). As a preeminent ecocultural variable, religion is one cultural tool assisting thought and action within a larger set of such tools. Several varieties of ecocultural theory (Super & Harkness, 1980, 1986; Whiting, 1980; Whiting & Edwards, 1988; Whiting & Whiting, 1975) suggest that familial responses to children, whether the children are delayed or not, will be mediated not only by child characteristics, but also by cultural context, behavior settings, and the subjective experience and social construction of the situation by parents and children (i.e., what this situation means to families).

Hence, in addition to its role as an interpretative tool, religion may suggest changes that families can make in their everyday activities to help accommodate to their child with developmental delays. Religion can assist families in making the transition from understanding suffering and learning ways to suffer, to *using* that knowledge in accommodating to their child. *Accommodations* are the proactive, socially constructed actions of the family to adapt, exploit, counterbalance, and react to a variety

of sometimes contradictory features of their ecocultural circumstances.

To the extent that families use religion to accommodate to their child with developmental delays, their religious convictions will become instantiated in the objective circumstances of everyday life. Hence, religious families may have different people helping with their child, more stable family relationships, more time to spend together, and more social supports and may score higher on measures of positive coping skills, emotional outlook, and other forms of family accommodation.

Accommodation using religion was apparent, both in beliefs and support. Each of these functions emerged in lengthy interviews with parents, all of whom had a child with developmental delays; we have recorded many references to these functions of religion in their lives. For instance, parents frequently mentioned specific beliefs in the course of their conversations with us (e.g., that children with developmental delays are a special blessing provided to one's family by God, that families should pray with their child with developmental delays each day, or that faith in the church will help children get better).

Membership in a group of shared believers, with fellowship in an organized church or synagogue, can offer many kinds of support that have the potential to influence, indeed to completely transform, the everyday lives of parents and their children with developmental delays. Church members, for example, can help with babysitting, respond to anguished phone calls, and offer financial aid. As these mothers told us:

My faith and my beliefs have been a real source of strength to me. I really have a very strong faith in God, and it really has specially been strengthened through all these trials. I have my church family and that's been a real stronghold, calling and being concerned, bringing food . . . they're really nurturing.

Our church was really supportive. . . . of course, the whole Christian ethic being hope, so, of everybody, they were the most supportive.

Within an ecocultural view, religion is

both a cultural tool for interpreting the world and a tool for proactive families to use in accommodating to their ecocultural circumstances. Therefore, religion can have effects on subjective experience and understanding as well as on circumstances of everyday family life as families respond to their ecocultural context. We carried both these perspectives into our research questions.

If religious and nonreligious families hold different beliefs regarding family life, parents' roles, and children with developmental delays, these beliefs may lead religious families to create qualitatively different family environments for their children than do nonreligious families. For example, many contemporary religions value family togetherness (e.g., Mormonism) and the sanctity of the marriage (e.g., Catholicism). As one religious parent explained:

It's workable solutions—the church and the Bible have solutions that we can follow and apply—it's not just mystical, but practical—at least, practical for us, because we feel the family is the major thing—if you don't have a good family, not a whole lot else matters. To have a happy home is just very important, and in order to accomplish that, one of the principles is to not be piling a lot of money into the bank while the kids are in preschool or in nursing homes [sic] or baby-sitters or things like that. We want to have some input into what kind of a character these kids are going to be.

To capture variations in beliefs about family life, we utilized several measures of *familism*, or the belief in the sanctity and importance of the family unit and the family's role in a child's and parents' lives. Familism measures were designed to determine whether religious parents are more likely than nonreligious families to emphasize familistic beliefs regarding accommodating to and parenting their child with developmental delays. In addition, we expected that religious and nonreligious families might hold different views of family life and parental roles. Due to the emphasis in a number of Christian faiths on women's roles as homemakers, more mothers in religious families might be committed to staying at

home with their children and families. For example, religious parents might emphasize nurturing their child in the home and focus on the family rather than outside influences. We also expected familistic values to extend to the marital relationship, such that religious couples might be more concordant, less likely to disagree about family goals and accommodations, and more supportive of their spouses than would nonreligious couples.

In addition to holding different views of family life and parenting, we expected that religious and nonreligious parents might have different views of their child's delay. We were interested in whether religious parents might be more likely to consider their child an opportunity or a challenge and less likely to consider their child a burden than would nonreligious parents.

The literature cited previously suggests that religion provides families with social and emotional support. Similarly, ecocultural theory suggests that high religiosity should place families in different types of activity settings and with different types of people than are encountered by nonreligious families. Accordingly, we predicted that religious and nonreligious families might receive qualitatively and quantitatively different support. We expected that religious parents would seek out and use more different sources of support for their family and child than would nonreligious parents, leading to both professional and religiously based assistance. We thought that they might be more connected to both nonprofessional sources of support, such as informal social networks and church-related sources.

Because religion provides some families with a sense of purpose and meaning for the hardships in their life, religion may exert a cumulative, protective effect on families with children who have developmental delays. Religious parents may derive a sense of generalized comfort, peace of mind, and serenity from an assumption of overall purpose and order in their lives. Perhaps the negative effects of having a child with developmental delays are lessened and the

positive ones enhanced, due to the *integration* of everyday experience that religious commitment can bring. We used several direct and indirect measures of meaningfulness, peace of mind, and family adjustment to explore relations between parents' feelings, thoughts, and experiences with their child who had developmental delays and parents' religious orientation. We expected that religious families would score higher than would nonreligious families on all these measures and report a more positive sense of meaning and purpose guiding their cognitive and emotional accommodation to their child.

We expected that religious parents would make religious practice and spirituality a visible theme in their everyday activities with their child with developmental delays. For example, they would not only sing and tell stories to their children—these would be *Bible* songs and stories. They would not only be sure to include their child with developmental delays in family outings—these would be outings of their religious community.

If, as predicted, religious families experience a greater sense of peace of mind and purpose in parenting a child with handicaps than do nonreligious families, this overall sense of meaning might have implications for how religious parents accommodate to their child. We expected that the accommodations of religious families to their child with developmental delays would focus more actively on the domains of ideology, beliefs, and family, with less emphasis on finding services for children. In contrast, nonreligious families, who we expected might feel less peace of mind regarding their child's delay, might be more likely to focus their accommodations on seeking out advice and services to improve or better define their child's condition.

More generally, we expected religion to have its greatest impact in the *subjective experience* of families and less on everyday activities settings and accommodations parents make to their child with developmental delays.

Note that these are only *relative* difference predictions. Religious parents certainly

seek services and professional information and less religious parents clearly have peace of mind or meaning in their lives. We expected that religious and nonreligious families would differ in the style in which they used professional services and made sense of their lives, rather than whether they did these things at all. We believed that as a group, religious families would differ in the proportions of effort spent on familism and supports versus time spent with professionals; they would differ in the greater extent of their overt expressions of meaning, purpose, and peace of mind, but not in a complete absence of these things.

Method Sample

Our study (hereafter referred to as the CHILD project) (Gallimore, Weisner, Kaufman, & Bernheimer, 1989) focused on families with a young child who exhibited developmental delays of *unknown or uncertain cause* (Bernheimer & Keogh, 1982, 1986, 1988). We assembled a cohort in which identification of developmental delay had recently begun. Children were excluded from the sample if they were known to have chromosomal abnormalities and/or genetic conditions associated with mental retardation or if the delay was associated with either known prenatal drug or alcohol usage or with postnatal neglect or abuse. The cohort contained 103 children (58.3% boys) from 102 families. At entry, the mean chronological age (CA) of the children was 41.8 months (standard deviation [*SD*] = 6.2, range = 32 to 55). The mean Gesell developmental quotient (DQ) was 72.32 (*SD* = 15.97, range 38 to 117). All but 18 of the children had DQs below 90, and all 103 had significant delays in one or more areas (motor, speech, behavior, or cognition) in spite of some relatively high DQs.

Seventy-three agencies in the greater Los Angeles metropolitan area assisted in the assembly of our cohort; two thirds of them were public schools and private intervention programs. A total of 313 children were

reviewed for entry into the CHILD cohort. Of those, 103 were entered on the basis that they matched our sampling criteria, and the parents consented to participate. An additional 5% of the 313 children we considered were either "selected out" by an agency or the parents declined to participate. This suggests that "selection bias" occurred in the cohort at an acceptable level of 5%.

Table 1 summarizes demographic information on the sample at entry. Although the 102 families in our study cohort consisted predominantly of married couples in their 30s in middle-class circumstances, there was a wide range of variation surrounding this central tendency.

Family Accommodation Measures

All 102 families were visited by a trained interviewer who conducted a 2- to 3-hour semi-structured interview with the available family members. The interview provided an opportunity for each family to "tell their story." Interviewers were provided with specific questions and topics and trained to use probes to ensure that comparable material was obtained for all families. Towards the end of the conversation, interviewers asked specific questions about the role of religion in the family's life. However, during much of the interview, parents may or may not have mentioned religion. Interviewers listened for material on familism, social support, goals and values, and other variables and explicitly probed for such information. In addition to the interview materials, narrative fieldnotes were compiled for all contacts with each family.

Parents completed a questionnaire at entry into the study that provided, among other topics, information on religious denominational affiliation and the role of religious support in the family's lives. The questionnaire also covered standard demographic and socioeconomic status (SES) characteristics as well as parents' reports of social support received from a variety of sources. The social support data were collected based on the scales developed by

Table 1
Social and Demographic Description
of the Sample

Characteristic	<i>n</i>	%
Age		
Mothers ^a		
21-24	5	4.9
25-30	35	34.3
31-34	30	29.4
35-40	26	25.2
41-50	3	2.9
51+	1	1.0
Not applicable ^b	3	2.9
Total	102	100.0
Fathers ^a		
21-24	3	2.9
25-30	14	13.6
31-34	23	22.3
35-40	30	29.4
41-50	13	12.6
51+	7	6.8
Not applicable	12	11.7
Total ^b	102	100.0
Education		
Mothers		
Junior high	1	1.0
10th or 11th grade	7	6.9
High school graduate	21	20.8
Partial college	45	44.6
College graduate	17	16.8
Graduate degree	8	7.9
Not applicable ^b	2	2.0
Total	101	100.0
Fathers		
Junior high	1	1.1
10th or 11th grade	3	3.3
High school graduate	6	6.6
Partial college	34	37.4
College graduate	17	18.7
Graduate degree	19	20.9
Not applicable ^b	11	12.9
Total	91	100.0
Marital status		
Married and living together	80	78.4
Living alone ^c	19	18.6
Other ^d	3	2.9
Total	102	100.0
Family income		
0-4,999	2	2.0
5,000-9,999	8	8.2
10,000-14,999	8	8.2
15,000-19,999	5	5.1
20,000-24,999	12	12.2
25,000-29,999	6	6.1
30,000-49,999	35	35.7
50,000-74,999	16	16.3
75,000-100,000	8	8.2
Over 100,000	3	3.1
Total ^e	98	100

^a Includes functional mother or father where relevant.

^b For example, no father in home or no information, father headed household. ^c Divorced, separated, widowed, never married. ^d For example, lives with parents, unmarried partner. ^e Four cases of missing data.

researchers at Arizona State University (Barera & Ainley, 1983; Sandler, Wolchik, & Braver, 1985; Wolchik, Beals, & Sandler, 1989; Wolchik, Sandler, & Braver, 1987).

Five coders reviewed all interview and fieldnote materials and scored the family on a wide variety of family accommodations to delay as well as various child and family characteristics, using the Accommodation Interview Summary form, developed by Project CHILD (Weisner, Gallimore, De Cicco, & Beizer, 1987). The 501 ratings on the Accommodation Interview Summary covered a wide range of topics, including, but not limited to, parents' beliefs and values, familism, social support, sense of meaningfulness and peace of mind, and accommodation to the child with developmental delays.

Ten percent of the families were scored by a second, blind coder to assess reliability of coding. The overall percentage of agreement for all items was 80%. Of 37 topical domains (e.g., child status, parent beliefs regarding development, accommodation patterns), 34 had over 70% agreement. Items with less than 70% agreement were omitted from further analysis. Questionnaire reliabilities were calculated in a similar way. Mean percentage of agreement was 92% for coding of questionnaire items related to support, demography, and SES.

Religiosity Measures

A series of measures from our home interviews and questionnaires was used by raters in creating a religiosity score for each family. These included parents' statements that religion was either a positive force that gave meaning to having a child with developmental delays or was not helpful for coping with such a child; mother's inner sense of religiousness; father's inner sense of religiousness; the extent to which religious parents used religion as a protective strategy for self; the extent to which parents use church support; the type(s) of church support used; church/temple membership, attendance, and involvement; and the frequency with which parent(s) reported engaging in

prayer. Our focus was on each parent's personal ideas and beliefs regarding religion rather than abstract notions of religion as a philosophical system.

Using these data, we placed each family into one of four groups. We used four criteria in assessing each family's religiosity: (a) church/temple involvement and attendance, (b) sense of spirituality, (c) support from church/temple, and (d) influence of religion in decision and actions in everyday life. Families highest on religiosity combined regular involvement/attendance, strong spirituality, substantial support, and clear religious influence in everyday life decisions and actions. Families lowest on religiosity had no or very rare religious involvement/attendance, no or very low sense of spirituality, no or very low support, and either no evidence of religious influence in everyday life or active negative feelings about religion. Two intermediate groups (moderately religious and moderately nonreligious) were in between these two. We randomly selected 25% of the cases selected, which were then blind-scored for religiosity by another coder. Of these, there was exact agreement on 20 cases; another 4 were within one scale point, and 2 were two points off.

Half of the 28 highly religious families were members of Fundamentalist Protestant groups, 6 (21.4%) were Mormons, 5 (17.9%) were mainstream Protestants, and one was Jewish. Hence, our "religious" category was, in fact, largely a "Christian religious" group. Of the moderate groups, 32.6% were Catholics; 23.9%, Fundamentalists; 23.9%, mainline Protestants; and 13%, Jewish. Of the nonreligious groups, 62% described themselves as "none," and another 20.7% were (nonparticipating) nominal Catholics.

Example of a Nonreligious Family. The Ehrlich family was headed by a grandmother, who was raising her granddaughter who had developmental delays. This family had no religious affiliation and attended no church or temple. They received no support from any religious group and did not engage in any religious activities in the home. The grandmother was not taking her granddaugh-

ter to church at the time. When asked whether religion had provided any kind of support for her, or what else had been helpful, the grandmother replied: "No. Nothing, really. I just . . . really nothing, (1) just take care of her." As with many other nonreligious families in our sample, the Ehrlich family did have some history of formal religious training or experience in their past, but was not currently involved in religious activity.

Example of a Moderately Nonreligious Family. The Stein family was Jewish and attended temple occasionally, but they were not formal or active members. However, the Steins did indicate that they prayed regularly in their home. When asked whether religion was helpful, this mother replied: "It does play a part, more for me than my husband. But, I am very religious, I guess, in a vague way. My husband is not particularly religious at all."

Example of a Moderate to High Religious Family. The Crandalls had a young son with developmental delays who had several problems at birth and continued to have speech and coordination problems. The family held membership in and regularly attended a nearby Congregational Church. This mother, who taught Vacation Bible school one summer, said of the church, "It's a nice experience for our entire family. Jason loves Sunday School."

Example of a Highly Religious Family. Religion was an integral part of the Robinson's everyday life. Their daughter Cathy was born prematurely and had major medical problems, necessitating four hospitalizations in her first year; her development was delayed in all areas. The Robinsons were active members of a 7th Day Adventist church, where they were involved in many activities. Prayer was a part of the Robinsons' daily lives. "We started doing things like praying together as a family, and having that faith foundation has strengthened our commitment to one another and our relationship with one another, and I think it's brought us closer together."

Results

Functional Uses of Religion in Accommodation to Delay

Analysis Plan. We conducted chi-square analyses to test the association between our 4-category religiosity scale with various measures of family beliefs, values, support, sense of meaning and peace of mind, and accommodation to the child with developmental delays. We also compared percentage differences between the religious and nonreligious groups on various outcome measures. We omitted the moderate low and moderate religious categories in these analyses because we were searching for patterns of difference between clearly religious and clearly nonreligious family styles. All percentage differences reported are based on statistically significant, $p < .05$, chi-square analyses, unless otherwise noted. In addition, we conducted qualitative data analyses of each case, examining our interview transcripts and ethnographic field notes, searching for evidence of religious philosophy and themes in parents' own accounts and interpretations of their circumstances.

Family Demographic Measures and Religiosity. Our 4-category religiosity scale was not significantly related to parents' income, formal education, overall SES, number of sources of income, occupational status, family equity (e.g., stocks and bonds, savings), marital status, and marital satisfaction. Comparisons of the religious denominations of each family to the same set of demographic measures yielded similar results. Hence, we report direct associations between religiosity and our other measures of beliefs, support, and meaningfulness.

Religiosity and Beliefs About Families and Children. We predicted that religiosity would affect parents' beliefs, values and constructions of family life, parenting roles, and their children. For example, did an emphasis on familism characterize religious families and extend to the couple relationship and the definition of parental roles?

Our data suggest that religious parents were also high on our measures of familism.

For instance, 77.1% of these 28 families were rated high or moderately high on family connectedness, compared to 51.7% of 29 nonreligious families, $\chi^2(4) = 8.075, p < .089$. Of religious families, 87.1% were judged to have families highly engaged in joint activities compared to 41.4% of nonreligious families, $\chi^2(4) = 17.836, p < .01$. Of the religious families, 85.7% were judged to have highly companionate couple relationships compared to 55.2% of nonreligious families (overall chi square not statistically significant).

In addition, religious families were more likely than nonreligious families to emphasize family supports. Religious parents reported that they focused more of their efforts on family support: 42.9% of them mentioned this as their most important focus compared to 10.7% of the nonreligious families, $\chi^2(6) = 13.693, p < .033$. (For nonreligious families, *access to services* was most salient and was ranked first in 25% of the cases, a nonsignificant finding; 34.5% of nonreligious parents did not even mention seeking family support as a major focus or concern compared to only one, or 3.7%, of highly religious parents. We note, however, that substantial numbers of low and moderately religious parents were familistic. Thus, the overall finding is that although highly religious parents were nearly all high on familism, a considerably number of the less religious families were also rated high on this characteristic.

Although these measures of familism distinguished religious and nonreligious couples, other measures did not. For instance, couples were equally likely to agree on decisions regarding their child with developmental delays and to include their child with developmental delays in joint family activities. Religious couples were no more likely than were nonreligious couples to be offering support to one another. Neither was religiosity associated with the particular kinds of support received from one's partner—such as talking about feelings and gaining advice and receiving positive feedback, mate-

rial help, and physical and task help from one's spouse.

Parental Roles. There was no relation between the mother's employment orientation and religiosity. Religious mothers were just as likely as nonreligious mothers to be homemakers, careerists, or interested in their work "only as a job." Religious and nonreligious mothers were equally likely to tell us that they gave work their first priority, gave the child with developmental delays their first priority, or said that they tried to balance both. Nor were there differences within each religiosity grouping. (Recall as well that religiosity did not correlate with SES measures.) Our data show no connection between religion and these kinds of work-oriented differences in mothers' accommodations to their child with developmental delays.

Some parental beliefs regarding roles did differ, however. Although nearly all parents felt that "nurturance was an important part of their role," 82.1% of religious families felt that nurturance was *highly* important compared to 41.4% of nonreligious families, $\chi^2(3) = 11.235, p < .011$. Of the religious parents, 72.4% said that "teaching specific skills" was a lower priority than nurturing one's child compared to 46.4% of the nonreligious parents, a nonsignificant difference. Nonreligious parents also were less likely than religious parents to say that they had the final responsibility for their child's life and future as contrasted with schools, agencies, or relatives, $\chi^2(3) = 10.637, p < .014$. Of the religious parents, 57.7% said that they definitely *were* the final and most responsible agents for their child compared to 18.5% of the nonreligious group.

As expected, religious parents were more likely than nonreligious parents to say that their child with developmental delays provided them with an "opportunity to help"; 46.2% of religious parents (compared to only 1, or 4.4%, of nonreligious parents) said that the child definitely provided them with an opportunity to help, $\chi^2(6) = 20.206, p < .003$. Fieldnotes about a highly religious

mother who was a parent of an adopted child with developmental delays and two other natural children included the following:

This mother emphasized that TC's problems had never caused her second thoughts about adoption. In fact, she said she wouldn't have adopted him if he hadn't had problems, as it would have been easy to find him a home. But the combination of his handicap and his minority status [Mexican] was too much of a strike against him.

She noted: Actually, if he would have been completely normal, nothing wrong with him, we would not have adopted him, because I think it's going to be hard for him to find a family. The adoption people told me that most people want a healthy child, they don't want a minority child, they want a girl most of the time, and it's really hard. . . . a handicapped minority child, it's very hard to get adopted.

We also asked whether the child was a "burden." This is a difficult question to answer affirmatively in our cultural discourse because admitting that the child is a burden might imply that parents were resigned to the child's difficult fate or that the parents are not doing all that could be done to assist the child to reach his or her highest attainable level of competence. Similar proportions of religious (56.7%) and nonreligious parents (49.3%) said that the child was *not* a burden. However, among those 11 parents willing or able to say that their child *was* a burden, only one was highly religious. The overall chi square, 11.423, was marginally significant, $p = .079$. Nonreligious parents were either more likely to be willing to discuss the burdensome aspects of parenting a child with developmental delays and/or they indeed felt more burdened by raising a child with developmental delays than did highly religious parents. Although it is impossible to distinguish between these two interpretations on the basis of our data, the difference between religious and nonreligious families on this belief is noteworthy.

Religious and nonreligious families also differed on whether parents are always the most responsible for their child or whether this responsibility should be shared with the

wider community. Highly religious parents were more likely than those in the nonreligious group to say that parents were most responsible, $\chi^2(6) = 14.887, p < .021$. On eight other developmental beliefs, however, religious parents shared the same profiles as did nonreligious parents. Religiosity did not translate into differences in what parents *generally* believed about their child's development. Except for "opportunity to help" and "parental responsibility," religious and nonreligious families did not differ on the eight other beliefs that we asked about in our interview. Religious parents were more likely to emphasize the importance of values and beliefs in general than were the nonreligious parents. Religious parents more often suggested that values were "highly important" to them whereas the nonreligious parents more often said that a belief was only "minimally" or "somewhat" important.

Summary. Religious parents were most often familistic, although familism was not limited to religious couples. Religious parents tended to focus somewhat more on family than outside resources compared with nonreligious families. More than nonreligious parents, religious parents emphasized teaching and nurturance as central parental roles and the importance of familial as opposed to outside influences on children's development, and they viewed their child with developmental delays as an opportunity more than as a burden. However, there were a number of other measures on which religious and nonreligious families were more alike than different.

Religiosity and Support. Our prediction that highly religious families might be more involved in support networks than would nonreligious families received only partial support. High religious commitment significantly distinguished families on only 4 of 26 measures of different kinds of support (material, emotional, information, spiritual/religious), and measures of different sources of support (whether it came from spouse, friends, professionals, friends/neighbors, or other relatives).

As predicted, highly religious parents

sought out and received more interpersonal support than did nonreligious parents; 17 (62.9%) of the highly religious families said that 8 or more people provided support compared to 5 (17.2%) of the nonreligious group. Six (22.2%) of the religious compared to 11 (37.9%) of the nonreligious group mentioned 4 or fewer people as supportive, $\chi^2(9) = 17.74, p < .038$.

Naturally, highly religious families received more religiously based support than did nonreligious families. Religious families also reported receiving more material help from neighbors and friends, $\chi^2(1) = 11.147, p < .001$, more positive feedback from professionals, $\chi^2(3) = 11.448, p < .001$, and more participation in social activities with friends than reported by nonreligious families, $\chi^2(3) = 14.338, p < .01$. Highly religious parents were also more likely to seek support for their family in the form of child care aid or group activities than were nonreligious parents.

In summary, highly religious families reported more people providing support and concentrated their accommodations to their child in the domain of family-related support. However, our hypothesis that religious families would display more varied types of support and report more support and more satisfaction with the support they received, proved incorrect.

Meaningfulness and Peace of Mind

We now turn to the personal and experiential side of religious influence. Have religious parents discovered a greater sense of meaning and peace of mind regarding their child with developmental delays? How have they used religion to interpret their situation and define the meaning of the delay? To explore these issues, we measured meaningfulness, peace of mind, and family adjustment in several ways.

For our first measure, our interviewers rated the overall effect of children with developmental delays on families as having either no effect, a predominantly negative effect, mixed effect, or positive effect. The

overall chi-square table of religion by child-effect-on-family was not statistically significant. Equal numbers of families at all four levels of religiosity experienced positive, mixed, and negative effects of their child.

In a second measure, we asked parents whether religion helped to give meaning to the fact of having a child with developmental delays or to explain their misfortune, assuming that parents viewed their child in part as a problem or source of misfortune. Families with religious convictions were, of course, more likely than were less religious families to report religious convictions as useful to them; 89.3% of the highly religious families said they used religious beliefs to help explain why they had a child with developmental delays, whereas 86.3% of those in the nonreligious group said that they did *not* use religious beliefs in this way, $\chi^2(6) = 86.551, p < .001$.

Religious families were also much more likely than nonreligious families to use religious beliefs as a form of self-protection (Vaillant, 1977) or cognitive coping; 24 (82.8%) of the nonreligious families did not use religion as a self-protective strategy, whereas 25 (89.3%) of the highly religious families often used religion in this way, $\chi^2(6) = 84.186, p < .001$.

To further assess predicted differences between religious and nonreligious parents' sense of peace of mind and meaningfulness, we measured a number of parental attitudes and feelings regarding their children on the Accommodation Interview Summary: acceptance of the child, rejection of the child, blaming self or others for the child's status, peace of mind regarding the child's present and future, chronic disappointment over their child, and whether the parents' current orientation to the child's problems was one of concern, depression, or active intervention. We were surprised that religious and nonreligious parents did not differ substantially along these dimensions. The one dimension on which some effect of religion could be discerned was our measure of the parents' current orientation to the child. Highly religious parents were more likely to

be judged high on "plunging into constructive action with a sense of hope for the future, with attempts at creating or discovering meaning in the present" (11, or 39.3%) than were low religious parents (6, or 20.7%), $\chi^2(6) = 12.32, p < .055$.

Meaningfulness also has to do with the content of everyday discourse (i.e., what parents and children share about how the world is constituted) as well as parents' construction and explanation of their child's delay. Religious families, of course, used faith, prayer, and religious belief as an ideological accommodation (22 cases, or 78.6%) in everyday life. In contrast, ideological accommodation by nonreligious families emphasized professional information regarding the child or beliefs about therapy (15, or 53.6%) rather than religion (mentioned only once), $\chi^2(6) = 20.206, p < .003$.

In addition to these scales, we examined every transcript and ethnographic fieldnote for instances of religious interpretations of the child's delay. Here are two quotations from our interviews in which parents used their religious beliefs, in the first two cases to account for their child's delay and in the third case, to explicitly deny it.

My feeling is that they're special children to God, and they don't need to have the same kind of tests that we have, and that once she dies she will be normal and she will be superior to us in a way, I think, and I think that's helped me.

I really feel that my faith and my trust in God has been the stronghold of being able to deal with all of this, just from my understanding of Him, from reading the Scriptures—I can't be mad at Him because He's given me a less than perfect child, health-wise. My faith and my beliefs have been a real source of strength to me and like I say, I've come through each trial with a blessing and feeling stronger. Cathy just being the way she is evidence that God does work miracles, that He does answer prayer. He maybe asks a lot of us, but He gives us tremendous blessings in the end.

[Everyone says] God only gives special children to special people; and I say, "I'm not so special . . . I don't want any more problems!" and I'm kind of to the point where I'm bitter, I'm angry right now.

This next mother identified herself as

chosen to deal with her child and noted that the extent of the burden was not too great because of this choice:

Whatever God gives you, He has prepared you for, and He won't give you any more than what you can handle. We were chosen special, because God thought that much of us that we were special enough to take care of these special people.

Religious parents often expressed the conviction that life is under God's direction and that things could be worked out, or they expressed with certainty that the child with developmental delays was a part of God's plan for the family. Hence one mother said,

We joined the Church, and just said whatever will be, will be. We just said the Lord is going to make her what she is, and there's nothing to get upset over or to change, really, just accept her.

Another mother commented that:

Bible study was like a refuge and like leaving all my burden to God. If a person has faith and believes . . . I think, in times of trouble, God sends you angels to help you. Also I believe that if we use this as a positive experience for growth, then it's not a terrible thing at all. She's here for a reason, and it's for the good.

Parents' comments suggested both how religious families used faith to deal with their children and the pervasiveness of this theme in everyday life. Some mothers went to Bible classes or regularly attended religious meetings. Others commented on specific prayers and activities at home or took classes, as in these examples:

They taught how to organize your house, clean it, how to have time for reading God's word, how to train your children in having them help you, and helping you have a good attitude, no matter what.

I set aside a certain time to read books, and to go over stories. When we're in a car, usually we talk about one of the Bible stories that they've listened to that Sunday previously, or we sing a lot of songs, a lot of Bible songs.

Religious faith and ideology provide families with ready and systematically available answers to concerns that remain troubling and problematic for nonreligious fami-

lies. Only a few weak effects of religion are discernable from our ratings and other ordinarily scaled measures, although some differences emerged. On the other hand, the qualitative data from parent interviews and fieldnote descriptions of families clearly suggest that religious families felt that religion was helpful and that religious faith answered basic existential questions. Apparently, religious conviction plays an important role in parents' subjective experience of life with a child with developmental delays and in how they describe and interpret their situation.

Discussion

For most religious families, religion played a more powerful role as a way to explain misfortune and suffering than it did as a practical way of providing support and organizing specific beliefs and accommodations. Religious parents told us that their child was given to them by God for a reason, they recited Bible stories as forms of verbal stimulation, and they prayed each day to give themselves strength. Religious parents utilized a different kind of discourse and invoked different symbols and metaphors in characterizing the reasons for their child's condition. Although evidence for the use of religion in functional areas of everyday accommodation (e.g., support, daily routines, ratings of satisfaction, emotional positiveness) was mixed, there is no question that religious and nonreligious parents differed in terms of how they perceived and talked about their experiences and their child's delay.

One reason for the mixed findings regarding the influence of religion may be that our parents shared many elements of a common culture, such as a Judeo-Christian tradition and at least some aspects of a technological/biological view of their child's disorder. Every parent in our sample had turned to experts and professionals for services to at least some extent, for instance,

and none of our parents were practicing Hindus, Muslims, or Buddhists.

Scientific and Biblical world views, of course, co-exist in contemporary Euro-American culture (Kearney, 1984) and shape conceptions of time, causality, the self, and social order. Our classifications of participants into religious and nonreligious categories have to be understood within this larger context. Our parents shared many cultural tools, including world views. To disentangle the more specific effects of religion, and fully understand the combined effects of religiosity, world view, and cultural differences, we would need diverse samples of families with children who have different developmental delays (e.g., from Protestant England or from fundamentalist Black North American communities, Hindu India and expatriate Hindu communities around the world, Buddhist Burma or Sri Lanka, Islamic Pakistan or Indonesia, Catholic Mexico or Poland).

Our finding that religiosity influences experience and interpretation more than functional use for everyday accommodations is an *outcome* important for children. Too often, differences in the cultural interpretation of developmental delay are attended to by professionals only if linked to the child's *individual* outcomes or the family's coping responses. Although such individual developmental outcomes are clearly important (e.g., Summers, Behr, & Turnbull, 1989), the symbolic and moral meanings that religious parents have available for understanding their situation are also powerful and are probably learned and shared to some extent by the child with developmental delays. This makes religious conviction an inherently important and meaningful factor for families, one that needs to be thoughtfully incorporated into professionals' ways of talking with families, preparing individualized family service plans, and conducting empirical research.

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