Grandmother Support for Parents of Children With Disabilities: Gender Differences in Parenting Stress

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Grandparents, and particularly grandmothers, are an important source of family support for parents of young children with developmental disabilities. This study, examines the relationship between parenting stress of mothers and fathers and their grandmother support, self-esteem, and key family attributes. For mothers (N = 60), Time1 self-esteem, and emotional support from maternal and paternal grandmothers jointly accounted for 28% of the variance in parenting stress at Time2. Higher self-esteem and grandmother emotional support were related to lower parenting stress in mothers. For fathers (N = 41), Time1 self-esteem and Time 1 level of parenting stress in their conjugal partners accounted for 28% of the variance with parenting stress at Time2. Higher self-esteem and lower spousal parenting stress were related to lower parenting stress in fathers. While support from grandmothers was an important predictor of parenting stress for mothers, grandmother support did not predict parenting stress over time for fathers. These findings suggest important gender patterns in the value of grandparent support and the saliency of parent self-esteem in coping with parenting stress by parents of young children with developmental disabilities.

Keywords: developmental disabilities, grandparents, self concept, gender differences

Grandparents are an obvious source of social network support for families with young children with disabilities. To date, much of the sparse research on grandparent support has relied on qualitative research designs or has been based on anecdotal parent or professional reports, and has largely focused on the experiences of mothers (e.g., Katz & Kessel, 2002; Mirfin-Veitch, Bray, & Watson, 1997; Nybo, Scherman, & Freeman, 1998). Part of the reason for this is the challenge of creating adequately large and random samples of grandparents who are still living at the time of the entry of the child with disabilities to the life of their families.

However, a small number of quantitative studies have been reported in recent years. Key findings of these studies suggest
that: (a) grandmothers are seen as being more supportive than grandfathers, and maternal grandmothers tend to be more supportive than paternal grandmothers (Findler, 2000; Seligman, Goodwin, Pascual, Applegate, & Lehman, 1997; Trute, 2003); (b) grandparent support is more common than support from other relatives or friends (Findler, 2000; Green, 2001); (c) grandparent instrumental support (or practical help) tends to decrease as the child with the disability grows older (Heller, Hsieh, & Rowitz, 2000); and (d) grandparent emotional support is more salient to enhanced parent psychological adjustment and reduced parenting stress than is instrumental support (Findler, 2000; Heller et al., 2000; Trute, 2003).

In the body of stress and coping literature on families of children with disabilities, special attention is given to psychosocial resources that enhance coping and adaptation to serious and persistent life challenges and stressors. The well-established “process model of stress and coping” (Lazarus & Folkman, 1984) has been of particular utility in studies of families with children with disabilities (Beresford, 1993). This model gives central attention to the importance of psychosocial coping resources available as mediators of each person’s coping and adaptation. Coping resources have also been identified as playing a key role in family paradigms of stress and coping. The ABCX (McCubbin & Patterson, 1983) and the Family Adjustment and Adaptation Response (FAAR) (Patterson, 2002) models put emphasis on the importance of internal (or psychological) and external (or social network) support resources in understanding patterns of family coping and adaptation (Aldwin, 1994).

External social support has been a salient concern in the study of families with children with intellectual and developmental disabilities. The support provided to these families tends to occur within small, high-density social networks (Kazak, 1986; Kazak & Wilcox, 1984). There is evidence that the most resilient of these families are skilled users of social network resources and benefit importantly from positive, “close-tie” social support (Kazak & Wilcox, 1984; Trute & Hauch, 1988). There appear to be gender differences in parental use of social support resources. For example, men and women differ in the ways they participate in social relations and in the resources they seek from relationships when coping with stress; women are more likely to seek out and receive social network support (Barnett et al., 1987). Men’s mobilization of support is heavily focused on one person, typically their conjugal partner (Belle, 1987). While women tend to seek social support from family members and friends, men tend to not seek support from sources other than their intimate conjugal partner (Cutrona, 1996). When considering close-tie social support in couples, and the emotional interdependence within intimate relations, “contagion of stress” has been observed whereby conjugal partners not only are affected by their own psychological reaction to stress but also by their partner’s emotional coping with stress (Cutrona, 1996, p. 81).

Internal coping resources are a key component in the process model of stress and coping. Self-esteem has been viewed as a cognitive coping resource, in that persons with positive self-esteem prior to a challenge or crisis are more likely to use adaptive coping (Brown, 1993). This is consistent with stress and coping theory in that self-worth or self-esteem is identified as an “internal coping resource” (Pearlin, 1985) which appears to mediate the negative effects of stressors (Kobasa, 1987). White (1985) suggests that self-esteem is “often put on trial” by serious life challenges, and successful adaptation requires maintenance of positive self-view (p. 137).

This study seeks to advance the preliminary findings that suggest there are gender differences in parental response to grandparent support, particularly grandmother support, and its effects on parent-
ing stress (Hastings, Thomas, & Delwiche, 2002; Trute, 2003), and further, tests the importance of the internal coping resource of self-esteem in parents of young children with intellectual and developmental disabilities. Our design is stronger than that employed in some of the previous research, as we use a service-based sample (rather than a convenience sample) of families of children with disabilities and longitudinal data to address our research questions. We track mother and father coping resources over time, specifically grandmother support and parental self-esteem, to test these variables as predictors of parenting stress in households with children with intellectual and developmental disabilities. We give special attention to family support from both maternal and paternal grandmothers, as mothers and fathers independently assess these. In this study T1 indicates survey data collected from parents 6 months following entry to child disability services and T2 indicates one year later (or 18 months following entry to childhood disability services).

A primary research question is addressed in this study: is parenting stress at T2 predicted by coping resources (i.e., self-esteem and grandmother emotional and instrumental support) available to mothers and fathers at T1? The study tests the assertion that internal and external coping resources of parents of children with developmental disabilities are related to longer term parenting stress. In addition, the salience of grandmother support is explored as a psychosocial resource in the amelioration of parenting stress for mothers and for fathers.

METHOD
Procedures and Participants
This study was a component of a longitudinal survey of families entering community childhood disability services over a 10-month period in two health regions within the Province of Manitoba in Canada. In Manitoba, families are referred to the public community service system following formal or provisional diagnosis of cognitive or developmental disability. Because of universal medical care and the comprehensive structure of social services in Canada all families with young children with disabilities are eligible to receive provincial services without financial cost. A service coordinator is routinely assigned to a family when a child has been identified and referred by a pediatrician or child development assessment clinic. Thus, most families in Manitoba with young children with developmental disabilities do access some of the wide range of support resources (e.g., parent aides, speech therapy, respite, etc.) that are available to them from the Province of Manitoba and would therefore be likely to be included in our sampling frame. The two largest health regions in Manitoba comprising 720,000 people (approximately 75% of the total population of the province) were selected for this study.

The first wave of family interviews occurred with families entering the service system from October, 2000 to July, 2001. During this time period, 151 families met the criteria for inclusion in the research: the child was under 12 years of age and was diagnosed with a cognitive or developmental disability, the family was not a reopened case or a transfer from other locales, and the parents could speak and had basic reading skills in English. A first screening for research eligibility was done by the family’s service coordinator, and this was later confirmed by the research team at the time of the first contact with the family. As a first step, service coordinators invited both mothers and fathers from newly referred families to consent to finding out more about the study. If a parent expressed interest, s/he signed a permission form that allowed workers to give his or her name and contact information to the research team. When this consent was given, the researchers contacted the parent and the study was explained. If s/he expressed interest and met the study inclusion criteria an interview was scheduled.
Interviews were held in participants' homes approximately 6 months after formal service entry (i.e., file opening). Prior to commencing the interview, the interviewer obtained formal written consent from the participant(s). Agency staff were not informed about which parents participated in the research. Information about parents who did not give consent to learn more about the study was not kept by the participating health regions and therefore was not available to the research team.

Each mother and father completed quantitative self-report measures independently. At Time 1 (T1), 111 families participated yielding a response rate of 74% that included 109 mothers and 72 fathers. The second wave of data collection (Time 2 or T2) was conducted one year after each family participated at T1. Interviews were conducted with 103 families at T2 yielding a response rate of 68%. This included participation of 101 mothers and 54 fathers. The cohort attrition between T1 and T2 was eight families or 7%. It is not unusual to have fewer fathers than mothers participating when conducting family survey research with families with children with disabilities, and consequently past studies have been plagued by mothers' reports about fathers' experiences and small sample sizes (Roach, Orsmond, & Barratt, 1999). In this study there was 25% attrition between T1 and T2 in fathers' participation. We checked for explanatory factors to account for this attrition, and found that fathers' participation at T1 but not T2 was not significantly related to family income, family size, mothers' status as a full-time homemaker, or level of T1 fathers' parenting stress. We shall revisit this issue in the "Discussion" section of this article.

The Children

At study inception, the children were on average 50 months of age (median = 44, SD = 35) ranging from 5 months to 12 years of age, and were 66% male and 34% female. Primary diagnosis included: 33% developmental delay (not otherwise specified), 41% Pervasive Developmental Delay (including 19% autism spectrum), 7% developmental delay—genetic or metabolic (e.g., fragile-X), 11% cerebral palsy (with cognitive impairment and motor difficulties), and 8% Down's syndrome.

The Mothers and Fathers

For baseline characteristics of mothers and fathers in the sample, see Table 1.

Family Attributes

The number of children in the family varied from one to six children (M = 2.4, median = 2.0, SD = 1.2). Single parent families comprised 19% and blended or reconstituted families 5% of the sample. The bulk of families (98%) contained both biological parents of children with disabilities. Approximately 10% of the families had total annual incomes of more than $75,000. When income was adjusted for family size and compared to regional norms provided by Statistics Canada (1995), 48% of the families would be classified as "low-income households."

Table 1

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mothers</th>
<th>Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, M (SD)</td>
<td>33.6 (6.4)</td>
<td>37.1 (6.8)</td>
</tr>
<tr>
<td>Years of education, M (SD)</td>
<td>13.1 (2.0)</td>
<td>13.9 (2.7)</td>
</tr>
<tr>
<td>Occupation, % (n)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time homemaker</td>
<td>33 (34)</td>
<td>2 (1)</td>
</tr>
<tr>
<td>Employed full-time</td>
<td>39 (40)</td>
<td>87 (59)</td>
</tr>
<tr>
<td>Other</td>
<td>33 (30)</td>
<td>11 (8)</td>
</tr>
<tr>
<td>Marital status, % (n)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First marriage</td>
<td>71 (75)</td>
<td>90 (61)</td>
</tr>
<tr>
<td>Living as married</td>
<td>9 (9)</td>
<td>7 (5)</td>
</tr>
<tr>
<td>Other</td>
<td>20 (21)</td>
<td>3 (2)</td>
</tr>
<tr>
<td>Single parent, % (n)</td>
<td>19 (20)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>
Grandmothers Living at Time of Survey

Mothers’ scores ($N = 109$) for grandmother support at T1 were based on support provided by 96 maternal grandmothers and 96 paternal grandmothers who were alive at the time of the survey. At T1, fathers’ scores ($N = 72$) for grandparent support were based on support provided by 64 maternal grandmothers and 63 paternal grandmothers who were alive at the time of the survey.

Measures

Grandparent Support Index (GSI)

The GSI (Trute, 2003) is a four-item brief assessment of grandparent support in families with children with intellectual and developmental disability with a reported $\alpha = .80$. Separate support scores are completed by mothers and fathers independently for each maternal and paternal grandparent. In this study, we employed grandmother scores only, due to small sample sizes for scores for maternal and paternal grandfathers. For this study, the maternal grandmother scale had an alpha of .81, and the paternal grandmother scale had an alpha of .87. For the purposes of our analysis, which compares instrumental and emotional support, two specific items in the GSI were employed: instrumental support for child’s parents (five-point Likert scale: “no help” to “very helpful”) and emotional support for child’s parents (five-point Likert scale: “upsets parents” to “very supportive”). For each grandmother the respondent was asked to rate how helpful this grandmother was for “practical help for parents of child with disability” and for “emotional support for child’s parents.” Higher scores on the GSI indicate higher levels of support provided.

The Rosenberg Self-Esteem Scale

The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965) is a 10 item scale with adequate psychometric properties (Robinson, Shaver, & Wrightsman, 1991). When compared with other measures of self-esteem, the RSE has been found to be closely consistent with them, more independent of irrelevant variables, and more independent of long term self-concept stability (Tippett & Silber, 1965). With the sample of parents in the present study, the RSE had an alpha of .87 for mothers and .81 for fathers. Higher scores indicate higher self-esteem on the RSE.

The Parenting Stress Index–Short Form (PSI/SF)

The PSI/SF (Abidin, 1995) is a 36-item short form of the Parenting Stress Index (Abidin, 1983). The Total Stress score provides an indication of the overall level of parenting stress a parent is experiencing. The score has a .94 correlation with the Total Stress score of the full-length PSI, an internal consistency coefficient alpha of .91, and a test–retest reliability coefficient of .84 over a 6-month retest interval (Abidin, 1995). With the sample of parents in the present study, the PSI/SF had an alpha of .94 for mothers and .93 for fathers. Higher scores indicate higher parenting stress levels.

Parenting stress at T2 was the outcome (dependent) variable in this study. In addition, a key independent variable in this study was level of parenting stress experienced by a conjugal partner at T1 measured by their PSI/SF score. This variable brings interactional and relational elements of parenting into the prediction of the parenting stress experienced by each mother and father.

RESULTS

To explore the relationship of coping resources and parenting stress, parallel correlational analyses and hierarchical regressions were separately completed for mothers and fathers to assess the relationship between T2 parenting stress and T1 predictors of parental coping resources: grandmother support and parental self-esteem. Orsom (2005) reviewed differ-
ences in parenting stress in mothers and fathers of children with developmental disabilities and concluded that the unique needs and experiences of mothers and fathers should be evaluated separately to best understand family adaptation and functioning. Since mothers and fathers in this study are drawn from the same families, with the same reference child and grandparents, a combined sample to test gender differences could not be employed, as this would violate a fundamental assumption of most multivariate analyses (i.e., independence of data subjects).

A two-step process was followed to explore the relationship between T1 internal and external coping resources and T2 parenting stress. First, a series of zero-order correlations between T2 parenting stress, T1 self-esteem, and T1 grandmother emotional and instrumental support were conducted separately for both mothers and fathers. The relationship between selected child (gender, age) and family attributes (household income, number of children, single parent, conjugal partner’s T1 parenting stress) and T2 parenting stress was also examined separately for both mothers and fathers. Multiple linear regression (MLR) analysis was then used to model the independent influence on T2 parenting stress of internal coping resources (i.e., parent self-esteem) and the external coping resources (i.e., grandmother emotional and practical support), along with those family attributes found to be significantly related to T2 parenting stress in the correlation analysis. For each analysis, all cases with complete data were used to maximize the sample size (i.e., pairwise exclusion of missing data was used).

**Predictors of Mothers’ Level of Parenting Stress**

Zero order correlations of total support provided by each maternal and paternal grandmother at T1 and level of parenting stress for mothers at T2 was completed. Mothers’ parenting stress was negatively related to total paternal grandmother support, \( r(51) = -0.34, p < .05 \), and to total maternal grandmother support, \( r(55) = -0.36, p < .01 \). Focused attention was given to instrumental and emotional support provided by each grandmother at T1, and the relationship this had with mothers’ parenting stress at T2. Interestingly, to note, mothers’ parenting stress at T2 was not found to be significantly related to emotional support from maternal grandmothers, \( r(73) = -0.16, ns \), but was found to be significantly related to emotional support from paternal grandmother, \( r(71) = -0.39, p < .01 \). Furthermore, instrumental support from maternal grandmothers was not significantly related to mothers’ parenting stress, \( r(73) = -0.14, ns \), but instrumental support from paternal grandmothers was, \( r(72) = -0.24, p < .05 \).

Zero order correlations including child and family attributes at T1 were completed to identify predictors of mothers’ parenting stress at T2. No relationship was found between parenting stress at T2 and number of children in family, child gender, child age, parent age, parent education, total family income level, or single parent household for mothers. Mothers’ parenting stress at T2 was related to self-esteem, \( r(84) = -0.31, p < .01 \), and to their conjugal partners’ parenting stress at T1, \( r(48) = 0.45, p < .001 \).

A two-stage hierarchical regression was completed by entering the internal coping resource of self-esteem as a first step. In step 2, grandmother emotional and instrumental support indicators were jointly entered. In this model, self-esteem and paternal grandmother emotional support were found to be significant, with maternal emotional support approaching significance. A more parsimonious two-stage hierarchical regression was then constructed to omit the nonsignificant maternal and paternal grandmother instrumental support variables. Single-parent status and conjugal partners’ level of parenting stress were tested with this second model as potential
suppressor or predictor variables in separate models and neither was found to be significant in the prediction model and thus were not included in the final model. In the final model, three T1 coping resource variables, mothers' self-esteem and emotional support from both maternal and paternal grandmothers were found to explain 28% of the variance in mothers' T2 level of parenting stress. These findings are outlined in Table 2.

**Predictors of Fathers' Level of Parenting Stress**

Zero-order correlations for total support provided by each maternal and paternal grandmother at T1 and level of parenting stress for fathers at T2 was completed. There was no relationship between the total grandmother support scores at T1 and fathers' parenting stress at T2. For fathers, instrumental and emotional support from maternal and paternal grandmother at T1 was not found to be significantly related with fathers' parenting stress at T2.

Zero-order correlations including child and family attributes at T1 were completed to identify predictors of parenting stress at T2. No relationship was found between parenting stress at T2 and number of children in family, child gender, parent age, parent education, total family income level, or single parent household for fathers. However, child age was found to be significantly related to fathers’ parenting stress, \( r(46) = .30, p < .05 \). Fathers' parenting stress at T2 was related to self-esteem, \( r(43) = -.44, p < .01 \), and to their conjugal partners' parenting stress, \( r(44) = .42, p < .01 \).

For fathers, the first step of a two-stage hierarchical regression included the internal coping resource (self-esteem). In step 2, the significant T1 predictor variable (partner's level of parenting stress) was entered. The demographic variable of child's age was tested as a potential predictor variable and was found to be nonsignificant. Given the modest sample size of the father cohort (and limited statistical power), the more parsimonious two predictor model is employed. Also given the modest sample size of the father cohort, since grandmother emotional and instrumental support were not found to be predictive of fathers' parenting stress at T2, these variables were not included in the model. The final predictor equation included two significant T1 predictors (father self-esteem and level of fathers' conjugal partners' parenting stress) that jointly explained 28% of the variance in fathers' parenting stress at T2 (see Table 3).

**DISCUSSION**

The findings of this study suggest that there are gender patterns in the importance of grandparent support and parent

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**Table 2**

*Summary of the Regression Analysis of Time 2 Level of Parenting Stress (PSI) Predicted by T1 Self-Esteem and T1 Grandparent Support for Mothers (n = 60)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>( r )</th>
<th>( \beta )</th>
<th>( SE \beta )</th>
<th>Standardized ( \beta )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T1 self-esteem (RSE)</td>
<td>-.36**</td>
<td>-1.76</td>
<td>.596</td>
<td>-.362**</td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T1 self-esteem (RSE)</td>
<td>-.36**</td>
<td>-1.39</td>
<td>.565</td>
<td>-.285**</td>
</tr>
<tr>
<td>PG emotional support</td>
<td>-.38***</td>
<td>-4.44</td>
<td>1.69</td>
<td>-.305**</td>
</tr>
<tr>
<td>MG emotional support</td>
<td>-.26*</td>
<td>-4.25</td>
<td>2.17</td>
<td>-.224*</td>
</tr>
</tbody>
</table>

*Note.* RSE = Rosenberg Self Esteem Scale, PG = paternal grandmother, MG = maternal grandmother.

For Step 1, \( R^2 = .13 \); for Step 2, \( \Delta R^2 = .15, F_{inc}(3, 59) = 7.23, p < .001 \).

\* \( p < .05 \). \** \( p < .01 \). \*** \( p < .001 \).
self-esteem as predictors of parenting stress of mothers and fathers of children with developmental disabilities. Mothers’ parenting stress at T2 was significantly predicted by their self-esteem and the emotional support received from paternal and maternal grandmothers at T1. It was an unanticipated finding that emotional support from paternal grandmothers is a significant predictor of longer term parenting stress for mothers. When mothers are interviewed in qualitative studies, they assess grandmothers to be more supportive than grandfathers, and see their mother to be more supportive than the paternal grandmother (Seligman et al., 1997). This may be due to mothers’ conscious appreciation and acknowledgment of important instrumental support such as respite and childcare that grandmothers often provide. However, statistical analyses of standardized psychosocial measures has consistently indicated that grandmother emotional support (rather than instrumental support) is the more salient predictor of mothers’ psychological well-being and of family adjustment in families with a young child with a developmental disability (Findler, 2000; Heller et al., 2000; Trute, 2003). Our study confirms this finding.

Marsh (1992) suggests that grandparents of children with serious disabilities face a dual hurt, not only for their grandchild, but also for their child who faces unusual parenting challenges. Mothers in these family circumstances may find it relieving when their partner’s mother is not blaming and rejecting, but offers positive emotional support. Seligman (1991) describe a common pattern identified in the literature in which a paternal grandmother expresses resentment toward her daughter-in-law in situations of childhood disability. He notes that when the mother may already feel guilt and be emotionally volatile, hostility from her partner’s mother may substantially increase her feelings of burden and stress. Waisbren (1980) found that mothers who feel that their in-laws are supportive also feel more positively about their child. This might, in turn, help ease parenting stress. We would assert that many mothers take it as a given that their own mother will be supportive to them in their efforts to care for their children with special needs. However, if the paternal grandmother is also available to them as a positive emotional support this appears to have salience as a predictor of less parenting stress for mothers of children with developmental challenges. Yet, emotional support from maternal grandmothers may play a role: although the zero-order correlation of maternal grandmother emotional support and mother’s parenting stress was not statistically significant, maternal grandmother support was a significant predictor in our regression model along with paternal grandmother emotional support, suggesting that maternal grandmother emotional support may act as a suppressor variable. That is, a variable

Table 3
Summary of the Regression Analysis of Time 2 Level of Parenting Stress (PSI) Predicted by T1 Self-Esteem and Conjugal Partner’s Parenting Stress for Fathers (n = 41)

<table>
<thead>
<tr>
<th>Variable</th>
<th>( r )</th>
<th>( \beta )</th>
<th>SE ( \beta )</th>
<th>Standardized ( \beta )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T1 self-esteem (RSE)</td>
<td>-0.43( ** )</td>
<td>-2.08</td>
<td>.706</td>
<td>-0.427( ** )</td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T1 self-esteem (RSE)</td>
<td>-0.43( ** )</td>
<td>-1.52</td>
<td>.711</td>
<td>-0.311( * )</td>
</tr>
<tr>
<td>CP parenting stress</td>
<td>-0.45( ** )</td>
<td>0.296</td>
<td>.127</td>
<td>0.341( * )</td>
</tr>
</tbody>
</table>

Note. RSE = Rosenberg Self-Esteem Scale; CP = Conjugal Partner.
For Step 1, \( R^2 = .18 \); for Step 2, \( \Delta R^2 = .10, F_{c}(1, 38) = 5.46, p < .05. \)
\( * p < .05. \) \( ** p < .01. \) \( *** p < .001. \)
that on its own does not have a significant regression weight but serves to enhance the effects of other predictors (Tabachnick & Fidell, 2001). In this instance, support from maternal grandmother was important in determining the influence on parenting stress of emotional support available from the paternal grandmother.

One would anticipate that there might be a relationship between parenting stress and socioeconomic factors, such as single parenthood, family income, and number of children in the family. However, in the literature on parenting stress in families with young children with disabilities, these crude socioeconomic indicators show equivocal or (at best) weak associations with parenting stress, as the relationships between socioeconomic status and parenting stress are complex. For example, it is not single-parent status but the interaction of single-parent status and living in poverty that when combined are weakly associated with parenting stress (Fujiura & Yamaki, 2000; Jackson, Brooks-Gunn, Huang, & Glassman, 2000). In this study we do not have a large enough sample size to address these issues, but further study on sociodemographic patterns related to parenting stress (along with grandparent support) are warranted.

In our sample of study families, fathers were less available to us than mothers to provide information on child care and family support resources. There often is a division of parent roles in families of children with disabilities, and fathers tend to defer to mothers as the primary family conduit for childcare information and family identification of service needs (Orsmond, 2005; Seligman & Darling, 1997). In the early years of the life of a child with a developmental disability, fathers tend to be less involved in childcare duties than are mothers (Marcenko & Meyers, 1991; Simmerman, Blacher, & Baker, 2001). This may have accounted in part for our finding that there was no relationship between support from grandparents and fathers' level of parenting stress. Our findings in regard to father coping and parenting stress should be taken as tentative given their modest size in our sample and the attrition in the father group between T1 and T2. Given the limited sample of fathers in our study at T2, only strong predictor variables (with substantial beta weights) would emerge as statistically significant. However, our post hoc comparisons of fathers who did and who did not participate at T2 showed no significant group differences in family size, income level, parenting stress or whether or not the mother was a full-time homemaker.

Waisbren (1980) reported that in families with children with developmental disabilities, the father's relationship with his parents was his most important source of social support. However, the findings of this study lead us to posit that fathers will experience less parenting stress when they are confident that their spouses are functioning with lower levels of parenting stress. One interpretation of this finding is that fathers feel less pressure to provide emotional and instrumental support to their partner when she is coping positively with the demands of childcare. Fathers may underplay the importance of emotional support in their lives, but may be more cognizant of the emotional support from other members of the family, such as grandmothers, that is available to the mother of their child. Furthermore, it may be difficult for fathers to fully support their wives when they also feel in a state of emotional reactivity to their child’s disability, and may therefore appreciate that grandmothers are providing needed emotional support to their spouse.

Our research findings suggest that fathers are sensitive to the level of parenting stress that is being experienced by their conjugal partner. This interrelationship between fathers' parenting stress and their spouses' parenting stress highlights the important relational dynamics inherent in the parental subsystem of the family.
what contributes to them viewing themselves positively as individuals (and not solely as parents) and supporting them in their efforts to have experiences that nurture their self-esteem appear to be important in working toward the goal of reduced parenting stress and enhanced coping with the demands of caring for a young child with disabilities.

The finding in past research that grandmother emotional support is related to mother's psychological adjustment to their child's developmental disability, which has been replicated in this study, is important when considering preventative family support services (Trute, 2003). When it comes to instrumental support or practical help, practitioners may recognize that many grandparents are not geographically close to their grandchildren, and that many are no longer physically capable of providing such tangible and concrete resources in the care of their grandchild. However, the emotional support that can be offered, even when grandparents live at a distance from their grandchildren or are too physically incapacitated to allow them to provide proximal practical help, should not be underestimated. The findings of this study would encourage more careful exploration in family mental health services of the potential availability of grandmother support to mothers who care for a child with a developmental disability. These research findings suggest that family centered interventions that serve to mobilize, facilitate, or enhance grandmother emotional support to mothers can be positively related to reduced levels of parenting stress.

REFERENCES


