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Marital stability and marital satisfaction in families of children with disabilities: Chicken or egg?

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Although much has been written suggesting that stress, grief, and other factors associated with parenting a child with disabilities results in high rates of marital discord, marital dissatisfaction, and divorce, this notion is poorly supported by research. Research demonstrates that parents of children with disabilities have marriages that exhibit the full range of function and dysfunction seen in the general population, most parents of children with disabilities have normal marriages, and the same things that predict healthy and unhealthy marriages in the general population also predict healthy and unhealthy marriages among parents of children with disabilities. A careful review of empirical studies of divorce rates of parents with and without disabilities suggests two reasonable possibilities: (1) There is no difference in divorce rates between parents of children with disabilities and parents of other children and most parents of children with disabilities do not divorce, or (2) there is a statistically significant but small increase in divorce rates among parents of children with disabilities. Even if the second possibility proves correct, it does not follow that increases in marital problems result from the children's disabilities. It is at least equally likely that family dysfunction increases risk for divorce and disabilities in children. While a great deal of research has attempted to demonstrate that children with disabilities are somehow harmful to their parents' marriages, very little attention has been paid to how bad marriages result in poor outcomes for children with disabilities.

Introduction

Marriages of parents of children with developmental disabilities have often been portrayed as difficult, dysfunctional, and particularly likely to end in divorce. Many authors provide a bleak picture of these marriages. They suggest that the unresolved grief and extreme demands associated with raising a child with a disability result in extremely high levels of stress which, in turn produce dysfunctional marriages and high rates of divorce. These notions raise certain important questions:

1. Do parents of children with disabilities differ significantly in marital adjustment or marital satisfaction from parents of other children?
2. Do parents of children with disabilities differ significantly in marital stability or divorce rate from parents of other children?
3. If differences exist in marital satisfaction or stability, what are the mechanisms that best explain the differences?
4. If differences exist in marital satisfaction or stability, what may be some practical strategies for improving outcomes for children with disabilities and their families?

Notions of Marriage, Divorce, Children with Disabilities

There is a widespread public perception that parents of children with disabilities experience very high rates of martial difficulties and extremely high rates of divorce. This perception has been reflected in and reinforced both by mass media and professional literature. A brief electronic search of news media, for example, returned more than 40 references to high rates of divorce, including the following:

> About 70 percent of US couples with disabled children get divorced, therapists say. The divorce rate for the general population is typically estimated at 50 percent. (Weiner, 1991, p. A16)

> Curtis says she's heard that the divorce rate among parents of autistic children is 75 percent. (Citing Helen Curtis, mother of a more severely autistic 6-year-old son, Ashton, and former board member of the Pima County Chapter of the Autism Society of America, Downing, 2006, no page number)

> parents [of children with disabilities] have an 80% chance of divorce compared with a national divorce rate that is a little less than 50%. (Griffin, 2000, p. 1G)

> Some estimates put the divorce rate among parents of children with autism as high as four out of five marriages. (Leimbach, 2006, p. 10)

> Elliott agrees: "If you have one brain-damaged baby, the human toll that takes for the rest of the life of the woman and husband and family, you just can't estimate… There's upwards of a 90% divorce rate if there's a damaged baby in the house." (Quoting Phoenix physician John Elliott; Painter & Copeland, 1998, p. 01A)

A Canadian lawsuit argued that the physician who failed to perform an amniocentesis was responsible for the mother's divorce because the child, born with Down syndrome, caused the father to leave the marriage.

> Zhang said her husband, Simon Fung, could not accept that she had given birth to a disabled child and having Sherry "totally disrupted our plans." The couple, who only had been married a month, began to quarrel and within a few months, their marriage fell apart. (Mother wins lawsuit, 2003, p. 6)

The court, which found in favor of the mother's claim, seemed to accept this argument, in spite of the fact that the father had remarried and the daughter with Down syndrome was living with him and his new wife.
These pessimistic opinions expressed by popular media and the public are consistent with the attitudes commonly expressed by researchers and professionals. Risdall and Singer (2004) summarize these attitudes as follows:

> The history of research in this area is marked by a longstanding and almost pervasive belief that the birth of a child with a developmental disability is a tragedy entraining lifelong hardship for families. (p. 95)

One of the early reports that sometimes has been interpreted as suggesting high rates of divorce among parents of children with disabilities was Oswin's 1967 discussion of 26 families of institutionalized children with cerebral palsy and behaviour problems. While Oswin's report included data from her 26 families, there was no random sample or control group, and the data on divorce was simply an anecdotal finding in a much larger descriptive study of other characteristics of institutionalized children with cerebral palsy and their families. Since most children with cerebral palsy are not institutionalized

and do not exhibit behaviour problems, even a larger random sample of these children could not be generalized to all families of children with disabilities or even to all children with cerebral palsy.

She reported that eight (32%) of 25 came from broken marriages. One child was excluded because the child was a foundling. Oswin speculated that the child with a disability might be a causal factor in the high divorce rate, as well as high rates of mental health problems among parents of these children, but she also recognized that this was not necessarily the cause:

> It is questionable, of course, whether the breakdown and emotional stress were caused directly by worry over the handicapped child, or whether there was a potential liability in the parent to break down anyway. (Oswin quoted in Hewett, 1970, p. 106)

Interestingly, this speculation is limited to whether the child with a disability had a direct effect on parental functioning and the marriage or whether the child's disability merely was a triggering mechanism for some pre-existing weakness. It does not consider the possibility that the child's disability played no role in the parents' difficulties, or marital discord and divorce might have had negative influences on the lives of their children.

For example, parental dysfunction, marital discord, and marriage breakdown may have led to institutionalization of the children. Could it be that, if the parents had better, more stable marriages and fewer mental health problems, their children would have acquired fewer behavioural problems or have been less likely to be institutionalized? In this respect, Oswin set the stage for interpreting any association between child and parent variables as an influence of the child on the parent rather than an influence of the parents on the child. Interestingly, the predominant assumption that, if there is something wrong with the parents' relationship it can probably be attributed to the child with a disability, seems to be opposite to those typically made in families of children without disabilities, that divorce and martial discord are bad for children rather than that children are the cause of divorce and marital discord.

Robinson and Robinson's (1976) classic text on intellectual disabilities raises a variety of issues about the health and stability of families:

> For the family of a retarded child, however, the situation may be more complicated and more hazardous, and the rewards of parenting more likely to be lost sight of. The child's handicaps, his slow development; the special arrangements needed for physical care, training, and companionship; the disappointments and the lost dreams — all combine to create pressures which tend to disrupt the family equilibrium. Added to these pressures may be financial problems, tensions created by the child's immature self-control, handicaps in communication, and the parents' own lingering doubts about their upbringing practices. (p. 413)

Miezio (1983) also emphasizes the risk to family function:

> The birth of a child with a disability can represent a severe stress to the family system. Each parent reacts not only to the event and what it means to him or her as an individual, but also to the reaction of other persons who are important in the system. (p. 18)

> The family as a functioning entity attempts to maintain its stability in the face of stress and crisis. If all the members of the family were to succumb to despair at the same time, family functioning might cease. (p. 19)

Gabel, McDowell, and Cerreto (1983) list marital dissatisfaction, frequent conflict, sexual dysfunction, separation, and divorce as adjustment problems that were more frequent among parent of children with disabilities than other families. Ziolko (1991) suggests some reasons for these difficulties:

> …most studies agree that there is a high level of marital discord in these families. Feelings of low self-esteem, helplessness, resentment over excessive demands on time and the burden of financial responsibility are prevalent in such families and place a great strain upon the marriage. (p. 30)

Pabst (1996) names the feelings he believes are responsible and suggesst they lead to divorce in most families of children with severe disabilities. "Feelings of guilt, loneliness, and despair lead to broken marriages in the majority of families with severely handicapped, medically fragile children" (Pabst, 1996, p. 3).

After suggesting that as many as 20% of all divorcing couples are parents of children with disabilities, Morrod (2004) states:

> Beresford (1994) showed that most parents found the stresses associated with the care of their disabled child to be "wide ranging, unrelenting and sometimes overwhelming." Such stresses increase the risk of marital breakdown, itself a risk factor in physical and mental wellbeing for both adults and children. (p. 253)

Brinchann (1999), in a qualitative study that compares being a parent of a child with a severe disability to being in prison, also suggests elevated levels of discord and divorce:

> Living with a multiply handicapped child also affects the relationships with siblings and between the parents. It is not coincidental that the frequency of divorce is high in couples that have a handicapped child. (p. 140)

The preceding statements from news media and professional literature indicate the prevalent beliefs about how children with disabilities affect their parents' marital relationships and chances of divorce. These statements and the attitudes they reflect, however, are presented independently of systematic studies of actual divorce rates or marital satisfaction among parents of children with disabilities.

Studies of Marital Discord, Dysfunction and Dissatisfaction

In spite of methodological challenges, however, there have been many systematic studies that do report data on marital satisfaction and on marital difficulties among parents of children with disabilities. The results have been mixed.

Sabbeth and Leventhal (1984) conducted an exhaustive review of the effects of a child's chronic illness or disability on a marriage. In total, they reviewed 23 studies, but only seven of the 23 included measures of marital distress and had suitable comparison groups. The results were mixed. Four studies showed evidence of increased marital difficulty among parents of children with disabilities, but the other three found no significant difference between families of children with and without disabilities.

Kazak and Clark's (1986) study of marital satisfaction in families of children with spina bifida compared families of children with severe disabilities to children with milder disabilities. It might be theorized that, if the child's disability is the source of marital satisfaction in parents, the greater the severity of the child's disability, the greater the marital dissatisfaction. The study did find differences between the two groups but, surprisingly, it was the families of children with mild disabilities that exhibited lower levels of marital satisfaction. In a separate study, Kazak (1987) compared marital satisfaction in the parents of 125 children with disabilities with parents of 125 matched controls without disabilities. Although the mothers of children with disabilities reported higher levels of stress, neither mothers nor fathers of children with disabilities differed from parents of controls in marital satisfaction.

Singhi and colleagues (1990) report their comparison of the parents of 125 children with disabilities or chronic illness to the parents of 127 matched samples. While mothers (but not fathers) of children with disabilities reported higher levels of stress than matched controls, there were no differences in marital satisfaction for mothers or fathers of children with disabilities compared to mothers or fathers of children without special needs.

In 1993, Saddler and colleagues examined the functioning of three groups of families: (a) families of children with cerebral palsy chosen to represent visible disability (n= 48), (b) families of children with diabetes chosen to represent invisible disability (n= 46), and families of children without any disability or chronic illness as normal controls (n=45). They wanted to see if a visible disability would hinder family function more than an invisible disability. However, there was no difference between any of the groups and both groups of families of children with disabilities exhibited high levels of family function.

Benson, Gross, and Kellum (1999) compared 60 families of children with craniofacial anomalies with 60 matched families of children without craniofacial anomalies using the Locke-Wallace Short Marital Adjustment Test. No significant differences were found between the two groups.

Dyson (1996) compared 19 families of children with learning disabilities with 55 families of normally achieving children on the Family Environment Scale-Form R, including the relationship domain. Although families of children with learning disabilities reported higher levels of stress, there were no significant differences on family function, except in the personal growth area, where parents of children with learning disabilities scored significantly better than controls.

In 2003, researchers (St. John, Pai, Belfer, & Mulliken, 2003) asked parents of 275 children with craniofacial anomalies how their children's condition had affected their marriage. Overall, the largest group of parents (44.1%) reported that having a child with a disability strengthened their marriage, and the next largest group (34.9%) felt having a child with a disability had neither a strengthening nor weakening effect on their marriage. Nevertheless, a minority (21.0%) felt that having a child with a disability weakened their marriage. The small subgroup of parents (6.8%) who had divorced, however, expressed very different opinions from the majority who remained married. Among non-divorced parents, 47% believed that having a child with a disability strengthened their marriage and 40% believed having a child with a disability had no effect on their marriage. Only 13% of parents felt that it had weakened their marital relationship. Among those who divorced, only 5% believed that having a child with a disability strengthened their marriage while most (54%) believed having a child with a disability had no effect on their marriage. Nevertheless, many (41%) of those who divorced considered the child's disability to have a negative effect on the marriage. These findings raise two interesting possibilities: (1) having a child with a disability has different and sometimes opposite effects on different families, and (2) parents of children with disabilities who divorce, regardless of the reasons, are likely to consider the child's disability as a contributing factor.

Stoneman and Gavidia-Payne (2006) provide a useful review of studies of marital adjustment of parents of children with disabilities. They list six studies that report various degrees of lower marital adjustment among parents of children with disabilities and ten studies that found no significant differences. They attribute the discrepancy between the two groups of studies primarily to methodology and operational definitions. They suggest implicitly that researchers have posed the wrong question in asking whether families of children with disabilities collectively are different from all other families. They point out that research shows that most families of children with disabilities function at average or above average levels of marital adjustment, and that group differences can be largely explained by a larger than randomly expected number of families with serious difficulties. Therefore, they believe the question that should be asked is why a minority of families of children with disabilities does so poorly while the majority appear to be functioning very well.

Stoneman and Gavidia-Payne (2006) continue with their own study, that does identify two factors that differentiate families of children with disabilities exhibiting successful marital adjustment from those who exhibit unsuccessful adjustment. Their study of 67 families produced two very helpful findings. First, the factors that predict successful adaptation in families of children with disabilities are basically the same as factors that predict successful adaptation in all families. Second, they showed that families with fathers who utilized effective "problem-focused" coping skills had better adjustment. This finding may have particular value because it suggests that a specific intervention, assisting the family to develop this style, could help some families.

While the Stoneman and Gavidia-Payne study provides a useful and reasoned path between analysis and a logical next step, there is another potential hypothesis that needs to be explored, which flows directly from their analysis. Their recognition, that the group differences between adjustment in families of children with disabilities and adjustment in other families flows from a difference in the number of families with severe difficulties rather than a uniform effect on all families, can be explained at least in part by differences in response to a child with a disability, as they have demonstrated. These differences, however, might also be explained in part by another hypothesis. The studies that compare families of children with disabilities to other families are largely based on the assumption that children with disabilities are randomly

distributed across families and, therefore, any systematic differences that exist after the child with a disability enters the family can be viewed as being the likely result of some effect of that child. If, however, children with disabilities were more likely to be born into families with pre-existing risk factors for family dysfunction, subsequent differences in family dysfunction might have nothing to do with the child's disability.

Studies Reporting Divorce Rates

While the preceding studies focus on marital function and marital satisfaction, another group of studies focuses on divorce rates among parents of children with disabilities. These studies also show complex, mixed results.

Several studies of groups of parents of children with spina bifida during the 1970s found no increase in divorce rates of parents (Dorner, 1973; Freeston, 1971; Walker, Thomas, & Russell, 1971). Other studies during the same era reported significant differences. Two studies (Kolin, Scherzer, New, & Garfield, 1971; Tew, Laurence, Payne, & Rawnsley, 1977) reported significantly increased rates of divorce among parents of children with spina bifida, while one (Martin, 1975) reported decreased divorce rates in parents of children with spina bifida.

In reviewing the research on children with spina bifida and their impact on families, Singh (2003) reaches the only reasonable conclusion:

> no singular statement can be made about the impact of a child's spina bifida on the affected family. Inconsistencies in findings across the studies are evident. Although these inconsistencies do not diminish the validity for any one sample, they certainly suggest the need to identify possible reasons for this variance. (p. 51)

Around the same time as the spina bifida studies, Shufeit and Wurster (1975) published the result of their survey of divorce among 76 parents of children with a variety of disabilities. They found no increase in divorce rates compared to the general population.

In 1983, Roesel and Lawlis investigated divorce rates among a group of 113 sets of parents of children with developmental disabilities resulting

from genetic anomalies. They reported that the divorce rate among their sample was significantly lower than that in the general population.

Sabbeth and Leventhal (1984) conducted the first systematic review of studies of divorce rates in families of children with chronic illnesses and disabilities. They found a total of 23 studies reporting divorce rates among families of children with disabilities, but only six studies had appropriate comparison groups of families of children without disabilities. Of these six, none reported any significant elevation of divorce rate among parents of children with disabilities.

Hirst (1991) used a large nationally representative sample of youth with disabilities and matched controls to compare divorce rates among parents of children with disabilities, with divorce rates in the general population. There were no significant differences in divorce rates between parents of youth with and without disabilities. In addition, Hirst reported that parents of children with disabilities who divorced established relationships with new partners as quickly as parents of other children, and youth with and without disabilities were no more likely to live in single-parent homes than their matched controls.

Mauldon's (1992) study presented a mixed result. Applying logistic regression to the data from more than 11,000 children from the 1981 National Health Interview Survey, she found no significant effect of disability on divorce, but among children between 6 and 9 years old, disability appeared to be associated with an increased risk of divorce. This increase was significant at the $p < .05$ level and translated to a divorce risk for children with disabilities in this age range of 9.5% compared to a risk of 4.9% among children of the same age without disabilities. This finding certainly provides some evidence of actual increase in divorce rates, but there are several weaknesses and limitations of the findings that require consideration. First, statistical significance at the $p < .05$ level is a very liberal test considering the large sample size and that many tests were run. Second, the author exaggerates the difference in risk by limiting the comparison to one age group and excluding the others where no differences were identified. Finally, there was no control for income level, although the author suggests that control for maternal education level may be a reasonable substitute.

Hodapp and Krassner (1994-1995) compared divorce rates among 283 families of eighth graders with disabilities to 22,368 families of other eighth graders. They found a small but significant elevation of divorce rates among the families of children with disabilities. Overall, they found 20.1% of families of children with disabilities were divorced compared to 15.3% of the controls, and the difference was statistically significant ($p < .05$). Thus, it would appear that the divorce rate was elevated by 31% among families of children with disabilities. However, a great deal of caution must be exercised in interpreting the result for several reasons. First of all, children with disabilities in this study included four subgroups: (a) 89 visually impaired children, (b) 105 hearing impaired children, (c) 29 deaf children, and (d) 60 orthopedically impaired children. Six other categories of children identified by the original survey were not included in this analysis, and the reason for their exclusion remains unclear. However, the number of children with disabilities in the six excluded subgroups was much larger than the number included. In addition, when each of the four specific categories of disability was compared individually to the control group, there were no significant differences in divorce rates. More problematic is the fact that there was a strong relationship between disability status and ethnic identity. Children with disabilities were much more likely to come from nonwhite and low-income families. Since divorce rates are known to differ by ethnic identity and income category, the reported differences between families of children with and without disabilities may be an artifact of demographic variables.

Joesch and Smith (1997) used data from the 1988 Child Health Supplement to the National Health Interview to compare marital status among mothers of children with disabilities to other mothers. In total, the mothers of 7000 children were interviewed. Overall, disability did not appear to be associated with a higher rate of divorce. Compared to mothers of children without chronic health problems or disabilities, mothers whose children had congenital heart disease, cerebral palsy, were blind, or had low birth weights, had elevated divorce rates, while mothers whose children had chronic migraines, learning disabilities, respiratory allergies, missing/deformed digits or limbs, or asthma, had significantly lower rates of divorce than controls, and mothers of children in six other disability categories experienced divorce at rates not significantly different from controls. Clearly, this result presents one of

the most complex patterns of findings in which specific disabilities lead to different and sometimes opposite outcomes.

The best evidence on divorce rates from a single study comes from Seltzer, Greenberg, Floyd, Pettee, and Hong (2001). This study is unique in that it was a true prospective, longitudinal study that followed a cohort of 7000 Wisconsin High School Graduates from age 18 to age 54. This design is essential for differentiating the effects of having a child with a disability from the effects of other factors, because participants were matched prior to the birth of the child rather than after. Parents who had children with developmental disabilities did differ from parents who had other children on variables such as employment, income, and social participation, but did not differ from other parents in physical health, psychological wellbeing, or marital status. Thus, the single best-designed study reports no difference in divorce rates.

Kulagina's (2003) extensive review of the conditions of families of children with disabilities in Russia includes an extensive survey of a sample of 613 families of children with disabilities living in Moscow, in the year 2000. Although the parents were divorced in 21% of the families, this was "not greater than the percentage of divorces in Moscow as a whole" (p. 46), where two divorces are recorded for every three marriages recorded. Among divorced parents of children with disabilities, 4.5% felt that the child's disability led to the family breakup. Nearly nine out of ten families of children with disabilities reported that martial relations remained the same (77.5%) or improved (8.1%) after having a child with a disability, but 10.3% reported that relationships worsened over time. It is impossible to interpret the fact that more parents of children with disabilities reported deterioration in relationships rather than improvement, because there was no control group and because the introduction of children (with or without disabilities) into a marriage generally results in lower levels of marital satisfaction. Overall, there was no indication of increased rates of divorce or marital discord. However, these families differed substantially from other families because they experienced very high rates of poverty and economic disadvantage. Among two-parent families, the average income for families of children with disabilities was only 79% of the government's "minimum subsistence" level. Among divorced families of children with disabilities, the average income was only 62% of the "minimum subsistence" level; among single mothers raising children

with disabilities, the average income was only 46% of the "minimum subsistence" level. Comparing these family incomes to the average per capita income in Moscow, the average among two-parent families with children with disabilities was one-sixth, among divorced families was one-eighth, and among single mothers was one-tenth.

Another study the same year reported divorce rates among 275 families of children with craniofacial anomalies (St. John, Pai, Belfer, & Mulliken, 2003), comparing the rate to a control group that was composed of parents with a related but benign condition. This study reported an increased divorce rate among parents of the children with various craniofacial anomalies and found an overall divorce rate of only 6.8%. Rather than compare to a control group without craniofacial anomalies, the researchers compared families of children with major craniofacial anomalies to those with minor benign conditions. Perhaps astoundingly, this study reports an elevated divorce rate, because the 6.8% reported is significantly above the 0.0% reported in the control group. Although there are many useful aspects of this study, this artifact of an anomalous control group is obviously useless in drawing any general conclusions. One very useful finding was that the percentage of parents who had separated at least once before their children with craniofacial anomalies was six times higher, and the percentage of parents who acknowledged major problems in their marriage before the child was born was three times higher among those who eventually divorced than among those who remained married. This provides clear evidence that, in at least many of the families who divorced, marital problems pre-existed the child's disability and, therefore, could not have resulted from it.

Risdall and Singer's (2004) meta-analysis of studies of divorce rates of families of children with and without disabilities was based on six studies that met their criteria for inclusion. They conclude that the effect of having a child with a disability is "much smaller than previously assumed" (p. 101). Nonetheless, they conclude that there is a small consistent effect of higher divorce rates among families of children with disabilities and that amount of increase in divorce is somewhere between 2.9% and 5.25%. Based on the data from the six studies they include in their meta-analysis, this seems to overemphasize the difference. A simple weighted average of the data indicates that the overall divorce rate for parents of children without disabilities in the studies was 13.22% and the overall divorce rate for parents of children with disabilities was 14.87%,

yielding a difference of only 1.65%. Risdall and Singer's higher estimate is based on the results of two of the six studies but, clearly, if all six studies are consolidated for the purpose of the meta-analysis, all the data should be included in estimating the differences. More importantly, Risdall and Singer appear to presume that any small correlation between the presence of a child with a disability and divorce rates is due to the impact of the child on the family.

> There is a detectable overall negative impact on marital adjustment, but this impact is small and much lower than would be expected given earlier assumptions about the supposed inevitability of damaging impacts of children with disabilities on family well-being. (p. 101)

Whether parents of children with disabilities experience divorce at a rate as little as 1.65% or as much as 5.25% more frequently than other families, there are many well-known factors that might result in this correlation that provide alternative explanations to the theory of the child's impact on the parents. For example, alcoholism and family violence are much more strongly associated with divorce than the presence of a child with a disability. For example, Ramisetty-Mikler and Caetano (2005) conducted a large longitudinal study based on probability sampling of U.S. households and found that couples who reported female-perpetrated violence, female alcohol-related problems, and male heavy-drinking episodes (one to three times a month), had separation and divorce rates two-and-a-half to three times higher than controls. Significantly, alcohol-related neurological disorder (including fetal alcohol syndrome), which affects about four children for every 1000 births (Sharpe et al., 2004), is one of the most common prenatal causes of childhood disability and family violence is one of the most common[1] postnatal causes of childhood disability. Child battering is known to account for about 15% of postnatally acquired developmental disabilities and this is probably an "underestimate because of the inability of the medical delivery system to identify all cases of abuse" (Postnatal

[1] The best available data places child battery as the second most common postnatal cause of developmental disabilities and bacterial meningitis as the most common. However, much of this data came from children born before *Haemophilus Influenzea* vaccine was widely available. Since *Haemophilus Influenzae* caused more than half of the meningitis related cases, it is likely that child battering is the most frequent single postnatal cause after the year 2000.

causes…, 1996, p. 134). This means that a disproportionate number of children with disabilities will be born to the parents at greatest risk for divorce. Blaming the stress of parenting a child with fetal alcohol syndrome or shaken infant syndrome for marital difficulties of a parent whose behavior caused the child's disability is absurd, if not cruel. While the connection between children's disabilities and divorce has been weak and inconsistent across studies, the connection between alcoholism and divorce is not; many studies have found a strong relationship between alcoholism and divorce since the 1970s. For example, Paolino, McCrady, and Diamond (1978) found that alcoholics were as likely as nonalcoholics to marry but four times as likely to divorce.

Discussion

At best, the research reporting on marital dysfunction and divorce among families of children with disabilities is inconsistent. At the present time, there is inadequate evidence to conclude that childhood disability is associated with any reliable increase in divorce rates. Many studies have reported no differences in divorce rates and, among those that do report increased rates, there are significant methodological issues. The best-designed study, which is prospective and longitudinal, finds no differences. Even if we overlook these issues, any association between children's disabilities and elevated divorce rates is small.

For studies that are not prospective and longitudinal, it is difficult to interpret a correlation between childhood disability and divorce. There are obviously three possibilities that could explain a positive correlation. First, divorce could increase the risk for childhood disability in some way. Second, some factors that increase the risk for divorce also increase the risk for childhood disability. Third, the presence of a child with a disability in the home increases the risk for divorce. Before we can use a correlation between disability and divorce to support a conclusion of this third possibility, we must rule out the first two alternatives. In fact, we cannot do so. While there is some controversy about the effect of divorce in itself producing learning and behavior problems, there is little doubt that extreme marital conflict that often precedes or accompanies divorce can contribute to children's learning and behaviour problems. Spousal violence, for example, has been associated with lower IQ scores even when the child is not directly abused but, perhaps more importantly, spousal violence is commonly associated with violence against children

and child battery remains a major postnatal cause of childhood disability.

The research on marital satisfaction and family function suggests that most families of children with disabilities function at typical or better than typical levels, but that there is a larger than expected by chance subgroup of families that experience significant difficulties. This pattern is not consistent with a model that assumes that having a child with a disability has a negative effect on all parents, but it is consistent with a model that assumes that there is a subgroup of parents who are adversely affected by this experience. Clearly, this suggests that researchers' efforts should be focused on comparing parents of children with disabilities who function poorly to parents of children with disabilities who function well, rather than on how all parents of children with disabilities differ from other parents.

It is also interesting to note that scientific and professional discussion of marital satisfaction, divorce, and childhood disability has focused almost exclusively on how having a child with a disability affects the parents. Correlations between childhood disability and parental problems are almost always assumed to most likely result from negative child influences on the parent rather than the other way around. This reflects a strong bias of examining the issue of divorce and childhood disability from the perspective of adults. Perhaps this bias is inevitable because it is adults and rarely, if ever, children who conduct research and write our professional literature. This, of course, does not mean that we should blame the parents for the child's disability. At least as far back as biblical times, we have been warned against making such assumptions with the prohibition of the ancient proverb, "The fathers eat sour grapes, and the children's teeth are set on edge" (Ezekiel, 18, 2). In regard to parental martial difficulties and childhood disability, contemporary society seems determined to adopt the opposite position: if the parents eat sour grapes, we will assume that they are somehow compelled to do so by their children's dental problems.

In addition, there has been almost no attention given to how marital discord or divorce may adversely affect children with disabilities. This seems extremely unfortunate. While we know that marital dysfunction and divorce can have negative consequences for children, we know very little about whether children with disabilities are particularly vulnerable

or what may be required to help them cope with their parents' difficulties.

Milton Seligman (1995), the author of a number of books and research studies on families of children with disabilities and the father of a daughter with Down syndrome, wrote poignantly about his own divorce:

> After much soul searching, I feel in my heart that Lori's special circumstances had little to do with my divorce. However, I do believe that the aftermath of the separation and subsequent divorce affected both my daughters. The impact of it on Lori was immediate and pronounced. (p. 178)
>
> My suspicion is that the general public believes that a child with a disability creates enormous tensions within the family, eventually culminating in divorce. On the other hand, parents who speak and write about their experience with their child project the notion that a child with a disability marshals constructive forces within the family system and actually brings the family closer together. (p. 179)

Seligman deserves credit for taking responsibility for his own situation and for resisting what others might seize as an easy excuse of blaming one's disabled child for somehow causing the dissolution of one's marriage. More importantly, he expresses concern for the welfare of his daughters in a difficult situation. Seligman's ingenuous reflection raises some important questions. As professionals, why have we been so compulsively interested in finding evidence to support the notion that children with disabilities hurt their parents' relationships and so uniformly disinterested in researching what might be done to help children with disabilities and their families who experience divorce? Why are we more interested in whom to blame or absolve than in finding a way to help everyone involved?

Conclusion

In short, evidence for increased marital discord and divorce rates among parents of children with disabilities is weak and inconsistent. Many more parents of children with disabilities report positive effects on their

marriages than report negative effects, and many others recognize that having a child with a disability has little to do with the quality or durability of their marriage relationship.

There may be a very small increase in the incidence of divorce among parents of children with disabilities as compared to the general population, or there may be no increase at all. Findings are weak and inconsistent. Even if a small increase in the incidence of divorce exists, it is probably more likely that this increase is attributable to differences in parents' attitudes and behaviour rather than any effect of children with disabilities on their parents. Whatever the causal factors, many families with children, including many families of children with disabilities, experience marital discord or divorce. Whether or not having a child with a disability is a contributing factor in some cases, marital discord and divorce are difficult for all family members. Researchers should focus future efforts on understanding how children with disabilities and their families experience divorce and what can be done to assist them during what is often a difficult time in their lives.

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