# Positive Perceptions in Families of Children With Developmental Disabilities

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## Abstract

There has been increasing recognition of the importance of asking more positive questions about the perceptions and experiences of families of children with developmental disabilities. However, this recognition has not yet had an observable impact on publication trends. Our aims in this paper were to review existing published research on the positive perceptions and experiences of family members and propose a working model for further study of families' positive perceptions. This model is based on the hypothesis that positive perceptions function as strategies that help families adapt to or cope with the experiences of raising a child with disabilities. Throughout the discussion, we identify some questions for future research and address some implications for practice.

While conducting some pilot research recently on the relationships between parents and grandparents of children with developmental disabilities, we received a letter from a father who pointed out a problem with our research questionnaires. He stated that at no point in the questionnaire was there space in which parents could describe some of the positive experiences of having a child with disability in the family. He explained that there were many difficult aspects of caring for a child with a disability and several battles to fight in order to support such children, even in today's supposedly more enlightened world. However, he also described some very positive feelings associated with his experience of raising a child with disabilities.

This father's experiences do not appear to be unique. Mullins (1987) presented themes arising from a content analysis of 60 books written by parents of children with a variety of disabilities. Significant demands and emotional stress were identified, but the majority of the authors also felt that their lives had increased meaning and enrichment as a result of their experience with their children. In a similar analysis of fathers' published accounts, Hornby (1992) noted stressful experiences and negative feelings but also strong positive feelings and claims of personal growth. Furthermore, investigators found that relatives who have been studied less intensively by researchers, such as siblings and grandparents, anecdotally reported positive views about their relative with a disability (e.g., Meyer, 1993).

Over the past 2 decades, researchers have begun to recognize that many families have positive perceptions of raising a child with disabilities (e.g., Summers, Behr, & Turnbull, 1989). Furthermore, there are examples of research studies in which positive questions were asked. For example, Trute and Hauch (1988a, 1988b) focused on factors that differentiate families who adapt successfully to the birth of a child with developmental disabilities. Other researchers have suggested that, under some circumstances, the vast majority of families adapt successfully. For example, Glidden and her colleagues have conducted longitudinal research on families who adopted a child with developmental disabilities and found that families demonstrated positive outcomes early in the process and that these effects have been maintained over 10 years after the adoptions took place (Glidden & Johnson, 1999; Glidden & Pursley, 1989). Family the-

ories have also driven a move away from a focus on stress and maladjustment. In particular, H. McCubbin and Patterson (1983), using their Double ABCX model, discovered that some families may adapt well to raising a child with disabilities; a state called "bonadaptation."

Despite these and other reasons to look at the positive aspects of caring for a child with a disability within the family, there is little evidence of a large-scale shift in research within the developmental disabilities field. Helff and Glidden (1998) investigated publication trends in research on adjustment in families of children with disabilities from the 1970s, 1980s, and 1990s. Their analyses suggest that negativity in published research decreased over time, but that there was no increase in positivity over the same period. In conclusion, Helff and Glidden (1998) stated that: "Investigators still posit primarily negative rather than positive assumptions and hypotheses in their research endeavors" (p. 460). If we ask negatively phrased and conceived research questions, we are not very likely to get positive answers (cf. Antonovsky, 1993).

There has been a small research literature focusing on positive aspects of raising a child with a disability. Our main purpose in the present paper is to review this research and consider its implications. However, there has rarely been an explicit theoretical basis for studies of families' positive perceptions and experiences. Therefore, we also discuss whether positive perceptions and experiences can be considered within existing family research models or if we need to explore a new theoretical approach. Finally, we discuss some of the practical implications of our review for support interventions with families.

## Review of Research on Families' Positive Perceptions

In the present review we focus on research studies in which investigators either (a) directly addressed the nature of families' positive perceptions relating to children with disabilities (descriptive studies) or (b) included a variety of positive measures, typically as one of a number of dependent variables or outcomes. This would not necessarily include other research that Helff and Glidden (1998) may have categorized as demonstrating positivity. In particular, we do not present a review of research indicating that families adapt successfully to the experience of raising a child

with disabilities. For example, in a methodologically sophisticated study, Flaherty and Glidden (2000) examined birth families of children with Down syndrome and an optimal but realistic comparison group of adoptive parents of children with Down syndrome. The birth parents were essentially indistinguishable from the comparison families on a range of measures of adjustment (including a measure of family strengths, which is discussed in more detail later in the paper.)

### Descriptive Studies of Families' Positive Perceptions

Researchers in this category have focused explicitly on describing the positive perceptions and experiences of families of children with disabilities. We found 5 studies that involved asking parents to describe the positive impact that a child with disability can have on the family and individual family members. In 2 of these studies, the researchers conducted qualitative analyses of interview material in order to identify relevant themes. Turnbull, Behr, and Tollefson (1986, cited in Summers et al., 1989) interviewed 18 parents who had a child with a disability. Stainton and Besser (1998) conducted two group interviews and two individual interviews with members of families that included a child with mental retardation, with 7 family members in one and 8 in the other.

Two groups of investigators used a 2-stage research process in order to identify relevant themes. Grant, Ramcharan, McGrath, Nolan, and Keady (1998) developed a set of 28 caregiving satisfaction items from pilot research and literature searches. They then asked 120 family members (mainly mothers) of children and adults with mental retardation to identify which sources of satisfaction they had experienced. Similarly, Scorgie and colleagues interviewed 15 parents who had been identified as good copers by disability agencies (Scorgie & Sobsey, 2000; Scorgie, Wilgosh, & McDonald, 1999). Analysis of these interviews led to the identification of what the authors called "transformations," which seem to equate to the positive impact that caring for a child with disabilities can have. Scorgie and Sobsey developed 16 positive impact items that were given to 80 additional parents of children with disabilities to rate on a 5-point agreement scale. The vast majority of these items received a median rating of *agree–strongly agree*. Thus, most parents reported positive effects.

The final study of relevance also involved a 2-stage methodology. In an interview with 28 family members, Behr, Murphy, and Summers (1992) identified potential items relating to positive contributions to the parents and the family made by the child with a disability. Second, they used these items to produce a positive contributions questionnaire scale. Via reliability and validity analyses, a 50-item scale was developed. These analyses included a factor analysis of the Positive Contributions Scale on data from 1,262 parents and parental caregivers. Thus, this research represents the only study in the literature in which a quantitative methodology was used to establish the underlying dimensions of parents' positive perceptions and experiences. The factor analysis identified nine dimensions upon which subscales with good internal consistency and test–retest reliability were based.

In order to draw some conclusions about the nature and structure of parents' positive perceptions and experiences of their child with a disability and the caregiving experience, we have summarized the following key themes.

1. Pleasure/satisfaction in providing care for the child
2. Child is a source of joy/happiness
3. Sense of accomplishment in having done one's best for the child
4. Sharing love with the child
5. Child provides a challenge or opportunity to learn and develop
6. Strengthened family and/or marriage
7. Gives a new or increased sense of purpose in life
8. Has led to the development of new skills, abilities, or new career opportunities
9. Become a better person (more compassionate, less selfish, more tolerant)
10. Increased personal strength or confidence
11. Expanded social and community networks
12. Increased spirituality
13. Changed one's perspective on life (e.g., clarified what is important in life, more aware of the future)
14. Making the most of each day, living life at a slower pace

We compared themes, items, and factors identified in the five research studies. These studies were based on different samples, using different methodologies, and slightly different ways of conceptualizing parental positive perceptions and experiences. Nevertheless, there was a good level of agreement between the studies in terms of the key issues identified. The preceding list shows issues that were identified in at least two of the five research studies described earlier.

A number of conclusions can be drawn from this descriptive research. First, it is clear that family members do have some positive perceptions and experiences related to the child with a disability and the impact the child has had on the family. There was also a reasonably consistent pattern of issues identified across the five quite different studies suggesting that we have some reliable data on the nature or structure of families' positive perceptions and experiences. These issues are also similar to those identified in Turnbull, Guess, and Turnbull's (1988) content analysis of letters written by persons with disabilities and family members of persons with disabilities who supported federal government proposals to withhold funds from hospitals that discriminated against newborns with disabilities. The quantitative data available in the Scorgie and Sobsey (2000) research suggest that dimensions of positive perceptions and experience are encountered by the vast majority of families of children with disabilities.

This final point is also supported by Sandler and Mistretta's (1998) research with 50 parents of adults with mental retardation living at home who also attended sheltered workshops. High percentages of these parents endorsed positive items, such as "I feel confident in my role as a special parent" (86% of parents agree or strongly agree), "When I think about my child, I feel happy" (88%), "Having a disabled family member has made my family closer" (80%), and "I have increased compassion for others due to my experience as a special parent" (100%). In the same study, negative impact items were endorsed much less frequently.

Second, in several of these studies, investigators have reported that families identified typical negative and stressful experiences alongside these positive ones (e.g., Scorgie & Sobsey, 2000; Stainton & Besser, 1998). A final issue addressed by Scorgie et al. (1999) was a qualitative analysis of the mechanisms that led parents to achieve positive transformations in their perceptions of their child with a disability. This analysis revealed that parents arrived at a more positive state through three processes: (a) the need to form new identities (e.g., a new parent identity that included an emphasis on competence in parenting a child with a disability), (b) attempts to derive meaning from the situation, and (c) the development of a sense of personal control.

Despite some common themes and a welcome focus on families' positive perceptions (see preceding list of 14 key themes), the data reviewed

here are not derived from research designed to test any theory of positive perceptions in families of children with disabilities, and some basic questions remain unanswered. In particular, researchers have not made comparisons between families of children with disabilities and other families in order to determine whether the whole range of positive experiences and perceptions identified in descriptive research are associated with raising a child with a disability or with raising children generally. Furthermore, the psychological associations and implications of positive perceptions have not been explored, although investigators have recognized that such research is needed (e.g., Scorgie & Sobsey, 2000).

## Positive Perceptions as Dependent Variables

In addition to descriptive studies, researchers have addressed general dimensions of positive perceptions using both within-sample designs (i.e., families of children with disabilities only) and comparisons with families not raising a child with disabilities. One approach to measurement has been to use questionnaire measures containing items with both positive and negative poles (Judson & Burden, 1980). This approach is an improvement on the notion that *adaptation* can be defined as the absence of stress and other negative feelings, but it fails to recognize the likely independence of positive and negative perceptions (cf. Veit & Ware, 1983). However, other researchers have typically distinguished positive from negative perception variables, often measuring both within the same study.

Investigators focusing on samples of parents of children with disabilities only have conceptualized positive perceptions in terms of family hardiness, life satisfaction, and perceived competence as a parental caregiver. Some authors have addressed positive aspects only. For example, Judge (1998) studied 69 parents of children with disabilities engaged in early intervention programs. After controlling for demographic variables, she found that various coping strategies (assessed with the Ways of Coping Questionnaire) were predictive of scores on the Family Hardiness Index (measuring a sense of control over life events, a view of change as beneficial, and an active orientation in managing stressful situations). In particular, self-blame, self-controlling efforts, and wishful thinking were negative predictors of family hardiness, and distancing/detachment and seeking support were positive predictors.

Other researchers have contrasted the factors predictive of stress and positive measures in samples of parental caregivers of children with disabilities. For example, Sloper, Knussen, Turner, and Cunningham (1991) explored stress and life satisfaction among 92 mothers and 58 fathers of children with Down syndrome. They found that mothers' satisfaction with life was best predicted by family cohesion, self-sufficiency of the child (positive predictors), and their own neuroticism (negative predictor). Very different predictors were apparent for fathers' life satisfaction: quality of the marital relationship (positive predictor), stressful life events, and financial problems (negative predictors). Although mothers' stress was also predicted by neuroticism scores, the remaining predictors of stress were different from those predicting satisfaction: child behavior problems, lack of a car in the household, and use of wishful thinking coping strategies. Fathers' stress was predicted by their neuroticism scores and the quality of the marital relationship.

Primary caregivers other than parents have also been studied in research addressing positive and negative dimensions of experience. For example, Stoneman and Crapps (1988) measured stress and perceived parenting competence of 104 people providing home care for adults with mental retardation. Predictors of parenting competence in this study were satisfaction with social support, the presence of a person with mental retardation in the home provider's own family, and more positive attitudes of neighbors. Again, the predictors of stress were found to be different and more varied, including demographic variables such as the caregiver's age as well as the adaptive skills and behavior problems of the person with mental retardation.

A number of investigators have compared both negative/stress variables and positive perceptions in families of children with and without disabilities. In terms of negative dependent variables, families raising a child with disabilities have typically been found to report higher levels of stress and general negative affect (e.g., Donenberg & Baker, 1993; Margalit & Ankonina, 1991; Wright, Matlock, & Wright, 1985). However, this finding is not universal, with some research suggesting that depression levels do not differ (Gowen, Johnson-Martin, Goldman, & Appelbaum, 1989), and other research showing that stress levels may be similar to those in families of children with externalizing problems (Donenberg & Baker, 1993) but

lower than those in aging parents of children with mental illness (Greenberg, Seltzer, & Greenley, 1993).

Turning to positively conceived measures, there is not a clear related finding of families of children with disabilities reporting fewer positive feelings than do families of children with no disabilities. In terms of general positive affect (e.g., Margalit & Ankonina, 1991) and life satisfaction (e.g., Wright et al., 1985), some researchers have found no differences. In terms of positive feelings about the child, parents of children with autism were similar to parents of children with externalizing problems but less positive than families of children without clinical problems (Donenberg & Baker, 1993). However, aging parents of children with mental retardation reported more caregiving gratifications than did aging parents of children with mental illness (Greenberg et al., 1993), mothers of children with Down syndrome rated their child-rearing competence during the child's infancy as higher than that reported by mothers of children without delays (Haldy & Hanzlik, 1990), and mothers of teenagers with disabilities were more positive about their child than were mothers of teenagers without disabilities (Lehman & Roberto, 1996).

Researchers employing a between-groups design have also explored the associations between demographic and psychological variables and both positive and negative measures. In their study of aging parental caregivers, Greenberg et al. (1993) combined their samples of parents of children with mental retardation and mental illness to explore predictors. Caregiving gratifications were predicted by the cared-for person's gender and behavior problems as well as family cohesion. Predictors of caregiving burden were much broader and included support variables. In contrast, Margalit and Ankonina (1991) found that the same variables predicted positive and negative affect in parents of children with disabilities, but the relationships between variables were reversed (i.e., positive predictors became negative predictors and vice versa).

In addition to the study of parental caregivers, researchers have focused on other family members when employing comparison designs. For example, several investigators have explored the impact on siblings of having a brother or sister with mental retardation. Relatively few researchers have employed strong research designs and a broad set of measures that includes positive as well as negative

domains. In a recent well-designed study where both positive (e.g., self-esteem, positive affect) and negative (e.g., behavior problems) effects were assessed, Hannah and Midlarsky (1999) found very few reliable differences between siblings of children with and without mental retardation. There was some suggestion of increased school functioning problems for boys and increased internalizing problems for girls, but no differences on positive measures.

A final rarely used research design was deployed by Flaherty and Glidden (2000) in their study of adaptation in families of children with Down syndrome. They focused on a sample of birth parents compared with adoptive parents. Using a measure of family strengths (family pride and family accord), these authors found no differences between the two samples. This finding supported the prediction that postinfancy birth families will have adapted to the extent that they would be similar to an optimal but realistic comparison group. This comparison group was viewed as optimal but realistic because they had chosen to adopt a child with Down syndrome and would have had a good deal of professional support but would also have had to deal with the difficulties of caring for a child with disabilities.

The studies reviewed in this section lead to a number of tentative conclusions. First, again, it seems that families of persons with disabilities report both positive and negative perceptions and experiences. Second, within families of children with disabilities, positive and negative perceptions have been found to be predicted by different psychological and demographic variables. Although no clear pattern of which variables under what circumstances has emerged, the general conclusion that different correlates are salient seems reasonable. Third, investigators have often found more stress reported by members of families of persons with disabilities, but several have found similar or even higher levels of positive perceptions in these families when compared to families of children without disabilities.

As with the descriptive research, there are many unanswered questions from research that include general, positive dependent variables. In particular, longitudinal research addressing change in positive perceptions and experiences is essentially nonexistent (although see Gowen et al., 1989, for a notable exception). Furthermore, the consequences of having a more positive outlook have not been explored.

## Theoretical and Research Issues

The review of existing research that we have presented has led to four main findings. First, families of children with disabilities report positive perceptions in addition to negative perceptions/stress, and there are some data to suggest that positive perceptions are common. Second, descriptive studies of positive perceptions are reasonably consistent in identifying key issues (p. 118). Third, results of most existing studies suggest that different variables are associated with positive and negative perceptions. Furthermore, there is evidence suggesting that these relationships may be moderated by family-member variables, such as parent gender (Sloper et al., 1991). Finally, although many researchers have found that families of children with disabilities report more stress than do other families, there is no clear evidence that they also report fewer positive feelings or perceptions. In fact, data are suggestive of no differences or even reports of more positive perceptions in families of children with disabilities.

As we observed earlier, there is no explicit theory of the positive perceptions and experiences of families of children with disabilities. Thus, at some level, we need to account for the research data reviewed in the present paper. We suggest that there are two possibilities for developing a theoretical understanding: (a) stay with the prevailing models within disability family research that conceptualize the presence of a child with a disability as a stressor for the family or (b) develop a new theory to account for families' positive perceptions. Each of these broad approaches will be considered in turn. However, it is important to note that the first approach does not assume that the challenge of raising a child with a disability will be viewed negatively by families. Rather, it would be important to identify the psychological processes leading to negative and positive perceptions.

### Raising a Child With Disability as a Stressful Experience

Although there are methodological (Glidden, 1993; Stoneman, 1989) and other problems with existing research, it seems clear that there are some challenges for families raising a child with a disability. Thus, there may be continuing benefits of working within psychological models of how we address challenge, stress, or threat in our lives

(e.g., Lazarus & Folkman, 1984). Within this general approach, which is the basis of the bulk of family research within the disability field, positive perceptions could be viewed as an *outcome* or as a *resource* factor (Beresford, 1994), potentially ameliorating the impact of a child's disability on family members.

In terms of outcomes (i.e., positive perceptions as dependent variables), we could assume that positive perceptions will be present where negative outcomes such as stress are absent or are measured at relatively low levels. However, existing research using positively framed measures in the disability literature and more basic psychological research (e.g., Clark & Watson, 1988; Diener & Emmons, 1984; Veit & Ware, 1983) suggests that this *absence of stress* model is not helpful. Families could have both positive and negative experiences while raising their child with a disability. Thus, if viewed as outcomes, positive perceptions are different outcomes to stress and other negative experiences. This leads to the most basic implication of the present review for disability family research, namely, that both negative and positive dimensions should be measured as dependent variables.

In terms of a resource factor (i.e., in this context, a moderator variable), existing individual- and family-focused theories would suggest that positive perceptions may play a central role in the coping process. Both Folkman and colleagues (e.g., Folkman & Moskowitz, 2000) and Taylor (1983) have proposed that positive perceptions may assist us to cope with traumatic and stressful events. Each of these writers focused on the individual's response to stress. Taylor's cognitive adaptation model of responses to threatening events posits that we attempt to adapt to threatening events by searching for meaning, trying to gain mastery, and enhancing the self. A key mechanism by which such adaptation is achieved is through what are termed *cognitive illusions* (Brown, 1993; Taylor, 1983). When these illusions are challenged, different perceptions will be generated in order to maintain meaning, mastery, and/or the self system. For example, a parent could take on the perception that a certain approach to discipline will prevent an escalation in their child's behavior problems. In this way, they maintain a positive view and feelings of control. Should their child's behavior problems escalate, this would challenge their perception. In such a situation, the parent might decide to divert their energies to en-

suring that their child's physical therapy program is carried out (i.e., an area of life where they can maintain control).

Folkman's work has focused on the potential adaptive significance of positive affect in the stress process, where it has been found to exist alongside negative affect (e.g., Folkman, 1997). She argued that positive affect may help to bolster psychological and physical resources during stress, act as a buffer against the adverse physiological consequences of stress, and help to protect against clinical depression (Folkman & Moskowitz, 2000). Folkman and colleagues subsequently explored what kinds of coping generates positive affect. Here, there are similarities with Taylor (1983). Folkman and Moskowitz suggested that setting achievable goals and engaging in problem-focused coping in order to achieve these, leads to feelings of control and mastery. A further coping approach leading to positive affect is that of positive reappraisal—cognitive strategies for reframing a situation in order to see it in a more positive light (Folkman & Moskowitz, 2000). In fact, they noted that "This kind of coping, in which people focus on the value of their efforts and appraise them positively, may thus be especially important in helping people sustain efforts, such as those associated with caregiving, over long periods of time" (p. 650).

These theories suggest that families' positive perceptions associated with a child with disability may help individual members adapt (i.e., cope). Other theorists within the disability field have also suggested that positive perceptions may assist adaptation to a child with disabilities. However, these models have tended to focus more on the family as an interacting system and tend to paint quite a consistent picture about the positive perceptions and experiences of families of children with disabilities.

Patterson's family adjustment and adaptation response model (Patterson, 1988, 1989, 1993) is focused on the processes by which families restore the balance between demands and capabilities and, thus, minimize their experience of stress. In terms of positive perceptions, parents might attend to the positive and emphasize growth and development of the self and the family unit while minimizing limitations of the child and problems caused for the family. These are examples of situational meanings about capabilities that help to restore the balance with demands (i.e., positive perceptions can be used as a means of coping with the demands associated with raising a child with disabilities). A further concept is that of a family schema. A positive outlook may also be a part of such a schema: the shared beliefs, meanings, and values that a family develops in order to co-ordinate their interaction patterns and, thus, cope or adapt to their situation.

This notion of a family schema or paradigm has also been discussed by McCubbin and colleagues in the resiliency model of family stress adjustment and adaptation (M. McCubbin & McCubbin, 1991; H. McCubbin, Thompson, Thompson, & McCubbin, 1993). The way in which the family perceives the world is hypothesized to change in response to threat or stress in a process similar to Kuhnian paradigm shifts in science. Thus, family schemas within this model are hypothesized to help maintain family stability. They are also the filter through which all experiences, including the appraisal of potential stressors, are evaluated. Having positively focused schemas would presumably assist families to maintain a more general positive view of events and, thereby, cope or adapt to challenges.

These family models are very similar in concept to the more general stress models focused on individuals, but they extend the concept of positive perceptions as a coping mechanism to the level of the family. There is recognition that not every member of a family will share the overall schema at all points in time. However, the conditions under which this arises and its impact on the coping effectiveness of the family unit and individuals within the family is an empirical question worthy of future research attention.

Conceptualizing positive perceptions as individual and/or family coping resources has a number of distinct advantages. First, work relating to positive perceptions can be dovetailed with the increasingly sophisticated research and practice with families of children with disabilities based on psychological stress models. Family researchers can also continue to draw upon developments in psychological theory and research relating to stress. Second, there are clear implications for future research on the psychological value of positive perceptions. In particular, their role as a moderator of the impact of childhood disability on families and their members should be explored. Other research questions also arise, such as at which point in their life cycle families might use positive perceptions, and what are the dynamic properties of these positive perceptions? It is pos-

sible that either positive perceptions are less likely to be present early on in the adaptation process or that they are present but come to be relied upon more as families adapt to the child with a disability. Furthermore, new challenges may or may not have an impact on the use of positive perceptions. For example, they might fall away during crisis and then need to be reestablished in order to return the family to a balanced state of adaptation (cf. Patterson's family adjustment and adaptation response model).

A third benefit of a focus on positive perceptions as coping resources is that practical intervention to help families to adapt is suggested. For example, parents and professionals involved in Parents Helping Parents maintain that there is a stage of adaptation beyond acceptance; a stage that might be called the "appreciation" or the "all right" stage (Poyadue, 1993). Parents at this stage may be a resource to families facing difficulties. Research data have been reported that support this suggestion. Singer et al. (1999) studied 56 parents involved in parent-to-parent support programs and 72 parents constituting a waiting list control group. Over the course of the study, parents in the intervention group reported increases in their perception of their child with a disability as a source of strength and family closeness. A further qualitative study of 24 parents revealed that one of the key factors for success was a positive outlook on the part of the supporting parent (Singer et al., 1999). Several parents reported that contact with individuals who have a positive attitude helped them to make their own positive attitude shift and, therefore, to cope more effectively.

## A New Approach?

We also raised the possibility earlier that theoretical and the resulting research work on positive perceptions of families of children with disabilities could move to the development of a completely new theoretical position. In many contexts, social constructionist models (Nunkoosing, 2000) and associated qualitative research methodologies (Ferguson & Ferguson, 2000) are often presented as alternative approaches to positivistic and mainly quantitative research. However, we argue that such approaches do not constitute "new" in the present context as they have already been applied to the experiences of families raising a child with a disability (e.g., Scorgie et al., 1999; Stainton & Besser, 1998). Furthermore, they also identify both negative and positive experiences for families.

The last statement needs to be qualified in order to make clear that we do believe that broadly interpretivist paradigms have a great deal to offer family research. From our objectivist standpoint, we can see at least two areas where qualitative methodology could be applicable. First, the themes listed on p. 118 suggest a range of particular positive perceptions that may well function in different ways and may also distinguish families of children with disabilities from other families. Second, quantitative applied research often has shortcomings in identifying process issues and, therefore, the mechanisms by which positive perceptions help families to adapt might be best explored through qualitative methods. The Singer et al. (1999) and Scorgie et al. (1999) research described earlier are excellent illustrations of this issue.

The radical alternative to starting with the assumption that families will face challenges associated with raising a child with a disability would be to start with the assumption that the child will have a positive impact upon families. This reverse assumption is not one that is tied to a particular theoretical tradition. Furthermore, it could have a number of unhelpful consequences. For example, this assumption would ignore the reality that some families at some points with certain resources (or lack of them) at their disposal do experience significant stress while trying to raise their children with disabilities. Following on from this, many families would become disenfranchised and perhaps more likely to be labeled negatively because they were experiencing considerable stress and were not reporting that everything in the garden was rosy.

We suggest that throwing out existing models and research is somewhat premature. Through the review of research on families' positive perceptions, we have shown that such perceptions do exist and, thus, that we must account for them and consider their adaptive significance. Furthermore, these positive perceptions are present alongside some more negative experiences. This should not be a surprise to any of us with our own experience of life and of families. However, both theory and research within the disability field has neglected the positive aspects of families' perceptions.

With our discussion in the previous section, we have attempted to build a preliminary case for

exploring positive perceptions as a coping mechanism for individuals and families. This model needs further development and most especially needs to be tested in research focused on families of children with disabilities. Until we reject our current working models and their associated benefits for developing ways of supporting families, we argue that the utility of the hypothesis that positive perceptions function as coping strategies should be explored.

## Conclusions

In our review of existing research on the positive perceptions and experiences of families of children with disabilities, we identified a number of key issues: (a) Family members do report a range of positive perceptions and experiences. (b) The presence of positive perceptions and experiences seems to occur in concert with negative or stressful experiences. (c) Although typically reporting more stress than do families of children without disabilities, families of children with disabilities do not seem to report fewer positive perceptions (although this is based on a small literature base). (d) Positive and negative perceptions seem to be predicted by different factors and can be considered as different dimensions as they are generally within psychological theory. In this paper we suggested that positive perceptions may serve some function for families of children with disabilities and discussed their role as a means of coping with the experience of raising such a child. In this discussion, we recognized that this view still starts with an assumption that children with disabilities typically present a challenge to families.

A major limitation of existing research on family positive perceptions is that it has been focused almost exclusively on parents. Given a general family systems perspective within the field (e.g., Seligman & Darling, 1997), this limitation identifies a priority for future researchers. We have deliberately used the label "family" throughout this paper, working from the premise that positive perceptions may be important outcomes and/or resources for parents but also for other family members adapting to children with disabilities. However, the extent to which the positive perceptions of siblings and extended family members are similar to those of parents and whether they function in similar or different ways are empirical questions.

The present analysis leads to two main implications for theory and research on families of children with disabilities. First, many families adapt well to the challenges of raising a child with a disability. Positive perceptions and feelings may also be important intervention goals for our work with families (cf. Szymanski, 2000). Thus, researchers must be able to explicitly measure positive outcomes as well as the relative absence of psychological distress. Second, positive perceptions might also serve the particular function of assisting families in the process of adapting to the child with disabilities. Researchers must be able to characterize these perceptions in order to explore this proposed function. Thus, further development of measures of families' positive perceptions is needed at a disability-specific level (e.g., Behr et al., 1992; Grant et al., 1998; Scorgie & Sobsey, 2000).

With these dual implications lies a problem, the implications of which were not addressed earlier. More basic theoretical and research work should be conducted to explore what we might mean by positive perceptions as outcomes and their potential process role as resource factors for individuals and families. It is important to distinguish between these two potential uses of positive perceptions, and this has not been done in the research reviewed here. However, it is a crucial issue, both conceptually and in considering the potential role of positive perceptions as a means of assisting families to adapt to their children with disabilities. One solution may lie in returning to psychological stress theories and noting that the outcomes of adopting positive perceptions as coping strategies might be a greater sense of meaning, feelings of mastery, and improved self-concept (Taylor, 1983). These theories and other potential psychological consequences of positive perceptions need to be explored in future research. In contrast, the descriptive research reviewed here may help to delineate the nature of the positive perceptions that may be causally implicated in the achievement of these outcomes.

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