

THE CONNECTION BETWEEN SOME DIMENSIONS OF PERCEIVED PERSONAL COMPETENCE AND PERMANENT LOW-INTENSITY STRESS IN PARENTS OF CHILDREN WITH INTELLECTUAL DISABILITIES¹

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The aim of this investigation was to compare one group of parents, those whose children are mildly intellectually disabled with the group of parents whose children intellectually functioned normally. The comparison was made in terms of their perceived anxiousness. Also, the aim was to compare the group of children with no intellectual disabilities with the group of children with mild intellectual disabilities regarding hyperactivity and aggressiveness.

The investigation was conducted on the two samples of participants. The first sample included parents of children with no developmental difficulties, $N = 186$; the second sample included parents whose children were mildly intellectually disabled, $N = 86$. The two groups of children attended lower primary school grades, (the group of intellectually disabled children is integrated into regular school settings and attends a shorter, individualized educational program).

In order to compare the two groups of parents and their self estimations on five levels, Likert type scales were used.

The children's behavior was estimated by parents and teachers on a three-level estimation scale, which consisted of 15 items - descriptions of disturbing behaviors which are usually found in school children.

The data were analyzed through discriminative analysis and the analysis of variance.

A significant difference between the perceived competence for the parental role, self-respect, locus of control, and social anxiousness, was detected between the groups of parents. Those parents whose children intellectually functioned normally, expressed internal orientation, estimated higher personal competence for the parental role, and had a higher level of self-respect as well, while their social anxiousness was significantly lower than those of the group of parents whose children had intellectual disabilities.

The teacher's and parental estimations of the children's aggressiveness and hyperactivity showed significantly lower incidence of such behavior in children with normal intellectual development.

The permanent low intensity stress in the parents whose children have intellectual disabilities, causes a lower perception of competence for the parental role, more external orientation in interpreting causes and effects of behavior, lower self-respect and greater social anxiousness. These characteristics affect, and are affected by, maladjusted behavior in the child, which is significantly more frequent in children with intellectual disabilities.

INTRODUCTION

The cognitive aspect of human functioning consists of different processes, such as learning, memory, cognition, perception, etc. Not only the way in which we feel, but the way in which we think about ourselves determines the level of our adjustment to the outer world. Cognitive interpretation of

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the Self, our own abilities and achievements plays a significant role in determining the way we live and perceive ourselves. The way in which we perceive ourselves to a great extent determines not only our relation toward ourselves, but the relations we have with other people. It is not only the existence of our own abilities that is important, but also the way in which we value them.

"Self-perception" consists of self-description and evaluation and is a part of the concept known as "self concept" (Bezinović, 1988.). Although basic investigations of self-concept started during the last century, in the work of William James, the real renaissance in the investigations of the Self occurred with the "cognitive revolution", which put internal processes in the focus of its investigations. Those are cognitive and affective processes, which are tightly tied to motivation and behavior. The result of such investigations was the fact that different ways of self-perceiving are in the causal relation with a specific behavior. Results confirming this finding has been obtained in numerous investigations in the field of social and personality psychology, particularly in investigations concerning the concepts of "self-esteem" (Baumeister and Tice, 1985; Jones, 1973), "self-awareness" (Carver and Scheier, 1981; Duval and Wicklund, 1972), "self-presentation" (Baumeister, 1986; Schlenkel, 1980), "self-schema" (Markus, 1977; Markus and Smith, 1981), "self-monitoring" (Snyder, 1974) and "self-concept" (Epstein, 1973; Gergen, 1981). These and other studies show that investigations of the Self are the core area of interest in contemporary social and personality psychology.

Attempts to explain the processes of self-monitoring, self-estimating, self-interpreting, or self-presenting, all stress one dimension. It is most likely that the dimension of perceived personal competence is that which lays at the base of these processes. The dimension determines to a great extent our behavior and includes the perception of personal skills, abilities,

knowledge, etc. Feeling competent leads to feeling, strong, persistent, while feeling incompetent leads to helplessness, anxiousness, self-blame, etc. This perception can be distorted to the point at which the person sees oneself in a different way from how he/she is. Therefore the perception of personal competence plays the key role in the structure of complex self-concept.

In order to successfully adapt to their environment a people have to develop their competence. This would help the development of self- autonomy, independence, and relative freedom in comparison with the outer world. All these factors simultaneously influence to the general level of adaptation on the environment.

The acquisition of real competence depends on a number of different developmental circumstances, as well as on specific abilities and interests. Since being competent is of crucial importance in one's life, feeling competent is regularly connected with personal satisfaction. This may be a consequence of fulfilling personal motives to be competent. The inability to fulfill this motive over a longer period of time could lead to the more permanent feeling of incompetence and helplessness. This, of course, could negatively influence self-respect, general adaptation level and behavior. Although real, objective competence is of crucial importance for good adaptation, it is not sufficient. The subjective feeling of competence should not be neglected.

A personal, subjective perception of being competent is in some cases even more important for successful personal adaptation than objective competence. As a result of feeling that the desired level of competence cannot be achieved, a person may withdraw, or underestimate her/himself. On the other hand, in spite of unachieved competence level, one can see oneself as being very competent. Therefore, when talking about the perception of personal competence, we have to bear in mind that these perceptions can vary considerably in their objectivity.

There is a great number of different theories which try to explain the perception of self-competence, but the only theory which completely regards perceived competence as a central dimension and which regulates human functioning is the "self-efficacy theory" (Bandura, 1977.; 1982.; 1984.; 1986a.; 1986b.). According to the self-efficacy theory, every change in behavior is based on variation in self-efficacy feeling. Therefore, the perception of self-efficacy is a basic mechanism in explaining human functioning. Although the terms efficacy and competence can often be regarded as synonyms, there is a certain difference in meaning. While competence represents a potential for action, efficacy represents concrete results. Thus the perception of efficacy includes the perception of competence, while the perception of competence does not necessarily include the perception of efficacy in concrete situations. In spite of these semantic differences, the theory of self-efficacy can be regarded as the theory of perceived self-competence.

Individuals with higher levels of personal competence expectations will more easily conduct some types of behavior for which they believe they will produce desired outcomes (Bandura, 1977.; Locke, et. all., 1984.). They will be more persistent in facing difficulties or problems in the realization of actual behavior (Brown and Inouye, 1978.; Schunk, 1981.), they will intensify efforts when getting close to achieving the goal (Bandura and Cervone, 1983), and they will understand their own mistakes in a way which shows orientation toward success (Collins, 1982., in Bandura 1984.).

On the other hand, persons whose level of perceived self-efficacy (competence) is lower, tend to avoid difficult tasks, put little effort in their actions, easily give up when facing difficulties, think about their own imperfections during work and experience anxiety and stress. For these reasons, the effects of their work and actions will be lower. Since self-efficacy expectations cause all these effects, there is a great possibility

that the measure of expected personal efficacy can be used as a good predictor of future behavior.

According to Bandura (1977), the best way to study the origin and functions of self-efficacy perceptions is to use a "micro-analytic strategy". Under this strategy a person is given a number of scales in order to estimate his/her own personal efficacy-competence. Numerous investigations have shown that there are several levels of perceived personal competence. Perceived global competence, which doesn't concern any specific skill, knowledge, or behavior is on the highest level. This perception is the core of self-esteem. Some specific aspects of competence, such as the perception of one's own intellectual abilities, creative potentials, and social and physical competencies are in the middle. Each of these aspects can be further divided into a greater number of specific manifestations of competence. On the lowest level there is a perception of self-efficacy in concrete life situations when a person is asked to conduct specific actions.

Since these levels represent one integrated system, the assumption about the dualistic nature of perceived personal competence which emerged from Bandura's conceptualization can be regarded as false. Although global self-competence perception (Bezinović, 1988.) cannot directly influence behavior in concrete situations, one can assume that competence perceived in different situations is at least partially based on global self-competence perception, which is a more stable personality trait.

Satisfying a child's emotional development depends to a greater extent of parental attitudes and behavior than on the child's developmental difficulties (Friedrich, Schaffer, 1986.). Good adaptation and complete fulfillment of the child's abilities depends on the home situation as well. If this situation is calm, efficient, full of self-belief, it will stimulate the child's development. On the other hand, ambivalent attitudes about what a child can or cannot achieve, what it should or should not do, a

feeling helpless in demanding situations, fears, anxiety, and dissatisfaction on the part of the parents all will reflect on the child, particularly if child has developmental difficulties.

Adaptation to different situations is not a one-way process, it is interaction between the self and the environment. If the parent feels competent/ satisfied in this process, this initial self-confidence will reflect on the child and vice versa. Contented parents will perceive their child as having less problems and behavioral difficulties than those parents who are less confident in their parental role. This will be the base on which a child will build his/her own self-perception (Kravetz, Katz, Katz, 1990.).

When a child is not progressing as other children do and when it has difficulties in school, as well as some other problems, this is a situation of constant low-intensity stress, that can cause a minor or major crisis. For this reason it is assumed that, during the child's development, parents develop different modalities of facing situations and adapting to them. Chronic stress is believed to demand greater strength and energy to face than acute stress. Therefore, personality characteristics are very important in facing specific situations, particularly in perceiving self- competence in a specific situation, or role.

A child's delayed cognitive development can influence parents in three phases during its lifetime:

- a) In the situation of birth, or very soon after birth, when risk factors for normal development are perceived;
- b) In the schooling situation, when a slower developmental pace has to be accepted; and
- c) In the situation of vocational planning;

These are the situations in which parents have to face once again child's limitations and usually experience a feeling of guilt (Challela, 1981.) According to the construct of coping with stress (Folkman, Schaffer, Lazarus, 1979), each situation can be perceived as:

- irrelevant,
- positive/pleasant, or
- negative/stressful/burdening;

If a situation is perceived as stressful, it will be estimated according to the level of insecurity, danger, or the conflict which exists in the situation, as well as on the amount of helplessness which this situation causes (Bezić, 1981.) How the situation of a child's delayed cognitive development and behavioral difficulties will be perceived by the parents depends to a great extent on their self-concept and their self-perception of their own coping abilities.

METHOD

Subjects

The participants in this investigation were two groups of parents, Group 1 (N1= 186) and Group 2 (N2=68). Parents of children with no developmental difficulties comprised Group 1, while parents of children with specific learning difficulties associated with lower level intellectual functioning comprised Group 2. The children of parents in group 2 were integrated into the regular primary school settings and attended shorter and individualized educational programs. Their intelligence levels were borderline to low. 58% of this group were boys and 42% were girls, aged 7-11 years, from the greater Zagreb area. 75% of the parents from this group were mothers, while 25% were fathers. Their educational backgrounds were as follows: 41% of parents had primary school education ; 44% had finished secondary school, while 8% of the parents had university degrees.

The children of parents in the Group 1 had normal intelligence levels and no developmental difficulties. 46.7% were boys, while 53.3% were girls, they aged 7-11 years, and all were from greater are Zagreb. 78% of the parents from this group were mothers, while 22% were fathers.

Instruments

Parental self estimations

In order to obtain data about the perceived personal competence for the parental role, four diagnostic instruments, or scales were applied on both groups of parents. All four scales are based on the general strategy for the development of diagnostic instruments used for estimating different aspects of self-concept, which is the use of homogenous, short, reliable, and unidimensional scales. In that way the scales respected basic demand in the theory of measurement- that a diagnostic instrument should measure only one common feature Hattie, 1984.)

The KR- Scale (A. Gustović-Ercegovac, 1992.), This Scale was designed to measure perceived competence in the parental role. This five-level Likert- type estimation scale consists of 20 items, and the total result can vary between 0 and 100. A high result on this scale indicates that the individual believes that he/she is a good parent and possesses the knowledge, capacities, and skills to be a good parent. Such individuals are convinced in their good relationship with their child and they are providing the right upbringing atmosphere. A low result on this scale means that the person is insecure in relations with their child, and is not sure what is good and what is bad for the child. This person does not feel ready for the parental role and thinks that environment influences a child more than a parent. Generally speaking such parents doubt their own potentials as parents. Both high and low results on the scale can be more or less realistic.

Rosenberg's RSS- Scale for measuring self-respect. This five level- Likert- type estimation scale consists of 10 items and has been translated and adapted to the Croatian language (Bezinović, 1988). Results can vary from 0 to 40; a higher result reflects a higher level of self- respect.

The SE- Scale, is for measuring locus of control (Bezinović, 1988). This five- level Likert type estimation scale consists of 10 items and is constructed on the basis of

Rotter's locus of control scales and theory. Results can vary from 0-40. Item analysis of the scale showed that a high result reflects fatalistic orientation according to which events are determined by faith, destiny, luck, and chance. In other words, behavior is determined in that way as well. This scale can be called the externality scale, since all its items reflect external orientation.

The X-2 Scale (Leary, 1983., adaptation Bezinović, 1988)., a Likert -type, five- level estimation scale, measures the individual's fear of negative evaluation. This scale consists of 20 items; results can range from 0 to 48. A higher result reflects greater fear of negative evaluation as a measure of social anxiousness.

Children's behavior

Children's behavior in terms of hyperactivity and aggressiveness, was estimated by parents and teachers. Estimations were made on a three- level estimation scale, which consisted of 15 items - descriptions of disturbing behavior types that are usually found in school children- in the terms of the frequency of such behavior.

Data Collection

At the end of the school year, the parents and teachers were asked by the members of the research team to estimate the children's behavior in terms of hyperactivity and aggressiveness. The parents were asked to fill out four estimation scales as well.

Data Analysis

All statistical data analyses were conducted on a 486-DX4 personal computer. In order to determine the differences in perceived personal competence for the parental role between the two groups of parents, apart from basic statistic parameters such as means and standard deviations, univariate analysis of variance and robust discriminative analysis were calculated as well. These parameters were calculated for the each item as well as

for the total result on the each of four estimation scales.

The parent's and teacher's estimations of the children's behavior were analyzed in the same way.

RESULTS

KR - Scale

Univariate statistics generated by the analysis of variance procedure revealed significant differences between the estimations made by the two groups of parents on items of the KR-Scale, as shown in Table 1. Table 1 provides means and SDs, F ratios and p values for 20 items of the KR Scale. As can be seen in Table 1, 14 out of the 20 predictor variables reached significance, ($p < .001$ and $p < .05$), when the differences between the groups were examined. Significant differences were found for items 1, 4, 5, 8, 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20. In each of these cases the parents of the normally developed children had more favorable scores. This means that parents of the normally developed children significantly more often feel competent being parents and acting as parents.

In discriminate analysis emphasis is placed on analyzing variables together instead of just individually. On the basis of 20 predictor variables, we calculated a single discriminant function with an F ratio of 64.955, $p < .001$. (See Table 6). Examination of the canonical discriminant functions evaluated at group means, or group centroids, showed that this discriminant function distinguished a high self-perception of competence in the parental role for group 1 (function = .46) from a low self-perception of competence in the parental role for group 2 (function = -1.25).

RSS - Scale

As seen in Table 2, which presents means and SDs, F ratios and p values for 10 items of the RSS Scale, univariate statistics generated by the analysis of the variance procedure indicated significant differences between

the estimations made by the two groups of parents on the scale that measures self respect, ($p < .001$ on all the items of the scale). The differences were in favor of the group of parents whose children were normally developed. In other words, these parents are more content with themselves, their self-respect is higher, they are more proud of the things they do, and they regard themselves as being competent as other people are. They do not feel useless and worthless, and they think they possess a lot of valuable characteristics. On the basis of 10 predictor variables, a single discriminant function was calculated, with an F ratio 99.611, $p < .001$, (see Table 6). Group centroids showed that this discriminant function distinguishes those parents with low self-respect (.20), from those with higher self-respect (-.07). Parents of children with no developmental difficulties showed a higher level of self-respect.

SE - Scale

As seen in the Table 3, which presents means and SDs, F ratios and p values for 10 items of the scale, and which measures external-internal orientation (or locus of control), univariate statistics generated by the analysis of variance procedure indicated differences between the estimations made by the two groups of parents. All the differences were statistically significant, $p < .001$. Parents of children with developmental disturbances more often attributed life events to outer causes, such as destiny, luck, faith, accident and the like. Therefore the centroid for the group of parents of children without developmental difficulties was -.5845, while the centroid for the group of parents of children with developmental difficulties was 1.5987. Only one discriminant function was calculated on the basis of the centroids, with an F ratio of 107.800, $p < .001$ (Table 6.)

X - 2 - Scale

Table 4 shows means and SDs, F ratios and p values for 20 items of the scale measuring

social anxiousness. Results were again significantly different for the two groups of parents. The differences were in favor of parents of children without difficulties. The centroid for the group of parents whose children developed normally was $-.8879$, while the centroid for the group of parents whose children were developmentally disturbed was 2.4286 . The discriminant function was calculated on the basis of these centroids and the F ratio was 197.341 , $p < .001$. Such results again stressed the lower position of the group of parents who have developmentally disturbed children, this time showing greater social anxiousness in these parents.

DISCUSSION AND CONCLUSION

We proposed that the connection between some dimensions of perceived competence in the parental role and the permanent low intensity stress in parents of children with intellectual disabilities could be operationalized by four essential features: a) perceived competence as a parent, b) self-esteem, c) locus of control and d) social anxiousness. Parents with a high perception of their own competence as a parent could be described as having higher self-esteem, an internalized locus of control and low level of social anxiousness.

Real competence is factor which significantly influences one's personal level of self-esteem: a more competent individual experiences such feeling much more often than an incompetent one. Therefore, it seemed interesting to explore whether there is a difference between the level of self-esteem connected with the situation of permanent low intensity stress. According to the findings of Bezinović (1988.) self-perception of competence can be regarded as a key dimension of self-esteem, as is measured on the Rosenberg's scale. It is generally found that self-perception of competence highly correlates with satisfaction with life. Respecting the fact that self-esteem, as well as satisfaction with life

determines a person's quality of life and his/her general state, the perception to personal competence is of vital importance in personal adjustment. According to our results, parents whose children have various difficulties caused by a low level of intellectual development and additional disturbances, constantly experience situations in which they feel helpless, frustrated, or incompetent. For the each new situation, parents expect something from their children. These expectations usually have to be reorganized and adjusted to real-life situations, but usually when a developmentally disturbed child is concerned, parental expectations gradually fall. The future of their children does not look bright, and everything that happens to them or to their children becomes more or less stressful. Such a feeling if it is long lasting, causes the perception of self as an incompetent, insecure person who is not confident of his/her capabilities. Since they experience failure in most parenting situations, this parents eventually start believing that they are really incompetent. They fear new situations and new challenges, one of which is a growing, developmentally disturbed child. The majority of these parents tend to perceive most of their problems in life as difficult to be solved. They fear failure and generally speaking are less satisfied in life. These parents more frequently express the need for additional information on how to be a parent to a developmentally disturbed child, which speaks in favor of the fact that they wish to take a more active role in, what is for them, unclear situation. Of course we cannot neglect the fact that most of the questioned mothers are at the lower end of the educational scale. In any case, seeking new information is a way of facing stress, and at the same time it is the way of preparing for anticipated conflict and stressful situations. In this way, a person increases their subjective feeling of ability to control situation. Further analysis of parental responses shows a difference between responses given by parents of

normally developing children those given by parents of developmentally disturbed children, regarding their feelings of guilt and anxiety. The feelings of guilt and anxiety belong to the category of developed psychological systems, which function is the attribution of events to some outer causes which lie outside ourselves.

Locus of control construct which has been developed within Rotters (1966) theory of social learning assumes that an individual who thinks that is capable of controlling and determining events which are happening in the environment with his/her own behavior has an internal locus of control. Internally oriented individuals attribute the results of own behavior to their own actions, abilities, efforts, or to some other personal characteristics (Rotter, 1975). Results obtained by the group of parents of developmentally disturbed children show significant tendency toward external orientation. This orientation determines their belief that they can not control events happening in their life. Although external orientation and perception of personal competence in the parental role are conceptually different constructs, our results indicate that there is a possible parallelism between the development of these cognitive interpretations. Parents exposed to long- term low intensity stress, apart from lower self -esteem express a lower perception of personal competence, a tendency to be externally oriented, and have greater anxiety.

Social anxiousness is a personality trait which makes "normal" social interactions more difficult, and in that way it lowers the efficacy of social behavior. Global self -competence perception is built upon the three sources of information: 1. personal experience in situations which demanded competent behavior; 2. social comparisons; 3. social evaluations. The first source is based on personal experience, or more precisely, on the interpretations of personal experiences in which competence played a key role in determining the result of behavior. In a number of situations the parents of children

with different developmental difficulties, experience failure in the upbringing of their children regardless of the real level of their own personal competence as good parents. This causes their interpretations of their own competence as a parents to become worse. When such a parent estimates that failures in parenting occur too often, a feeling of incompetence can easily develop. Self -competence estimations are closely tied to other sources of information which include social comparisons. Most people estimate their own opinions, abilities, emotions, etc. by comparing themselves with others (Levine, 1983). In such situations, parents of developmentally disturbed children can gain only negative information when comparing themselves to other parents. Parents who have children without any disturbances, on the other hand, always seem to find ways of solving parental problems and difficult parent-child interactions more easily. The third source of information are feedback information from the social environment. Regarding this issue, parents of children with disturbed development are often negatively evaluated by their environment as well as their children are. The- long term effects of an unfulfilled need to be seemed competent and respected from other people, can be low self- esteem, bad social adaptation, and social anxiousness. These results confirm this assumption: the parents of children with different behavioral disturbances scored significantly higher on the scale measuring social anxiousness. According to the results obtained by Bezinović (1988), since causes of social anxiousness are similar or identical to those causing negative self -competence perception, it can be concluded that social anxiousness is a reflection of negative self-esteem and a negative perception of personal competence. Therefore, parents who are under permanent low- intensity stress, caused by their constant failure in perceiving themselves as being competent parents, after some time start to express social anxiousness. This social anxiousness is emphasized by the feeling that other people

disrespect them, which also causes poorer social adaptation.

The results obtained in this investigation show that it is easy to interpret the relationship, between the perception of personal competence for the parental role, lower self-esteem, external orientation and higher anxiousness in parents of children with intellectual disabilities. They are evidence that the cognitive interpretation of personal competence for parental role plays a significant role in general self-esteem and as such is an important dimension of self-

esteem. Such cognitive interpretation determines the level of personal satisfaction and social adjustment, and to some extent, it determines the total quality of life. Programs of therapeutical family interventions which are aimed toward raising the parent's feeling of competence through the complete experience of the child's capacities and limitations, will give parents of children with delayed cognitive development the possibility for regaining a feeling of competence and control (Heifetz, 1977).

Table 1.: The differences between parental self-estimations, between the two groups of parents, on the items of the KR- Scale

Item	M _{G1}	M _{G2}	SD _{G1}	SD _{G2}	F	df	sign.
1.	3.1613	.7059	1.2425	.8755	299.422	1	.0000
2.	2.9247	2.8235	1.3618	1.4240	.263	1	.6076
3.	2.8871	2.7647	1.3493	1.4050	.662	1	.4221
4.	2.9624	.6912	1.2154	1.0468	217.298	1	.0000
5.	2.7312	2.3382	1.4453	1.3570	12.300	1	.0008
6.	2.1237	2.2059	1.3563	1.3673	.024	1	.6229
7.	2.3387	2.4559	1.3867	1.4393	.971	1	.3268
8.	2.9570	.8529	1.2479	.8448	238.040	1	.0000
9.	2.7849	2.6324	1.3548	1.3602	1.159	1	.2823
10.	2.7043	2.4559	1.3849	1.5852	2.263	1	.1297
11.	2.1398	2.1765	1.1602	1.0282	15.188	1	.0003
12.	2.4409	2.2353	1.3597	1.2847	8.853	1	.0035
13.	3.0860	.7500	1.1746	1.0897	220.662	1	.0000
14.	3.1452	2.8824	1.3422	1.5101	4.141	1	.0403
15.	2.6344	2.6176	1.2682	1.8850	8.622	1	.0039
16.	1.0645	.6765	1.3264	1.0494	33.261	1	.0000
17.	2.3548	2.1029	1.3690	1.2735	11.284	1	.0013
18.	1.8387	1.7353	1.3099	1.2201	72.180	1	.0000
19.	2.7581	1.2059	1.1734	1.2668	72.180	1	.0000
20.	2.3548	2.2941	1.4229	1.4457	4.197	1	.0390

Legend:

MG1 and MG2: Average estimations for Group 1 and Group 2; SDG1 and SDG2: Standard deviations for Group 1 and Group 2; F: F-ratio; df: degrees of freedom; Sign.: level of significance;

Data source: Parental estimations on the items of the KR Scale; Sample size: Group 1.: N1 = 186; parents of children with no developmental difficulties and/or delayed cognitive development;

Group 2.: N2= 68; parents of children with delayed cognitive development and/or developmental difficulties;

Method: analysis of variance.

Table 2.: The differences between parental self- estimations, between the two groups of parents, on the items of the RSS- Scale

Item	M _{G1}	M _{G2}	SD _{G1}	SD _{G2}	F	df	sign.
1.	1.6290	1.1471	1.9168	.8272	86.918	1	.0000
2.	1.3871	2.1029	1.9206	1.3947	46.396	1	.0000
3.	1.6452	2.1765	2.0168	1.2120	61.228	1	.0000
4.	1.8441	2.8971	2.0874	1.1775	80.942	1	.0000
5.	1.8602	.7206	2.1507	1.1612	87.043	1	.0000
6.	1.6828	2.5588	2.0795	1.2763	67.002	1	.0000
7.	1.9570	.6029	2.1448	.8426	121.356	1	.0000
8.	1.8763	.9853	2.0585	.9624	91.621	1	.0000
9.	2.0323	3.2500	2.1724	1.1424	92.027	1	.0000
10.	2.0269	.06471	2.1861	1.0112	109.659	1	.0000

Legend:

MG1 and MG2: Average estimations for Group 1 and Group 2; SDG1 and SDG2: Standard deviations for Group 1 and Group 2; F: F-ratio; df: degrees of freedom; Sign.: level of significance;

Data source: Parental estimations on the items of the RSS Scale; Sample size: Group 1.: N1 = 186; parents of children with no developmental difficulties and/or delayed cognitive development;

Group 2.: N2= 68; parents of children with delayed cognitive development and/or developmental difficulties;

Method: analysis of variance.

Table 3.: The differences between parental self-estimations, between the two groups of parents, on the items of the SE- Scale

Item.	M _{G1}	M _{G2}	SD _{G1}	SD _{G2}	F	df	sign.
1.	.9032	2.1471	1.6465	1.3091	62.178	1	.0000
2.	.7742	1.6765	1.6040	1.3874	35.889	1	.0000
3.	.5000	1.4412	1.3922	1.2530	38.380	1	.0000
4.	.4301	1.3382	1.3432	1.3570	22.239	1	.0000
5.	1.0591	2.5294	1.7876	1.4087	69.877	1	.0000
6.	.8280	1.8529	1.6983	1.4170	43.363	1	.0000
7.	.9140	2.2353	1.6954	1.4962	49.482	1	.0000
8.	.7312	1.8529	1.5667	1.3533	47.218	1	.0000
9.	.7204	1.7794	1.4691	1.1986	55.541	1	.0000
10.	.7742	1.8971	1.5905	1.2384	60.597	1	.0000

Legend:

MG1 and MG2: Average estimations for Group 1 and Group 2; SDG1 and SDG2: Standard deviations for Group 1 and Group 2; F: F-ratio; df: degrees of freedom; Sign.: level of significance;

Data source: Parental estimations on the SE - Scale; Sample size: Group 1.: N1 = 186; parents of children with no developmental difficulties and/or delayed cognitive development;

Group 2.: N2= 68; parents of children with delayed cognitive development and/or developmental difficulties;

Method: analysis of variance.

Table 4: The differences between parental self-estimations, between the two groups of parents, on the items of the X-2 Scale

Item	M _{G1}	M _{G2}	SD _{G1}	SD _{G2}	F	df	sign.
1.	1.7527	2.0882	.7428	.6803	22.312	1	.0000
2.	1.9946	2.9265	.7369	.7537	75.865	1	.0000
3.	1.5860	3.2794	.8523	.9369	167.224	1	.0000
4.	1.6075	3.1912	.8176	.6699	246.790	1	.0000
5.	1.9086	3.0294	.8278	.7270	118.839	1	.0000
6.	2.4677	2.6765	.91673	.8303	15.420	1	.0000
7.	2.2742	2.3529	.9417	.8183	17.827	1	.0000
8.	1.8979	2.8971	.8892	.7304	98.618	1	.0000
9.	1.9140	3.2353	.9578	.7881	136.205	1	.0000
10.	1.9731	2.3971	.9125	.7885	30.297	1	.0000
11.	2.1774	2.6765	.9536	.9305	17.794	1	.0000
12.	1.9462	2.9706	.8782	.8220	80.713	1	.0000
13.	2.0591	2.1029	.9168	.8426	11.022	1	.0000
14.	2.6183	2.1029	.9780	.8426	34.191	1	.0000
15.	1.9140	2.8088	.8939	.7907	71.117	1	.0000
16.	2.0645	2.3824	.9135	.7675	28.303	1	.0000
17.	1.9140	3.0588	.9293	.9375	74.583	1	.0000
18.	2.0860	2.7353	.9800	.9174	31.944	1	.0000
19.	1.8011	2.0441	.9148	.8649	11.277	1	.0013
20.	1.9140	3.2647	1.0017	.9795	95.847	1	.0000

Legend:

MG1 and MG2: Average estimations for Group 1 and Group 2; SDG1 and SDG2: Standard deviations for Group 1 and Group 2; F: F-ratio; df: degrees of freedom; Sign.: level of significance;

Data source:

Parental estimations on the items of the X-2 Scale;

Sample size: Group 1.: N1 = 186; parents of children with no developmental difficulties and/or delayed cognitive development; Group 2.: N2= 68; parents of children with delayed cognitive development and/or developmental difficulties;

Method: analysis of variance.

Table 5: The differences between parental estimations for the two groups of parents, on the KR, RSS, SE and the X-2 Scale.

Var.	M _{G1}	M _{G2}	SD _{G1}	SD _{G2}	F	df	sign.
1.	51.2957	38.9118	14.0760	10.4723	84.206	1	.0000
2.	20.5591	17.2206	15.3644	5.4445	96.472	1	.0000
3.	10.3226	18.7647	10.4693	8.1261	70.411	1	.0000
4.	39.9140	54.0882	10.8872	6.1014	190.306	1	.0000

Legend:

MG1 and MG2: Average total result of parental self estimations for Group 1 and Group 2; SDG1 and SDG2: Standard deviations for Group 1 and Group 2; F: F-ratio; df: degrees of freedom; Sign.: level of significance;

Var.1.: KR-Scale; Var.2.: RSS Scale; Var.3.: SE Scale; Var.4.: X-2 Scale

Data source: Parental self estimations;

Sample size: Group 1.: N1 = 186; parents of children with no developmental difficulties and/or delayed cognitive development; Group 2.: N2= 68; parents of children with delayed cognitive development and/or developmental difficulties;

Method: discriminative analysis.

Table 6: Analysis of variance for the first discriminative function, on the KR- Scale, RSS- Scale, SE- Scale and the X-2 Scale

Var.	C_{G1}	C_{G2}	SD_{G1}	SD_{G2}	F	df	sign.
1.	.4567	-1.2492	2.3438	1.7923	64.955	1	.0000
2.	-.0730	.1997	3.0268	.9145	99.611	1	.0000
3.	-.5845	1.5987	2.6626	1.5642	107.800	1	.0000
4.	-.8879	2.4286	2.6342	1.3168	197.341	1	.0000

Legend:

$CG1$ and $CG2$: Centroids for Group 1 and Group 2; $SDG1$ and $SDG2$: Standard deviations for Group 1 and Group 2; F: F-ratio; df: degrees of freedom; Sign.: level of significance;

Var.1.: KR-Scale; Var.2.: RSS- Scale; Var.3.: SE- Scale; Var.4.: X-2 Scale

Data source: Parental estimations;

Sample size: Group 1.: $N1 = 186$; parents of children with no developmental difficulties and/or delayed cognitive development; Group 2.: $N2 = 68$; parents of children with delayed cognitive development and/or developmental difficulties;

Method: analysis of variance for the first discriminative function.

Table 7: Parents' and teachers' estimations of the children's hyperactivity and aggressiveness for the two groups of children

Var.	M_{G1}	M_{G2}	SD_{G1}	SD_{G2}	F	df	sign.
1.	.9516	4.8382	2.2749	2.2003	154.514	1	.0000
2.	.5591	3.1176	2.0397	2.6264	30.625	1	.0000
3.	2.1720	8.2941	4.0285	4.5376	88.057	1	.0000
4.	.1290	2.9706	2.0306	3.4341	50.523	1	.0000
5.	.0645	1.6471	1.7058	2.8116	101.333	1	.0000
6.	.7419	5.7206	3.6805	6.2234	68.184	1	.0000

Legend:

$MG1$ and $MG2$: Average estimations for Groups 1 and 2; $SDG1$ and $SDG2$: Standard deviations of the estimations for Groups 1 and 2.; F: F-ratio; df: degrees of freedom; Sign.: level of significance;

Var.1.: Parents' estimations of hyperactivity; Var.2.: Parents' estimations of aggressiveness; Var.3.: Sum of parents' estimations of aggressiveness and hyperactivity;

Var.4.: Teachers' estimations of hyperactivity; Var.5.: Teachers' estimations of aggressiveness; Var.6.: Sum of teachers' estimations of aggressiveness and hyperactivity;

Data source: Parents' and teachers' estimations of the children's hyperactivity and aggressiveness;

Sample size: Group 1.: $N1 = 186$; children with no developmental difficulties and/or delayed cognitive development;

Group 2.: $N2 = 68$; children with delayed cognitive development and/or developmental difficulties;

Method: analysis of variance.

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