Abstract: Coping and correlates of psychological distress of Chinese parents of children with Down syndrome were examined and compared to parents of children with language delays or no disabilities. Individual parent scores were used for analyses, with groups and gender of child and parent as independent factors. Down syndrome group parents reported the most frequent use of avoidance coping style, followed by parents of the language delay and no disabilities groups. Compared to parents in the no disabilities group, the other parents reported a higher level of psychological distress, were less optimistic, felt less self-efficacious, and engaged in more frequent use of self-reliance coping style. Main effects for parent gender revealed that mothers engaged in more frequent use of self-reliance, avoidance, and seeking social support coping styles. Mothers also reported a higher level of distress but lower levels of optimism and self-mastery. Intercorrelations among variables showed that avoidance coping style and self-mastery emerged as the two robust correlates of parental distress.

Down syndrome is the most frequent single cause of mental retardation, occurring in about 1 in every 700 births in Western countries (Hestnes et al., 1991). The incidence rate of Down syndrome in Hong Kong is somewhat lower, estimated at 1 in 1,000 births within the period of 1981-1985 (Chang & Mak, 1991). This lower incidence rate in Hong Kong is probably due to incomplete statistics, underreporting, and absence of a central registry for children with Down syndrome (Working Party on Rehabilitation Policies and Services, 1992).

Down syndrome is usually recognized shortly after an affected child is born because there are distinctive physical features to confirm the diagnosis. There is no "cure" for the condition, only remedial training programs for parents and children. It is also frequently associated with a wide variety of complications, such as circulatory, respiratory, and associated learning problems that may occur over the years (Hestnes, Sand, & Fostad, 1991). Parents of these children have to face problems related with this condition all through their children's life. They spend most of their time and patience taking care of and training their children, leaving limited time for themselves (Singhi, Goyal, Pershad, Singhi, & Walia, 1990). In addition, parents have to face their own loss of expectation and blame and rejection from their spouses, relatives, and strangers (Gath, 1985; Rodrigue, Morgan, & Geffken, 1990). These parents, therefore, most likely will experience a higher level of emotional, financial, and physical strains than will parents of children with other developmental problems, such as language delays or learning disabilities that occur when the children are older. However, there have been no studies in which investigators have directly compared the distress level of these groups of parents.

In a growing number of recent studies, investigators have advocated a paradigm shift from a pathological approach that emphasizes