Chapter 3

Ethnographic and Ecocultural Perspectives on Sibling Relationships

Thomas S. Weisner

Imagine a child of age 3, with developmental delays, with two siblings—an older sister and a younger brother. The delay is of uncertain origin and prognosis. The child has delays in speech, an odd gait and other motor problems, and does not seem able to sustain attention for very long. What is the single most important thing to know about this child and his or her siblings in order to understand the course of their lives together?

Of course there are many things that it would be important to know about the child with delays and his or her siblings: their age difference; their family circumstances; their IQs and neurological conditions; their temperaments; their parents' socioeconomic status; what schools they attend; what services they might receive; the nature of the interactional style between mother and child, or between siblings and child; the stimulation provided in the home; the emotional climate of the home, especially with regard to the delay and any stigma attached to the delay; their parents' beliefs about the delay; and many others. Each of these features is important and worthy of study, and every one of them has been identified as a significant influence on sibling relationships and child outcomes. However, the author would not select any one of them as being the most important. In the author's view, the single most important fact for a researcher to know is the cultural place in which the siblings are growing up.

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What if this sibling group grows up in South India, for instance (Nuckolls, in press a), perhaps in a Scheduled (“untouchable”) caste, or in a Brahmin farming caste? In such cultural places, there is a possibility of marriage between certain categories of cousins, and siblings are involved in lifelong negotiations and alliances based on dowry and marriage arrangements. Furthermore, siblings’ marriages and life chances often depend on the fate of one’s brothers and sisters’ marriages (Kolenda, in press). In North India, a key to sibling relations is the obligation of brothers to act as “trustees” of their married sisters: a brother makes an offer on the sister’s well-being and her children’s well-being, has her to his house for extensive visits, and brings her gifts. In Central India, joint families with large numbers of siblings prefer to have sets of brothers marrying sets of sisters. In South India, the possibility of marriage between the children of brother and sister (between 10% and 30% of marriages in parts of Sri Lanka and South India are between cross-cousins [McGilvray, 1988]) often leads to lifelong solidarity—or enmity. The greater the dowry, the greater the interest brothers have in their sister’s household and children, and the more reciprocity there is between the households (deMunck, in press). In North India, brothers expect to remain together in joint households, and if they do not, they feel compelled to produce culturally acceptable accounts to explain why they cannot (DeMunck, in press).

Perhaps the siblings are growing up among the Maasai, a pastoral society, or among Bantu horticulturalists in East Africa; so, the paths of boys and girls are going to be very different. The Maasai boys will spend years as warriors, protecting livestock in their natal communities; the girls will likely marry an older man who is senior to the warriors. In a village among the Bantu Abaluyia of Western Kenya, in which horticulture, livestock, migratory wage labor, and trade are the basis of the economy, older siblings will be caring for younger ones, and boys will inherit whatever land or other resources are available. The older siblings will also be expected to assist in the education and bridewealth payments of their younger siblings and their siblings’ children (Weisner, 1987; Zukow, 1989).

Or the siblings may be living in Polynesia (Marshall, 1983; Ritchie & Ritchie, 1979), perhaps on one of the Tahitian islands (Levy, 1973), subsisting on horticulture, fishing, and remittances from emigrated relatives. If so, they will spend much of their time in multi-age groups of children that include both sexes, assisting in subsistence, and the boys may anticipate an extended, unsettled post-adolescence period. Sibling relationships are unusually important and culturally elaborated in Polynesia.

Or are the imagined siblings living in Oaxaca, Mexico, migrating back and forth to Los Angeles each year for work? Or in the Guatemalan highlands, growing maize and weaving cloth and ropes for sale (Loucky, 1988)? If so, to assist family survival, their workloads may be extraordinarily high, and they will experience long and uncertain separations from close kin, and may be educated in schools in different countries. Each of these cultural places would have a profoundly different influence on the “human careers” of the siblings (Goldschmidt, 1990).

Once the cultural place is mentioned as an influence shaping development, its importance is rarely gainsaid. However, the role of the cultural place is often given only tacit, rather than explicit, recognition. The power of the cultural place to influence sibling relationships is not widely considered in the actual practice of research, even though it may be recognized as theoretically or conceptually important.

In this chapter, the author first defines ecology and culture, then presents some examples of the roles of siblings in the East African cultural place, and the ways in which a disability might influence these roles. Next, the topic of ethnography is covered, as much of the knowledge about different cultural places around the world has come primarily from ethnographic studies. Then a set of 12 features that shape human development is outlined. This set of characteristics should be useful in comparing children and their families in every cultural place, and has already been proven useful in cross-cultural research. The author and his colleagues have recently applied them to the study of developmentally delayed children and their families in Los Angeles.

One of the findings of the work comparing sibling relationships in different cultures is that the sibling group is usually more important in non-Euro-American cultures. Residential and subsistence ties among siblings are typically stronger, and the importance of the sibling relationship is more culturally elaborated than it is in Euro-American countries. The beliefs and practices of Euro-American culture regarding siblings also influence the lives of delayed children and their siblings. Data suggest that Euro-American parental concerns about treating siblings equally and their reluctance to involve siblings in too many domestic and caregiving tasks shape the ways in which parents respond to siblings. Both of these concerns ("equal" treatment and "excessive" caregiving responsibilities) are unusual from a cross-cultural perspective.

**ECOLOGY, CULTURE, AND ETHNOGRAPHY**

The place in which development occurs includes the ecology and the locally adapted environment in which the siblings and their family live. The culture includes the meanings, beliefs, values, and conventional practices learned and shared by members of a community. These two together define the ecocultural (ecology + culture) place within which human development takes place. Super and Harkness (1980, 1986) have used the term “developmental niche” to describe this environment for the child. The “ecocultural” niche refers to the family and community environment, as well as the child’s developmental niche.

The cultural side of the ecocultural niche, according to D'Andrade (1984) includes three elements: 1) representational knowledge about the
includes familial, spiritual, work-related, and other life paths that are open to members of a culture. Siblings in North America, as compared to those in other cultural places, for example, have a limited range of culturally available “sibling life careers” available to them in their relationships with one another. Each cultural place provides siblings with certain normative life careers with one another, which are intertwined with other life careers.

Sibling roles are a more important part of the cultural definition of personhood in many other cultural places than they are in the West. Marshall (1983) comments that for the Pacific region the ideal social relationship is the relation between siblings, more so than between parents and children, or husband and wife. One becomes, and continues to be, identified as a distinctive person based on collective and shared exchanges of social and material resources between siblings in many parts of South Asia (Marriott, 1976). Euro-American family theory and media emphasize parent-child and couple/romantic relationships as the cultural ideals. “Brotherly” or “sisterly” roles are not unimportant, but they are subsidiary to parent-child, spouse, or even friendship relationships. A developmentally delayed child’s life course will be different if the child is growing up in a culture in which brotherly and sisterly responsibilities, roles, myths, songs, legends, financial security, and even co-residence are more culturally elaborated than those of couple or parent-child relationships.

ECOCULTURAL VARIATIONS IN SIBLINGS’ LIVES

Sibling Relationships in Eastern Africa

Sibling relationships in many sub-Saharan African societies are characterized by extensive cultural elaboration, ties of marriage and economic inheritance, and a closely intertwined cultural career. Consider Goldschmidt’s (1976) depiction of the Sebei of Uganda in the 1950s. Sebei siblings are concerned with territory and land, age and gerontocracy, and gender differences. Brothers, who are clansmen cooperating, as well as rivals fighting to secure scarce resources, have to remain living with each other throughout their lives. They look on each other as potentially dangerous foes, but also as essential allies, since they will have to remain interdependent: they share their inheritance of land, cattle, or other valuable resources; they may well assist in one another’s marriages; they are central figures in their own and their children’s initiation and other major rituals; and they may care for each other’s children in their homesteads.

Goldschmidt describes these relationships between brothers as inherently ambivalent:

...they are enjoined on all occasions to be friendly and cooperative and are, of course, fellow clansmen and hence tied into the system of mutual support, yet
they are also in direct competition. Fratricide is not an infrequent occurrence. Rivalry between brothers is endemic.

The relation between brothers and sisters is also characterized by antagonism, for the brother is deeply concerned with the marriage of his sister and, along with the father, may seek to force a liaison on her on the basis of his desires rather than hers. . . . Sisters on the other hand, are not put into a rivalrous relationship over property. The only expression of strong bonds that we observed between siblings was between sisters. When they marry [which must be outside of their natal community, due to clan exogamy], they are separated, but they frequently visit and regularly give gifts of food to each other when they do so. (1976, p. 98)

The imagined siblings mentioned above, if they lived in East Africa, would participate in this complicated and ambivalent long-term relationship system. They would also be a part of a much larger group of half-siblings and cousins; they would spend time living in others’ households, whether as visitors, workers, or as fostered children “lent” to you for varied periods of time. Older sisters and cousins would be taking care of the delay sibling, the majority of the time, under the direction of the mother or other adults. Grandparents, aunts, the mother, older boys, and hired nurses would all be probable caregivers (Weisner, 1982; Weisner & Gallimore, 1977). Indeed, in these homesteads children are nearly as likely to receive nurturance and assistance from their brothers and sisters as they are from their mothers. For instance, Weisner (1987) presented data based on over 11,000 individually coded interactions among children and adults in Abaluyia homesteads in Western Kenya. Behavior observations, consisting of continuous 30-minute counts of the stream of interaction between children, showed that 41% of girls ages 3–8 were involved in sibling care interactions either as charge or caregiver, as were 15.8% of boys.

This pattern of sibling caregiving is clear in this study of a 40-year-old woman in Uganda in the 1980s. She comes from a polygynous Baganda family consisting of the 4 wives of her father and 25 siblings and half-siblings. Polygyny among the Baganda requires joint sibling responsibilities and sharing of resources. Sibling relationships are based on gender hierarchy, cooperation of co-wives, and the economic base of both a male protector and provider and the wives’ agricultural and trading labor (Kilbride & Kilbride, 1990). Older siblings act as surrogate parents:

It was my elder brother, however, who was very strict [like this woman’s father]. With [my brother] it was all study and no time for playing! My elder sister was responsible for me in school. She made me do all things like eating, studying, and dressing. (p. 206)

Other cultural places in East Africa can offer surprising alternatives to the customs and beliefs of our own. In a number of East African communities in the not-too-distant past, for example, siblings and cousins from age 3 or 4 to their early teenage years might have lived with other children in their lineage, in a hut shared with an elderly woman delegated by the community to train the children, to teach them proper domestic conduct, and particularly to instruct them in, and manage, their sexual education and experiences (Cohen & Atieno-Ohiamo, 1989).

Among the Nyakyusa of Tanzania (Wilson, 1963) in the 1930s and 1940s, groups of youth left their natal village, and built and moved into their own “age village.” The boys continued to work in their fathers’ fields but reduced their time spent herding cattle for their fathers. Their sisters remained behind in their fathers’ village, where the older girls often lived together in large huts, sometimes with older women co-resident with them. The sisters often visited their brothers’ villages. These age villages grew larger until the older boys began to marry and left to establish their own new families.

How would this have shaped the life of a developmentally delayed Nyakyusa child? His or her movement to an age village would probably have been postponed, but he or she would have visited, and perhaps eventually found a place within it. Because of the concentration of children of multiple ages living together, and their sense of responsibility for each other, the child would have had caregivers available. Some of the subsistence tasks that boys and girls were expected to do in these villages could have been performed by most delayed children. They would probably be integrated into the age village peer and sibling group as a natural part of the Nyakyusa siblings’ ecocultural career.

Beliefs about the etiology, treatment, or cure of disabling conditions are complicated in East Africa, and can’t easily be understood outside of context. In contemporary circumstances, medical reasons might be invoked for the delay, and Western medical clinics might be involved and consulted. Peltzer and Ng’andu (1989, p. 117) interviewed traditional healers in Zambia, for instance, and found that even among this group the cause of disabilities in children was attributed to natural causes (e.g., organic conditions, poor diet, infections, and problems with parental care), as well as supernatural causes (e.g., witchcraft and sorcery, spirit aggression, or violations of taboos). Thus, families might spend time and resources investigating witchcraft or sorcery, as well as natural causes, as a possible cause of the child’s condition. Scheer and Groce (1988) in a review of cross-cultural attitudes toward birth and disability, concluded that the “... belief in the linkage between evil spirits and/or parental misconduct and the birth of a disabled newborn appears widespread” (p. 28). This link between spirits and disability often involves an analysis of any changes in social status, or disruptions in social relationships, which might have directly caused the disability, or which are thought to be associated with witchcraft or sorcery performed by others. In the case of a woman who gave birth to a delayed child, pregnancy events would immediately be scr-
tinized as a possible cause of the delay. Here, again, are the Nyakyusa in the 1930s (Wilson, 1963):

... a pregnant woman is believed to have some of the attributes of a witch... [but] a pregnant woman is not spoken of as a witch unless she harms someone by neglecting the taboos connected with her state.

... Impotence, sterility, lingering illnesses including paralysis, and sickly children, are not uncommon... the penalty of sin is believed often to be delayed... Parents are thought to be punished by the sickness of their children... (p. 95)

An African family in the society which have been described would not use a term equivalent to “delay.” Such a term suggests that a child can or will catch up. A delayed child would more likely be labelled as handicapped, sickly, or retarded. There would be no euphemisms, but, rather, a frank admission of the limited life career that a disability allows in the community (Edgerton, 1976; Hanks & Hanks, 1948). Nor would the child be exempt from teasing, bad treatment, and other forms of dominance and even exploitation because of the delay. Special or compensatory status for such children would be unlikely. Frank recognition, and even harsh treatment, however, would be accompanied by social support and peer assistance during childhood. In studies of dyadic interaction among sibling groups in Kenya, dominance, aggression, nurturance, and social support have also been found to be bound together (Edwards & Whiting, in press; Weisner, 1989b).

UNIVERSALS AND DIVERSITY IN CROSS-CULTURAL LITERATURE ON SIBLINGS AND DISABILITY

The cross-cultural research literature reveals universally shared themes, as well as diversity. For instance, the beliefs that disabilities have social causes or might be caused by some action of the parents, whether intentionally or inadvertently, are certainly not notions found only among the Nyakyusa and other non-Western societies. The idea that social disruptions must be linked to the birth of such children is found widely around the world. These ideas appear in some Western theologies, in fact, and were widespread in the United States at one time. Here, for instance, is a report “On the Causes of Idiocy” (the author’s colleague, Professor Keith Kerman, very kindly provided this text) commissioned in Massachusetts and published in 1848:

We regarded idiocy as a disease of society: as an outward sign of an inward malady. It was hard to believe it to be in the order of Providence that the earth should always be cumbered with so many creatures in the human shape, but without the light of human reason... It appeared to us certain that the existence of so many idiots in every generation must be the consequence of some violation of the natural laws;—that where there was so much suffering there must have been sin. [emphasis in original] (Howe, Byington, & Kimball, 1848, p. vi)

Many parents of delayed children in Euro American culture are also concerned over the deeper meaning of their child’s condition although certainly not sharing the specific language, ideology, or 19th century cast of mind of Howe et al. (Weisner, Berzner, & Stolze, 1991). Worry over what the mother might have done or not done to cause her child’s delay is common. Although siblings in Africa certainly have a very different life career than those in western societies, this does not mean that there are not shared common human concerns as well.

There may well be universal problems that every culture has to resolve in its own way, such as the fact that there seem to be “haves versus have-nots,” or weaker and stronger individuals, including those with disabilities, in all communities (Shweder & Bourne, 1991). There are also common structural features of sibling groups that can form the basis for comparative work across cultures (Weisner, 1989a), such as their size, hierarchy, birth order, and gender differences, the degree of shared inheritance and monetary interdependence among siblings, and the emotionally and structurally ambivalent relationships among siblings, which often combine intense attachment and feelings of resentment. Comparisons across cultural places, then, lead not only to understanding diversity and difference, but also to the discovery of common concerns of families and siblings, universals in interaction (Whiting & Edwards, 1988), and often surprising similarities in cultural concerns regarding siblings.

Specific evidence regarding universals and cultural differences from the cross-cultural record on disabilities and delays is unfortunately thin, and recent evidence is also scanty. Hanks and Hanks (1948) reviewed ethnographic data in the Human Relations Area Files on persons with disabilities. They suggested that the social participation in everyday life of persons with disabilities (e.g., in work roles, some form of education, and community participation) is greater where cultural standards for success are relative, not absolute; where achievement criteria include individual ability, and not just status; and where economic living standards are higher. Scheer and Groce (1988) however, want to revise these generalizations. They argue that the treatment of people with disabilities is more variable across cultures than such summaries of “traditional cultures” would suggest. They report on a wide range of roles for persons with disabilities, including those that can be more supportive and incorporate individuals with disabilities into social life in traditional cultures.

Bowe (1990) points out that those in the field should be paying increasing attention to disability in cultural places throughout the non-Western world, if only because most of the world’s persons with disabilities live there. Non-Western countries are home to over 80% of the world’s people with disabilities and that figure is rising. The larger mean—completed family sizes in
these countries suggests a potential for extensive family care and support. Since the mean age in such countries is so much lower than that in the West, and since childhood disabilities are more common than adult disabilities, the numbers of children with disabilities in these countries is far higher than that in the West.

More empirical research on ethnic and cross-cultural variations in the conditions and treatment of people with disabilities is needed, and this work will need to combine ethnographic methods with other systematic approaches (see Serpell, Nabuzoka, & Lesi, 1989, and Super, 1987 for two recent collections). The same considerations also apply to the need for increased understanding of ethnic groups in the United States.

ETHNOGRAPHIC METHODS IN THE STUDY OF THE CULTURAL PLACE

Ethnographic methods are essential to the study of the cultural place and the cultural careers of siblings. Ethnographic work involves the use of qualitative, holistic fieldwork methods—although complementary methods such as systematic behavior observations, structured interviews, or the use of text from folklore and myth are also used. The goal of ethnographic research is to describe and understand the cultural place. Ethnographic methods include the direct observation and interviewing—in naturalistic settings, and over long periods of time—of families in local communities. An ethnographic description, for example, should allow the reader to situate the sibling with developmental delays in a cultural place, and to predict the effects of that place on his or her life career. A good definition of a valid ethnographic account of a cultural place, or an activity going on in it, is that a researcher or visitor could read the account and go there and participate reasonably well in everyday life—or at least know what questions to ask in order to participate more competently. Ethnography describes a cultural place, provides an understanding and interpretation of that place, and assists in the reader's real or imagined performance in it.

Ethnographic research features participant observation and qualitative methods, and takes seriously the participants' own views of their cultural worlds. But ethnography is not limited to such an approach, as a perusal of any of the methods texts or articles in the field confirms. As with any other methodological approach in the social sciences, ethnographic research has an extensive literature covering all of the standard topics of concern to any methodology (Agar, 1980; Bernard, 1988; Edgerton & Langness, 1974; Levine, Gallimore, Weisner & Turner, 1980; Lofland & Lofland, 1984; Naroll & Cohen, 1970; Pelto & Pelto, 1978; Spradley, 1979, 1980; Werner & Schoepfe, 1978a, 1987b) including proven systematic ways to assess the reliability and bias of qualitative data (Miles & Huberman, 1984).

Ethnographic work often involves a sustained, long term approach to research, with intense personal involvement by the researcher. This often makes the ethnographer a participant in events and an active constructor of the data being collected. Choices implicit in other methods are made explicit in ethnographic work. The buzzing confusion and complexity of everyday events come to the fore; neat analytical categories are tested by this intense exposure to varied, real activities. The meaning and interpretation of events is more accessible to the researcher. These characteristics of ethnographic work help make unique contributions to the study of human development, including the study of children with disabilities and their relationships with siblings.

Ethnographic work, like all methods, requires a complex set of skills that has been described in the literature of the field (Levine et al., 1980). These include managing one's fieldwork role, various note-taking skills, coding techniques for qualitative data, the use of field data recording techniques for systematic observation and sampling, the ability to use varying interviewing techniques, managing the memory requirements of field work, unique ethical and subject-protection issues, techniques for optimizing reliability and validity in field research, and strategies for writing and presenting ethnographic data. There is also evidence that such skills can be trained and improved, just as can other kinds of knowledge and techniques for doing research, such as test administration, selecting experimental designs, or clinical skills (Levine et al., 1980).

Ethnographic and qualitative methods have been widely used in research on sibling in non-Western cultures (Leiderman & Leiderman, 1977; Marshall, 1983; Nuckolls, in press; Weisner & Gallimore, 1977; Whiting & Whiting, 1975), as well as in Western societies (Dunn & Kendrick, 1982; Dunn & Plomin, 1990; Mendelson, 1990). Such methods have also been effectively used in work with families and siblings of children with disabilities (Brody & Stoneman, 1986; Crnic, Freedrich, & Greenberg, 1983; Edgerton, 1967, 1984; Langness & Levine, 1986; Lobato, 1983; Simeonsson & McHale, 1981; Stoneman & Brody, 1987). This literature is rich in multiple methods, including clinical and case materials, naturalistic observations and home visits, open-ended interviews, the use of literature and biography, and other rich qualitative techniques. The techniques of ethnography, naturalistic work, and qualitative data collection are widely accepted, used, and appreciated in this field.

EPISTEMOLOGICAL STATUS OF ETHNOGRAPHIC RESEARCH

Qualitative, ethnographic methods are complementary with other methods in the social sciences. The literature in the disabilities field illustrates this fact. However, the prevailing discourse elsewhere in the social sciences regarding methods does not make the complementary nature of ethnographic work clear.
Qualitative research is typically opposed to its presumed opposite, quantitative research. Naturalistic research is often paired with its presumed opposite: experimental research. Comparative research is contrasted with its assumed opposite of monocultural work. It is ironic that the terms of discourse and the cultural categories often used to define ethnographic as compared to other methods are part of the problem with placing ethnographic and qualitative cultural research within the social sciences. These conventional methodological dichotomies, however common they are in everyday parlance, are neither accurate nor useful. There is a different way to think about qualitative methods—a way that retains some important distinctions, but also focuses on their actual use in research contexts, rather than their presumed epistemological differences.

Quantitative versus Nominal Measurement

For example, the opposite of quantitative is nominal, not qualitative; that is, the opposite of quantitative measurement, which uses ranked categories, is nominal measurement, using unranked or unrankable categories. The term “quantitative” refers to a certain level of measurement, not to any necessary epistemology or general method. This distinction points toward the question of use: does one want nominal measurement, or other levels of measurement, for a particular research purpose?

Quantification thus bears no necessary or privileged relationship to positivism or to the generation of theory, for instance. In fact, Glaser and Strauss (1967, p. 9), in Grounded Theory, argue that the distinction is "useless for the generation of theory." In any case, ethnographic studies can and do routinely include statements regarding quantitative differences, in the sense of rank-ordered differences between people, behavior, and cultural beliefs. For instance, adults in an African clan are found to more often tell folktales to children than to one another, and adults in another culture rarely engage in coequal question-framed discourse with children. Siblings in societies in which the scarce resources necessary for survival are jointly owned remain more socially interconnected than siblings in societies without such ownership patterns, and so on.

Qualitative/Holistic versus Particularistic Methods

Similarly, the opposite of qualitative work is not quantitative, but rather particularistic research. Qualitative work attempts to understand the whole of something; holism and qualitative work are close in meaning. (Of course, holism is the ideal; no single method—not even ethnography or quantitative models—allows the researcher to grasp the whole of a problem.) The goal is to understand and describe all the essential elements of a culture, a person, a community. Particularistic work, on the other hand, attempts to study only a part of something, to understand some discrete element or elements of the person or community.

Naturalistic versus Contrived Research

Similar semantic problems occur with terms like "naturalistic" field research. The opposite of naturalistic is not the usually associated term, experimental, but rather controlled or contrived research. Naturalistic field research focuses on the naturally occurring activities of everyday life as the locus of study, and does not actively attempt to intervene in, or structure these activities. Contrivance refers to explicit manipulation of situations for the purpose of inferring cause, or gaining an understanding of processes.

Field workers in ethnographic situations, of course, are not without influence on those they study, and vice versa. These influences include the historical circumstances of the study; the reciprocal roles and expectations of researcher and participants in the research; the discourse structure of the research interview; the mutual construction of the research process by both participants and researchers, and so forth. There are many ways to control for bias and reflexivity in ethnographic fieldwork. Miles and Huberman (1984) present a particularly good account of this topic, including lists of ways to control or understand such influences.

Experimental versus Correlational Designs in Research

The opposite of experimental designs is not naturalistic, but rather correlational designs. In correlational designs, the researcher attempts to make sense of "a cloud of correlated events to which we as human observers give meaning," to use Sandra Scarr's phrase (1985, p. 502). In correlational research, understanding results ultimately comes through the interpretation of patterns and processes, and not through causal proof. (Of course, correlations may be used in the analysis of experimental designs, and so assist in causal inferences.) In the great majority of cross-cultural work, understanding comes through correlation and interpretation, not through true causal experiments.

Ethnography and Comparative Research

Ethnographic research done in another cultural place always includes a comparison, whether explicit or implicit, with one's own cultural setting. Ethnographic work has the characteristic of forcing an awareness of the power of ecocultural factors, factors that would otherwise not be mentioned, or would be "controlled for" by focusing on individual differences within a single cultural community. Ethnographic research done in North American cultural settings, even if not directly culturally comparative, should equally strongly bring into explicit awareness the power of the cultural place. In this sense, there is no semantic opposite to comparative ethnographic research; all re-
search methods have an implicit or explicit comparative frame. Ethnographic research simply brings that frame more clearly to the foreground.

ASSESSING THE CULTURAL PLACE:
THE ECOCULTURAL NICHE AND FAMILIES
WITH CHILDREN WITH DEVELOPMENTAL DELAYS

The Ecocultural Niche

Ethnographic methods, along with other complementary methods, then, are important in assessing the cultural place. The belief that the cultural place or social setting around a child and family is a powerful influence on his or her development is, of course, a long-standing one in the social sciences (e.g., Bronfenbrenner, 1979). One version of this belief comes from ecocultural theory, which is derived from the psychocultural model developed by John and Beatrice Whiting (1975; B. Whiting, 1976, 1980; B. Whiting & Edwards, 1988) and their students and associates (LeVine, 1977; Munroe, Munroe, & Whiting, 1981; Super & Harkness, 1980, 1986; Weisner, 1984).

Ecocultural theory emphasizes that a major adaptive task for each family is the construction and maintenance of a daily routine through which families organize and shape their children's activity and development. The activities of the everyday routine create opportunities for development-sensitive interactions on which development partly depends. The conception of development-sensitive interactions and their activity contexts are derived from several sources, including the concept of behavior settings (B. Whiting, 1980; Whiting & Edwards, 1988), and the ideas of Vygotsky (1978), including his notion of the zone of proximal development, as described in recent research (Gallimore & Goldenberg, in press; Rogoff, 1990; Tharp & Gallimore, 1988; Weisner and Gallimore, 1985; Weisner, Gallimore, & Jordan, 1988; Wertsch, 1985; Wertsch, Minick, & Arns, 1984).

The everyday routines and the development-sensitive interactions occurring within them do not exist in a social vacuum; they are shaped by the surrounding ecocultural niche. A list of ecocultural features specific to families of children with developmental delays has been presented elsewhere (Gallimore, Weisner, Kaufman, & Bernheimer, 1989) and in summary form in Table 1. This list is adapted from a cross-cultural review of such features (Weisner, 1984). The features in Table 1 were gathered from field notes, ethnographic observations, and interviews with families with young developmentally delayed children.

1The following section is adapted and/or excerpted in part from several sources: Gallimore, Weisner, et al., in press; Gallimore, Weisner, Kaufman, and Bernheimer, 1989; Nihira, Weisner, and Bernheimer, in press; Weisner, 1984; Weisner and Gallimore, 1985; Weisner, Nihira, and Bernheimer, 1989. In these publications, we have outlined the ecocultural approach to the study of human development, with special reference to families with developmentally delayed children.

Through their management of daily routines, and the activities included in them, families can affect the impact of their ecocultural niche on children's activity and development. To do so, they use whatever resources are available to arrange their daily life, a process guided by their values and limited by ecological and other constraints. From this mix of constraints, resources, and values, families attempt to construct a sustainable, meaningful, and coherent everyday routine. The activities that this everyday routine of life comprises are the best, clearest, most immediate illustration of what the cultural place is, and how it is directly experienced by families and children.

Establishing this routine requires families to make many accommodations, (Bernheimer, Gallimore, & Weisner, 1990; Gallimore et al., 1989; Weisner et al., 1991), a process common to all families. They adapt, exploit, counterbalance, and respond to the many competing and sometimes contradictory forces that influence their everyday routine. Accommodation activity occurs frequently, although it may occur more during some periods of family life than others, and the level and focus of activity varies. Accommodations can be made in one or more ecocultural niche features (see Table 2 for ethnographic examples of accommodations at each level of the ecocultural niche).

Ecocultural Data and Families with Children with Developmental Delays: Project CHILD

The characteristics of the ecocultural niche, in Tables 1 and 2 that are specific to families with delayed children come from a longitudinal study of 102 families with delayed children in the Los Angeles, California area (Project CHILD) (Gallimore et al., 1989). This longitudinal study focused on families with young children who exhibited developmental delays of unknown or uncertain cause (Bernheimer & Keogh, 1982, 1988; Gallimore, Weisner, Nihira, Keogh, Bernheimer, & Mink, 1983). The families in the cohort each had a child who had been judged to be developmentally delayed by a professional or an agency. Children were excluded from the sample if they were known to have chromosomal abnormalities and/or genetic conditions associated with mental retardation, or if the delay was associated with either known prenatal drug or alcohol usage, or with postnatal neglect or abuse.

Developmental delay is a term of relatively recent vintage, and it lacks definitional specificity (Bernheimer & Keogh, 1986). It is essentially a nonspecific clinical term with less ominous overtones for the future than "retarded." Although some children with early delays "catch up," the majority continue to lag behind age norms on standardized tests of development and cognition, and the majority are placed in special education classes once they enter school (Bernheimer & Keogh, 1988).

One hundred and three children from 102 families were recruited into the cohort for Project CHILD. Seventy-three different agencies in the greater Los Angeles area agreed to participate in the study.
Table 1. Examples of representative ecocultural features, from interview and ethnographic data on 102 Euro-American families with children with developmental delays, age 3–4

1. Family subsistence and financial base
   a. Employment history of parents
   b. Hours worked and flexibility of hours
   c. Tenure and security of employment, stability & regularity of income sources
   d. Level of employment, occupational rank
   e. "Job" vs. "career" vs. "calling"
   f. Work done at home, or very near home
   g. Amount of unearned income
   h. Equity available to family
   i. Extent of self-direction of work, complexity or organization of work, control over work process or product (Kohn, 1977)

2. Accessibility of health and educational services
   a. Distance from home to employment, services, etc.
   b. Means and cost of transportation available and used
   c. Schedule juggling, problems in access (hours open, timing, family separation/integration)
   d. Flexibility of services (hours, location, etc.)
   e. Required or voluntary parent-group participation (as part of child services or otherwise)
   f. Child care provided in home for child by outside professionals
   g. Role of Regional Center for identified DD children

3. Home and neighborhood safety and convenience
   a. Yard vs. no yard, fencing, neighborhood play areas and accessibility for child
   b. Architectural issues, house safety and convenience (e.g., space available, one or two stories), interior organization and design, childproofing
   c. Neighborhood safety measures perceived by parents, judged by observers, and assessed by city statistics
   d. Use of neighborhood places and services by child and family (cf. Medrich et al., 1982)

4. Domestic task and chore workload (excluding childcare) and family division of labor
   a. Chore and task inventory: who does these, frequency and timing, level of family concern over work and cleanliness, etc.
   b. Absolute workload (number of persons in family, time spent, etc.)
   c. Perceived workload pressures on parents and children
   d. Complexity of chores and who does them, ages at which children take on work with responsible, self-managed sequences of tasks (Nerlove et al., 1974)
   e. Task sharing, complementarity, specialization of roles
   f. Exclusivity of work, or available alternatives to person with primary responsibility
   g. Children's work outside home (if any)
   h. Personnel available in family for aid (family size and composition, non-kin members)

5. Childcare tasks
   a. Personnel available and used (parents, grandparents, other kin, siblings, friends, neighbors)
   b. Number and variety of specific childcare jobs
   c. Amount of care and supervision time daily, degree of direct responsibility, control and monitoring required (Weisner & Gallimore, 1977)
   d. Additional childcare due to particular DD child's problems (vs. routine care for other children)
   e. Specialized settings or interactions created by child's problems (e.g., program requirements, reading, special babysitting skills)
   f. Extent of specialized instrumental childcare jobs, vs. social involvements, or training, etc.

(continued)

6. Children's playgroups
   a. Age, sex, and kinship category of playmates, including family, kin, and neighborhood groups
   b. Frequency of participation in playgroups
   c. Parent-organized and created playgroups; frequency, type, and hassle involved in participation in such groups
   d. Extent of parents' and/or older siblings' structuring of and intervention in peer play groups, degree of supervision and monitoring

7. Marital role relationships
   a. Quality of couple roles (companionship/intimate, degree of role separation, sharing of decisionmaking, domains of control and responsibility)
   b. Degree of task complementarity (fixed role or shared functioning styles)
   c. Degree of socioemotional involvement and sharing in decisions involving DD child
   d. Decisionmaking style

8. Networks and organizational involvement
   a. Formal groups (church, organizations, parents' groups, etc.)
   b. Informal contacts (neighbors, kin, friends, casual contacts with professionals such as chats after school, etc.), parents' contacts with other parents of children with disabilities
   c. Degree of instrumental vs. socioemotional involvement with such groups
   d. Degree of support by groups vs. aid given to others in group

9. Role of mother and father in childcare
   a. Degree of participation (see tasks, marital role, and childcare data)
   b. Organizational involvement in facilitating child care
   c. Quality of involvement with spouse re DD child (dominant, co-equal, supportive, avoidant)
   d. Non-biological father involved in home, roles of alternate male caregivers
   e. Focus of father involvement with DD child (instrumental, supervision and management, recreational, emotional, etc.)
   f. Sibling and other nonparental care replacing or complementing parental care

10. Sources of child cultural influence
    a. Overall TV viewing, games, organized sports and activities, family cultural activities, etc.
    b. Extent of parental management, control in presentation of information for child

11. Sources of parental information and goals
    a. Books, lectures, training, classes, required parent groups
    b. Special job, interest, or status giving access to information (e.g., mother is an RN and knows about programs; father knows psychologist in the field)
    c. Variety of alternative conceptions of treatment, etiology, etc., available to family (megavitamins, special programs, etc.); parents' level of awareness of ideas and developments regarding developmental delay

12. Community heterogeneity
    a. Variety of social and cultural views of developmental delay, behavior and attitudes toward disabilities, etc. (see previous section)
    b. Social and cultural views and attitudes toward conventional success or achievement in community, the value of education, etc.
    c. Diversity of local community as a reference point for child's status, e.g., community is homogeneous and hence, child is unique, child significantly stands out on some dimensions and not others (appearance, speech, movement, cognitive ability, etc.); importance of these dimensions in the community

1. **Family subsistence and financial base**
   a. Mother stayed home because child "needed" her, later went back to work to afford speech therapy.
   b. Father turned down contract for third year working abroad, in part to get child services in Los Angeles.

2. **Accessibility of health and educational services**
   a. Mother drives child an hour each way to intervention program, waits at grandmother's house while child is in program.
   b. Parents take time from work to schedule trips to doctor; arrange schedule "so mother and father both take responsibility for transportation—transfer child in the middle of the route.

3. **Home and neighborhood safety and convenience**
   a. Parents plan to move to larger house to accommodate wheelchair; father built special chairs and tables.
   b. Home is childproofed, nothing breakable; child's room allows for constant monitoring.

4. **Domestic task and chore workload for family**
   a. Mother puts least priority on house and housework, higher priority on helping child.
   b. Mother gets up at 4 A.M. to do laundry, housework, has no paid help.

5. **Childcare tasks**
   a. Older sisters voluntarily assist—mother does not mobilize help outside family circle.
   b. Complex job assignments for childcare assumed by father, mother, grandmother, etc.

6. **Child playgroups and peers**
   a. Child may play only inside with sibling and sibling's friends, not outside with neighbor children.
   b. Child plays well with siblings and mother also arranges for a playgroup in the neighborhood.

7. **Marital role relationships**
   a. Father left family partially because he could not accept child with delays.
   b. Parents make all decisions jointly (e.g., parents sleep separately for 6 months due to child's sleeping problems).

8. **Social support**
   a. Extensive support networks are used (e.g., relatives, parents, church members, boy scouts).
   b. Mother lives rent-free with grandparents; grandfather helps teach child.

9. **Father's role**
   a. Father takes over domestic workload on weekends, as he commutes long distance and has long working hours during the week.
   b. Father quits job and now works out of home so he can be available to supervise childcare.
   c. Father's role is "breadwinner," father leaves all decisions regarding DD child to mother.

10. **Sources of child cultural influence**
    a. Mother feels sitter uses poor communication patterns with child, so trained sitter to use new communication patterns.
    b. Mother hired Montessori teacher for child and two others, for in-home school

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**Table 2. (continued)**

11. **Sources of parental information and goals**
    a. Father's former girlfriend is a speech therapist, led family to transfer child to her clinic.
    b. Grandmother is an RN; grandfather is a special educator; mother gets advice from former special education teacher.

12. **Community heterogeneity that influences family**
    a. Mother uses contacts with Native American groups for alternative treatment methods.
    b. Euro-American family lives in mostly Afro-American neighborhood; child stands out, but seems accepted.


Angeleno metropolitan area assisted in the assembly of the cohort. Public schools and private intervention programs constituted two-thirds of the cooperating agencies. Only 5% of an original pool of 313 children were not included due to self-selection (i.e., the parents declined to participate, or the agency "decided" that the parents would not be interested). All the remaining cases initially mentioned or referred who did not eventually participate in the study did not participate because they did not meet the screening criteria. This suggests that selection bias was at an acceptable level of 5%.

At entry, the mean child chronological age (CA) was 41.8 months (standard deviation [SD] = 6.2; range = 32–55). The mean Gesell Developmental Quotient (DQ) was 72.32 (SD = 15.97; range = 38–117). All but 18 of the children had DQs below 90, and all 103 had significant delays in one or more areas (motor, speech, behavior, or cognition) in spite of some relatively high DQs. 58.3% of the children were boys.

The 102 families in the study cohort consisted predominantly of married, middle-class couples in their thirties; however, there was a wide range of variation and heterogeneity despite this central tendency, as seen in Table 3.

**Ecocultural Influences in Families with Children with Developmental Delays**

Ecocultural features of the families in Project CHILD were significantly related to children's developmental status, behavioral characteristics, and families' accommodations to their delayed children. For instance, the author and his colleagues have developed a psychometrically-based Ecocultural Scale (ECS) of 127 items (Weisner, Nihira, & Bernheimer, 1989). This scale is based on factor-analytically derived measures of family values and goals and ecocultural resources and constraints. This scale is significantly related to children's developmental scores (DQ), as well as other measures of proximal home environment, such as the Caldwell scale (Nihira, Weisner, & Bernheimer, in press). The author and his colleagues have also created systematic
Table 3. Sample description at entry

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<th>Percent</th>
<th>Frequency</th>
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<td>Single, never married</td>
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<td>7</td>
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<tr>
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measures of accommodations, and found that accommodation is related to the extent of the child’s impact on the family’s daily routine, and is affected by parental workload, socioeconomic status, and career orientations. Accommodation is unrelated to child DQ (Gallimore et al., in press). Parents’ religious orientations also corresponded to a sense of “peace of mind” regarding their efforts (Weisner et al., 1991).

These studies show that the cultural place, as captured through the use of ethnographic field notes, interviews, and psychometrically developed scales such as the ECS, significantly influenced the CHILD families and their delayed children’s developmental courses. Naturally, the range of variation in the single cultural place studied by Project CHILD (Euro-Americans in the Los Angeles area) does not begin to approach what would be found if additional samples were included—such as, for example, the different ethnic groups in North America, or other cultural samples from around the world. The possibilities for undertaking such systematic comparative work with both ethnographic and other methods are exciting.

Cultural Beliefs and the Siblings of Children with Delays: Ideas About Equality and Task Allocation

Recall that the cultural place exerts its influence on siblings by providing models for a cultural career as a sibling, and that being a sibling is, in turn, intertwined with other cultural careers. The parents in Project CHILD had a variety of ideas about sibling roles and cultural careers. Naturally, the ecolinguistic circumstances of each family in Project CHILD influenced sibling relationships with their delayed child—features such as workload, family size, age and sex of the sibling group, blended families and step-siblings, and others. But the beliefs and concerns of parents were also influential in how they accommodated their delayed children.

The following excerpts from extended interviews with families with developmentally delayed children age 3–4 or 6–7 illustrate how parents used such cultural beliefs and concerns. Two factors in particular seemed especially important to many of the parents in the study, and contrast with the parental concerns in other cultural places: 1) the importance of equal treatment of each child, and 2) low expectations for caregiving and domestic help by older siblings. Concern over equality of treatment is not as salient elsewhere in the world, and siblings are more often expected to assist the parents and one another.

Equality of Treatment One of the most often mentioned and deeply felt cultural beliefs is that each child should be treated equally or equivalently by the parents. Fifty-four percent of all CHILD families mentioned their concern over the equality of treatment of the children in their families—the second highest ranking (out of 18 such concerns that were coded) at age 3–4 and the 7th highest at age 6–7. The predominant theme regarding equality was the parents’ concerns that they were not giving the typically developing siblings enough attention or resources, as compared to the delayed child, even though they felt that they should. Most parents’ cultural assumption is that individual attention to each child is essential and should be equivalent according to some calculation, and parents struggle to achieve this.

Some parents have developed strategies to achieve equality of treatment by calibrating the time allocation, spending money, or stimulation and “quality time” spent with each child. Others recognize that they do not treat their children equally, but rationalize or explain this away in a variety of ways. Here are some data from ethnographic field notes, case summaries, and interview materials that illustrate these kinds of concerns:

The delayed child in this family has a brother 2 years younger. "The mother is very concerned about not giving equal time to the younger brother; she wants to spend more time with the younger brother when the target child enters full-time school."
Another mother reports that she "tries to equalize money, time and activities for both children."

In another family, the younger sibling is going to be given piano lessons, and the mother is going to give the delayed child music lessons too, "to show that the delayed child is equally important."

Parents in another family try to equalize time each evening by splitting up—one goes with the delayed child, the other with the 6 1/2-year-old older brother. The parents continued doing this over 4 years of the study period.

The mother in another case was told that when her high-hassle, temperamental delayed child acts out, she should strap the child into a car seat in the house. The mother, however, decided to do the same with the younger brother, so that she will "treat them the same."

One of the striking features of these examples is that the concerns match those of the Western cultural place. Euro-American parents did not easily accept, without question or guilt, the inequalities and (perceived) lost opportunities of the normal sibling due to their also having a delayed child. The frequent need to treat their children very differently clashed with their beliefs regarding equality and children's need for freedom and independence. Nor did the ecocultural circumstances of their daily lives make it very easy to live by their ideals of equality; parents often had to undertake significant accommodation efforts to try and attain this goal of equal treatment. The cultural value of equality of treatment of each sibling does not in itself prevent parents from rethinking the issue and making accommodations—but it does make these accommodations difficult and troubling for many.

**Caregiving and Domestic Tasks of Siblings**

The Euro-American cultural expectation is that older siblings should not have too onerous a burden in caring for their younger siblings, nor do too many domestic chores. Many of the parents in the CHILD study worried about their children having too much work to do. Mentions of caregiving responsibilities—either as a burden and a concern, or as a part of sibling interactions—ranked 4th out of 18 rated concerns both at age 3–4 and 6–7. Twenty-five percent of the families of children of age 3–4 mentioned this, and 37% of those with children of age 6–7.

Parents in one family pay teenage sisters of the delayed child (ages 16 and 12) to babysit "so that they will not feel that it is an imposition on them." The mother says that it is harder to get her two daughters through their teenage years than it is to manage her delayed child, in part due to conflicts over such responsibilities.

A mother says that the older sister "...is very responsible for her age, and it makes her heart ache to realize that her childhood is being lost or stifled...." [Mother's expectations are that the older sister should not care for the delayed child, and that it is a deep loss to the sister to have done so. ...]

In another case, parents do not expect child care from the older sibs of the delayed child, and state that they do not expect them to take care of the delayed child when grown. "Mother does not expect help with babysitting on a regular basis ... there is less emphasis, as well, on sibs caring for the child later as an adult."

An older sister in another family is a "typical teenager"—not rude, just focusing on her own activities. She is pleasant to the family, but spending time in her room and with her friends. As the older sister, she seems to lead a separate life. [The expectation here is that early teens lead their own lives, and are not expected to provide caretaking or other domestic assistance.]

Another case has a mother who does not expect help from three older siblings because "... Mother does not have the energy to ride herd on them after dealing with the target child." [The expectation is that mother has to ride herd in order to have any sibling cooperation.]

The older brother is very angry and frustrated with the delayed child's high-hassle behaviors, and that "he has to give in too often" to keep the peace. The parents are very worried about this ... the parents do not think that the older child should be the one to provide nurturance, act prosocially and responsibly towards younger child—at least not too often, since it might be bad for the older child.

But not every parent displayed concerns over equality or domestic work, as the next two cases suggest.

The delayed child in this family has two sisters who are 4 and 6 years older. The mother offers the sisters a choice: you can take care of the house, or do Doman-Delacato method patterned exercises with the target child. ... The sisters chose patterned, but argue over who has to do it. Mother is not concerned with equal time for the older sisters, and treats this as a "matter of fact" issue.

In another family, the fieldworker notes that "Mother has normal concerns about sibs getting along; she relies on the older sisters to supervise and provide a good influence for the target child."

No parents merely accepted, without raising the issue as a problematic cultural question, that older siblings would take care of the delayed child or assist the parent in domestic tasks. Of course, sibling participation in tasks occurred often in a number of families, and opinions varied among parents. But the practice did not occur naturally or easily, as a matter of normal sibling relationships, as it would in Kenya or India, for instance.

The cultural place and cultural meanings affected both the way in which families experienced having a delayed child and what they did as a result. This was true for the families' beliefs about equality, as well as those about issues surrounding caregiving and domestic workload. Parents reported feeling significant guilt and anxiety, for instance, over unequal treatment of their children. In many Kenyan or Indian families, the cultural concern would be over fostering sufficient interdependence among siblings, rather than autonomy or equality. Euro-American parents report making significant accommodation efforts in their attempts to rectify what they perceive as inequality. Similarly, mothers report that one of their most serious problems is the increased domestic workload that resulted from having a delayed child (Gallimore et al., 1989)—yet few report that siblings offer the kind of assistance that would be routine in other cultural places. Parents' social constructions of their circumstances—in these examples, constructions influenced by cultural be-
lies about equality and appropriate caregiving roles for siblings—may well have influenced the developmental course of the delayed child and his or her siblings. These beliefs certainly influenced family responses to the delay as shown by the contrast between Euro-American and other cultures.

**Parental Concerns and Reports of Sibling Roles**  
Equality and caregiving were salient cultural concerns of the parents in the CHILD study, but not the only concerns mentioned. The author coded 18 distinct parental concerns about siblings and their delayed children, at child ages 3–4 and 6–7. These are listed in Figure 1 in descending order from those that increased in frequency of mention at age 6–7 (at the top of the figure) to those that decreased in frequency as the delayed children got older (at the bottom). The full labels for these concerns, corresponding to their order in Figure 1, are as follows:

- Concern about having to act as mediators of conflicts between siblings (Parents as mediators of conflict)
- Concern about how to communicate and explain the label for or status of the child with delays to the siblings (Communication of delayed label)
- Concern about dominance problems of siblings over the child with delays (Dominance in interactions)
- Concern over siblings “acting out” because of the delayed status of the child (Acting out by siblings)
- Concern that interaction between the child with delays and siblings is uncooperative (Uncooperative interactions)
- Concern that family should do things as a unit (Family should be a unit)
- Concern about aggression between siblings and the child with delays (Aggression between siblings)
- Concern about caregiving by siblings of the child with delays (Sibling caregiving for the child with delays)
- Concern over using siblings’ developmental status to make comparisons with the developmental status of the child with delays (Developmental comparisons using siblings)
- Concern over having shared, equal goals for the child with delays and siblings (Goals for siblings are shared)
- Concern over comparing expectations for the future of the child with delays with those for the siblings (Expectations at maturity)
- Concern over siblings teaching the child with delays (Siblings teaching delayed child)
- Concern over facilitating interaction between the child with delays and siblings (Facilitate sibling interaction)
- Concern over using sibling as a role model to assist in managing the child with delays (Sibling as role model)
- Concern about ensuring equality of treatment between siblings and delayed child (Equality of treatment)
Concern about giving extra positive attention to siblings to compensate for the
delayed child’s needs (Extra positive attention to sibling)
Concern about siblings being used as a standard of normalcy by parents and
the child with delays (Siblings used as standard of normalcy)
Concern about “encapsulating” the siblings from the delayed child, for exa-
ample, separating the delayed child and his or her siblings in their schedules
or friendships, and at home (Encapsulation: separate delayed child and
siblings)

Figure 1 shows an increase in parental concerns regarding behavior and
interactional problems at age 6–7, and a decline in concerns regarding develop-
mental comparisons between the delayed child and siblings. For instance,
the three most frequently mentioned parental concerns when the delayed
children were age 3–4 were the following:

Using the siblings as a standard of normalcy to compare to the delayed child
(56% of parents mentioned this at child age 3–4; 26% did so at age 6–7.)
Concerns over treating all the children equally (54% mentioned at child age
3–4; 26% at age 6–7.)
“Encapsulation” (54% mentioned this at child age 3–4, but only 9% at age 6–
7.)

Each of these concerns has to do with the developmental status of the delayed
child and with how to deal with the delayed child in comparison to the
siblings.

At age 6–7, in contrast, the three most frequently mentioned concerns were
focused more on behavioral problems of the delayed child and their
effects on siblings and the family:

Concern over cooperative interactions between siblings and the delayed child
(77% at age 6–7, but only 38% at age 3–4)
Concern over the family being together and the siblings and the child with
delays doing things as a unit (42% at age 6–7, 25% at age 3–4)
Concern over having to mediate conflicts between siblings and the child with
delays (42% at age 6–7, only 5% at age 3–4).

Parental discussion of encapsulation declined the most in number of
mentions as children got older: it was ranked 2nd when children were 3–4,
and 13th at age 6–7. By the time their child with delays reached age 6–7,
parents were more interested in how to do things together. Concerns over
using the siblings as a standard of normalcy with which to compare the
delayed child and over giving extra positive attention to the siblings, declined
substantially in frequency of mention between age 3–4 and 6–7.

Parents mentioned having to mediate conflicts significantly more often as
children grew older; this topic increased from a rank of 15th at child age 3–4
to a rank of 3rd at age 6–7. Similarly, problems in discussing the delayed
child’s “label or status” (is the child “retarded,” “slow,” “handicapped,” or
perhaps none of these) increased in concern as the delayed child got older,
moving from a rank of 11th to 5th. Problems with the older siblings “dominat-
ing” the child with delays also increased as a concern, from a rank of 14th to
9th.

The concerns of parents over developmental comparisons between sib-
lings and the child with delays at age 3–4 seems due in part to uncertainty
over the diagnosis and developmental condition of the delayed child at youn-
ger ages. Parents also worked harder to achieve overall equal treatment at
younger ages than they did 3 or 50 years later. Parents turned away from this
hoped-for equality and more towards ways to increase cooperation and shared
experience as children grew older. The way many parents tried to provide
equality during this later (age 6–7) period was often through separate-but-
equal activities and interactions, including encapsulation, and not as often
through joint activities.

By the beginning of their middle-childhood years, many delayed chil-
dren were indeed significantly more of a behavioral and interactional problem
for the siblings and the parents (Gallimore et al., in press). The mention of
concerns over cooperation and conflict mediation increased substantially. Is-
ues of equality and encapsulation declined overall, and “doing things to-
gether as a family” now began to be seen as the more appropriate way to
provide “equality and balance” for the whole family. Worries over the effects
of the child with delays on family solidarity and togetherness may also lie
behind these concerns.

For most families, structural features such as birth order or age differ-
ences between the siblings, and the temperament of both the delayed child
and the siblings, influenced how parents talked about their sibling-related con-
cerns. In addition to such demographic and family-structure influences, the
nature of the child’s condition affected parents’ concerns. However, the
delayed child’s IQ and developmental status did not correspond to parental
concerns. Rather, behavioral and social problems of the delayed children were
associated with different patterns of parental concerns. Parents and field-
workers alike reported that in families with delayed children with high behav-
ioral problems that affected the functioning of the family, parents more often
reported problems and concerns over mediation of conflict, doing things
together or separately as a family, and problems in providing some form of
equality of treatment for each sibling.

In summary, parents in the study had many different concerns regarding
the siblings of their delayed children. These concerns were culturally familiar,
and many are recognizable in all Euro-American families, not only in families
with delayed children. They reflect more general Euro-American cultural
concerns over equality of parental treatment of children, and the lack of a
clear cultural norm regarding sibling caregiving. In many other cultural places, in contrast, sibling interdependence and differences in treatment are more widely accepted and expected, and sibling caregiving is a normal part of the siblings’ life careers together.

There were also changes in concerns as the child with delays grew older. Developmental concerns and concerns over labelling declined in parental reports, and issues of behavior management and attempts to provide more shared family activities appeared more often. The delayed child’s DQ did not influence concerns regarding siblings and the child with delays; rather, the family constellation and the child’s behavioral and related problems influenced parental concerns.

More systematic exploration of similarities and differences in the lives of developmentally delayed children and siblings in different cultural places awaits further comparative work, empirical research, and testing. These comparisons should include a wide range of cultural and ethnic communities, include families with and without a child with disabilities, and use ethnographic and qualitative methods of study, in addition to other methods. Studying siblings in their varying cultural places around the world is not only of scientific value in understanding cultural diversity and universals in sibling relationships, it is essential in understanding our own cultural place.

REFERENCES


Ethnographic and Ecocultural Perspectives on Sibling Relationships


