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# Evaluation of Psychometric Indices of Parental Acceptance Questionnaire among Mothers with Children with Special Learning Disabilities in Shiraz

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## ABSTRACT

**Objective**: In recent research, parental acceptance has been considered as one of the effective structures on mental health. One of the challenges in studying this structure has been measuring and evaluating this variable and its components. The aim of this study was to evaluate the validity and validity of Paper's Paternity Acceptance Questionnaire Porter (1954) on a sample of mothers with children with special learning disabilities in Shiraz.

**Methods**: The subjects were 308 mothers with children with learning disabilities who were selected by cluster sampling. The research tool was a 40-item parental acceptance questionnaire. Confirmatory factor analysis was used to evaluate the validity of the questionnaire.

**Results**: After factor analysis, the factor structure of the questionnaire was approved. The reliability coefficient of the questionnaire was 0.73 by Cronbach's alpha method.

**Conclusions**: In general, the results showed that the Parental Acceptance Questionnaire is suitable for mothers with children with special learning disabilities in Shiraz to measure this variable and its components and can meet the existing needs.

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## Introduction

Neurodevelopmental disorders represent a group of conditions that emerge during the growth or maturation of the nervous system. These disorders include a range of previously recognized conditions such as Attention-Deficit/Hyperactivity Disorder (ADHD) and dyslexia, which are classified in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* as neurocognitive disorders (American Psychiatric Association, 2014). One of the major concerns in the domain of neurodevelopmental disorders is the accurate and early diagnosis of these conditions, as this enables prevention of a range of adverse outcomes including low motivation, diminished self-esteem, chronic feelings of frustration, and difficulties in peer relationships. Moreover, in the absence of appropriate intervention, affected individuals face an elevated risk of comorbid disorders such as communication disorders, conduct problems, and depression (Delaverian & Afrooz, 2020).

Epidemiological studies indicate that, on average, approximately 15% of children between the ages of 3 and 17 are affected by neurodevelopmental disorders, with ADHD and specific learning disorders being the most prevalent (American Psychiatric Association, 2014). Learning can be regarded as a fundamental developmental process through which an initially dependent and vulnerable being gradually transforms—through interaction and physical growth—into a cognitively capable individual with virtually limitless intellectual potential. However, some children experience disruptions in this developmental trajectory. Among these are students with specific learning disorders (Sobhie Gharameki, Abolghasemi, & Dehghan, 2015).

The family plays a central and vital role in the growth and development of children and is widely recognized as one of the most influential environments for mental and physical health (Nazari, 2010). Psychologists have emphasized the importance of the child–caregiver relationship, asserting that mutual responsiveness and parental warmth form the foundation of the child's psychological and emotional development, while simultaneously reducing the risk of mental health problems.

Parental acceptance of a child can be defined as the parents' ability to provide unconditional regard and acceptance, regardless of the child's appearance, abilities, or behaviors. This form of acceptance reflects parents' recognition that their child is a unique individual with emotions that require expression. It also entails an acknowledgment of the child's needs as distinct from those

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of the parents (Porter, 1954). The components of parental acceptance include respect for the child's emotional experiences and rights, appreciation of the child's qualities, recognition of the child's need for autonomy and independence, and unconditional love and acceptance.

The quality of the parent–child relationship is particularly significant for healthy childhood development, such that insecurity in this relationship may endanger the child's psychological well-being (Mahmoudi Qaraei, 2011). Empirical studies have defined the quality of parent–child relationships in terms of openness, frequency and quality of communication, perceived conflict, feelings of rejection, hostility or aggression, emotional warmth, shared time, and prevailing parenting practices (Lee, 2007). Parental acceptance may be expressed through warmth, affection, care, nurturance, support, or genuine love, which can be demonstrated both emotionally and behaviorally (Sinha et al., 2015). In contrast, parental rejection refers to the absence or significant withdrawal of such positive regard, and manifests in diverse psychological and physical consequences (Rohner et al., 2015). Broadly, parental acceptance and rejection refer to the emotional bond between parents and children as expressed through verbal, physical, and symbolic behaviors (Kostic, Nesic, Stankovic, & Zikic, 2015).

Research has shown that children who perceive acceptance within the home environment recognize that they are loved and valued, demonstrate higher levels of self-confidence, and are more likely to develop healthy social relationships. Conversely, parental rejection predisposes children to greater internalizing and externalizing problems (Gouli & Andra, 2011) and has been specifically associated with pessimism and antisocial tendencies (Baker & Harger, 2012). According to *Parental Acceptance-Rejection Theory (PARTheory)*, perceived rejection contributes to the development of seven personality dispositions: hostility and aggression, dependence or defensive independence, impaired self-esteem, impaired self-efficacy, emotional unresponsiveness, emotional instability, and a negative worldview (Rohner, 2015). This theory emphasizes the lifelong consequences of perceived parental acceptance and rejection, extending from childhood into adulthood (Goleman, 2015; Rohner, 2015).

A lack of effective parent–child communication may impair the child's emotional and psychological security, resulting in deficits in motivation, emotional health, and adaptive functioning. Weak parent–child relationships are also linked to problematic behaviors in children (Satir, 1971/Beirashk, 2009). Overall, theories of acceptance and rejection focus on the processes

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of socialization and development across the lifespan, seeking to predict and explain the causes, outcomes, and correlates of parental acceptance and rejection across diverse cultural, racial, gendered, and geographical contexts.

In this framework, acceptance and rejection are conceptualized as two poles of the warmth dimension (Rohner, 2015). The acceptance pole is characterized by love, affection, care, comfort, and support, whereas the rejection pole is marked by the absence or insufficiency of these qualities, along with the presence of hostile, indifferent, or neglectful behaviors. Four primary manifestations of parental rejection have been identified: (a) coldness and lack of affection, both verbal and physical; (b) hostility and aggression, verbal or physical; (c) indifference and neglect, reflecting unavailability and disregard for the child's needs; and (d) undifferentiated rejection, where the child perceives a lack of love and importance without clearly identifiable hostile or neglectful parental behaviors (Mousavi, Mazaheri, & Ghanbari, 2012).

Research has further demonstrated that raising a child with developmental or learning difficulties places significant emotional and psychological strain on families, particularly mothers (Burgess, Hakimjavadi, Gholamali Lavasani, & Khanzadeh, 2013). Mothers of such children often experience a range of emotional and cognitive responses, spanning from complete rejection to unconditional acceptance, from anger to love, and from neglect to overprotection (Hallahan & Kauffman, 2003). The presence of a child with a specific learning disorder significantly affects parental beliefs and attitudes, with mothers frequently reporting confusion, denial, depression, hopelessness, and other negative emotions, all of which adversely impact their well-being (Jannat Abadi & Jafarpoor, 2019). Due to the persistent academic, attentional, and communicative difficulties faced by their children, these mothers may struggle to cope effectively, often resulting in psychological distress, impaired parent–child bonding, and feelings of helplessness.

Intervention-based studies suggest that parent-focused therapeutic and educational programs can alleviate parental stress and enhance acceptance. For example, Amanollahi, Shadfar, and Aslani (2018) demonstrated the effectiveness of parent–child relational therapy in reducing parental stress and improving parental acceptance. Similarly, Varesta et al. (2016), employing a positive parenting training program, found significant improvements in parenting stress, acceptance and rejection, parent–child interactions, and parenting styles. Kakabrayi (2015) also reported that

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family-centered problem-solving interventions strengthened parent–child relationships among elementary school students.

Despite these findings, a notable gap persists in the availability of an independent and validated instrument for assessing parental acceptance, particularly in the context of mothers of children with specific learning disorders. Given that parental acceptance plays a decisive role in shaping psychological well-being within this population, the present study seeks to address this gap.

**The objectives of the current study are as follows:**

- To examine the factorial validity of the *Parental Acceptance Questionnaire*
- To examine the reliability of the *Parental Acceptance Questionnaire*

## Material and Methods

The statistical population of this study consisted of all mothers of students with specific learning disorders who were referred to learning disability centers in Shiraz during the 2019–2020 academic year. The total population was 1,536 mothers. Based on Cochran's formula, the sample size was determined to be 308 participants. A simple random sampling method was employed. Specifically, the names of all eligible mothers were compiled into a list ordered alphabetically by surname. Each name was assigned a number, and the final sample was selected using random numbers generated via Google's random number generator.

### Instrument

The data were collected using the Parental Acceptance Scale developed by Porter (1954). This self-report questionnaire consists of 40 items designed to assess parental acceptance as reflected in parents' behaviors and expressed feelings toward their children. The instrument yields a total score along with four subscales:

1. Respect for the child's feelings and rights to express them,
2. Appreciation of the child's characteristics,
3. Recognition of the child's need for autonomy and independence, and
4. Unconditional love and acceptance.

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Items are rated on a 5-point Likert scale, with total scores ranging from 40 to 200. The scale does not include a clinical cutoff point; higher scores indicate greater parental acceptance of the child.

The validity of the scale was confirmed by at least three of five expert judges for all items (Burchinal, 1957, as cited in Moses, 2012). Reliability has been reported across various countries. For instance, Porter (1954) reported a split-half reliability coefficient of 0.76, which increased to 0.86 after applying the Spearman–Brown correction. Similarly, Burchinal, Hawkes, and Gardner (1957, as cited in Landreth & Lobaugh, 1998) reported a reliability coefficient of 0.80. In Iran, the validity and reliability of the scale were examined by Sajjadi (2010). Factor analysis revealed three components: unconditional love and acceptance (6 items), acceptance of the child's individuality, needs, emotions, and rights (11 items), and recognition of the child's special needs (4 items). Sajjadi (2010) reported Cronbach's alpha coefficients of 0.73 for the total scale, 0.75 for the first factor, 0.69 for the second factor, 0.51 for the third factor, and 0.71 for the fourth factor.

**Procedure**

After preparing the final version of the questionnaire and identifying the eligible participants, one of the researchers visited the designated counseling centers in Shiraz. The researcher provided introductory explanations about the study, emphasized the voluntary nature of participation, and clarified that no identifying information would be required. The questionnaires were then distributed to participants, who were allowed to complete them at their own pace without time restrictions. On average, completion took between 20 and 25 minutes.

Upon collection of the completed questionnaires, participants were thanked for their cooperation and provided with additional information regarding the study's aims and how their responses would be analyzed. The completed questionnaires were coded and entered into a computer for statistical analysis using SPSS and AMOS software.

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## Results

To examine the construct validity of the *Parental Acceptance Scale*, a confirmatory factor analysis (CFA) was conducted using the Analysis of Moment Structures software (AMOS, Version 21). Descriptive statistics for the total questionnaire score and each subscale are presented in Table 1.

**Table 1.** Descriptive statistics of the total score and subscales of the Parental Acceptance Scale

| Variables | N | Mean | SD | Min | Max |
|---|---|---|---|---|---|
| Respect for child's feelings and rights to express them | 308 | 30.52 | 4.43 | 13 | 36 |
| Appreciation of child's characteristics | 308 | 39.57 | 5.25 | 15 | 45 |
| Recognition of child's need for autonomy and independence | 308 | 36.12 | 3.06 | 14 | 42 |
| Unconditional love and acceptance | 308 | 43.18 | 4.22 | 18 | 46 |
| Total parental acceptance | 308 | 119.40 | 14.75 | 61 | 165 |

The CFA results indicated that all items loaded significantly on their respective factors, with standardized factor loadings above .30, suggesting adequate item–factor relationships. Table 2 summarizes the fit indices for the model.

**Table 2.** Goodness-of-fit indices for the Parental Acceptance Scale

| Fit index | Value |
|---|---|
| $\chi^2$ | 452.70 |
| DF | 203 |
| p-value | .001 |
| $\chi^2$/DF | 2.23 |
| Goodness of Fit Index (GFI) | .91 |
| Adjusted Goodness of Fit Index (AGFI) | .87 |
| Normed Fit Index (NFI) | .74 |
| Comparative Fit Index (CFI) | .83 |
| Incremental Fit Index (IFI) | .84 |
| Tucker–Lewis Index (TLI) | .79 |
| Root Mean Square Error of Approximation (RMSEA) | .073 |

The obtained indices indicate an acceptable model fit. Specifically, the RMSEA value of .073, CFI of .83, GFI of .91, AGFI of .87, NFI of .75, IFI of .84, and TLI of .79 suggest that the hypothesized model demonstrates reasonably good fit to the data.

Internal consistency of the Parental Acceptance Scale was assessed using Cronbach's alpha. The total scale yielded an alpha coefficient of .73, indicating acceptable internal reliability. Subscale reliability coefficients were as follows: respect for the child's feelings and rights

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(.76), appreciation of the child's characteristics (.74), recognition of the child's need for autonomy and independence (.71), and unconditional love and acceptance (.74).

In addition, split-half reliability coefficients were computed. Results indicated reliability coefficients of .72 for respect for feelings and rights, .79 for appreciation of characteristics, .69 for recognition of autonomy and independence, and .74 for unconditional love and acceptance. The overall split-half reliability coefficient for the total scale was .71. These results are summarized in Table 3.

**Table 3.** Reliability coefficients of the Parental Acceptance Scale (N = 308)

| Scale | Cronbach's α | Split-half | Original scale α |
|---|---|---|---|
| Total scale | .73 | .71 | .81 |
| Respect for feelings and rights | .76 | .72 | .75 |
| Appreciation of characteristics | .74 | .79 | .73 |
| Recognition of autonomy and independence | .71 | .69 | .71 |
| Unconditional love and acceptance | .74 | .74 | .71 |

Overall, the findings provide evidence for the factorial validity and internal consistency of the Parental Acceptance Scale in the studied sample.

## Discussion

The present study aimed to adapt and evaluate the validity and reliability of the Parental Acceptance Questionnaire to determine whether it could serve as a useful tool for assessing parental acceptance and its components among mothers of children with specific learning disorders. As reported in the results section, the questionnaire demonstrated satisfactory validity and reliability indices, and the factor structure of the original scale was confirmed in the present sample. Given the need for an objective instrument to measure the construct of parental acceptance, this questionnaire can partially address the educational, research, and counseling needs in this area.

The Parental Acceptance Questionnaire can be administered both individually and in group settings. It may also be applied to assess parental acceptance among mothers of typically developing children. Although there is no strict time limit for completion, the average administration time ranges from 20 to 25 minutes, depending on the participants' educational level and reading ability.

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Scoring of the questionnaire is conducted by summing the responses for all items and dividing by the total number of items to obtain an overall score. Scores for each subscale can also be calculated using the same procedure. The mean scores of the subscales are derived similarly, with each subscale score representing the average of its constituent items, and the total score reflecting the average across all items.

The findings of this study are consistent with previous research on the measurement and conceptualization of parental acceptance (Sajjadi, 2010; Varesta, 2016; Bandar Kakhki, 2018). Establishing acceptable norms, reliability, and validity for the Parental Acceptance Questionnaire can play a crucial role in identifying variables that disrupt psychological well-being. Parental acceptance serves as an indicator that can detect behavioral and psychological difficulties in children and guide subsequent interventions.

This questionnaire can therefore be a valuable tool for counselors and researchers examining the influence of parental acceptance on children's mental health. Researchers may also employ it as a pretest–posttest measure in studies evaluating the impact of parental acceptance on cognitive and motivational outcomes.

Several limitations of the present study should be acknowledged. These include both instrument-related limitations and broader methodological constraints. First, like all assessment tools, this questionnaire should be used in conjunction with other measures and considered as one source of information regarding parental acceptance. Second, although the questionnaire demonstrates satisfactory psychometric properties in terms of reliability and validity, it remains a self-report instrument, and its results should therefore be interpreted with caution.

Regarding generalizability, the study sample was limited to mothers of children with specific learning disorders in a single city, which may restrict the applicability of the findings to other populations. Future research is recommended to examine the validity and reliability of this instrument in different samples and across diverse cultural and geographic contexts. Additionally, the validity assessment in the present study relied solely on confirmatory factor analysis, which may not fully capture the construct validity of the questionnaire. Future studies could therefore employ alternative methods to further evaluate the validity of this instrument.

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### Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

### Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

### Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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### Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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