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Disability of the Child - Factor of the Risk of Social Exclusion of Parents (Experimental Research of Constatation)

Svetlana HARAZ[1]

[1] PhD Fellow in Social Psychology, Master in Psychology and Social Expertise, Free International University of Moldova, Chisinau, the Republic of Moldova, lana_antocica@yahoo.com, +37379678821.

Abstract: This research approach is based on the belief that addressing the challenges faced by parents who have children with disabilities in their care requires a thorough understanding of the attitudes that govern the daily behavior of people around them.

Parents who have a child with disabilities certainly live a multidimensional challenge that life has begun without the right to reproach. Moreover, regardless of the circumstances in which emotional suffering occurs, parents have to cope with the most difficult situations imagined. Social exclusion is not just a result of the circumstances of the moment, but also an impact on the prospective prospects of the affected person.

The phenomenon of social exclusion of parents who have children with disabilities in their care is a necessary social phenomenon to prevent, because at the moment it can not be avoided. In most cases, parents blame a great deal for their child's suffering. Self-emotional references, the need for difficult choices, and the attitude of society disfigure parents against the unknown, they use all their efforts and resources to overcome such situations. How many soul mishaps, hesitations and reconciliations with oneself and others are hiding behind this simple situation. In spite of maximal mobilization, it does so to one point.

Keywords: *parents; children with disabilities; exclusion; self-referential emotions; shame; guilt; detachment; outsourcing; Alpha-pride; Beta-pride.*

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Introduction

In investigating the process of social exclusion of parents who have children with disabilities in their care, we have started from the fact that parental behavioral attitudes are in direct correlation with the phenomenon of social stigma. These attitudes are multidimensional: at the level of feelings, behaviors, and knowledge. Is this bilateral phenomenon determined by: the parent from their perspective (vision) and society with its vision (stereotypes)? What are the factors of micro, mezzo and macro exclusion?

More features of social exclusion are related to the emotion of shame. Shame is a self-referential emotion characterized by the presence of self-consciousness and self-representation (Tracy and Robins, 2004). When he feels ashamed, the individual tends to have a sense of inferiority, futility and lack of power, expressed at the behavioral level by using strategies to conceal defects and shortcomings or to escape from the situation (Tangney, 1992; Tangney, Miller, Flicker & Barlow, 1996). Shame is considered a painful emotion because it focuses on the whole of itself, which is evaluated in a negative way. A distinction to be made is that between shame as an emotional state and predisposition to shame, which refers to the tendency to feel shame (Tangney, 1996).

Emotions and feelings of a person create a multi-level and multidimensional world of emotional phenomena. They characterize the personality, reflecting the complexity of their interaction with the outside world (Gilbert & Procter, 2006; Harder, Cutler & Rockart, 1992).

Problem Statement

A study of a sample of 11 countries in Europe found that parents with children with special needs are struggling with greater difficulties compared to parents who have children without special needs. Parents with children with special needs are often unstable, have a low economic status, more often demonstrate a traditional gender role, have a lower health condition, their well-being is certainly lower, mothers have a lower rate of social contact, and fathers have significantly fewer emotional exchanges. Overall, these parents are more often confronted with solitude, isolation and social marginalization (Di Giulio, Philipov, & Jaschinski, 2014).

In addition, the social and mental state of these parents is shaped by the precarious health system, insufficient funding programs, which should help in inventorying cases, how to prevent and care for children with special

needs, frequent cuts in the health budget national instability in the political legislative climate or dramatic, local, regional or European crises.

It is estimated that about 15% of the world's population suffers from a form of disability, either severe or mild, and probably 5.1% of the children live in a severe or moderate form of disability (EFA Global Monitoring report 2013/4).

In Europe, nearly 15 million children are estimated to have special educational needs (European Commission). A survey of 40,620 families across Europe aged between 18 and 84 found that the sample average for families with children with special needs is 1.80%. Other studies show that the average percentage of children with disabilities in Europe is 2.5%. The same study found that in countries in Eastern Europe, some countries, such as Bulgaria, Russia, Georgia, Hungary, Romania and Poland, recorded a higher rate of child disability than other countries in the sample. Currently, combating social exclusion is recognized as one of the main tasks in ensuring sustainable economic growth and development (World Health Organization, 2011).

The phenomenon of social exclusion of parents who have children with disabilities in their care is a necessary social phenomenon to prevent, because at the moment it cannot be avoided. In most cases, parents blame themselves a great deal for their child's suffering. Emotional needs, the need for difficult choices and the attitude of society disfigure parents against the stranger, they use all their efforts and resources to overcome such situations. How many soul mishaps, hesitations and reconciliations with oneself and others are hiding behind this simple situation. In spite of maximal mobilization, it does so up to a point (Leary, Tate, Adams, Batts Allen, & Hancock, 2007; Lee, 2013).

A point where parents begin to become increasingly vulnerable as they are in permanent difficulty. Preventing the social exclusion of parents who have children with disabilities in their care must be at the heart of all inclusion and social assistance policies.

Research Questions.

It is the society's attitude towards parents who have children with disabilities in their care that affects their psycho-emotional state, which condition their social exclusion.

Research Methods

At the basis of the research, the method of experimentation was used as an excellent method of determining causality. Experimental research is a scientific approach to reality in order to establish a cause and effect relationship between two observable and measurable phenomena. We wanted to establish this relationship while preserving some unmodified, controlled and different conditions, depending on the hypotheses formulated. The finding experiment included the following steps:

The first stage (the finding) was preceded by a stage of documenting and identifying the conceptual and methodological framework of research, analyzing the complexity of the social exclusion phenomenon of parents who have children with disabilities in their care. We set the design of the study, the correct selection of the measuring instruments.

The psychometric methods and tools used in the research were conditioned by the variables studied:

1. Demographic survey;
2. Locus control (Rotter's questionnaire);

The second stage (experimental intervention) has collected more experimental data, the qualitative and quantitative analysis of which has allowed the measurement of the correlation between self-referential and locus emotions to control the parents who have children with disabilities in their care to explain the phenomenon of exclusio.

In order to achieve the above, we determined the formation of the research sample. Data collection was conducted through questionnaires of respondents from different social groups in the Republic of Moldova. I elaborated: A complex questionnaire for parents who have children with disabilities in their care. The research was conducted between 01.02.2016 and 01.02.2017.

The way we applied the questionnaire in our research was the one managed by field operators. In order to neutralize the source of error introduced by the operators' intervention, a training session was organized to present the questionnaire and lay down the rules of application as well as the behavioral approach of the operator. The sample consisted of 211 adults (parents) who had children with disabilities in their care.

The tools used are pen-paper questionnaires, individually administered, without a time limit. The analysis of the internal consistency of the instruments used in research revealed Cronbach Alpha coefficients from

acceptable (0.78) to very high (0.93), which gives credibility to the collected data.

The third step was the analysis of the experimental data with reference to the psychosocial peculiarities of identification and the focus of the research aspects:

- At what level is the phenomenon of exclusion: at the level of feelings, behaviors, knowledge - attitudes?

- Are the parents of children with disabilities self-exonerated or does society exclude them? Which of the attitudinal levels?

- The phenomenon of exclusion is bilaterally determined? Father from his perspective (his vision) and society with its vision (stereotypes)?

Findings

By perceiving the world around us, parents who have children with disabilities in their care express their personal attitude towards various objects and phenomena. And these are not just judgments, but complex experiences that are available to everyone, due to a complex of different emotions. Human emotions are some of the most important components of personality, fulfilling the biological and human social criteria to make a proactive reflection of reality, to play a key role in the development of relationships with other people (Arimitsu & Hofmann, 2015; Bodenmann, 2005).

In our research, the basic emotional states that parents live with children with disabilities and who can be the psychological basis of personality are:

1. Shame - causes a desire to hide, to disappear, to be associated with a personal sense of inattention;

2. Culpability - it is associated with shame, but shame may come from some mistakes, and the guilt is manifested in the case of violation of a moral, ethical or religious nature in situations where a person feels personally responsible for events;

3. Fear - occurs under the influence of information about a real or fictitious threat, can be associated with uncertainties and bad presentations.

4. Suffering is an emotion that causes a state of "decline of internal forces", a sense of loneliness and self-pity (Bybee, Zigler, Berliner & Merisca, 1996; Gilbert, Pehl, & Allan, 1994).

By addressing the Scale Locus Control of Rotter, we aimed to identify the correlation between the place of control and the self-referential

emotions of parents who have children with disabilities in their care, it explains the phenomenon of social exclusion of these.

It should be noted that subjects with a locus of internal control are more likely to use problem-centered outreach strategies, directed to analyzing, solving, or, if not possible, minimizing the stressful situation, which seems obvious when these individuals think they can influence what's happening around them (Abbott & Rapee, 2004). So they face the stressor agent. On the other hand, individuals with a place of external control tend to resort to dysfunctional adaptation strategies more than internalists. These strategies include, among other things, ways in which a decisive confrontation with the stressor is often postponed or does not take place (Lazarus, 1993). This resonates with the traits of outsiders who see the stressful unchanged situations that they feel their actions have little influence.

Table 1. Determination of the correlation between self-referential emotions

		Shame	**Social Isolation**	**Detachment**	**Alfa-pride**	**Beta-pride**
Culpability	**Pearson Correlation**	,701**	,676**	,534**	,691**	,658**
	Sig. (2-tailed)	,000	,000	,000	,000	,000
	N	211	211	211	211	211
Shame	**Pearson Correlation**	1	,766**	,624**	,633**	,689**
	Sig. (2-tailed)		,000	,000	,000	,000
	N	211	211	211	211	211
Externalization	**Pearson Correlation**		1	,788**	,765**	,764**
	Sig. (2-tailed)			,000	,000	,000
	N		211	211	211	211
Detachment	**Pearson Correlation**			1	,733**	,748**
	Sig. (2-tailed)				,000	,000
	N			211	211	211
Alfa-pride	**Pearson Correlation**				1	,793**

	Sig. (2-tailed)					,000
	N				211	211

Note: ** Correlation is significant from the threshold of 0.01 (between 2 ranks)

Analyzing Table 1, we observe a significant positive correlation between "guilty" and "shame"; between "culpability" and "social isolation"; between "culpability" and "detachment"; between "culpability" and "Alpha-pride"; between "culpability" and "Beta-pride" and vice versa.

Table 2. Placement of parents according to Control Site

		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	**1,00**	55	26,1	26,1	26,1
	2,00	156	73,9		100,0
	Total	211	100,0	100,0	

By comparing the results obtained in Table 2, we noticed that 26.1% (55) of the parents had an Internal Control Site, respectively 73.9% of the parents are External Control Venue.

We can see that parents with a place of internal control have better adaptability than those with a place of external control, being better able to cope with the events of life. In particular, the place of external control was even associated with depression and lack of hope (Ashkanasy, 1985).

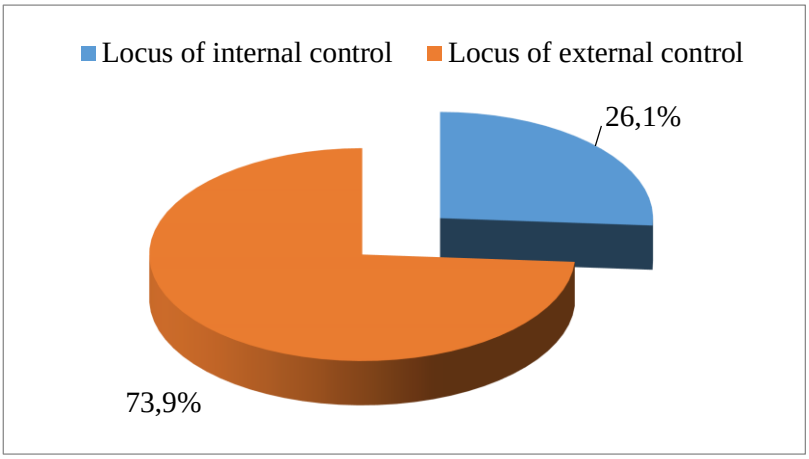


Fig. 1. Distribution of parents according to the Control Site

In conclusion, the results obtained support the idea that parents with an internal control place, who believe that the external environment is influenced by their own actions, are more purpose-oriented, being prone to act directly to solve the problems. Conversely, those with a place of external control that put the burden of responsibility on the outside, on chance, or on the Divinity, are mainly choosing exclusionary behavior, which is less useful in dealing with various challenges because they are in their care children with disabilities.

Obviously, parents who have children with virtually permanent disabilities in their care are at the heart of their emotional experiences. Acceptance, denial, positive reinterpretation, seeking emotional support, appealing to religion are emotionally diverse strategies and may be triggered by other personality traits of the parent in question.

Statistical interpretation: There is no significant correlation between the scores obtained at the control site variable and the scores obtained at the variable: gender, age, residence environment, level of education, marital status, employed / not employed, socio-economic status of the parents have children with disabilities in their care ($p > 0.05$).

Table 3. Analysis of the correlation between parents' self-referential and LC emotions

		LC external	**LC internal**
Culpability	Pearson Correlation	,373**	-,373**
	Sig. (2-tailed)	,000	,000
	N	211	211
Shame	Pearson Correlation	,427**	-,427**
	Sig. (2-tailed)	,000	,000
	N	211	211
Social isolation	Pearson Correlation	,431**	-,431**
	Sig. (2-tailed)	,000	,000
	N	211	211
Detachment	Pearson Correlation	,402**	-,402**
	Sig. (2-tailed)	,000	,000
	N	211	211
Alfa-pride	Pearson Correlation	,398**	-,398**
	Sig. (2-tailed)	,000	,000
	N	211	211
Beta-pride	Pearson Correlation	,374**	-,374**
	Sig. (2-tailed)	,000	,000
	N	211	211
Note :**The correlation is significant starting with the threshold of 0.01 (between 2 ranks)			

Regarding the correlation between parents' self-referential and LC emotions, or found significant positive statistical differences between external LC and culpability; External LC and shame; External Lc and social isolation; External LC and detachment; LC external and Alpha-pride; External LC and Beta-pride.

However, there is a significant negative correlation between the parents' self-referential emotions and their internal LC: internal LC and culpability; Internal and shame LC; Internal LC and social isolation; Internal LC and posting; Internal LC and Alpha-pride; Internal LC and Beta-pride.

The explanation of the results obtained ultimately can be attributed to the intensity of emotional trauma that does not decrease from intensity, but on the contrary tends to worsen. Thus, in our opinion, parents with a place of internal control can partially channel their resources to act in accordance with their dominant features (integralism), compared to parents who have a place of external control. On the other hand, we can assume that they are parents (with a place of internal control), but who are traumatized by a higher intensity and associated with other situations (high intensity) can not easily channel their efforts to act in the sense of choosing the most "constructive" adaptation strategies. We may suppose, on the contrary, because of the accumulation of very strong emotions, they can reach their strong exteriorization, emotional and behavioral disruption (dysfunctional situations), especially if they are cognitively predisposed to such behaviors (locus of external control).

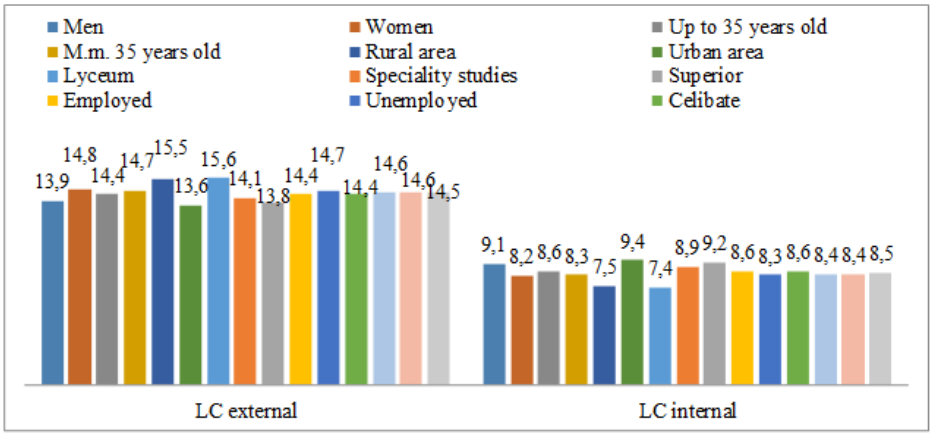


Fig. 2. Representation of the correlation between LC and the socio-demographic variables of the parents

The overall statistical interpretation of the results of socio-demographic and locus of control correlation is shown in Fig. 2. There is no significant correlation between the scores obtained at the control site variable and the scores obtained at the variable: gender, age, background, level of education, marital status, employed / not employed, socio-economic status of parents in their care children with disabilities ($p > 0.05$).

Table 4. Determination of correlation between self-referential emotions, LC and social distance

		Social distance
Culpability	Pearson Corelation	**-,156***
	Sig. (2-tailed)	**,023**
	N	211
Shame	Pearson Corelation	-,094
	Sig. (2-tailed)	,173
	N	211
Social isolation	Pearson Corelation	-,030
	Sig. (2-tailed)	,666
	N	211
Detachment	Pearson Corelation	,006
	Sig. (2-tailed)	,936
	N	211
Alfa- pride	Pearson Corelation	-,048
	Sig. (2-tailed)	,490
	N	211
Beta- pride	Pearson Corelation	-,054
	Sig. (2-tailed)	,439
	N	211
LC external	Pearson Corelation	,014
	Sig. (2-tailed)	,840
	N	211
LC internal	Pearson Corelation	-,014
	Sig. (2-tailed)	,840
	N	211

Note: * Correlation is significant from the threshold of 0.05 (between 2 ranks)

From Table 4. we draw the following conclusions: "social distance" has an influence on the culpability variable (= - 0.156) (negative effect) followed by the control site variable (= 0.023) (positive effect), both coefficients being significant ($p < 0.05$).

Discussions

This research has met its established goals, investigating the relationship between the variables taken into account. All of the tools we have proposed have been applied to confirm the research hypothesis. Regardless of the results (significant and insignificant statistical differences), we consider that this study is an informative addition to research into the understanding of social exclusion of parents who have children with disabilities in their care, at least as far as the present situation in the Republic of Moldova .

In this study we investigated how the place of control influences the choice of a behavioral strategy for parents who have children with disabilities in their care, especially in the case of parents who are targeting the phenomenon of social exclusion. To identify the best predictive models of this behavior.

Conclusions

The results obtained support the idea that parents with an internal place of control, who believe that the external environment is influenced by their own actions, are more purpose-oriented, being prone to act directly to solve the problems. Conversely, those with a place of external control that put the burden of responsibility on the outside, on chance, or on the Divinity, are mainly choosing exclusionary behavior, which is less useful in dealing with various challenges because they are in their care children with disabilities.

Obviously, parents who have children with permanent disabilities in their care are at the heart of their emotional experiences. Acceptance, denial, positive reinterpretation, seeking emotional support, appealing to religion are emotionally diverse strategies and may be triggered by other personality traits of the parent in question.

Regarding the correlation between the self-referential emotions and the Locus Control of parents, or detected significant positive statistical differences between Locus External control and culpability; Locus External control and shame; Locus External control and social isolation; Locus External control and detachment; Locus External Control and Alpha-Pride; Locus External Control and Beta-pride.

However, there is a significant negative correlation between parents' self-referential emotions and their Locus Internal Control: Locus Internal control and culpability; Locus Internal control and shame; Locus Internal

control and social isolation; Locus Internal control and detachment; Locus Internal Control and Alpha-Pride; Locus Internal Control and Beta-pride.

The explanation of the results obtained ultimately can be attributed to the intensity of emotional trauma that does not decrease in intensity, but on the contrary tends to worsen. Thus, in our opinion, parents with an internal locus control can partially channel their resources to act in accordance with their dominant features (integralism), compared to parents who have an external locus control. On the other hand, we can assume that they are parents (with an internal locus control), but who are traumatized by a higher intensity and associated with other situations (high intensity) can not easily channel their efforts to act in the sense of choosing the most "constructive" adaptation strategies. We may suppose, on the contrary, because of the accumulation of very strong emotions, they can reach their strong exteriorization, emotional and behavioral disruption (dysfunctional situations), especially if they are cognitively predisposed to such behaviors (external locus control).

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