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## **Coping mechanisms of families of children's with special education needs**

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**Abstract.** The issues of disabilities in their children shake the families and serve as sources of severe psychological disruption to family adjustment. The parents of children with special needs are confronted with major changes in their family life, both with regard to the relationship between husbands, as well as to the parent-child relationship and for this efficient relationship and their quality of life not to suffer, it is necessary that each of the parents develops his/her own resources. The parents of such children live with many difficult issues and frequently experience trauma, grief and stress.

**Keywords.** children with special education needs, coping mechanisms

### **1. Theoretical references**

Parents have an important role to play in a child's psychosocial development (Kagan 1999). Consequently, a number of parenting interventions for families of young children with neurodevelopmental disabilities have been designed and evaluated globally over the past few decades (Kaminski et al. 2008; Salas & Cannon-Bowers 2001). The results of the current systematic review present evidence that parent training programmes have a significant effect on the enhancement of self-efficacy levels for parents of children with neurodevelopmental disabilities. (Hohlfeld, A., Harty, M., & Engel, M. (2018)

Coping includes an assembly of adaptative mechanisms of trying re-establish the emotional balance as a response to stress (Monat & Lazanis, 1985; Pearlin & Schooler, 1978; Weisman & Worden, 1976).

The most accepted and widespread definition of coping is the one of cognitive, affective and behavioural response of a person to reconcile the discrepancy perceived between the situational requirements and the personal competence (Endler, 1988; Lazarus & Folkman, 1984).

Coping is frequently regarded as a "personal variable", occupying an important position which mediates preceding stressing events and their consequences through the manifestation of anxiety, distress and of the psycho-somatic implications (Auerbach, 1989; Billings & Moos, 1981; Pearlin & Schooler, 1978). Folkman and Lazarus (1985) drafted a questionnaire (The Ways of Coping Checklist), through which to identify two functional coping modalities:

problem focused coping (active coping) and emotion focused coping (passive coping), to these ones the dysfunctional coping being added.

Some researchers show there is an increasing number of children with special needs, and parents' ability to cope has implications with the way they raise their child as well as in family relationships. In a descriptive, comparative, and correlational study focused on determining the stress level of parents, their demographic characteristics, and coping strategies, De la Cruz demonstrated that parents utilized adaptive coping as their dominant coping strategy, but they were also at varying degrees and at different times of utilizing maladaptive coping strategies. The stress level was positively associated with maladaptive coping strategy suggesting that parents were prone to emotional problems. (De la Cruz, W. T. 2019).

Low self-esteem is usually considered unhealthy, but according to rational-emotive behavior therapy, any level of self-esteem reflects a dysfunctional habit of globally evaluating one's worth; it would be preferable to accept oneself unconditionally.

This hypothesis was tested by examining several correlates of scores on a novel questionnaire measure of unconditional self-acceptance (USA). In a nonclinical adult sample, statistically controlling for self-esteem, USA was inversely correlated with anxiety symptoms and with narcissism, positively correlated with state mood after imaginal exposure to negative events. Unconditional Self-Acceptance and Psychological Health (Chamberlain, John & Haaga, Dave, 2001).

Adverse parenting is a risk factor in the development of a range of health and behavioural problems in childhood and is predictive of poor adult outcomes. Strategies for supporting parents are recognised as an effective way to improve the health, well-being and development of children. Parenting is influenced by many factors including the behaviour and characteristics of the child, the health and psychological well-being of the parent and the contextual influences of stress and support.

Parenting difficulties are a major source of stress for parents, and parenting self-efficacy has been shown to be an important buffer against parenting stress. (Bloomfield L, Kendall S., 2012)

The results of a research (Sălceanu C., Sandu, 2020) show that parents with impaired children are more anxious and more depressed. The results are important and should be addressed by counseling, in order to ensure an optimum rehabilitation of both children and parents. It seems that caregiver burden is an important predictor for both depression and anxiety. So, it is really important to assist such parents to resolve their feelings, in order to be able to better take care of their children.

Financial problems seem to be a very important aspect that induces anxiety. This is an alarm signal for authorities, so that in the future, maybe, some policies may be adjusted so that families with disabled children receive more help and support. Another important alarm signal is the care for both mental and physical health of parents with impaired children.

Depression and anxiety are both related to several physical problems and could disturb the effectiveness of the parenting style. Moreover, parents' interpretation of their child's problem and their coping style with that problem are also effective factors of anxiety and depression. (Sălceanu C. & Sandu M., 2020)

The parents of the children with developmental problems which have an internal locus of control, generally consider that they have the control on the problems they are being confronted with and over the events from the life of their own child. They undertake active

strategies to deal with stress and family conflicts which can occur in the meantime, adopting therefore much more adaptative strategies than the ones with an external locus of control.

The prediction equation of depression taking into account the three variables, unconditional selfacceptance, self-esteem, and functional and dysfunctional negative emotions, has important implications in practice, both in designing prevention programs for depression in adolescents, and in designing evidence-based psychotherapy programs for intervention. (Cucu-Ciuhan G., Dumitru I.E., 2017),

The studied performed on the parents with hyperkinetic children bring under discussion the ADHD symptomatology also among them, and, at the same time, the externality of the control locus. Therefore, through structure, the parents of children with ADHD tend to be more impulsive, to assign an external cause to the behaviour of their child and, therefore, also their involvement in the therapeutic approach is limited. The more the parent perceives the behaviour of the child as being due to external causes which cannot be controlled, neither by him/her or by the child, the less chances there are that the parent tries an educational approach which should reduce the ADHD symptomatology. (Muntean C., Sabău A., Zămoșteanu A., 2007)

## **2. Experimental research**

### **2.1. The objectives of the research:**

- The evaluation of the self-esteem, of anxiety and of the coping mechanisms of the parents with children with special needs
- The evaluation of a statistic correlation between the level of acceptance of one's own person and the depression level of the parents of the children with special needs

### **2.2. The hypothesis of the research**

It is presumed that there is a negative statistical correlation between the level of acceptance of one's own person and the depression level of the parents of the children with special needs. We check this hypothesis because we consider that the parents of children with special needs who are not content with their own person and do not accept themselves with all the qualities and defects defining them can become anxious and subsequently depressive. This thing happens due to the unexpected modifications which can occur in their lives due to the fact that they integrate and accept harder the changes occurring in their lives because of the faulty perception they have on their own person and on the evolution of their children.

### **2.3. The description of the sample**

The sample of the research was composed of 38 people, parents of the children with special needs. Among these, 8 were couples formed of both parents, and the rest of the participants were just one of the parents. These ones have ages comprised between 26 and 52 years and are from the city of Constanța. The children of the participants have different diagnostics: ASD, ADHD, Down Syndrome, cerebral paralysis, infantile obesity, Crie du Chat genetic syndrome, delay in development.

### **2.4. The instruments of the research**

#### ***Hamilton – HARS Anxiety Scale***

HARS is used in order to assess the severity of the symptoms of anxiety, both at children, as well as at adults. HARS was drafted in 1959 by Max Hamilton and it is one of the first instruments drafted to quantify the severity of the symptomatology of the anxious type. The scale allows an overall evaluation of the psychic symptoms (examples psychic tension,

anxious disposition) and somatic (examples bio-physical modifications associated with anxiety).

#### ***Unconditional Self-Acceptance Questionnaire – (USAQ)***

Measures Unconditional self-acceptance The unconditional self-acceptance was measured with the Unconditional Self-Acceptance Questionnaire (USAQ, Chamberlaine & Haaga, 2001). The questionnaire measures unconditional acceptance of oneself as a protective factor that prevents the onset of certain forms of psychopathology in contact with negative life situations, starting from Albert Ellis theory on unconditional self-acceptance. As said, the person is accepting him/herself fully and unconditionally, regardless of whether they behave intelligently, correctly, or competent and whether people approve of, respect him/her or love him/her. Studies show that, if the individual uses this way of evaluating him/herself in the everyday life, this way of thinking can be a protective factor during the life stress events (Chamberlain and Haaga, 2001).

#### **2.5. Ethical principles in the performance of the research**

This paper complied with the ethical principles allowing its performance under optimum terms. We have obtained the informed consent of the participants in the research, by offering the following information:

- The presentation of the procedures used in the research;
- The presentation of the risks involved in the research;
- The presentation of the nature, purposes and utility of the research;
- The freedom of the participants to withdraw at any time from the research.

In the research presented the privacy and the fundamental rights of the participants in the study were complied with. At the same time, we have informed the participants that the data offered are confidential.

#### **2.6. The results of the research**

##### **The hypothesis**

***It is presumed that there is a negative statistical correlation between the level of acceptance of one's own person and the depression level of the parents of the children with special needs***

The variable unconditional self-acceptance was tested with the aid of the Questionnaire for unconditional self-acceptance and the variable depression was tested with the aid of the Hamilton Depression Scale.

Taking into account the start indices of the unconditional self-acceptance, we obtained the average of 87.39, the median of 90.00, and the mode of 92. At the same time, we can also notice the standard deviation of 13.522 and the variance of 182.84. The start statistical indexes of the variable depression outline the average of 37.87 and the median of 39.00, the standard deviation of 9.274 and the variance of 86.009.

Taking into account that one of the two variables has no normal distribution, we shall apply the non-parametric correlation Spearman in order to see if there is a correlation between the variables unconditional self-acceptance and of the child and the depression level of the parents. The results of the research indicate the fact that the unconditional self-acceptance correlates negatively with the depression, as the value of the correlation coefficient  $r = -0.32$  at a significance level  $p < 0.001$ .

The hypothesis is confirmed from a statistical point of view. The unconditional self-acceptance presupposes emotional balance and a high self-esteem. We make reference to the full acceptance of behaviour, thinking and self-expression in relation to the choices and the results each of us comes into contact with. A low self-esteem also includes a low level of acceptance of the others, irrespective of the way they behave or manifest themselves. Therefore, the parents who do not accept themselves, once with the appearance of a child with special needs, encounter difficulties and can fail in the communication between them and the children. The self-discontent can only lead to discontent in relation to everything that exists and is happening around us. A child requires support, acceptance and love. The parents who are not content with their lives feel to be of a lesser value, restless and tired.

Due to the incapacity of managing the major change they are confronted with the birth or with the atypical development of a child with special needs, the parents become sadder, lacking the desire to deal with the situation and finding a solution, re-establishing the balance in such a way. They are not content with themselves; they evaluate themselves and label again these steps which lead only to fall in contact with a strong stimulus. The stress created in contact with the major change they are dealing with fuel the negative emotions which lead to depression.

### **Conclusions**

Depression, the disposition disorder provoked by the birth of a child with special needs are installed more easily against an unstable background in which the person is not fulfilled in relation to his/her own person. This way, the parents of children with special needs which have an unstable background are more liable to depression due to the impossibility they find themselves in, due to the negative and unfunctional perception they have about their own person, and about the people around. Not accepting their own person, they find it impossible to accept the major change they are confronting with and, in this way, they give in in their own way, a depressing episode debuting in this way.

Therefore, in order to develop coping strategies which facilitate the adaptation to new situations, the parents of children with special needs need to also have other own resources: optimism, personal autonomy, self-acceptance, resistance to frustration. These resources can exist in each of us at a higher or lower level, so they exist to be discovered and developed.

The parents of children with special needs are confronted with major changes in their family life, both with regard to the relationship between husbands, as well as to the parent-child relationship and for this efficient relationship and their quality of life not to suffer, it is necessary that each of the parents develops his/her own resources. In order to deal with the changes, to focus on action and to strengthen the functional positive beliefs, they need to discover and to develop their own personal resources, not only the self-esteem.

It is necessary that they create new functional beliefs, to establish and to follow a set of values and convictions and to increase the threshold of resistance to frustration. A high level of self-esteem is not sufficient to go through the phases of the change in a balanced way, change brought by the needs of a child, due to the fact that self-esteem involves only a high level of self-appreciation and valorisation which is not always exhibited in behaviour when necessary.

In order to adapt to change, the parents of children with special needs need also to discover other resilience factors. Coping presupposes the cognitive and behavioural effort through which they reduce, control and tolerate the external requirements which exceed their internal resources. And in order to develop this complex mechanism, parents require more than

a high self-esteem. We refer here to other personal resources, internal ones which facilitate the adaptation and allow for changes to take place in a beneficial and accepted way.

The parents of children with special needs need to discover their own resources in order to accommodate to change, but they also need the support of the people around them, of the close ones. In order to develop coping strategies oriented towards the resolution of problems and coping strategies oriented towards emotional regulation, they need to discover resilience factors, the personal resources and to develop them for this purpose.

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