



*Original Contribution*

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## FAMILY CONTEXT OF THE CHILDREN WITH DISABILITIES

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### ABSTRACT

This study investigated trajectories of the family context of the children with disabilities and parenting behaviours. Bring to review are the major factors that influence the formation of personal identity of the children with disabilities and the process of inclusive education. Special attention is paid to the influence of stereotypes, labeling, well being and personal identity of the children with disabilities and their families

**Key words:** Family context, disabilities, parenting behavior, inclusive education.

### INTRODUCTION

The family context of the child with a disability can not be interpreted without a special focus on the processes of formation of personal identity, conditions for mental well being and parenting for children with special educational needs. The traditional view of disability often focuses on the individual, highlighting incapacities or failings, a defect, or impairment. This focus creates obstacles to participation on equal terms since an individual who seems to lack certain capacities may not be able to attain autonomy (1).

### DISCUSSION

Children with disabilities create special challenges in their family. These challenges derive specificity of the family context of the families who have a child with disabilities. In the last two decades there are made many tests and studies for the family relationship - a disabled child, and individual predictors and factors of influence.

The family context is given by:

*Constellation structure, functions and role behavior of each family member*

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All families are different and unique, but the family of a disabled child is placed before other challenges which are solved by single and often unique ways. Despite the attempts to indicate patterns of regard to and for the families who have a child with disability, no categorical explanatory model. As the most popular models of family context of the child with a disability can be identified: the model of "missing family" model of public needs, models of equal opportunities, structural evaluation model coping stress model and others.

*The classification systems and the strength of models of disability*

Classification systems ICD- 10- TR, DSM-IV- [TR, ICDIH - 2 are one factor, who decides who has a disability.

Another factor is related to patterns of disability and disabled people in society. The medical models focus on disability and exclude people with disabilities as participants in public life. A social model in focus is primarily on the man - his potential opportunities to develop new skills to use primarily by assisting professions, social workers, psychologists and others. The provision of psychological help is help for self-helping. Yanchak (2) argues that persons with disabilities often encounter difficulty forming a secure

vocational identity because of self-identity issues rather than decision-making problems. The rejection of disability in this context could take two different routes - either acceptance of disability as a characteristic that does not canvas the personal self, or a denial that is oppressive and robs a person with disability's true identity (3).

*Maximizing the conditions for his mental well-being*

Mental wellbeing of children with disabilities and their family context is improving the social and educational environment with good medical conditions and staff, personal experience. In different ways the families provide „safe environments” in which sometimes fragile identities can be supported, and confidence and skills can be developed and applied outside the group when the individual feels safe to do so (4). Support for social, educational and family environment is associated with several determinant :

- The type of damage. The more severe the disability, the more strongly expressed stereotypical negative perceptions of the environment. The family of a child with disability often are not even provide opportunities to demonstrate or tell about positive characteristics and achievements of their child. In the best case with outstanding abilities, are considered as an exception.

- Inclusive education. Often encountered negative attitudes and behavior of the parents of children without disabilities who demonstrate "imaginary" barriers that children with disabilities can create or establish in the educational meeting. The observed negative generalized stereotype is that children with disabilities violate or interfere with mental and social well-being. Of the children without one. Concrete produce are manifested, that the children without disabilities are disadvantage in getting enough time, conditions and attention from the teachers for their development and education; that there are no harmonious and sufficiently demanding received for the knowledge and formed competencies; that the inclusive education is not sufficiently effective model for children without disabilities (regardless of how good is the model for children with disabilities). In this plan can be drawn and existing prejudices towards inclusive

education. Certainly the behavior patterns of parents of children without disabilities intense with stereotypes violate the subjective well-being of all the educational and social environment. Diener, Sapyta, Suh (5), Myers (6) concrete that the term “well-being” relates primarily with “subjective well-being.” Diener, Sapyta and Suh specify that welfare not only enriches the subjective experience, but also change the conditions and environment, which receives life experience. Changing the educational, professional and social conditions of family the child with a disability is the way to mental well-being of the child with a disability.

*Parenting as a longitudinal trajectory*

Parenting is not a constant process. Many factors and considerations may alter parenting in various stages the development of the child with a disability. Basic acting factor is the need to meet emerging needs of the child and pursuit of medical, educational and life care. Different manifestations of disabilities at different periods of life development the emphasis is on parenting longitudinal dynamics parenting - parenting continues, changing, continue to be amended, continues ... Changes in parental behavior can affect mental development and health of the child with a disability.

*Family context and emotional climate and emotional regulation*

The emotional climate of the family reflects the quality of family relationships (Such as attachment, marital relations and parenting style) (7). When the emotional climate is negative, indifferent or markedly dependent, the child is at risk of affective and emotional reactions of it not forming of social skills and emotional development and social manipulation to the models of the owned damage (8; 9). The family provides a positive emotional environment for child development. Often members of the family are unable to realize the favorable emotional support the child because of parental stress. Parents of children with disabilities usually show a higher level of stress than parents of children without disabilities (1; 7; 9)

*Parenting practices as social and emotional management*

Positive parent-child relationships are important determinants of cognitive, emotional and social

development (5). Parental style determines the type and effectiveness of the children's behavior. Parental styles of parenting atityudi and real practices. There are differences in parenting styles of father and mother to child with a disability. According to Kumar and Rao (9), fathers shows more favorable attitudes than mothers to the child with a disability, and fathers and mothers show more positive attitudes towards the sons with disability than to daughters with a disability. However, affinity and emotional attachment is stronger by fathers, not by the mothers. Mothers demonstrate greater realism to the child with a disability, probably due to dense living commitment to care for life's functioning and well-being. An interesting fact is that more high level of education or increasing the education level, parental attitudes become more favorable. Since parental attitudes play an important role in the medical rehabilitation of each child with disabilities, it may be desirable to include screening and diagnostic tools in the process complete diagnosis and evaluation of the child with a disability.

*Quality of life of the family in which there is a child with disability*

The relationship between parental QOL and children's functional independence was evaluated. Results indicated that parents of children with disabilities had lower QOL scores in the social relationships and environment domains. Suitable intervention should be given to support these parents, to build a social network so that they can improve their social life. When children have more severe disabilities, the physical and psychological health QOL domains of their parents are also affected. Health care professionals should be more aware of the needs of this group of parents. More support and intervention should be offered, to enable them to enhance their physical and psychological well-being. It is believed that if the QOL of parents is improved, better parental care will result and further enhance the well-being of their children (10).

*Formation of personal and social identity of the child with a disability in the family*

The family context of child with disability is the most important predictor for the formation of his personal identity. Identity is "the condition of being a person and the process by which we

become a person, that is, how we are constituted as subjects" (11). Identity can be structured upon shared social experience in the family and the society. In the family are presented, copied and build behavioral self-models and self-assessment of the child. Often a child with a disability the formation of social models and I identity remains a secondary priority due care and respect to the dominant physical health. This aspect is very pronounced in more severe as the type or degree disabilities. Nevertheless, making one's identity as a user of services visible may not be easy because of the stigma attached to such a status (4).

Another important factor for the forming of personal identity is the labeling of the child with disabilities. Labeling, which is used both in the family context and in the professional context. The labeling of children with disabilities is more often not connected with homogeneity of the labeled group or community in spite of the fact that the society often defines disabilities through labeling. I presume, that labeling in its social aspect reflects an attitude towards the people with disabilities in relation with the normative peculiarities of the separate individual or the separate community. In this sense, labeling is connected with a distortion of the social schemes. And, indeed, social schemes do change in the course of time. One of the important models for a change of the social schemes is connected with the constant appearance of contradictory information - namely, that the people with disabilities know, can and do /some extraordinary things as well/.

In consequence, through this approach, the problems associated with conflating identities into essential, fixed, pre-ordained, singular categories - including the homogenization of persons with disabilities into a singular group and the ascription of a single identity - can be avoided. Our sense of self is constantly evolving and we constantly reconfigure ourselves through multiple identities; time, space, and relationality are all important in identity formation and achievement of the self-concept. Self-concept may be defined as "knowing oneself, accepting oneself with one's limitations, not being ashamed of the limitations but simply seeing them as part of the reality one is in, and perhaps as a boundary one is challenged to expand" (12).

This argument also raises other concerns about persons with disabilities' lack of self-actualization. This lack may lead to low self-esteem, poor self-image, and negative self-concept. Yet, some persons with disabilities, for instance those with visual impairments, have similar school potentials, mental functioning, and educational aspirations as their non-disabled peers (3). Furthermore, persons with disabilities often live a highly structured life. Too often, decisions are made and activities selected for them.

Another factor that affects the personal identity of the child with a disability in the family context, are the social norms, stereotypes and prejudices. Undeniably, the specifics of the national cultures are of considerable significance for the transition from one norm into another. Norms, as a structurally defining element of the culture, manifest a combination of generally accepted by the community rules and their non-observance provokes restrictions. Negative social norms, prejudices and stereotypes negatively influenced only the self determination, social competence and identity of the all members of the families of children with disabilities.

## CONCLUSION

The family context of child with disabilities is important not only for overall physical and mental development of children with disabilities, but for his mental well-being, and to form appropriate personal and social identity. For the children with disabilities is important the formation of adequate personal identity to have the capability, not only to the deficiencies and construction of manipulative models. The family context of children with disabilities is one of the important factors for the formation of stable personal and social identity.

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## REFERENCES

1. Kartini I., Ponnusamy,S & Normah, C.D. Parental Stress in Parents of Special children: The effectiveness of psycho education program on parents' psychosocial well beings.Symposium Sains Kesehatan Kebangsaan 7, 2008
2. Yanchak, K. „Relation of Disability Type and Career Thoughts to Vocational Identity" in *Rehabilitation Counseling Bulletin* 48, 31: 130-138, 2005
3. Kidd, Warren. Culture and Identity: Skill-Sociology. New York: Palgrave and Macmillan, 2001
4. Michailakis, D. „The Systems Theory Concept of Disability: One is Not Born a Disabled Person, One is Observed to Be One" in *Disability and Society* 18, 2: 209-229, 2003
5. Diener, E., Sapyta, J.J., Suh, E. Subjective well-being is essential to well-being. *Psychological Inquiry* 9: 33–37, 1998
6. Myers, D. G. Social psychology (8th Ed.). New York. 2006
7. Darling, N., & Steinberg, L. Parenting style as context: An integrative model. *Psychological Bulletin*, 113(3), 487-496, 1993
8. Leung C.Y.S. & C.W.P. Li-Tsang. Quality of Life of Parents who have children with Disabilities. *Disabled Children Hong Kong Journal of Occupational Therapy*. HKJOT;13:19–24, 2003
9. [http://www.dinf.ne.jp/doc/english/asia/resource/apdrj/vol19\\_2/brief-reports3.html](http://www.dinf.ne.jp/doc/english/asia/resource/apdrj/vol19_2/brief-reports3.html) - Kumar S.& G. Rao Parental Attitudes towards Children with Hearing Impairment, 2008
10. Dyson, L.L. Fathers and mothers of school-age children with developmental disabilities: Parental stress, family functioning, and social support. *American Journal on Mental Retardation*, 102: 267-279, 1997
11. Oliver, M. The Politics of Disablement, Basingstoke: Macmillan, 1990
12. Barnes, M. & P. Shardlow. Identity Crisis: Mental Health User Groups and the „Problem” of Identity. Chapter 7 (in 'Exploring the Divide', edited by C.Barnes & G. Mercer, Leeds: The Disability Press), 1996