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## Psychosocial Predictors of Parents' Family Aspirations towards Their Children with Disabilities

**Abstract:** The study aimed to determine the relationship between parents' family aspirations towards their children with disabilities and selected parental psychosocial resources, such as self-image, self-perception, perceived social support, and styles of coping with stress. The instruments included the Parental Aspirations Questionnaire by Kirenko (2012), The Tennessee Self Concept Scale by Fitts (1965), The Norbeck Social Support Questionnaire by Norbeck (1984), and Coping Inventory for Stressful Situations by Endler and Parker (1999). 361 mothers and fathers bringing up children with physical, sensory, and intellectual disabilities participated in the study. The results suggest a positive role of adaptive competences, such as adaptive coping, positive properties of self-image, as well as the negative role of maladaptive competencies such as self-criticism in mothers and fathers. Neither the positive contribution of social support nor the negative role of avoidance-oriented coping in fathers has been confirmed. Parental aspirations are part of adaptation to living with a child with a disability and will be important to support parents in recognizing the child's potential correctly and strengthening it at all stages of development until adulthood.

**Keywords:** Parents, Child with disabilities, Parental aspirations, Psychosocial resources

### Introduction

Parental aspirations and expectations have been of interest to many authors, primarily from the perspective of the transition process in young adults with disabilities. The nature of parents and children's aspirations/expectations in relation to different dimensions of functioning in adulthood has been analysed and compared (Al-Jazzaf, 2012; Blacher, Kraemer, & Howell, 2010; Cooney, 2002; Doren, Gau, & Lindstrom, 2012; Kramer & Blacher, 2001; McNair & Rusch, 1990; NLTS2 research report; Powers, Green, & Powers, 2009; Smyth & McConkey, 2003). The importance of aspirations/expectations for achieving the desired effects of the transition process or the quality of functioning of people with disability has been verified (Blustein, Carter, & McMilan, 2016; Carter, Austin, & Trainor, 2012; Schroeder, 2016). Factors moderating the relationship between aspirations/expectations and the functioning of adults with disabilities in various aspects, most often educational and professional (Doren et al., 2012), have been analysed. The results of previous studies indicate the significant role of both parental aspirations and parental expectations for achieving positive effects in

the broadly understood adaptation to the roles and responsibilities of adulthood. They are shown to have a positive impact on continuing education at the secondary and higher level and achieving successful results by young adults with disabilities and non-disabled young adults. They play a significant and beneficial role in the successful job seeking by people with disabilities even in open job market conditions. They also indicate a positive relationship between parental expectations, adaptive behavior, and quality of life, and a negative relationship with the occurrence of adverse symptoms of disorders. Higher expectations and aspirations are believed to be accompanied by stronger beliefs about children's capabilities and their potential – which always exist, also in people with disabilities. All the above may be the basis not only for recognizing the child's autonomy and creating the conditions for the child to realize it (which entail setting requirements) but also for motivating and supporting the child (Bandura et al., 1996; Clare, Garnier, & Gallimore, 1998; Doren et al., 2012; Schroeder, 2016).

Not all authors who study aspirations refer to a specific theory of aspirations indicating its source or constitutive factors. The concept of aspirations and their

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understanding is taken from psychology, sociology, and less often pedagogy. Some studies lack the theoretical basis to operationalize this variable, its model approach, and any indication of its personal or environmental correlates. There is also certain freedom in terms of conceptualizing aspirations – they are sometimes understood as expectations or plans for the future. Aspirations in the analysed studies are presented as imprecise phenomena similar to fantasies, dreams, ideal goals, or manifestations of ambition. They are seen as abstract and detached from reality. Expectations, related to resources and barriers, are seen to focus on realistic objectives (theory review by Jacob, 2010). Frye (2012) notes that some authors tend to treat aspirations and expectations synonymously. In his research, he makes a distinction in the contextual layer but he indicates that beliefs about the future are related at the level of the ideal “self”.

Aspirations emerge in the social context (Hart, 2016) which provides a certain reference framework in the form of role models, patterns of activities, values, and standards. The significance of important people is emphasized in the context of shaping young adults’ aspirations (Rookey, 2003). Such persons, through persuasion or imitation, influence the process of creating individual aspirations. They may also offer support that can increase the motivation to implement goals and objectives and confirm their importance (Hart, 2016). Positive feedback confirming the value of one’s actions and informing about the success in a given field can boost self-efficacy and self-esteem, which in turn increases the level of achievements to which one aspires (Goldenberg, Gallimore, Reese, & Garnier, 2001). Aspirations, however, are born not only from successes, out of “ambition and optimism”, but also from pessimism, frustration and “the need to escape from the present way of life” (Hart, 2016, p. 326).

Researchers from the field of psychology attempted to embed aspirations in the image of the self. Higgins (1987), describing the theory of self-discrepancy, indicates three areas of the self: actual self, ideal self, and ought self. Each of them has attributes evaluated as possessed, desirable or important to be in possession of. Actual self, representing attributes perceived as possessed or assessed by others as such in relation to the person, is important for forming expectations (own or perceived by others). The ideal self represents the attributes desired by the individual or others, reflecting the aspirations of the individual or others. A discrepancy between the real self and the ideal self generates low self-esteem, negative emotional states, and may be a source of inadequate aspirations. Murayama et al. (2016) use this theory to explain how the mechanism of parental overaspirations develops: they are the extent to which parents’ aspirations towards the child exceed their expectations. The relationship between aspirations and self-image can also be found in the theory of the possible self, explaining the type of self-knowledge which allows the individual to perceive their own potential and future functioning (Markus & Nurius, 1986). The authors write that the possible self repertoire can be understood as a cognitive manifestation of long-term goals, aspirations,

motives, fears, threats, and a link between the concept of self and motivation.

The above-mentioned theories focus on individuals’ aspirations towards themselves. In the present research, aspirations formulated by parents towards their children with disabilities are investigated. It is difficult to assess to what extent the described mechanisms, referring to different psychological theories and research results (not always embedded in any theoretical context) apply to parents and their aspirations towards their children. In one of the studies, parents who had low educational achievements (indicated by their educational attainment) had stronger negative feelings deprecating themselves and formulated low educational expectations towards their own children (Kaplan, Liu, & Kaplan, 2001). However, as previously stated, expectations are closer to reality and they refer to perceived resources and barriers. In the case of aspirations, a different relationship is likely where parents with low achievements and unfavorable self-image will have high aspirations towards their children, which (to a certain extent) will compensate for the lack of their own achievements. This assumption can be justified by the theory of the discrepancy of self, according to which high aspirations can result from low self-esteem and negative emotions. However, this theory has not been empirically confirmed yet.

Researchers also suggest that the positive qualities of parents’ self-image, their self-efficacy and coping strategies are crucial for the positive quality of their parenthood expressed in their attitudes, parenting styles, and family bonds (theory review by Kaplan et al., 2001). In the desired configuration and intensity, they increase the chances of parents taking effective actions helping them to meet their child’s developmental needs successfully. Parents’ convictions about their own parental effectiveness and their positive assessment of their own competences in this area, built on the child’s achievements (especially if confirmed by external opinions from significant people) are the basis for formulating higher educational and professional aspirations (c.f. Gutman Morrison & Garland, 2008). Parents with higher resources, including support, can meet their child’s needs more effectively, strengthening their own self-esteem and the feeling of parental competence. Parents with higher resources may provide a wider range of activities aimed at realizing their child’s potential. If their actions bring the expected results, confirmed by positive opinions from the outside, parents can build higher aspirations for the future, recognizing their child’s greater developmental opportunities.

In the present paper, it is assumed that parents’ aspirations towards their child with a disability will be a form of designing the child’s future (in this case related to the family) encompassing parents’ desires, wishes, and goals (c.f. Murayama, Pekrun, Suzuki, Marsh, & Lichtenfeld, 2016). They will be based on parents’ experiences shaped by a specific social context which creates the opportunity to gain support but also generates certain expectations of the quality of parenthood. Previous studies describing the situation of parents bringing up a child with

a disability (relatively numerous in this area) have been the basis for specifying the research goals in the current study.

Being a parent of a child with a disability is a source of qualitatively diverse positive and negative experiences. Their spectrum includes emotions and feelings such as unconditional love for the child and pride in his/her achievements, joy and a sense of unique relationship with him/her, a sense of loss in relation to able-bodied peers, sadness, helplessness or powerlessness, and fear – especially in the context of the his/her future. Parents often have a strong motivation to perform caretaking tasks, despite the accompanying sense of burden and perceived reduction of personal resources (Cairns, Tolson, Darbyshire, & Brown, 2012; Crown, 2009; Nelson Goff et al., 2016; O'Connell, Hallora, & Doody, 2013; Pryce, Tweed, Hilton, & Priest, 2017; Whittingham, Wee, Sanders, & Boyd, 2013). Empirical evidence shows both unfavorable and comparable levels of psychosocial functioning indicators; few studies report more beneficial indicators compared to parents of non-disabled children. Negative effects may include depression, a sense of stress, and the burden of caregiving affecting parents' sense of physical health, well-being and quality of life (Cantwell, Muldoon, & Gallagher, 2015; Cho, Singer, & Brenner, 2000; Chouhan, Singh, & Kumar, 2016; Dąbrowska & Pisula, 2010; Ketelaar, Volman, Gorter, & Vermeer, 2008; Minnes, Perry, & Weiss, 2015; Mount & Dillon, 2014; Patton, Ware, McPherson, Emerson, & Lennox, 2018; Smith, Ronski, Sevcik, Adamson, & Barker, 2014). Such varied trends must be analysed in the context of many personality and environmental determinants. The role of self-image, preferences for coping strategies, self-efficacy, sense of coherence, optimism, hope, and formal and informal support is significant. Many studies confirm the significance of the described parental resources (including their moderating and mediating role) in parents bringing up a child with various disabilities. Research shows these resources increase welfare and quality of life and decrease negative aspects of parents' functioning such as the feeling of stigmatization, depression, stress, and a sense of burden (Cantwell et al., 2015; Cless, Nelson Goff, & Durtschi, 2017; Mickelson, 2001; Werner & Shulman, 2013; research review by Peer & Hillman, 2014 and Marquis, Hayes, & McGrail, 2019). Direct and indirect influence of support (adequate to the needs) on developing adaptively positive coping strategies was also confirmed (Mantri-Langeveldt, Dada & Boshoff, 2019; review of research by of Peer & Hillman, 2014). Furthermore, the direct and indirect relationship of coping strategies and the characteristics of the parents' self-image, symptoms of depression, and stress was also confirmed (Gallagher, Phillips, Lee, & Carroll, 2015; Minnes et al., 2015; Panicker & Ramesh, 2018; Plant & Sanders, 2007; Woodman & Hauser-Cram, 2013). Self-esteem has been found to be a resource in the process of coping with stress and a resilience predictor in parents raising a child with a disability (Raina et al., 2005). Correlations of the analysed variables (considered to be psychosocial resources) both between one another and with other

variables describing the quality of parents' functioning are complex and multidimensional. Multivariate analyses must, therefore, be used to verify them.

The described trends suggest two types of correlations exist between parental aspirations towards a child with a disability, parents' self-esteem, support (subjectively assessed by them), and coping:

- (1) Parents with lower coping resources will have higher aspirations towards their children, which will be a form of compensating negative feelings and beliefs about themselves as parents. Higher aspirations, shaped by social standards of what is considered "normal" (starting a family, having children), will compensate for their child's deficits and "normalize" the trajectory of the child's development.
- (2) Parents with lower coping resources, less support, low self-esteem, or preferences for maladaptive coping strategies will more often experience difficulties in meeting the requirements related to the special developmental needs of their child with a disability. They may have a weaker motivation to meet these needs and they may perceive their own competences in this area as low. They may also feel a greater burden of caring for the child, which may result in their more negative perception of the child i.e. limited perception of the child's potential. This, in turn, may result in developing low aspirations. Following this line of reasoning, a positive relationship may exist between higher resources and higher parental aspirations.

No research has been found that would verify the hypothetically described correlations between aspirations and personal resources. The available studies only outline the scope of future analyses, aiming to find relationships between parents' family aspirations towards their children, parents' self-esteem, support, and ways of dealing with stress.

The following research problem is addressed in the present study: *Do and what relationships exist between mothers' and fathers' personal resources and family aspirations towards their child with a disability?*

Detailed questions were posed to determine the nature and the strength of the correlations between personal resources: the level of self-esteem, self-perception, styles of coping with stress, the intensity of social support (as explanatory variables), and the level of family aspirations in the groups of surveyed parents (mothers and fathers) of children with disabilities.

## Method

The proposed variables were measured using a set of several inventories presented below.

### Measures

*Parental Aspirations Questionnaire (PAQ) by Kirenko (2012)*

This instrument is used to determine the level of parents' aspirations towards their children. Aspirations can be measured when their intensity in the population follows

a normal distribution. Statements in the questionnaire about parental aspirations relate not only to their qualitative dimensions but also to specific activities related to parents' social relations. A 5-point Likert scale containing answers from "I strongly agree" to "I strongly disagree" is used.

PAQ was created using exploratory factor analysis (EFA), which does not assume any structure of the factor system nor require posing hypotheses. It relies on correlations between questionnaire items which are used to identify factors with coherent content. EFA searches the data to find the best system of factors, and consequently the structure described by the distinguished factors.

The first version of the questionnaire included 31 statements, selected from a total of 116 items. The selection was made by competent judges: researchers and students of special pedagogy at the Institute of Pedagogy at the University of Maria Curie-Skłodowska in Lublin. Then distribution, discriminatory power, and correlations between item scores were analysed on data from a group of 362 people, including 273 women and 89 men. In the end 24 statements were selected. This version of the questionnaire was then standardized. Factor analysis was conducted on results obtained from a group of 346 people, including 287 women and 59 men. Five factors were selected (Family Aspirations, Educational Aspirations, Professional Aspirations, Life Aspirations, and Social Aspirations, all related to the Child). The number of factors was determined using the scree plot method, which determines the fewest factors explaining the most significant percentage of the overall variance of the measured concept.

All the statements on PAQ were tested for reliability. Cronbach's alpha was 0.97, with the standardized Alfa 0.97 and the average correlation between the items 0.57, which indicates satisfactory reliability of the instrument. Data (reliability for each of the 24 statements and correlation coefficients for each score per item and the total score for the whole scale) indicate good reliability and internal consistency of the instrument (most statements strongly correlate with the total score and correlation coefficient values range from 0.7 to 0.8). Consistency of measurements made with PAQ was also analysed. A test-retest procedure was used with an interval of three weeks in a group of 46 people, including 36 women and 12 men. Since the analysed instrument contains 24 items, and its individual scales comprise up to six statements, reliability for individual factors-scales was not assessed. PAQ is currently being tested for accuracy. Matrix intercorrelation analysis carried out on the data from 694 respondents confirms the internal validity of the inventory. Strong correlations were found for all scales (*Pearson's r* coefficient values range from 0.64 to 0.92). External validity of the instrument was tested in the course of this research.

#### *Tennessee Self Concept Scale (TSCS) by Fitts (1965)*

TSCS is a well-standardized research instrument with broad application possibilities, enabling the respondent to make a multidimensional self-description relating to self-concept and self-esteem. It can be used with various

groups of respondents, from healthy and well-adapted people to those with psychopathological disorders. The scale is available in two forms: an advisory, abbreviated counselling form, and a clinical and research form. Both forms contain the same set of statements. They differ in the method of calculating points and in the profiling system. Respondent's level of self-esteem is determined on the basis of the number of points they obtain. This is done in three rows: Row 1 – identity, Row 2 – self-satisfaction, Row 3 – behavior, and in five columns: Col. A – physical "self", Col. B – moral and ethical "self", Col. C – personal "self", Col. D – family "self", and Col. E – social "self". But it is the comparison of the self-criticism scale score (SC) and the total positive score (TPS) that offers the correct interpretation of the study and determines its credibility. Scores obtained by respondents are used to assess their level of self-esteem in comparison to the adopted standard or reference group. In addition, the following are also interpreted: positive score (PS), variation score (V), distribution score (D), time score (Time Score), true/false index (T/F), conflict scores (net conflict networks and general conflict score networks), and empirical scales for general maladaptation, psychiatric disorders, personality disorders and neuroses, which are used to assess other properties of self-perception.

#### *The Norbeck Social Support Questionnaire (NSSQ) by Norbeck (1984)*

NSSQ was used to determine the level of social support and the available network of connections in the group of the surveyed families. It collects data on the sources of social support and the persons providing it. These persons in the respondent's social network offer emotional, affirmative, and instrumental assistance to the person, in this case the family, in their efforts to overcome the difficult situation. The questionnaire consists of three parts. The first part informs about significant people (important or providing for the respondent) and about the nature of the relationship between the respondent and each of these persons. The second part consists of eight questions that concern the people listed in the first part. In the third part, respondents answer an alternative question: *During the past year, have you lost any important relationships due to moving, a job change, divorce or separation, death, or some other reason?* In addition, persons listed in the first part are categorized as: family members, friends, social workers, doctors, therapists, or clerics. The respondent also indicates to what extent these persons support them. After summing the points, source-specific and situation-specific total network scores are obtained. Source-specific totals determine (through the number of variances) the total sum of support from the network created by significant persons for the respondent. Situation-specific totals inform about the level of social support provided by source groups (family, friends, neighbors, social workers, clergy, medical carers, etc.) in specific types of situations related to three main dimensions: Affect, Affirmation, and Aid.

The questionnaire is in its experimental version, hence the obtained results from both the source-specific and the situation-specific areas are preliminary and should be repeated in other populations. The specific types and sources of support that are most effective probably differ significantly depending on the presented characteristics of the surveyed population. The current results regarding the reliability and validity of this inventory qualify it for use in the present research. Results confirming psychometrical characteristics of the questionnaire were obtained for all respondents in general, without specifying if they were fathers or mothers.

#### *Coping Inventory for Stressful Situations (CISS) by Endler and Parker (1999)*

CISS, in the Polish adaptation of Szczepaniak et al., consists of 48 items regarding various behaviors of people in stressful situations. Respondents determine the frequency of their actions in difficult and stressful situations on a 5-point scale. Results are grouped into three scales: TCS – task-oriented coping style, ECS – emotion-oriented coping style, and ACS – avoidance-oriented coping style. The latter style (ACS) can take two forms: DA – distracting activities, and SD – social diversion. CISS has high internal consistency for all its scales (coefficients of 0.78–0.90), satisfactory stability (correlation coefficients between the test-retest at 2–3 weeks intervals ranging from 0.73 to 0.80) and factor validity. Theoretical validity was assessed by looking for connections between styles of coping with stress and personality traits, temperament traits, anxiety, intelligence, social competence, and emotional intelligence. The criterion validity analysis was performed by comparing CISS results in various professional and clinical groups (see Strelau, Jaworowska, & Wrześniewski, 2005).

#### *Interview Questionnaire by Kirenko*

The interview questionnaire was developed to characterize the families. Four categories of the questionnaire comprise 29 open and closed questions. The first category contains information about the structure of the surveyed family and consists of six questions. In the second category, four open questions and three closed questions refer to the social and living conditions of the respondent. The atmosphere of family life is the subject of research in the third category, and the fourth category collects information about financial support received by the family.

### **Respondents**

247 mothers and fathers of children with various types of disability participated in the research: visual (65 couples – 18.73%), auditory (59 couples – 17.00%), motor (63 couples – 18.16%), and intellectual (60 couples – 17.29%). 361 families were surveyed, including incomplete families (more often single mothers than single fathers); but finally, only complete families were analysed. The age of children with disabilities ranged from 3 to 21 years, with an average of 7.25 years. In every group, there

were more boys with a disability than girls with a disability. The structure of the family bringing up children with disabilities was very diverse, in most cases, mothers and fathers were members of a four-person family: they had two children (29.14%), the second most frequent family model was “parents with one child” (20.64%), followed by “parents and three children” (19.83%). The least frequent models were “parents and four children, and one family member” (1.61%), as well as “parents and two or three children, and three or five family members” (0.40%). The age of parents ranged from 22 to 56 years, with mothers younger than fathers. 75.30% of the parents lived in cities and 24.69% in rural areas. In the group of mothers and fathers, the most frequent was secondary education (55.06% and 37.65% respectively); more mothers completed secondary education than fathers. Similarly, more mothers had a university degree than fathers (20.64% and 17.40%). On the other hand, more fathers (8.90%) completed only primary education than mothers (4.04%). However, fewer mothers (53.87%) were employed than fathers (78.36%). Housing conditions of the surveyed families were also examined, including the number of rooms occupied by parents and the number of children with disabilities who had their own room. Most parents lived in three rooms (38.05%), 23.07% in two, and 20.64% in four. More than half of the children with disabilities had a separate room (63.67%). The obtained numbers indicate average housing conditions in the surveyed group of respondents. Family income was also analysed. The surveyed parents most often chose the answer that the financial means available to them are enough to satisfy the most important life needs, but they could not make savings (36.84%). Only a slightly less frequent response was that the income is enough to meet the most vital needs but the family has to economize on clothing and food (36.43%).

### **Results**

Considering the main research problem, structural equation modeling was used to determine the strength of explanatory variables: self-esteem, coping with stress, and a sense of social support to predict family aspirations. Correlations were found by means of stepwise multiple regression analysis in the groups of surveyed mothers and fathers. This method was used to determine the system of explanatory variables that are significant for explaining the explanatory variable and estimating the strength of the relationship between them in the regression model constructed for this study. Regression analyses were necessary to identify groups of explanatory variables by means of a factor analysis, which included only the variables that significantly correlated with parental aspirations. The principal component analysis was applied, and the calculations were made using standardized data.

In addition, path models were created separately for mothers and fathers. However, they were not created separately in groups of parents of children with the four

types of disability due to the insufficient number of respondents to construct path models.

In the conducted path analyses indicating variables that predict parental aspirations of the surveyed mothers and fathers, out of a total of 247 mothers and 247 fathers, 2 persons with missing data were excluded. Thus, path models were created for  $N = 245$ , separately for each group of the surveyed parents.

### Path Models for Predictors of Family Aspirations in Mothers of Children with Disabilities

Stepwise regression was performed to test which of the analysed variables are strong predictors of family aspirations in the group of mothers of children with disabilities.

Analysis of the coefficients of determination for Family aspirations demonstrates that this variable is explained by independent variables included in the regression model in the group of mothers in 36%. Statistic significance of eight partial regression coefficients was found with a slight negative predominance (Table 1), which indicates that respondents associate the analysed disposition mainly with their feelings (as family members) of integrity, values and virtues and the level of self-respect. In this context respondents who obtain high scores tend to like themselves and feel that they are valuable and virtuous, while respondents with low scores doubt their worth. The latter feel they are not needed by anyone, they are often restless and unhappy, they experience anxiety or depression, they do not believe in themselves, and they do not trust themselves. Parents' family aspirations are also determined by undertaking activities aimed at solving problems or changing the existing stressful situation by using cognitive processes. In opposition to this component, there is a normal, healthy openness, the ability to self-

criticize and present a true self-image by seeking to define or describe one's *self* by focusing on "who it is", being relatively unable to perform an analogous operation by removing or rejecting "whoever it is not", as well as the sense of adequacy of self-worth visible in social interactions with other people. Responses of the body, called emotions, are a buffer. Their content and intensity depend on the unexpected situation, experienced traumas, disruption of balance in relations with the environment and the surrounding reality. They are characteristic of people who prefer wishful thinking and fantasizing to taking effective and rational actions aimed at removing or minimizing the stress stimulus.

Regression results were used to build path models. First, factor analysis was performed using the principal component method to group explanatory variables. The determinant of the matrix was 0.007, Bartlett's test of sphericity was statistically significant,  $\chi^2(55) = 1199.68$ ;  $p < 0.001$ . The KMO measure was 0.65. The scree plot returned three factors. Oblimin rotation was used because the factors were correlated. Factor loadings were taken from the model matrix.

Factor values were then recorded using the Anderson-Rubin method and included in the path analyses (Table 2). Factor 1 is a group of variables defining self-esteem and self-perception only with positive loadings. It comprises: *Total positive score*, *True/false indicator*, *Family self*, *Physical self*, *Social self*, and *Self-criticism*. It can be called a general and specific positive self-perception in the somatic, family and social spheres. Factor 2 refers to contradictions in self-perception, certainty about the perception of self-image, and the dimension of emotions in perceived social support. It groups three variables with positive loadings: *Net conflict score*, *Distribution*, and *Support-Emotions*. It can be called a conflict of consent or denial in self-perception combined with the need for

**Table 1. Results of multiple regression analysis for the dependent variable Family aspirations and independent variables in the group of mothers of children with disabilities**

| Independent variable indicators |                      | R=0.61 R2=0.36 F(8.23)=18.03 p < 0.001* |       |       |        |
|---------------------------------|----------------------|---|-------|-------|--------|
|                                 |                      | $\beta$                                 | B     | t°    | p      |
| Self-esteem                     | Self-criticism       | -0.21                                   | -0.26 | -4.75 | 0.000* |
|                                 | Family self          | 0.11                                    | 0.17  | 1.81  | 0.071~ |
|                                 | True/false           | -2.16                                   | -0.34 | -4.69 | 0.000* |
|                                 | Total positive score | 0.09                                    | 0.40  | 3.05  | 0.003* |
|                                 | Social self          | -0.13                                   | -0.18 | -2.37 | 0.019* |
| Coping Styles                   | Task-oriented        | 0.08                                    | 0.16  | 2.90  | 0.004* |
|                                 | Emotion-oriented     | -0.06                                   | -0.12 | -2.19 | 0.030* |
| Social support                  | Emotions             | -0.07                                   | -0.28 | -5.42 | 0.000* |

\* statistically significant; ~ p close to significance

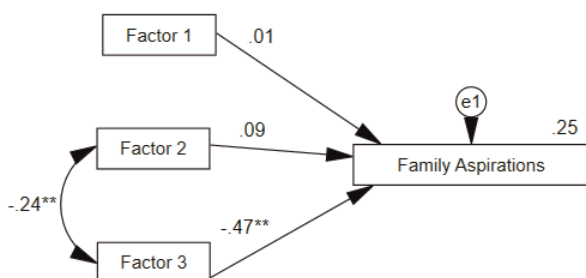
**Table 2. Model matrix for the factor analysis in a group of mothers of children with disabilities**

|                      | Component |      |       |
|----------------------|-----------|------|-------|
|                      | 1         | 2    | 3     |
| Total positive score | 0.95      |      |       |
| True/false           | 0.82      |      |       |
| Family self          | 0,73      |      |       |
| Physical self        | 0.72      |      |       |
| Social self          | 0.69      |      |       |
| Self-criticism       | 0.41      |      |       |
| Net conflict score   |           | 0.90 |       |
| Distribution         |           | 0.74 |       |
| Emotions             |           | 0.60 |       |
| Emotion-oriented     |           |      | 0.78  |
| Task-oriented        |           |      | -0.64 |

emotional support. The last main component (Factor 3), including the *Emotion-oriented coping style* with a positive loading and the *Task-oriented coping style* with a negative loading, can be called a disturbed emotional attachment, because it concerns a style focused on emotions, with less pronounced *Task-oriented coping style*, which can be combined with depression and fear in mothers (see Peer & Hillman, 2014).

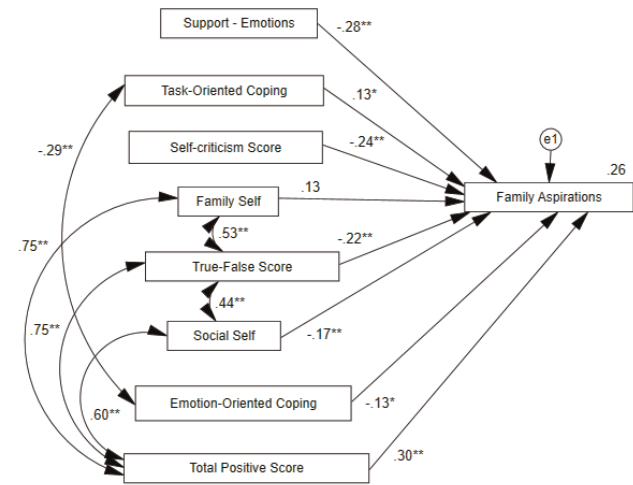
Next, the distinguished factors were used to create a general path model for family aspirations, and an additional detailed path model based on the results of the stepwise regression analysis. The general model was created using maximum likelihood estimation. The detailed model was created using the asymptotically distribution free method since the distribution of variables deviated significantly from normal distribution. Each time, satisfactory model fit indices were obtained for empirical data. Model fit indices are presented under Figures 1 and 2.

**Figure 1. Path model for predictors of family aspirations of mothers of children with disabilities**



$\chi^2/df = 1.25$ ; GFI = 1.00; AGFI = 0.98; RMSEA = 0.03

**Figure 2. Detailed path model for family aspirations of mothers of children with disabilities**



$\chi^2/df = 2.28$ ; GFI = 0.97; AGFI = 0.91; RMSEA = 0.07

Factor 3 is the most significant predictor in the general model presenting disturbed emotional attachment (figure 1). Its greater intensity in the group of mothers, especially in the context of the emotion-oriented coping style, is accompanied by reduced family aspirations towards their children.

In the detailed model (figure 2), apart from the family self, all other predictors are statistically significant, although they present diverse predictive configurations in the semantic context. Data suggest that higher level of self-respect in mothers is a predictor of higher levels of family aspirations towards their children, since these mothers tend to like themselves, feel that they are valuable and virtuous, and take actions to solve problems or change the existing stressful situation by using cognitive processes. Results also show that family aspirations are lowered by the emotional reactions of the organism – their contents and intensity triggered by an unexpected situation, experienced traumas, disturbance in relations with the environment or the surrounding reality, and normal healthy openness, the ability to be self-critical and present a true self-image by seeking to define or describe one's *self* by focusing on “who it is”, being relatively unable to perform an analogous operation by removing or rejecting “whoever it is not”. Sense of adequacy of self-esteem displayed in social interactions with other people, as well as emotional experiences, such as anger, guilt, or tension, characteristic of people preferring wishful thinking and fantasizing instead of effective and rational actions aimed at removing or minimizing the stress stimulus are also a buffer.

### Path Models for Subjective Predictors of Family Aspirations in Fathers of Children with Disabilities

Stepwise regression was also performed in the group of fathers to determine which explanatory variables are predictors of fathers' family aspirations towards their children with disabilities.

In the group of surveyed fathers, the applied model explains only 23% of the variance of the dependent variable *Family aspirations*, with the highest significant contribution of nine factors with negative loadings (Table 3). Data suggest that realizing this disposition is largely determined by the respondents', as family members, sense of integrity, values, virtues and the characteristics of their own self in relation to moral values, attitude towards God, the feeling of being a "good" or a "bad" person, satisfaction with religion or lack of satisfaction with it, rejecting thoughts of the underlying problem, preventing oneself from experiencing the problem and engaging in resolving the stressful situation by performing distractive activities, but also taking action to change the existing stressful situation by using cognitive processes. In opposition, there is a normal, healthy openness, the ability to be self-critical and present a true self-image by seeking to define or describe one's *self* by focusing on "who it is", being relatively unable to perform an analogous operation by removing or rejecting "whoever it is not", as well as a specific type of conflict, consent, silent agreement, or denial, where the surveyed fathers either expose and affirm their positive qualities, or deny their negative qualities while they confirm their positive qualities. Responses of the body, called emotions, are a buffer in fathers just like they are in mothers. Their content and intensity depend on the unexpected situation, experienced traumas, disruption of balance in relations with the environment and the surrounding reality. They are characteristic of people who prefer wishful thinking and fantasizing to taking effective and rational actions aimed at removing or minimizing the stress stimulus.

Factor analysis was performed using the principal component method to group the explanatory variables. The determinant of the matrix was 0.001, Bartlett's test of sphericity was statistically significant,  $\chi^2(105) = 1806.81$ ;  $p < 0.001$ . The KMO measure was 0.72. The scree plot returned four factors. Oblimin rotation was used as the factors were correlated. Factor loadings were taken from the model matrix.

Factor values were then recorded using the Anderson-Rubin method and these factors were included in the path analyses (Table 4). Factor 1 concerns positive self-esteem and self-perception, because only positive charges concerning the "self" gather around it: *True/false indicator*, *Personal self*, *Social self*, *Moral and ethical self*, *Behaviour*, *Family self*, and *Self-criticism*. Factor 2 can be called the "self" conflict, because it refers to contradictions and inconsistencies in self-perception, including the conflict of consent or denial, and includes: *Total conflict score* and *Net conflict score*. Factor 3 can be described as artificial, rigid self-integration combined with a positive perception of emotional support, because it comprises a set of variables regarding consistency/compliance within self-perception and emotions related to social support. Negative loadings were found here for *Total variance* and *Variance of rows* and positive loadings for *Support-Emotions*. Factor 4, the last one, which can be called anxious self-distancing, comprises positive loadings of *Avoidance-oriented* and *Emotion-oriented coping styles*: and one negative loading for *Task-oriented coping style*. This factor means that styles of coping with stress by self-distancing and being driven by emotions rather than actions play a greater role here.

**Table 3. Results of multiple regression analysis for the dependent variable Family aspirations and independent variables in the group of fathers of children with disabilities**

| Independent variable indicators |                        | R = 0.51 R <sup>2</sup> = 0.23 F(9.23) = 9.10 p < 0.001* |       |                |        |
|---------------------------------|------------------------|--|-------|----------------|--------|
|                                 |                        | $\beta$  | B     | t <sup>o</sup> | p      |
| Self-esteem                     | Self-criticism         | -0.21  | -0.22 | -3.59          | 0.000* |
|                                 | True/false             | -1.25  | -0.31 | -4.41          | 0.000* |
|                                 | Net conflict score     | -0.04  | -0.25 | -3.37          | 0.001* |
|                                 | Family self            | 0.15   | 0.21  | 2.79           | 0.006* |
|                                 | Moral and ethical self | 0.15   | 0.16  | 2.20           | 0.028* |
| Coping styles                   | Task-oriented          | 0.14   | 0.26  | 4.00           | 0.000* |
|                                 | Avoidance-oriented     | 0.12   | 0.25  | 4.06           | 0.000* |
|                                 | Emotion-oriented       | -0.08  | -0.14 | -2.36          | 0.019* |
| Social support                  | Emotions               | -0.05  | -0.18 | -3.12          | 0.002* |

\* statistically significant



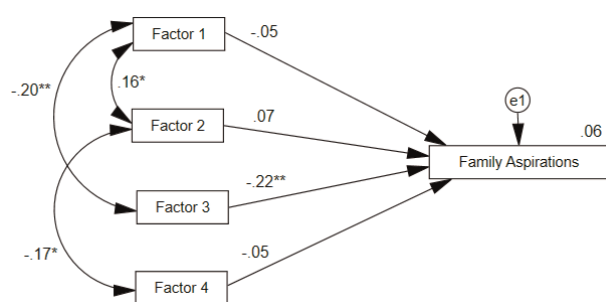
**Table 4. Model matrix for factor analysis in a group of fathers of children with disabilities**

|                        | Component |      |       |       |
|------------------------|-----------|------|-------|-------|
|                        | 1         | 2    | 3     | 4     |
| True/false             | 0.82      |      |       |       |
| Personal self          | 0.78      |      |       |       |
| Social self            | 0.77      |      |       |       |
| Moral and ethical self | 0.77      |      |       |       |
| Behaviour              | 0.74      |      |       |       |
| Family self            | 0.48      |      |       |       |
| Self-criticism         | 0.35      |      |       |       |
| Total conflict score   |           | 0.96 |       |       |
| Net conflict score     |           | 0.95 |       |       |
| Variance of rows       |           |      | -0.87 |       |
| Total variance         |           |      | -0.83 |       |
| Emotions               |           |      | 0.54  |       |
| Avoidance-oriented     |           |      |       | 0.81  |
| Emotion-oriented       |           |      |       | 0.68  |
| Task-oriented          |           |      |       | -0.53 |

These factors were used to create path models for family aspirations of fathers of children with disabilities. Maximum likelihood estimation was used in the analysis. Additional detailed models were constructed to determine which explanatory variables from particular sets of predictors (determined by factors) explain the level of family aspirations in the surveyed fathers. These analyses were performed using the asymptotically distribution free method, as the distributions of variables differed significantly from normal distribution.

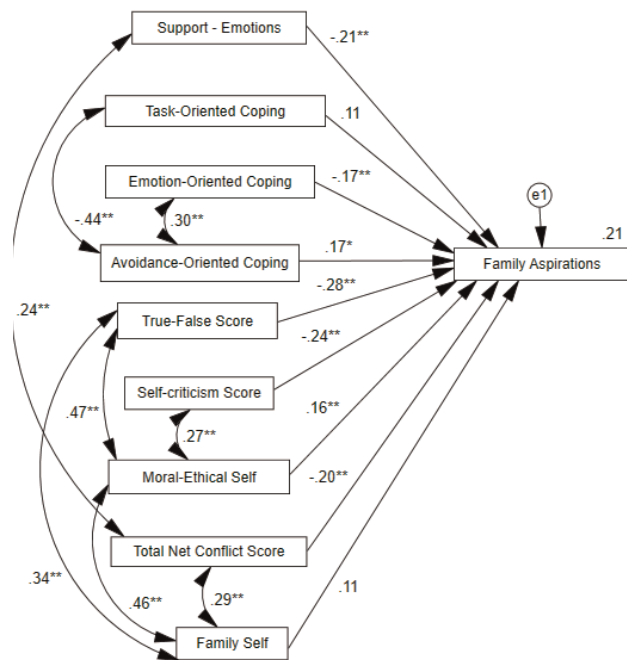
Figures 3 and 4 show path models for predictors of the surveyed fathers' *Family aspirations* towards their

**Figure 3. Path models for family aspirations of fathers of children with disabilities**



chi2/df = 0.59; GFI = 1.00; AGFI = 0.98; RMSEA = 0.00

**Figure 4. Detailed path model for family aspirations of fathers of children with disabilities**



chi2/df = 2.56; GFI = 0.97; AGFI = 0.92; RMSEA = 0.08

children, along with the adjustment indicators given below.

Factor 3 is an important predictor of fathers' family aspirations towards their children with disabilities in the above model. It is a factor of artificial, rigid self-integration combined with a positive perception of emotional support that can be used to predict the reduced intensity of the explained variable (figure 3).

For the detailed path model, only *Task-oriented coping style* and the *Family self* are insignificant predictors. Statistically significant positive correlations suggest that the clear tendency in the surveyed fathers to reject thoughts of the underlying problem, to prevent themselves from experiencing it and engaging in solving the stressful situation, to "escape" from the problem by performing distractive activities, but also to perceive the description of one's own self in relation to moral values, attitude towards God, the feeling of being a "good" or a "bad" person, satisfaction with religion or lack of satisfaction with it, can predict an increase in the level of family aspirations towards their children. In addition, negative loadings of the correlation suggest that the level of these aspirations in the surveyed fathers is lowered by presenting a true self-image by seeking to define or describe one's *self* by focusing on "who it is", being relatively unable to perform an analogous operation by removing or rejecting "whoever it is not" and by emotional reactions – their contents and intensity triggered by an unexpected situation, experienced traumas, disturbance of relations with the environment, the surrounding reality and normal healthy openness and the ability to be self-critical. Emotional experiences, such as anger, guilt or tension, characteristic of people who prefer wishful thinking and fantasizing instead of effective and

**Table 5. Predictors of family aspirations for surveyed mothers and fathers together – summary**

| Pathmodels | Predictors in mothers  | Predictors in fathers  | Explained variables |
|------------|--|--|---------------------|
| General    | Impaired emotional attachment (-0.47)  | Artificial integration of the “self” with a positive perception of emotional support (-0.22)   |                     |
| Detailed   | Total positive score (0.30)<br>Task-oriented coping (0.13)<br>Support-Emotions (-0.28)<br>Self-criticism (-0.24)<br>True/false indicator (-0.22)<br>Social self (-0.17)<br>Emotion-oriented coping (-0.13) | Avoidance-oriented coping (0.17)<br>Moral and ethical self (0.16)<br>True/false indicator (-0.28)<br>Self-criticism (-0.24)<br>Support-Emotions (-0.21)<br>Net conflict score (-0.20)<br>Emotion-oriented coping (-0.17) | Family aspirations  |

rational actions aimed at removing or minimizing the stress stimulus, as well as a specific type of conflict, consent, silent agreement or denial, where the surveyed fathers either expose and affirm their positive qualities, or deny their negative qualities while they confirm their positive qualities are also a buffer.

The adopted models assume cause-effect relationships. Table 5 lists all identified predictors of family aspirations along with their strength.

The set of variables concerning impaired emotional attachment is the strongest predictor of family aspirations among the surveyed mothers, whereas among the surveyed fathers it is primarily the artificial, rigid self-integration combined with a positive perception of emotional support. In both cases, the greater the intensity of the variable, the weaker the family aspirations towards their children. In the detailed path models, most generated predictors were statistically significant, though their predictive configurations differed in terms of significance because of intra-group correlations. Predictors of family aspirations with the greatest scope and strength for the surveyed mothers were: *Total positive score* and *Task-oriented coping style*, while in the group of surveyed fathers: *Avoidance-oriented coping style* and *Moral and ethical self*. Predictor variables in both groups: *Support-Emotions*, *Self-Criticism*, *True/false indicator*, and *Emotion-oriented coping style* reduced the predicted intensity of the explained variable. In the groups of mothers and fathers, predictors included in path models often predicted lower levels of these mothers’ and fathers’ family aspirations towards their children.

## Discussion

The conducted analyses indicate there are relatively complex correlations between mothers’ and fathers’ personal resources and their family aspirations towards their children with disabilities. They also confirm that resources are more significant for explaining the level of parental aspirations (in the regression analysis). The obtained regression models, and path models to a lesser extent, show a certain convergence for both parents, which is visible primarily at the level of variables creating significant relationships and their direction. In the case of

mothers, regression analysis suggests a significant contribution of self-criticism, true-false indicator and assessment of social self, in all cases showing negative relationships with aspirations; while family self, and general positive attitude towards oneself created positive relationships with aspirations. Positive participation in explaining the level of aspirations was also noted in the case of task-based coping styles, and negative participation, in the case of emotion-oriented coping style and emotions representing one of the dimensions of social support. This contribution of variables was noticed in the path model where only the family self did not have a significant relationship with mothers’ aspirations. The employed statistical analyses allow the established correlations to be seen as global. From a global perspective, the obtained data confirm the hypothetical explanations described in point 2 to some extent. Mothers who exhibit traits suggestive of adaptive coping, such as task-oriented coping style, and weaker tendencies towards emotion-oriented style, a positive general attitude towards themselves, low self-criticism, being able to define themselves more fully, presumably more emotionally adapted – as evidenced by the results in the general path model (Figure 1), show higher family aspirations towards their children with disability. Presumably, as previously stated, such parents are able to respond more effectively to the child’s developmental needs. They can realize these needs considering not so much social references to normality, but the child’s own capabilities and limitations in an individualized manner and in the context of the child’s specific developmental trajectory. When it comes to the indicated dimensions of self-image or coping, mothers with this type of functioning may feel fewer negative emotions related to stress or a sense of burden of caregiving, and they may experience a higher sense of well-being (see Cantwell et al., 2015; Gallagher et al., 2015; Patton et al., 2018; Plant & Sanders, 2007; Raina et al., 2005). Still, these conclusions require separate studies on the discussed indicators of the psychosocial functioning of mothers, including their aspirations. Interestingly, the obtained results reveal aspects inconsistent with the expected mode of interpretation, such as the negative relationship with emotional support and social self.

The nature of the relationships established here suggests the validity of the first of the hypothetically suggested justifications. Mothers who do not fulfill important psychological needs in contact with significant people, for whom social relations are probably not a positive source of reference for strengthening their self and confirming its value, show higher aspirations towards their children. The model lacks a significant share of other aspects of support, which may be significant here. Many studies show that social relationships, and not the presence of a child with a disability are often a source of negative parenting experiences (Cairns et al., 2012; Karney & Griffin, 2001). It is in social relations that parents seek confirmation whether their educational actions are correct, but also information about the consequences of their child's disability for his/her functioning in various areas of life. Research indicates unfavorable tendencies in this respect, such as devaluation of the value of the child's potential or devaluation of the child, pessimistic assessment of his/her future, depriving the child of his/her individuality because of features associated with disability (Cooney, 2002; Lee, Park, & Recchia, 2015).

In the case of fathers, regression analysis showed a significant contribution of self-criticism, true-false indicator and net conflict scores, which correlated negatively with family aspirations towards their children with disabilities. In the regression model family self formed positive relationships with aspirations like it did in mothers. But only in fathers, moral-ethical self formed positive relationships with aspirations. There was also a significant positive contribution of task-oriented style and avoidance-oriented style. The emotion-oriented style and the aspect of social support which expresses the possibility of realizing important psychological needs had a negative contribution. This nature of relationships was partly confirmed in the path analysis, excluding the task-oriented coping style and family self, which turned out to be irrelevant. Interpretation of the obtained complex correlations corroborated the assumptions made in point 2. Fathers with a more favorable self-image and remedial preferences tend to have higher aspirations in the family sphere with regards to the future of their children with disabilities. Referring to assumptions formulated in point 2 higher scores of some personality predisposition resources may increase the effectiveness of parental struggles with the challenges posed by the child's special developmental needs, which boosts motivation to make further efforts, perceive the child's greater potential, and formulate higher aspirations towards him/her. Similarly to mothers, some relationships were found that deviate from the general tendency. Data suggests that fathers showing the non-adaptive style of coping with stress such as avoidance and engaging in distracting activities (sometimes destructive, like the use of stimulants), with low emotional support (like mothers), also have higher family aspirations. Interestingly, emotional support in fathers is in a significant positive relationship with contradictions in self-image (figure 4). Perhaps assumptions from point 1 that higher aspirations towards the child compensate for

negative feelings and beliefs towards oneself as a parent when the parent does not have sufficient resources to effectively implement parental challenges are true, like in mothers. Presumably, the emotional support in a negative relation to contradictions in self-image in fathers is inadequate for their needs.

The described relationships indicate the motivational role of aspirations described by Frye (2012). Designing the future (in this case the child's future), noticing its clear aspects can motivate parents (mothers) to act while being focused on the problem, which is accompanied by weaker involvement in activities focused on parents' own emotions and avoidance (negative relationships between indicated styles, figure 2 and 4). The key here may be a positive attitude towards oneself (mother) and the ability to define oneself more fully (both parents), for which, as the path analysis shows (figure 2 and 4), family self is important, and in the case of fathers also the moral and ethical self.

### Practical Implications

The obtained results show that strengthening parental psychosocial resources plays an important role. They are crucial not only for the current but also the future level of functioning and reaching an optimal level of adaptation to life with a child with a disability. Parental aspirations may motivate parents to take action to develop their child's potential, but it is also necessary to have resources that will allow parents to actually take these actions. Parents do not always know how to set appropriate expectations towards their child, but this competence can be strengthened over time with experience (Clare, Garnier, & Gallimore, 1998). It is important for them to be able to confirm the correctness of their actions, which will strengthen their self-esteem, sense of security, and the ability to reconcile parenthood with other aspects of functioning, giving them the opportunity to expand their own identity and confirm their worth through other achievements. Studies show that parents of children with disabilities often focus on the present, because the future gives them strong anxiety (Giangreco, Cloninger, Mueller, Yuan, & Ashworth, 1991; Pryce et al., 2017). They develop specific aspirations towards their children, but in such a situation these aspirations may be inadequate and remain only in the sphere of plans and desires not supported by specific actions.

### Limitations of the Study

One of the major limitations of the conducted research is the heterogeneity of the group of parents and their children with disabilities. It is visible in the differences in the age of parents and children and the children's types of disabilities. It can be assumed that age is a variable differentiating parents' positive and negative experiences, although not all studies confirm this tendency (Lounds, Mailick Seltzer, Greenberg, & Shattuck, 2007; Carona, Pereira, Moreira, Silva, & Canavarro, 2013). Type

of disability can be a variable that significantly differentiates certain trends in the psychosocial functioning of parents because it is associated with the level of the child's life independence, communication, and coexistence of difficult behaviors or health problems. Future analyses should include variables characterizing the child's functioning.

It would also be useful to include a control group, parents of able-bodied children, investigating the specificity of selected trends and seeking their justification.

From the perspective of the discussed issues, longitudinal studies would be particularly useful. Presumably, they would show changes in parental aspirations with age and the relationship with resources at different stages of the child's development.

Self-report type research was used since it suited the analysed subject matter and the nature of the recorded variables and indicators. The reliability and accuracy of the employed instruments confirmed in numerous studies, and the relatively large size of the group, reduce the risk of errors associated with this type of research.

### Author's Note

Additional data about factors and psychometric properties of PAQ are available upon request.

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