

An eclectic approach to the study of parental attitudes towards a disabled child. The context of St. John Paul II

Ekлекtyczne podejście do badania postaw rodziców wobec dziecka niepełnosprawnego. Kontekst rozważań w ujęciu św. Jana Pawła II

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Introduction

The family, including the family raising a disabled child, is often put in the spectrum of research interests of contemporary social and theological sciences. The family functioning also includes attitudes towards the child (positive and negative). The eclectic nature of the teaching of St. John Paul II is related to the topic and research undertaken. According to St. John Paul II:

(...) the experience of morality always lies in the experience of man, and in a way it is even this experience. The implication of experiences is mutual and two-sided. Man lives, and thus experiences himself through morality, which is a special basis for understanding humanity. On the other hand, the experience of morality – and consequently its understanding – cannot be separated from man and humanity. There is an essential relationship here. The essence of morality and humanity are inseparably connected with each other (Wojtyła 1969, p. 19).

The interest in the attitudes of parents towards a disabled child is becoming relevant today due to the stimulating or disruptive influence of these attitudes on the child's development and the parents' morality.

There is no doubt that the titular attitudes are one of the many factors determining the development of the personality of a disabled child, therefore the study focuses primarily on this impact factor on an individual. Parental attitudes are practically every action of a parent directed towards a child, saturated with a specific emotional charge, implying a reaction in the form of its specific behavior. Persistent, they trigger certain types of interactions between the child and the parent (Matyjas 2008, p. 130).

Parental attitudes in the light of the literature on the subject

The term “parental attitudes” appeared in the literature more than thirty years ago, although the intensification of research in this area has been visible in the last decade. In the Polish pedagogical and psychological literature, attention is paid to the influence of attitudes on the formation of specific personality traits of children. This was done, among others, by Maria Ziemska, Maria Tyszkowa, Mieczysław Plopa. In their opinion, parental attitudes should undergo such changes as to enable a disabled child to effectively cope with developmental tasks in subsequent periods of his/her life.

Definitions and components of parental attitudes

There are many definitions of parental attitudes in the literature on the subject. It should be added, however, that the term “attitude” itself appeared for the first time in the psychological literature. It was defined by Herbert Spencer and Alexander Bain (Strelau 2001, p. 67). In their views, both researchers assumed that posture is a mental state of being ready to listen or learn something. An emotional attitude determines the emotional attitude of a person to a specific entity, object or situation. It can be positive or negative, and that is how it is presented in this article.

Defining attitudes varies due to the fact that subsequent researchers point to equal components of parental attitudes. In the literature on the subject, especially in social psychology, three components of the attitude are distinguished (Strelau 2001, p. 79), i.e.:

- a. the emotional component, which determines the value relationship of an individual to a given phenomenon;
- b. cognitive component – including the individual’s knowledge, beliefs and opinions;
- c. behavioral component, i.e. individual reactions to a given person or phenomenon.

The first emotional-evaluative component is reflected in the statements about the child, in the tone and expression of the statement, but also in non-verbal behavior. Verbal and non-verbal responses expressing this component concern what parents say to a disabled child and how they evaluate it, what they think about it and how they treat it, and how they specifically act on its behalf. This component is decisive as it determines the character, direction of thinking and actions of parents. The second component – cognitive, is expressed in

the parents' knowledge of the disabled child and its adequacy, in the form of expressed views and beliefs about the child. On the other hand, the behavioral component is revealed in the active action and behavior of parents towards a disabled child, including how the parents are able to get involved in their life (Piekara 1998, p. 59). In line with Jolanta Bonar's view, it should be noted that all three components are interrelated and directed (2008).

A similar approach is visible in the definition of the attitude of Józef Rembowski (1978, p. 55), who defines the parental attitude as a comprehensive form of the attitude of parents (father and mother separately) to children, to educational issues, etc., formed while performing parental functions. The parental attitude includes three components of the attitude towards the child:

- a. mental (assessment of the child's behavior, view of the child);
- b. emotional and motivational (manner, tone and expression of statements to the child and non-verbal behavior of the parent);
- c. action (behavior towards a child: hugging him, punishing him).

The same components of the parental attitude (cognitive, emotional and behavioral) are distinguished by Maria Braun-Gałkowska (1986, p. 54–56), who recognizes the parental attitude as a relatively constant way of relating to a child. This attitude is based on certain intellectual data, tinged with specific emotions and related to a tendency towards relatively constant behavior.

In the definition of an attitude, Bogdan Wojciszke draws attention to a relatively constant tendency towards a positive or negative attitude of a person to this object (Strelau 2001, pp. 79–106). Thus, when defining the parent's attitude towards a disabled child, it should be placed on the continuum of human-to-human attitude. On one side of this continuum there is rejection, which is the extreme negative pole, and on the other end of the continuum is total acceptance, or the extreme positive pole. Thus, the characteristic properties of an attitude are a positive or negative sign and the level of intensity of this attitude. A positive attitude is expressed in his approval, willingness to protect and act in favor, while a negative attitude is associated with condemning, fighting and acting to the detriment of the child.

Typology of parental attitudes and their relationship with child upbringing

Attempts to distinguish particular types of parental attitudes were made by, among others, Leo Kanner, Anne Roe, Maria Ziemska, Mieczysław Płopa. The authors referred to the typology of attitudes to the upbringing of a child and the functioning of the family environment, which plays a special role in the context

of shaping parents' attitudes towards a disabled child. It should be noted, however, that parents do not always act on their children consciously and intentionally. Therefore, the role of parents in shaping the personality of a disabled child is undeniable.

One of the most popular typologies of parental attitudes is M. Ziemska's Classification, which distinguished eight parental attitudes, dividing them into appropriate and inappropriate. In the classification, among the correct parental attitudes, the following four were distinguished (Ziemska 2009, p. 59):

- a. attitude of acceptance: this is accepting a child with his or her temperament, features of external appearance, abilities and possibilities in some areas and limitations in others. Accepting parents show their child sympathy and approval, and their contact with him brings them joy;
- b. attitude of cooperation with the child: it manifests itself in the parents' interest in the work and play of the disabled child, and in cooperation with him. In line with the child's development, parents involve the child in family and home affairs;
- c. attitude of giving rational freedom: it consists in providing the child with more and more rational freedom. As a child grows, his physical independence from his parents appears, and the psychological bond increases. The increased discretion does not weaken the authority of the parents and they still manage it as needed;
- d. attitude recognizing the rights of the child: this attitude precludes both underestimating and overestimating the role of the child in the family. The parents' attitude to their child's activity is free.

The above attitudes are related to taking care of a disabled child, satisfying his needs, patience, understanding and the ease of establishing a satisfying contact with the child. Many authors emphasize the existence of a strong relationship between parental acceptance of a disabled child and the proper development of his/her personality (Plopa 2005, p. 269). Referring to the pedagogical practice e.g. research on the assessment of parental attitudes (Forma 2012, p. 34), the child experiencing a positive emotional balance with the parents, internalizes their values and identifies with them. At the same time, he transfers emotional relationships from home to relationships with his peers and, as a result, they are characterized by emotional balance, positive self-esteem and the ability to coexist. Each of the correct attitudes described above has an opposite, wrong attitude in the classification of the above-mentioned author, i.e.:

- a. rejecting attitude: parents do not accept their child, often redirect their care to other, substitute environments, and taking care of the child causes their reluctance;
- b. avoidant attitude: it is manifested by a poverty of feelings or even emotional indifference. The company of a child does not give joy and pleasure, this intercourse is even felt as difficult – then the parents feel helpless and do not know what to do with the child. Contact is loose or seemingly good and masked with alleged liberalism and gifts.
- c. overly protective attitude: it reveals being uncritical towards the child, treating it as a model of perfection. Parents are overly caring and indulgent, they solve all difficulties for the child and limit its independence;
- d. excessively demanding, forcing, corrective attitude: parents do not take into account the possibilities arising from the child's development phase or its individual features, bending them to the pattern they have created. The child is under pressure to live up to the ideal model, to fulfill the achievements and requirements of the parents.

Since parental attitudes satisfy or frustrate the social and mental needs of a disabled child, they favor the development of their behavioral traits. It should be noted, however, that the above-mentioned, by way of antinomies towards positive attitudes, inappropriate parental attitudes may favor:

- antisocial behavior of the child,
- inhibition of the development of higher feelings,
- aggressiveness,
- helplessness,
- difficulties in adapting (Plopa 2008, p. 87),
- the development of introverted behavior.

Antinomy of attitudes towards a disabled child

In the article, the antinomy of parental attitudes refers to their two-fold recognition, i.e. their differentiation into positive and negative ones, and the contradictions in the functioning of the parent in accordance with the tasks resulting from the parental role it performs. Such an understanding of antinomies indicates the social, parental and subjective effects of irregularities in the area of attitudes presented by parents.

As indicated in the summary of this article, the birth of a disabled child definitely changes the situation of the family. The changes are visible in terms of attitudes and functions, in particular care and educational activities. Parental

attitudes are determined by a number of problems, incl. resulting from the type of damage and its extent. One of the most difficult moments is accepting the child with the most severe damage. On the one hand, this is related to the lack of hope for successful rehabilitation, and on the other, to the clearly marked stigmas of the state of disability, as they largely affect the social perception of a disabled child and his family.

The literature on the subject indicates four stages on the way to the acceptance of having a disabled child (Dykciak 2001), such as.:

- SHOCK – characterized by an inability to act unrealistic, very strong emotions. This phase usually lasts for several days;
- SEASONAL ADAPTATION – gradual acceptance and recovery of the ability to act rationally for the child's benefit;
- EMOTIONAL CRISIS – in this phase, various defense mechanisms are triggered, allowing the family to compensate for the disturbed dynamics of family life;
- CONSTRUCTIVE ADAPTATION parents learn to look from a distance to your situation and adapt to it.

The most desirable state – child acceptance, however, faces many difficulties. They are usually caused by a feeling of unfulfilled self-realization resulting from the discrepancy between the expected and actual image of the child (the so-called tragic life crisis), frequent lack of understanding on the part of the social environment in which the family functions (especially in the case of intellectual disability); strong negative feelings: fear, deep sadness, confusion, insecurity, a sense of loneliness, a sense of injustice related to the “life crisis of the family”; the crisis of the organization of the role (it arises as a result of the discrepancy between the necessity of a great involvement in childcare and functioning in other social roles in the family and outside it. This crisis may lead to the breakdown of the family); a crisis of personal values (consisting in realizing the difference between recognizing one's own child as one of the most important values in life and evaluations attributed to such children by society. Often it is the lack of social acceptance that leads to a conflict of feelings experienced by parents.

The family of a child with a disability can play a fundamental role in improving it if the attitude of both parents is favorable to the child's situation (Domańska-Malinowska 1997, p. 54). It is here that we should point out the emerging antinomies in the area of: social attitudes and parental attitudes. Parents can contribute to the physical, mental and social development of a disabled child only through deliberate care and educational interactions and unintended influences related to mutual emotional relations.

As it was pointed out in the earlier part of the article, the child draws from his family patterns of behavior, reference systems, and configurations of social sensitivity, therefore, parental success depends on the attitudes of parents towards the child. Antinomies in the area of parental attitudes are clearly visible in the context of the quality of the family environment and its potential possibilities. They are presented below in the tabular form.

Table 1. Antinomies of parental attitudes and the functioning of a family with a disabled child

No.	In plus (+) reaction	In minus (–) reaction
1.	Parents' job is to look after their children	The task of children is to look after their parents
2.	The messages are clear and understandable, and if they are not, they can be challenged	There are duplicate messages that are confusing and require guesswork
3.	A child is always loved, even if its behavior is unacceptable	The child is embarrassed
4.	Privacy boundaries are respected	Privacy boundaries are blurred and are often violated
5.	Every feeling has a right to exist	Feelings are subject to aggression and therefore are suppressed
6.	Parents are teachers and guides	Children grow up on their own as best they can
7.	Reasonable restrictions and dependencies apply	There is chaos or extreme severity
8.	Requirements for children are adjusted to their age and the level of development achieved	The child is either required to be super-mature or infantilized
9.	Children are constantly and automatically felt that they are valued	Children are made to feel that they are worth nothing and do not deserve love
10.	Life is organized, there is planning and the ability to resist and overcome crises	It goes from one crisis to another, and when it is gone, family members create it

Source: own study.

Helena Larkowa states that the attitudes of parents and the resulting behavior towards disabled children are of significant importance for the course and results of rehabilitation processes (1988, p. 479). Characterizing attitudes towards children with visible deviations from the norm, she assumes that these attitudes may be favorable (positive), unfavorable (negative), neutral or indecisive. There may also be ambivalent, two-valued attitudes – positive and negative together. In these cases, one type of attitude dominates, most often it is a negative one. A disabled child is more susceptible to negative environmental influences. It is worth noting that the attitude of parents towards disabled children may be of various types, i.e. proper, too mild, too strict, indifferent (Borzyszkowska 1971, p. 23).

Referring to the CBOS data, it is worth noting that in recent years the number of people assessing people with disabilities, including positively disabled children, has increased significantly, while the number of those with intolerant attitudes has decreased. The tables below show the changing attitudes of people towards disabled people and children.

Table 2. The attitude of the majority of Poles to the disabled according to the opinion of CBOS respondents

Specification	The year 1993 N = 1264 = 100%	The year 2000 N = 1057 = 100%
Very good	1	3
Pretty good	38	43
Rather not good	37	32
Bad, wrong	15	15
Hard to say	9	7

Source: Social Opinion Research Center, Poles' attitudes towards disabled people, Warsaw 2000.

Table 3. Coming to terms with the child's disability

Reconciliation with the child's disability	Women		Men	
	N	%	N	%
Yes, that's my baby	11	68,7	5	55,5
Not yet	3	18,7	1	11,1
No, but I strive for it all the time	2	12,5	3	33,3

Source: A. Ziętek, Parents' attitudes towards their intellectually disabled children – based on research among members of the Providentiae Dei Association in Skarszewo.

Table 4. Assessment of a disabled child in the opinion of parents

Child assessment	Women		Men	
	N	%	N	%
Very capable	2	12,5	3	33,3
Happy	5	31,2	1	11,1
Perplexed	4	25,0	2	22,2
Closed in on him/herself	5	31,2	3	33,3

Source: A. Ziętek, Parents' attitudes towards their intellectually disabled children – based on research among members of the Providentiae Dei Association in Skarszewo.

Table 5. Positive parental attitudes towards a disabled child

Attitude	Women		Men	
	N	%	N	%
Acceptance of the child	9	56,2	4	44,4
Interaction with the child	4	25,0	3	33,3
Giving your child rational freedom	2	12,5	2	22,2
Recognition of children's rights in the family	1	6,2	3	3,2

Source: A. Ziętek, Parents' attitudes towards their intellectually disabled children – based on research among members of the Providentiae Dei Association in Skarszewo.

Table 6. Negative parental attitudes towards a disabled child

Attitude	Women		Men	
	N	%	N	%
Abusive attitude	4	25,0	5	55,5
Avoidant attitude	3	18,7	2	22,2
Excessively demanding	4	25,0	1	11,1
Overly protective	5	31,2	1	11,1

Source: A. Ziętek, Parents' attitudes towards their intellectually disabled children – based on research among members of the Providentiae Dei Association in Skarszewo.

The analysis of reports on social attitudes or other studies indicating parental attitudes towards disabled children, as well as research conducted in smaller environments (e.g. the Providentiae Dei Association in Skarszewo – 25 families with a disabled child), shows that parents accept the fact of their offspring's disability over time, which can be seen in the attitudes of acceptance and cooperation they present.

Despite the growing awareness of parents of disabled children, it is necessary to provide them with support and pedagogical care, at least to avoid any irregularities in the area of parental attitudes, including, above all, excessive caring, relieving or releasing children from any duties or giving them apparent freedom. The consequence of such conduct is the complete dependence of a disabled child on others or a complete lack of preparation for independence. Therefore, actions should be taken to show parents about these areas, it is primarily about parents who, for various reasons, feel guilty, accepting the child only seemingly. Two-track pedagogical work (child-parent) is also needed to give children and parents self-confidence, ease in establishing contacts with peers and adults, and awakening the awareness of the autonomy of a disabled child. Knowing the antinomy, that is, recognizing the contradictions in parental attitudes will allow you to take appropriate corrective actions.

Conclusions

The antinomies of parental attitudes are expressed primarily in their bipolar perception. It is about their positive and negative aspects. Positive attitudes affect the proper development of a child and the functioning of the family envi-

ronment, while negative attitudes disrupt the process of upbringing and socialization of the child, often contributing to the breakdown of the family.

Summarizing the analyzes carried out so far, it can be stated that normativism related to duty, parental attitudes, moral attitudes and conscience (key issues in the concept of moral experience as defined by Karol Wojtyła) results from the ontic structure of a human being, at the same time serving the authentic and integral development of a person. Normativism has a pedagogical meaning and significance for moral education. If upbringing generally means shaping the child's personality, and his maturity is best expressed in the pursuit of good, then the main task of upbringing that realizes this goal is shaping the child's "reflex" of duty. Thanks to the increased accessibility to facilities supporting a disabled child and his family in recent years, as well as social campaigns for disabled people, an increase in the interest in the attitudes of parents towards a disabled child is noticeable. The role of the family in the process of rehabilitation and recovery of a disabled person is also increasingly emphasized.

It should be noted, however, that a change in attitudes towards disabled children is still required, which can be implemented by publicizing their life situation.

A disabled child is dependent on his parents, who should accept him unconditionally and satisfy his need for safety. Only the right attitudes of parents, a good educational atmosphere, caring care and love can form the basis for mutual understanding in the future and avoid social exclusion. Moreover, it is necessary to integrate the educational environments that include care and support for disabled children and their parents. The common goal of coordinated activities should be:

- equal opportunities for disabled and chronically ill children;
- creating conditions for respecting human rights in relation to them;
- striving for active participation of disabled children in social life and supporting their families.

Referring to the Polish Pope Saint John Paul II's considerations regarding the disabled, it is worth quoting his message to the participants of the international symposium on "Dignity and rights of people with mental disabilities" in 2004. Saint John Paul II called them privileged witnesses of humanity, most painfully experiencing the lack of love, solidarity and hospitality, as well as all manifestations of discrimination. In them, as he wrote, "the living icons of the crucified Son, clearly reveal the fragility of the human condition and, at the same time, the mysterious beauty of the One who emptied himself for us".

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SUMMARY

The birth of a disabled child determines the situation of the family, it leads, inter alia, to changes in parental attitudes. This article is theoretical and empirical in nature. It illustrates the antinomy of parental attitudes towards a disabled child. The diagnosis of attitudes leads to the formulation of pedagogical and ethical guidelines that would modify parental functioning and parental experiences. In ethical terms, they are undoubtedly related to the experience of man as a moral subject (Sztaba 2013, 2019).

KEYWORDS: family, disabled child, parental attitudes, St. John Paul II

STRESZCZENIE

Narodziny dziecka niepełnosprawnego determinują sytuację rodziny, prowadzą m.in. do zmiany postaw rodzicielskich. Artykuł ma charakter teoretyczno-empiryczny. Obrazuje antynomię postaw rodziców wobec dziecka niepełnosprawnego. Diagnoza postaw prowadzi do sformułowania wytycznych pedagogicznych i etycznych, które modyfikują funkcjonowanie rodziców i ich doświadczenia. Pod względem etycznym niewątpliwie wiążą się one z doświadczeniem człowieka jako podmiotu moralnego (Sztaba 2013, 2019).

SŁOWA KLUCZOWE: rodzina, dziecko niepełnosprawne, postawy rodzicielskie, św. Jan Paweł II

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