

Role of Parental Acceptance in Mediating the Effect of Family Functioning on the Social–Emotional Abilities of Special Needs Children

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Abstract

In families with special needs children, the parent–child bond is built through parental acceptance. For the various phases that lead to the acceptance of the child's condition, a healthy, functioning family is required. Moreover, healthy functioning of the family empowers parents to overcome the challenges in taking care of their special needs children. This study examines the role of parental acceptance in mediating the effect of family functioning on the social–emotional competence of special needs children. The participants were 291 parents of elementary–school–aged children with special needs. The results indicated that the relationship between family function, parental acceptance, and social–emotional competence of special needs children is affected by other factors, such as parenting style.

Keywords: special needs children; social–emotional competence; social–emotional learning; parental acceptance, family functioning.

Introduction

All parents want their children to have normal and healthy physical conditions. This can be challenging when they learn either during pregnancy or after childbirth that their child has certain limitations. Children who have an inadequate ability to act or do something that is required in daily life are known as special needs children. According to Mangunsong (2014), special needs children include not only those with physical challenges but also those with neuromuscular, sensory, mental, communication, social, and emotional disorders, or a combination of two or more of these aspects. This study involves children who only have single handicap, physically or developmentally. They are children with intellectual disability (down syndrome), attention-deficit hyperactivity disorder (ADHD), visual impairment, hearing impairment, and impaired mobility (aside from cerebral palsy, because it has both physical and developmental manifestation on children).

Special needs children develop social skills and emotional management throughout their lives, as typical children. However, they are at risk of encountering challenges in developing their social–emotional abilities. For example, deaf and blind children have lower self-regulation compared to typical children at their age (Salimi *et al.* 2016). There are barriers in communicating, both verbally (for the hearing impaired) and non-verbally (for the blind) that cause special needs children to have difficulty in receiving, internalizing, and applying cues given by society to express appropriate emotions and manage their behavior (Mangunsong, 2014). Problems in social interaction are also experienced by children with attention deficit hyperactivity disorder because of the children's failure to control impulses in certain situations (e.g., to queue or to obey instructions).

Moreover, several problems in social interaction due to the conditions of special needs children cause them to experience peer rejection. Therefore, they have limited opportunities to develop their social–emotional abilities. This can contribute to a decay of their overall competence, which is not only in line with the decrease in academic performance but also affects how they see themselves (Odom *et al.*, 2006). They tend to have negative self-appraisals, which triggers multiple problems related to social–emotional aspects, such as being easily offended, having a low self-esteem, feeling helpless and

dependent on others, or being frustrated, anxious, and unwilling to engage in social interactions (Dababneh 2013).

Though most of the literature affirms that special needs children perform lower on assessments of social–emotional abilities, some individuals with disabilities are strongly adaptive and empowered. One of them is Putri Ariani, a 12-year-old blind child and singer. Putri's journey to achieving her dream of becoming a singer was not always steady. According to some newspapers, Putri said that she had been abused many times at school because of her physical condition. All these experiences moved her to be more optimistic in achieving her goals. The support Putri received from her parents was the ultimate factor that enabled her to go through difficult times. Her thriving in society proves that children with special needs can indeed learn social–emotional abilities. They only need suitable treatment, guidance, and approaches to socialize with other children their age so that they can learn the multiple patterns of action that are acceptable in social contexts (Hallahan *et al.* 2012).

Factors that affect social–emotional abilities

Family functioning, roles, and support

Social–emotional abilities refer to a set of malleable skills that help children to manage their emotions and behavior effectively, endure in achieving their goals, recognize the learning process, and communicate and collaborate with others (Scarupa 2014). Adequacy in social–emotional abilities may predict accomplishment in learning, achievement in the work field, and a high degree of psychological well-being (Darling–Churchill *et al.* 2016). In addition, social–emotional abilities are the grounds for the development of cognitive, language, and adaptive skills (Case-Smith 2013).

The development of social–emotional abilities is affected by several factors, including parental care (Laible 2007; Chae *et al.* 2011), family support (Luecken *et al.* 2013), friendship (Vaughn *et al.*, 2002), the role of schools (Greenberg *et al.*, 2003), and socioeconomic status (Bradley *et al.* 2002). Family functioning is interaction within the family, both effective and ineffective, that allows the family to fulfill its purpose, which is to provide material and emotional support for family members and encourage the welfare and growth of its members

(Epstein *et al.* 1978). The characteristics of families that have healthy functioning include love and sincere attentiveness, openness, respect among family members, immense trust, healthy communication patterns, and proportional emotional support. Researchers suggest multiple models in evaluating healthy or effective family functioning. One of them is the Mc-Master Model of Family Functioning formed by Epstein *et al.* (1978) and developed by Miller *et al.* (2000). In this model, family functioning is observed from six dimensions: problem-solving, communication, roles, affective responsiveness, affective involvement, and behavior control. These six dimensions affect the physical health and emotions of family members.

According to Mousavi *et al.* (2015), families that function effectively are associated with children's strong social skills. Previous studies that involved children with intellectual disabilities, as well as children with cerebral palsy, spina bifida, muscular dystrophy, abnormalities in bone growth, amputation, blindness, and deafness (Mash *et al.*, 2005), found similar results (Bennett *et al.*, 2007). Most families of children with physical disabilities who participated in Bennett *et al.*'s study (2007) reported that they had healthy or effective family functioning. Other findings from the research revealed several characteristics of healthy or effective family functioning, such as high cohesiveness (strong emotional bonds between family members), high idealization (mutual respect between family members), and implementation of a democratic communication style (transparent conversation and engagement between family members). These characteristics are known to be associated with strong social skills for children with physical disabilities. Families with healthy or effective functioning provide more secure spaces for children with physical disabilities to explore their social environment, in comparison to families with unhealthy functioning (Bennett *et al.* 2007). Thus, how the family functions is an essential component in raising special needs children.

The presence of a special needs child in a family can be an unexpected event that requires the whole family to adjust its routines (Hallahan *et al.* 2012). If both parents work, one of them will likely consider decreasing his or her work hours, shifting to work with flexible time, or leaving the workforce (Mangunsong 2011). In addition, the family roles and routines related to domestic work may require change. The multiple adjustments that must be made can cause stress for each family member and contribute to a decrease in the overall family functioning (Friedman 2010).

As reported by Bloom, conflicts in the family are more common in families that raise special needs children (Bennett *et al.* 2007). Conflicts refer to the intensity of each family member feeling anger, criticizing each other, and engaging in arguments related to the situations encountered in raising special needs children. Lack of support from spouses and other family members when handling problems in the family is associated with greater vulnerability to poor physical health and psychological well-being of special needs children (Bennett *et al.* 2007).

Nevertheless, some studies demonstrate that family members' strong emotional bonds and resilience are associated with positive attitudes toward the presence of children with special needs (Kandel *et al.* 2007; Rea-Amaya *et al.* 2017). The support given by couples, core family members, or the extended family is associated with a decrease of stress levels in parents who raise special needs children (Hall *et al.* 2010). The reduction in stress levels further affects how parents function, boosting the development of intimate parent-child relationships and positive parenting practices (Mitchell *et al.* 2010).

Parental acceptance

Many studies have demonstrated that positive parenting practices have a positive impact on the development of the social and emotional abilities of special needs children, including maternal responsiveness (Warren *et al.* 2007), parent-child relationships (Spiker *et al.* 2002), and attachment (Schuengel *et al.* 2012). However, only a few studies explored the aspect of positive parenting that represents parents' acceptance of their children. Parental acceptance is important to address because special needs children tend to experience rejection from their parents (Gupta *et al.* 2010). When parents learn about their special needs child's condition, including any barriers, their dreams or hopes about their child's future sometimes seem to disappear. Parents may have a set of emotional reactions that involve shock, anxiety, fear, feeling guilty, denial, anger, and sadness (Mangunsong 2011; Hallahan *et al.* 2012). These multiple reactions happen in the process of parental adjustment before the parents finally accept their child's condition.

Arzeen *et al.* (2012) emphasized that parental acceptance is an essential element for children's development because it carries the form of quality, safe, and intimate relationships between parents and children. Rohner *et al.* (2012) described parental acceptance as the attitude of parents in raising children with warmth and affection to develop quality relationships. Parents who accept the condition of their children not only pay attention to the development and ability of children but also consider the children's interests (Hurlock 2000). Arzeen *et al.* (2012) further argued that parents who show affection to their children limit punishment and painful criticism, as well as other behaviors that indicate rejection.

Several studies have found a connection between family functioning, social-emotional abilities of special needs children, and parental acceptance. As reported by Gross *et al.* (2007), children's emotional development is strongly affected by their relationship with their parents, mainly since early childhood. The feeling of being accepted and having positive experiences in their relationships with their parents support children's social-emotional abilities (Chae *et al.* 2011). Hurlock (2000) affirmed that special needs children who are accepted by their parents are more proficient in socializing, able to be cooperative, friendly, loyal, emotionally stable, and happy. Conversely, relationships that are less warm between parents and children inhibit the children's capability to manage emotions and affect their relationships with peers (Scaramella *et al.* 2004).

Adding to Bennett *et al.* (2007), Hartshorne *et al.* (2016) found that the role of the family was a protective factor in the development of social-emotional abilities by children with impaired vision and hearing. Other research involving parents of children with developmental delays discovered a significant relationship between transparent communication in the family, commitment to the family, positive attitudes toward life challenges, parental coping strategies, and acceptance of the children's condition (Dyches *et al.* 2012). The results of a study on families of children with autism indicated that there is a significant relationship between family dynamics, a positive family environment, and the level of parental acceptance (Rea-Amaya *et al.* 2017).

Besides, several studies also found a connection between parental acceptance and the social-emotional abilities of special needs children. For instance, Zahroh (2018) demonstrated that parental acceptance significantly affects the social and emotional development of special needs children (those with blindness, deafness, and intellectual disabilities). Sidiq's study (2016) supported Zahroh's finding (2018).

Two out of four special needs children were found to have adequate social skills because their parents demonstrated acceptance by being involved in helping the children explore their social environment, including making friends with peers.

Present study

This study is based on the assumption that the relationship between family functioning and the social-emotional abilities of children with special needs is mediated by other variables, such as attachment, parent-child relationships, and parental acceptance. Specifically, the research investigates the role of parental acceptance in mediating the relationship between family functioning and the social-emotional abilities of special needs children.

Studies of special needs children in Indonesia have largely concentrated on management, strategies, or methods related to the development of academic abilities rather than social-emotional abilities. Therefore, the participants were teachers and educational institutions. To complement the various findings on the topic of special needs children, this study focuses on the critical circumstance that influences early childhood development, specifically parents and the family. As explained by Heward (2003), the effectiveness of programs for improving the ability and quality of life of special needs children will be largely determined by the assistance and sufficient support of the family. Moreover, social-emotional abilities are a fundamental aspect of the development of special needs children that need to be studied further. The hypothesis in this study is that parental acceptance mediates the effect of family functioning on the social-emotional abilities of special needs children.

Materials and Methods

Sample

This study applied a quantitative approach and convenience sampling techniques for the sample selection. The participants were 291 parents, both fathers and mothers, who had children with special needs (physical and non-physical) living in Indonesia. The children were expected to study at the elementary school level, including in special schools, inclusive schools, public schools, homeschools, and other educational institutions that are equivalent to elementary schools.

Instruments

Three instruments were used. First, the Elementary School Student Social and Emotional Skills Survey by the Child Trends and Tauck Family Foundation (Scarupa 2014) was applied to measure the children's social-emotional abilities. Second, the Family Assessment Device, compiled by Epstein *et al.* (1978) and adapted by Fauzia (2015), was used to measure family functioning. Finally, the Parental Acceptance-Rejection Questionnaire (PARQ) Short Form, developed by Rohner *et al.* (2005) and adapted by Fath (2015), was used to measure parental acceptance. At the beginning of the questionnaire booklet, the participants were given information about the study, and they consented to participate.

Data analysis

The data analysis was performed using IBM SPSS version 22 and R version 3.4.2 with Lavaan 0.6-5. Cronbach's α and corrected item-total correlations were used to test the validity and reliability of the measuring instruments. Next, descriptive statistics were applied to provide an overview of the characteristics of the study participants through percentage, frequency, mean, standard deviation, and minimum and maximum values, related to both demographic conditions and each

variable. Furthermore, to test the fitness of the theoretical model and examine the role of parental acceptance in mediating the effect of family functioning on the social-emotional abilities of special needs children, the structural equation model in R was used.

Results

Confirmatory factory analysis

The results of confirmatory factor analysis indicate that the model is fit to the data because it fulfills two out of three minimum criteria ($CFI \geq 0.95$, $RMSEA \leq 0.08$, and $SRMR \leq 0.08$). This also means that all instruments are valid and reliable to measure each variable in the study. Tables 1, 2, and 3 summarize the results for the children's emotional-social skills, family assessment, and parental acceptance, respectively.

Demographic data

As the figure indicates, the increase of family functioning affects the increase in parental acceptance ($a = 0.86$, $p < 0.05$). This indicates that the more healthy or effective a family's functioning is, the better the parents are able to accept the condition of their special needs children. Nevertheless, parental acceptance did not have a significant effect on the social-emotional abilities of special needs children ($b = 0.06$, $p > 0.05$). Furthermore, family functioning did not significantly affect children's social-emotional abilities, either directly ($c' = 0.43$, $p > 0.05$) or indirectly ($ab = 0.05$, $p > 0.05$). This means that parental acceptance did not play a significant role in mediating the effect of family functioning on the social-emotional abilities of special needs children. The study hypothesis is, therefore, rejected.

Table 1. Elementary Special Needs Students' Social-Emotional Skills Measurement.

Criterion	Value
CFI	0.847 (≥ 0.95)
RMSEA	0.071 (≤ 0.08)*
SRMR	0.079 (≤ 0.08)*
Factor Loading	0.375–0.743**
rit	0.33–0.61 ***
α	0.872

Table 2. Family Assessment Results.

Criterion	Value
CFI	0.816 (≥ 0.95)
RMSEA	0.065 (≤ 0.08)*
SRMR	0.079 (≤ 0.08)*
Factor Loading	0.308–0.633**
rit	0.30–0.57 ***
α	0.872

Table 3. Parental acceptance

Criterion	Value
CFI	0.924 (≥ 0.95)
RMSEA	0.041 (≤ 0.08)*
SRMR	0.061 (≤ 0.08)*
Factor Loading	0.306–0.802**
rit	0.33–0.71 ***
α	0.844

Notes:

* meets the criteria of fit model according to Hu dan Bentler (1998)

** meets the criteria of factor loading according to Kaplan dan Sacuzzo (1989)

*** meets the criteria of validity according to Anastasia dan Urbina (1997)

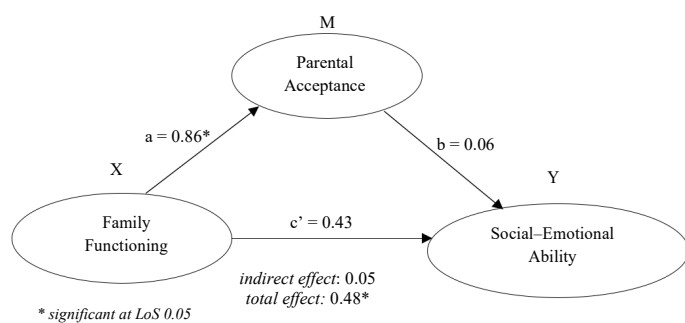


Figure 1. Mediation Test Results.

Discussion

The findings indicated that parental acceptance did not play a significant role in mediating the effect of family functioning on the social-emotional abilities of the special needs children. This is consistent with Bennett *et al.*'s (2007) finding that parental involvement does not play a significant role in mediating the effect of positive dynamics in the family (characterized by skills in problem-solving, transparent communication, and healthy family functioning in general) on the social skills of children with physical disabilities. The high level of parental involvement in parenting activities does not always have a positive impact on the development of the social skills of special needs children. Through high parental involvement, accomplishment in several programs for improving the ability of special needs children is indeed more likely to be reached (Heward, 2003). However, high involvement also enables parents to provide excessive protection for children, which could affect their development. As Bacco (2017) demonstrates, the ability of special needs children to be persistent is often inadequate because the parents tend to overprotect their children.

Healthy family functioning and high acceptance of a child's condition are known to be associated with positive parenting practices. Several studies have consistently demonstrated that positive parenting practices associated with responsiveness, attachment, and positive relationships between parents and children could support the social-emotional abilities of special needs children (McDowell *et al.*, 2002; Laible, 2007; Warren *et al.* 2007; Chae *et al.* 2011). Nevertheless, positive parenting practices through the fulfillment of children's needs for affection are typically followed by patterns of treatment that can cause their social abilities not to become optimally sharpened (i.e., independence). Hin *et al.* (2000, in Muningsgar (2008)) mention some behaviors that commonly arise and are sometimes not realized by parents of children with special needs, including being too restraining and being too protective. These behaviors appear as compensation for the feelings of guilt parents feel because of the assumption that they are the ones who caused the child's condition. For instance, parents may find it difficult to allow the children to exercise their own ability of self-control. In addition, fear that the children will hurt themselves makes parents limit children from various activities that can enhance their development. In line with Hin *et al.* (2000), Mangunsong (2014) also states that parental behavior patterns that tend to overindulge and protect children, as a manifestation of excessive worry, tend to limit children's social experiences so that the children tend to give up easily and lack the courage to try new things.

This indicates that parenting styles may also play a role in the relationships between the variables examined. Although parenting styles are not included in this study, several studies have proven that parenting styles contribute to the development of the social-emotional abilities of special needs children (Woolfson *et al.* 2006; Dyches *et al.*

2012). The practice of authoritative style in parenting is known to be associated with adequate social-emotional abilities in special needs children.

However, acceptance is a process that lasts a lifetime. At each stage of children's development, parents encounter new challenges in their parenting activities and need to adjust their expectations of their children. This means that parents go through cycles or stages in the process of acceptance, which can further affect the psychological well-being of the parents and their confidence in nurturing their children. Parents who have high confidence in their ability to take care of their children will see the process of raising special needs children as a challenge rather than a threat (Sansom 2010). This will enable them to show determination when facing obstacles or difficulties during the process and to build a safe environment that promotes the children's achievement of their full potential (Hashmi *et al.* 2014). High confidence in parenting is also known to be associated with children's positive social-emotional adjustment (Sanders *et al.* 2005).

Salonen *et al.* (2009) emphasized that family functioning is part of the environment that influences the level of parents' confidence in parenting activities. Because the family is a place where the nurturing process takes place, family dynamics may contribute to self-confidence in parenting activities. Healthy or effective family functioning, in which positive interactions and relationships are built between family members, can help parents to have a positive perspective on their children's behavior and difficult situations. When facing obstacles or difficulties, each family member can apply effective problem-solving skills, so that self-confidence in parenting also increases (Lian *et al.* 2010). Therefore, parental self-confidence (parenting self-efficacy) may also play a role in the relationship between family functioning, parental acceptance, and children's social-emotional abilities.

The results of this study also indicate that there were no significant differences between the means of family functioning, parental acceptance, and children's social-emotional abilities across the demographic categories. This is different from the results of previous studies, which indicate that several external factors such as age, educational background, and socioeconomic status influence the quality of life of families with special needs children, including family functioning and parental acceptance (De Araújo *et al.* 2015). In this study, most participants were classified as being of middle to lower socioeconomic status. Nevertheless, they had a high level of acceptance and healthy family functioning.

The difference in results may be affected by other factors that are not examined in this study, such as parents' involvement in support groups, personal characteristics (e.g., personality, motives, past experience, and expectations), and parental religiosity. Shenesey (2009) demonstrated that the level of acceptance, life satisfaction, and health is significantly related to religiosity, because religiosity plays a role in the process of individuals coping with negative feelings (i.e., pressure and uncertainty) that arise after negative/unexpected events or situations. Other studies have demonstrated that the social support received by parents, both from fellow parents who are members of a support group or contact with therapists or family-centered care, contributes to family functioning and parental acceptance. Examples of such support include information, appreciation, and direct assistance (De Araújo *et al.* 2015).

Other findings related to the characteristics of the participants, who were mostly female. Gender is known to have an impact on one's perceptions of family functioning. For example, a study of families with special needs children demonstrated differences in perceptions

regarding the functioning of the family between the father and the mother (Crowley *et al.* 2010). Mothers tend to view their families as more cohesive than fathers do. However, no significant differences were found between fathers' and mothers' assessments of family functioning in this study. This may be influenced by cultural factors that cannot be separated from how a family functions (i.e., division of roles, setting of rules, and communication). Although women or mothers are considered the primary caregivers in raising children or doing parenting activities, a division of roles with fathers is very possible, especially with special needs children. The culture in Indonesia, which tends to be cohesive, allows other family members, both fathers and members of the extended family, to engage in parenting activities. As Hall *et al.* (2010) stated, support from spouses, core family members, and extended family members helps to decrease the stress level felt by parents of special needs children. However, the role and dynamics of the extended family in parenting activities and their impact on the development of special needs children are beyond the scope of this research.

Conclusion

This study examined the role of parental acceptance in mediating the effect of family functioning on the social-emotional abilities of special needs children. The results indicated that parental acceptance did not play a significant role in mediating the effect. Then, the dynamics of the relationship between family functioning, parental acceptance, and social-emotional abilities of special needs children are presumably influenced by other factors, such as parenting style, within the family.

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Declaration of interests

In accordance with Taylor & Francis policy and my ethical obligation as a researcher, I declare that there is no conflict of interest on this paper.

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