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PARENTS` EMOTIONAL SUPPORT DURING THE INTEGRATION PROCESS OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

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Abstract: *Parents of children with disabilities may be in a great deadlock and the way they react is very different from one person to another. Thus, various emotional states and reactions may occur, such as shock, confusion, anxiety, uncertainty, frustration, distrust of diagnosis, denial, anger, fury, despair, negotiation, fear, self-blame, accusation of destiny and / or the others, isolation, rejection, depression, acceptance, resignation, and struggle. Often these emotions are not recognized and expressed, which creates multiple difficulties that can be overcome by improving human relationships in a supportive psychotherapeutic intervention. This research aims at identifying their needs and emotional states. The results obtained highlight the need to implement support groups for these parents, groups that focus on the development of emotional abilities and on the most effective strategies for maintaining constructive interpersonal relationships in the process of integration of children with special educational needs.*

Keywords: *emotional support; emotional intelligence; support group;*

1. Introduction

Integration is the complex and lasting process of ensuring that children with special educational needs (SEN) participate in school and social life, along with other children, by encouraging self-knowledge, inter-knowledge and mutual familiarization. It is based on the formula of the active school and considers the acquisition of social competences as the most important purpose of the educational approach for children with disabilities. The success of school integration is the basis of social inclusion. However, the success of integration is dependent on the interaction between these children's parents and teachers, which is often marked by confusion, dissatisfaction, disappointment and anger ((Dembo 1984; Muir-Hutchinson, 1987; Seligman & Darling, 1989). Seligman & Seligman (1980) argue that in order to establish and maintain positive work relationships with parents, teachers need to understand the impact of the child's special needs on parents and others family members.

The deadlock in which the members of a family with a child with SEN can be found is strenuous, and how they react differs from family to family. There may be affective states and various reactions such as: shock, confusion, anxiety, uncertainty, frustration, distrust of diagnosis, denial, anger, fury, despair, negotiation, fear, self-blame, accusation of destiny and / or the others, isolation, rejection, depression (displayed in a form of pain and mourning), acceptance, resignation and struggle. In Hardman, Drew & Egan' view (1996), the parents of a disabled child can go through the following stages:

(1) Shock, the phase in which parents can experience feelings of pain, detachment, perplexity, sadness, anxiety, guilt, numbness, confusion, helplessness, anger, mistrust, denial and despair; it can be overcome by most parents if they are emotionally supported.

(2) Emotional disorganization - where parents experience mistrust in their own powers, self-blame, accusation of destiny / the others, then re-evaluate the meaning of life and the motives of the current challenges.

(3) The realization is characterized by several types of parental behaviours: anxiety linked to one's own coping abilities, irritability or annoyance, self-blame or self-pity, non-acceptance by denial of specialized information, and finally, understanding the needs and constraints that arise with the raising of a child with disabilities.

(4) Defensive withdrawal - parents avoid confrontation with anxiety: some withdraw for a period to a safer and less demanding environment, while others try to solve the problem by searching for specialized institutions.

(5) Recognition - parents are mobilized to create the right environment for the disabled child. They are actively involved in the intervention process by becoming receptive to the information coming from the specialists.

Other challenges faced by the families of children with disabilities are caused by negative social responses and social arrangements that do not take into account the needs, interests and circumstances in which they are (Green, 2007; Olsson, 2008; Ryan & Runswick-Cole, 2008; Resch, Benz & Elliott, 2012). Most parents feel ashamed about their own children’s disabilities (Green, 2007; Farrugia, 2009; Gill & Liamputtong, 2011; Francis, 2012) and are overwhelmed by the challenges of accessing poor, inflexible and fragmented services (Rodger & Mandich, 2005; Reichman, Corman & Noonan, 2008; McManus et al., 2011; Browne et al., 2013).

The presence of a disabled child also greatly influences the way the family members relate to each other. In most cases, it is the mother that focuses on the child's special needs by neglecting the others and adapting to the new routine can be difficult because it involves major changes in her life and the others’. Recent studies confirm that the mothers of children with disabilities have two or even three times more chances to experience depression, anxiety or stress (Yirmiya & Shaked, 2005; Emerson et al., 2006; Singer & Floyd, 2006; Bailey et al., 2007; Montes & Halterman, 2007; Emerson et al., 2010; Totsika et al., 2011). However, there is research that prove that this risk is not so great, because most of them seem to adapt (Baker, Blacher & Olsson, 2005; Carnevale et al., 2006; Ylven, Bjorck-Akesson & Granlund, 2006; Blacher & Baker, 2007; Green, 2007; Glidden & Jobe, 2006; Olsson, 2008; Olsson, Larsman & Hwang, 2008). In families experiencing emotional, financial or other problems, a child with SEN can serve as a catalyst for dissolution, can affect the couple, causing strong emotions to both partners, acting as a symbol of demoralization, sadness, disappointment and failure in the couple, remodelling family organization and creating a fertile environment for conflict. The couple experiences anxiety, anger, guilt, fatigue, fear of communication and especially frustration due to lack of time for couple intimacy (Featherstone, 1980).

There are many studies that have found that parents’ positive adaptation is associated with better family functioning as well as optimism, positive affects, developed emotional intelligence, internal control and the use of coping strategies centred on meaning and on the problem (Jones & Passey, 2005; Greer, Grey & McClean, 2006; Plant & Sanders, 2007; Lightsey & Sweeney, 2008; Smith et al., 2008; Dabrowska & Pisula, 2010; Ekas, Lickenbrock & Whitman, 2010; Trute et al., 2010; Manning, Wainwright & Bennett, 2011; Bourke-Taylor et al., 2012; Trute, Benzies & Worthington, 2012; Ruiz-Robledillo & Moya-Albiol, 2014).

2. Method

2.1. Research objectives and hypotheses

This research addresses the problems described above by: (a) a qualitative investigation regarding the identification of emotional states experienced by parents and discovering their real needs in relation to their own children with disabilities; (b) a quantitative investigation of the relationship between emotional intelligence and emotional management experienced by them. The research hypotheses are:
(1) Parents' emotional intelligence correlates positively with the frequency of interactions with their own children.
(2) Emotional intelligence correlates positively with intensity.
(3) Parents' emotional intelligence is associated with emotional dissonance.
(4) Parents' emotional intelligence is associated with emotional effort.
(5) The identification of emotions is negatively associated with the regulation of emotional expression.
(6) Managing emotions is negatively associated with the regulation of emotional expression.

2.2. Participants and procedure

There were 50 parents involved (36 women and 14 men) whose children had auditory, mental or physical deficiencies and were integrated in school from Brasov County. For the organization of the focus groups, the sample of subjects was divided into 5 groups of 10 participants and the interview plan for each focus group included the following questions: (1) Under what circumstances did they find out about the child's deficiency and what did they feel at that time? (2) What emotions do they experience in the relationship with their own children? and (3) What are their real needs in this relationship?

2.3. Measure

The parents were invited to individually fill in the following four psychological tests:
(1) Emotional Intelligence Scale - EIS aims at assessing the emotional intelligence seen from an aptitude perspective, based on the original model proposed by Salovey and Mayer, through a self-administered questionnaire. It is composed of 33 items and the Cronbach alpha coefficient is .90 which indicates a very good internal consistency Schutte, Malouff, Hall, Haggerty, Cooper, Golden & Dornheim, 1998). The scale has good psychometric properties in the present study ($\alpha = .86$).
(2) *Test for assessing the four skills of emotional intelligence* – TASEI consists of four parts: (a) perceiving emotions - PE, (b) using emotions to facilitate thought, - (c) understanding emotions, and (d) managing emotions - ME (Caruso & Salovey, 2012). Regarding the psychometric qualities of the test, the results of this research prove an acceptable internal consistency ($\alpha = .61$ for the identification of emotions) and a weak one ($\alpha = .58$ for managing emotions).
(3) *Emotional Labor Scale* - ELS investigates workplace emotion management strategies, regulating emotional experience, and regulating expression with the two subtypes conceived by the authors later on (simulating emotions and hiding them). ELS also targets: the frequency of interactions with customers, the intensity of emotions expressed in these interactions, the variety of expressed emotions, and the length of interactions with customers. The scale has internal consistency coefficients ranging from .68 to .85 for the dimensions investigated (Brotheridge & Lee, 2003). Regarding the psychometric qualities of the scale, the

results of this research prove a good internal consistency for the total score (α = .87). The dimensions of the scale vary from an acceptable level of the α Cronbach coefficient (α = .64 - the regulation of emotional expression by concealing emotions) to a low level (α = .59 for intensity).

(4) *Hospitality Emotional Labor Scale* - HELS measures employees' perception of emotional work in organizations that involve direct customer interactions. The scale comprises 19 items grouped into two subscales: emotional dissonance (11 items) and emotional effort (8 items). The original version of the scale has a good internal consistency (α = .89 for the emotional dissonance dimension and α = .77 for the emotional effort dimension) Chu & Murrmann, 2006). In the present study, the results indicate an acceptable internal consistency (for emotional dissonance α = .63 and for emotional effort α = .61).

3. Results and discussion

The research started with the focus group concerning the identification of the emotional states experienced by parents in relation to their own children with SEN and their real needs. The method used for data interpretation was the thematic analysis. As a result, two themes were generated:

(A) *Emotions experienced by parents.* Parents have reported that they feel strong negative emotions that affect their entire personal and professional life, such as: helplessness *("When I heard the diagnosis, I felt the sky fell over me", "I wish I could do more for my child"),* worry and fear *("At the age of 3 months I became aware of the child's problem. It was a sense of fear of the unknown"),* disappointment, uncertainty and shame *("For the family, it was a shock, I was very upset, disappointed at myself and I did not understand why my child had such a problem"," I was ashamed to admit, but I could not handle it anymore"),* frustration, distrust, despair and depression *("I felt the whole universe crushing over me", "When I found out, I felt great pain in my soul").* A while after finding out the diagnosis, most parents argued that initial negative reactions and feelings were replaced by love, joy, acceptance, satisfaction and strength *("Any activity with my child makes me happy", "I feel very good when the baby accomplishes something", "The moments spent with my baby are very beautiful, pleasant, relaxing", "I feel happy with such a cheerful and lively child", "We now feel confident", "When we play together, those are the most beautiful moments of the day", "When I am next to my child, I forget about all the problems and try to make him happy").* However, some of the parents have admitted that they still feel frustration, anger, guilt and pain, especially when their entourage compares their child to the other children.

(B) *The parents' real needs.* The most frequently mentioned needs by the parents were: specialized guidance on deficiency specific intervention strategies *("I did not know what to do and I needed to be told in concrete terms")*, understanding and emotional support from the specialists, the teachers and the members of the extended family *("I thought that without the help of the others I will not cope"),* but especially the need to share emotions and thoughts with those in similar situations *("When the mom of one of my son's colleagues told me what she went through and how much guilty she experienced, I felt completely understood").*

Pearson coefficients show that there are significant relationships between emotional intelligence and the frequency of interactions between parents and their own children with SEN, the intensity and the variety (Table 1).

Table 1 Correlations between emotional intelligence and emotional labor dimensions

	EI EIS	PE TASEI	UET TASEI	UE TASEI	ME TASEI

	EI EIS	PE TASEI	UET TASEI	UE TASEI	ME TASEI
Frequency ELS	**.317***	.213	**.280***	.206	**.296***
Intensity ELS	**.299***	.165	.119	**.314***	.202
Variety ELS	.132	.057	.039	.090	.114

* p< .05

The parents' emotional intelligence correlates positively, statistically significant with the frequency of their interactions with their own children (r = .317, p <.05) and with the intensity of their strong emotions expressed in the relation with the children with disabilities (r = .299, p < .05). Regarding the four abilities of emotional intelligence, the results indicate that three are positively associated with some of the parents' strategies of emotional management arisen when interacting with these children: using emotions to facilitate thought with frequency (r = .280, p <. 05), understanding emotions with intensity (r = .314, p <.05) and managing emotions with frequency (r = .296, p <.05).

In order to verify the following two hypotheses, we performed the correlation analysis and the results are presented in Table 2.

Table 2 Correlations between emotional intelligence and emotional labor dimensions

	EI EIS	PE TASEI	UET TASEI	UE TASEI	ME TASEI
Emotional dissonance HELS	.155	.280	-.042	.401	.164
Emotional effort HELS	.580	-.053	.114	.193	-.006

p – ns.

Neither affective dissonance, nor emotional effort correlate statistically significant with emotional intelligence and the four emotional abilities.

The Pearson coefficients show that there are significant relationships between some of the emotional intelligence abilities and the regulation of the emotional expression for parents of children with SEN (Table 3).

Table 3 Correlations between ability of emotional intelligence and emotional labor dimensions

	PE TASEI	UET TASEI	UE TASEI	ME TASEI
Regulating the expression - hiding emotions ELS	**-.348***	.091	.042	-.263
Regulating the expression - simulating emotionsELS	-.213	-.147	-.195	**-.356***
Regulating emotional states ELS	-.080	.116	.098	-.021

* p< .05

Out of the four abilities of emotional intelligence, only two associate negatively, statistically significant, with the regulation of emotional expression, as follows: perceiving emotions correlates negatively with regulating the expression - hiding emotions (r = -.348, p <.05) and managing emotions correlates negatively with regulating the expression - simulating emotions (r = -.356, p <.05).

The Pearson coefficients show that there are significant relationships between emotional dissonance, emotional effort and emotional management for parents of disabled children within their relationships cu them (Table 4).

Table 4 Correlations between emotional labour (HELS) and emotional labour (ELS)

	Emotional dissonance HELS	Emotional effort HELS
Frequency ELS	.020	-.076
Intensity ELS	-.047	.189
Variety ELS	.018	.222
Regulating the expression - hiding emotions ELS	-.043	**.284***
Regulating the expression - simulating emotionsELS	**-.287***	**.348***
Regulating emotional states ELS	-.087	**.459*****

* p< .05, *** p< .001

In the context of relationships with their own children who require special educational needs, the discrepancy identified by the parents between the felt emotion and the correct one according to the norms of emotional expression correlates negatively, statistically significant, with the strategies of modification through simulation of the displayed emotional expression. The extent to which they strive to modify their emotions displayed or experienced in interactions with their disabled children is associated with the regulation of emotional expression, both by suppression and simulation, but especially with the strategy of modifying the internal emotional experience so as to become consistent with the rules of emotional expression.

4. Conclusions

In our study, the qualitative analysis of the focus groups has shown that parents of children with special educational needs experience multiple powerful negative emotions such as worry, helplessness, anger, guilt, disappointment, uncertainty, fear, shame, frustration, mistrust, despair, and depression. In this context, there is a great need for emotional understanding and support from specialists, teachers, members of the extended family, for specialized guidance on intervention strategies specific to their children’s disability, and the creation of support groups focused on sharing emotions, fears and thoughts with those in similar situations. Thus, parents are more willing to respond appropriately to their children’s educational needs, to support a flexible and effective educational and learning process, and especially to engage themselves actively, assuming responsibilities within the multidisciplinary team (teachers, specialists, etc.) , contributing to the success of integrating their own children with disabilities. Gradually, parents' negative reactions and feelings are replaced by love, joy, acceptance, and satisfaction.

Emotionally skilful parents, who process cognitively the emotional information and manage it efficiently are more available to express the strong emotions they experience in relation to their own children with disabilities and to keep in touch with them by actively and responsibly engaging in the integration process. However, the parents' emotional intelligence does not correlate with their discrepancy between the emotion experienced in interacting with children with disabilities and the appropriate emotion according to the norms of emotional expression and to the extent to which they make sustained efforts to modify the emotions they feel or display.

It is worth mentioning the results according to which parents who avoid adopting strategies of changing by suppressing the emotional expression displayed according to the rules of emotional expression are able to perceive and express emotions with precision. Those who do not resort to strategies to modify through simulation the emotional expression displayed according to the rules of emotional expression appropriately manage their personal emotions, as well as their own children's emotions.

Parents who make a considerable effort to modify the emotions they express or feel tend to conceal or simulate their own emotional expressions, as well as to alter their internal emotional feelings so as to become consistent with the rules of emotional expression. Also, those who experience a small discrepancy between the felt emotion and the appropriate one in relation to their own children with disabilities use strategies to modify through simulation the emotional expression displayed according to the rules of emotional expression.

The attitude adopted by the parents of children with SEN can depend on the affective, social and cultural factors of the entourage that influence the way the family lives this reality, the level of family aspiration, and the extent to which the child with disabilities meets the family's expectations for intellectual or social achievement. They need emotional support to overcome these moments and become a real partner in the process of social and professional integration of their own children. The purpose of the integration process is to create conditions that allow children to develop their individuality and pursue their own interests (Năstasă, 2015).

In conclusion, the results of the research highlight the importance of implementing support groups for these parents, groups that focus on developing emotional skills and on the most effective management strategies for their emotions both in the relationship with their own children and in those established with various specialists in order to integrate children with SEN. The objectives and topics of the intervention plan that target the supportive psychotherapeutic approach of these parents should include: (a) awareness, clear and assertive expression of emotional experiences and their management, as well as that of the stress felt; (b) overcoming their own bottlenecks, fears, vulnerabilities regarding their own children's emotional validation and education; (c) identifying the personal resources they can use to maintain constructive relationships in the process of integrating children with disabilities. As in previous research (Năstasă & Mindu, 2016, Năstasă, Stroe & Sandu, 2017), for the implementation of such an intervention plan centred on the parents' emotional support, we propose the use of experiential techniques in expressive-creative therapies and gestalt-therapy because of the emphasis is on self-transformation, on interpersonal relationships and on the here and now experience, which will cause them to discover their own way to cope more effectively with the challenge of raising children with SEN and giving them the chance to negotiate with themselves, to forgive and accept themselves, to appreciate and to gratify in a conscious and responsible way, but especially to change their perspective on the challenges of life. In Truta's vision (2012), emotional management programs include: using inventories to identify specific emotional management strategies, emotion-generating situations, associated personality traits, various role-plays, film use, group readings and discussion.

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