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## Determinants of parents' professional aspirations towards children with disabilities

### Abstract

*The article presents the results of the research aimed to determine the relationship between parents' professional aspirations towards their children with disabilities and selected psychosocial resources (self-image, social support and ways of coping with stress). The instruments included: Parental Aspirations Questionnaire, The Tennessee Self Concept Scale, The Social Support Questionnaire, and Coping Inventory for Stressful Situations. The analysed material was obtained from 494 mothers and fathers bringing up children with physical, sensory and intellectual disabilities. Regression analyses and path analyses were used to determine the influence of selected resources on the formation of parents' professional aspirations towards child. The constructive role of adaptive competences, such as positive properties of self-image, as well as the negative role of maladaptive competences i.e. poor integration have been confirmed. The positive contribution of social support has not been confirmed.*

**Keywords:** aspirations, parents of children with disabilities, social support, self-image, coping.

### Abstrakt

*W artykule przedstawiono wyniki badań, których celem było określenie związku między aspiracjami zawodowymi rodziców wobec ich niepełnosprawnych dzieci a wybranymi za-*

sobami psychospołecznymi (obrazem siebie, wsparciem społecznym i sposobami radzenia sobie ze stresem). Wykorzystano narzędzia: Kwestionariusz Aspiracji Rodzicielskich, Skalę Samooceny, Kwestionariusz Wsparcia Społecznego oraz Kwestionariusz Radzenia Sobie w Sytuacjach Stresowych. Materiał uzyskano od 494 matek i ojców wychowujących dzieci z niepełnosprawnością fizyczną, sensoryczną i intelektualną. W celu sprawdzenia związku wybranych zasobów rodziców z ich aspiracjami zawodowymi wobec dziecka wykorzystano analizę regresji oraz analizę ścieżek. Potwierdzono pozytywną rolę kompetencji adaptacyjnych, takich jak konstruktywne właściwości obrazu siebie, a także negatywną rolę kompetencji dezadaptacyjnych, jak słaba jego integracja. Nie potwierdzono pozytywnego znaczenia wsparcia społecznego.

*Słowa kluczowe: aspiracje, rodzice dzieci z niepełnosprawnością, wsparcie społeczne, obraz siebie, radzenie sobie.*

## 1. Introduction

### 1.1. Parental aspirations towards children with disabilities

Aspirations are regarded as preferences for a specific outcome and are frequently distinguished from expectations which reflect beliefs about the likelihood of that outcome occurring (Baker, 2017, p. 1205). The former are often understood as phenomena less firmly grounded in reality, less precise, resembling a form of fantasy, dreams, “ideal goals”, or manifestations of ambition. They are characterised as abstract and detached from reality. In contrast, expectations are viewed as being more closely linked to the available resources and barriers and oriented towards realistic goals (thematic review in Jacob, 2010, p. 28). Parental aspirations are defined as the desires, wishes, or goals that parents have concerning their children’s future achievements. Parental expectations are characterised as their beliefs or judgments regarding the possible actual achievements of their children (Murayama *et al.*, 2016, p. 767).

The literature regarding broadly defined parental expectations, aspirations, plans, and wishes related to their child’s future is relatively extensive (e.g., Grudniewski, 2013; Gutman, Morrison, and Garland, 2008; Kozłowski and Matczak, 2016; 2018; Matczak and Kozłowski, 2012; Olaosebikan and Olusakin, 2014). However, this issue is explored to a significantly lesser extent in the context of families raising children with disabilities (e.g., Bush *et al.*, 2017; Glynne-Owen, 2015; Ivey, 2004; Miller *et al.*, 2018; Washington-Nortey and Serpell, 2021). Parental aspirations and expectations are crucial both for the child’s socialization and

the efforts to prepare young people with disabilities for life after they complete their education (Kraemer and Blacher, 2001, p. 429). This life stage, referred to as transition, should involve various stakeholders, including parents and caregivers (Carter *et al.*, 2013, p. 17). Parental expectations and aspirations concern the child's place of residence, care, further education, and professional work (Cooney, 2002, p. 430; Ivey, 2004, pp. 29–30; Miller *et al.*, 2018, p. 270). Making these plans specific at this stage is the key to implementing specific support programs targeted at both young people and their parents. In Poland, there are no legal foundations that would obligate specific entities, primarily in the educational sector, to plan the future of youth with disabilities. However, such supportive actions for individuals with disabilities and their families may be integrated into the psychological and pedagogical support provided in counselling centres or educational institutions.

Parents want their children to take on certain roles and tasks valued by society, confirming the “normality” of the child's developmental trajectory (Cooney, 2002, p. 430; O'Riordan, 2013, p. 37). They are aware of the limitations associated with the disability and the lack of support. Hence, for example, they expect to continue to take care of the child after he/she reaches adulthood or also feel their child may only be employed in protected conditions or attend a day activation centre. Child's age, sex, and the type of disability (related to objective and subjective limitations) play a significant differentiating role in how parents form plans, expectations, and aspirations toward the child (Blacher, Kraemer and Howell, 2010, p. 13; Blustein, Carter and McMilan, 2016, p. 165; Kraemer and Blacher, 2001, p. 428; Poon, Koh and Magiati, 2013, p. 388; Reyes *et al.*, 2022, p. 46; Smyth and McConkey, 2003, pp. 55–57).

Research results show the importance of parental expectations and aspirations for the life achievements of children with disabilities. Positive relationships have been found between educational or professional expectations / aspirations (getting a paid job) and realizing these aspirations by children with disabilities (Doren, Gau and Lindstrom, 2012, p. 19). A positive influence of higher parental expectations formed when the child is young was found on shaping the higher level of adaptive behaviour of the child in his/her adulthood, his/her higher quality of life, and reduced symptoms of disorders (Schroeder, 2016, pp. 15–17). Longitudinal studies have confirmed the mediating role of parental aspirations on the relationship between family socio-cultural status and the level of competence of youth and their life achievements in adulthood (Kirby, 2016, p. 1650). Researchers explaining the established trends suggest that belief in the child's potential and capabilities, expressed in parents' expectations and aspirations, may be a motivating factor for organizing a parenting environment

favourable to the child, stimulating his/her developmental potential (Carter, Austin and Trainor, 2012, pp. 51, 57–58; Carter, Lane *et al.*, 2013, p. 26; Doren, Gau and Lindstrom, 2012, p. 19). Positive parental perception of the child is also significant for shaping the child's personal beneficial beliefs about his/her abilities, increasing his/her sense of self-efficacy and self-reliance (Schroeder, 2016, p. 21). The correlation between the child's achievements and parental aspirations / expectations can be two-sided, because the achievements observed by parents can also be the codeterminants of their plans and wishes for the child's future (Goldenberg *et al.*, 2001, p. 549). The role of parental expectations and aspirations is visible in the context of the child's educational and professional career. Researchers note that they have positive influence on the choice of professional goals, in that they increase the level of awareness and knowledge about occupations, professional roles and expectations related to them, which lies within the broadly understood professional orientation (Olaosebikan and Olusakin, 2014, pp. 47–48). Empirical evidence shows that parents' expectations related to professional work of their children with disabilities are one of the most important factors correlating positively with the professional activity of young people after graduation (Blustein, Carter and McMilan, 2016, p. 165; Carter, Austin and Trainor, 2012, pp. 57–58).

## 1.2. Parents' psychosocial resources

The literature on the psychosocial functioning of parents raising a child with a disability is very rich. The nature of researchers' interests has changed over time, which is evident in their weaker interest in the negative perspective in favour of the positive one – which is not so much to replace the former, as to complement it. The positive perspective allowed them to verify the influence of personal resources on specific effects of parents' functioning in the field of physical and mental health, sense of the quality of life, and well-being (Byra and Parchomiuk, 2018, p. 327). Parental response to the stresses that can be associated with raising a child with a disability depends on the parent's disposition and their support (Zoellner and Maercker, 2006, p. 628).

Social support performs multiple functions, i.e. emotional, affirmative and practical (Kirenko, 2002, pp. 90–91). It is a platform where needs can be fulfilled successfully, where one may hear constructive criticism of one's own actions, where the sense of undertaken actions can be confirmed or instructions and tools necessary to solve problems received. This, in turn, can strengthen self-esteem, increase motivation to overcome difficulties, spark greater creativity and commitment, and give a sense of control and purposefulness in activities related

to parenting, increasing the level of parental competence and satisfaction with the tasks they undertake (Kirenko, 2002, pp. 90–91). In the context of the parenting role, support, through the mechanisms described above, can foster an increase in parental competence and satisfaction with the undertaken tasks (Parchomiuk, 2007, pp. 61–62). Support directly strengthens psychophysical health (Gallagher *et al.*, 2015, p. 362; Parchomiuk, 2007, p. 58). Indirectly, by interacting with other resources, including coping strategies, it works in the face of stress, allowing individuals to maintain an optimal level of well-being. It, therefore, correlates positively with lower levels of depression, more favourable well-being, and lower levels of parenting stress (Bellur, Aydin and Aplay, 2018, pp. 44–45; Mantri-Langeveldt, Dada and Boshoff, 2019, pp. 162–164; Patton *et al.*, 2018, p. 5; Peer and Hillman, 2014, pp. 95–96).

Research has found that self-esteem can be a resource in the process of coping with stress and a predictor of resilience in mothers and fathers raising a child with a disability (Raina *et al.*, 2005, pp. 631–632). It was also confirmed to influence parents' psychological adaptation indicated by their sense of stress and psychological well-being (Florian and Findler, 2001, pp. 363–364; Raina *et al.*, 2005, pp. 631–632).

Diverse patterns of correlations with some indicators of parents' psychosocial functioning were found for coping strategies. Generally, the adaptive function of problem-focused strategies and the maladaptive function of emotion-oriented and avoidance-oriented strategies (which are not successful in reducing stress or its effects) were confirmed (Parchomiuk, 2007, pp. 166–201). Research shows that the former, when accompanied by optimism or religious faith and support, are important positive predictors of growth, perceived benefits resulting from raising a child, and parental well-being in mothers and fathers of children with disabilities (Bellur, Aydin and Aplay, 2018, pp. 44–45; Calero Plaza, Martínez Rico and Grau-Sevilla, 2020, pp. 129–132; Gupta and Kumar, 2020, p. 6; Minnes, Perry and Weiss, 2015, pp. 556–557; Panicker and Ramesh, 2018, pp. 8–9; Peer and Hillman, 2014, p. 94). Emotion-oriented and avoidance-oriented strategies correlate positively with stress and its consequences in the psychophysical functioning of parents of children with disabilities (Auriemma *et al.*, 2022, pp. 7–8; Gupta and Kumar, 2020, p. 6). It was shown that in the long term they moderate the influence of the child's difficult behaviours on the level of depression in mothers; they also have a negative impact on parental effectiveness (Woodman and Hauser-Cram, 2013, pp. 522–524).

### 1.3. A potential link between aspirations and parental resources

The social and personality contexts are important for aspirations. The former provides a frame of reference through role models, ways of doing things, values, and norms (Hart, 2016, p. 326). The support received from significant people can increase motivation to achieve goals and aspirations (Hart, 2016, p. 326; Rookey, 2003, p. 8). The mechanism of receiving constructive feedback plays a key role here in that it confirms the value of one's endeavours and informs about success in a given area, which in turn contributes to an increased sense of self-efficacy and self-esteem, and an increase in the level of achievement one aspires to (Goldenberg *et al.*, 2001, p. 549).

Researchers have attempted to link aspirations to self-image, using the *self-discrepancy* theory (Higgins, 1987) and the *possible-selves* theory (Markus and Nurius, 1986). These theories focus on the aspirations that individuals express toward themselves. The presented research addressed the issue of the aspirations that parents formulate towards their children. The explanatory context for such connections has not yet been sufficiently recognized. There is empirical evidence indicating links between parental self-esteem and their expectations toward their children: it was significant in association with parental educational attainment and related to educational expectations (Kaplan, Liu, and Kaplan, 2001, p. 366).

Parents who were less educated and showed stronger deprecatory feelings toward themselves formulated low educational expectations toward their children (Kaplan, Liu, and Kaplan, 2001, p. 366). This trend was interpreted as a projection, but also weaker communication of expectations (Moran, 2013, p. 18). As above mentioned, expectations are more realistic and relate to perceived resources and barriers. In the case of aspirations, parents with low self-achievement and unfavourable self-image may set high aspirations for their children, as a compensation for their own lack of achievement. This conclusion is confirmed by the self-discrepancy theory, according to which high aspirations may result from low self-esteem and negative emotions (Higgins, 1987, p. 336). Parents' self-esteem may also predict how they perceive their child (Small, 1988, p. 1067). Mothers with higher self-esteem perceived their children as more competent and not engaging in maladaptive behaviour. This may reflect the fact that they could cope with the demands of the parental role better. As already mentioned, parental resources increase the opportunity for effective parenting activities that help realize the child's developmental needs. The child's developmental and educational achievements, especially those confirmed by the opinions of significant others, are the basis for formulating higher aspirations (cf. Gutman Morrison and Garland, 2008, p. 22).

## 2. Aim

Summarizing the above analyses, the following hypothetical trends can be outlined: 1) parents with lower coping resources may set higher aspirations for their children as a form of compensating for negative feelings and beliefs they hold about themselves as parents, but also as a way of compensating for the child's deficits and "normalizing" the child's developmental trajectory; 2) parents with lower coping resources may be more likely to experience difficulties in meeting the demands associated with the special developmental needs of a child with a disability; they may be less motivated to meet them and lower assess their competence to do so; they may feel a greater burden in caring of the child, which may lead to a less favourable perception of the child. This, in turn, creates a context for developing low aspirations. Hence, there may be a positive relationship between higher resources and higher parental aspirations.

Formulated this way, the hypothetical relationships of variables of aspirations and personal resources outline the area of the presented analysis, aimed at finding the relationships between parental career aspirations for their children, parents' self-esteem and support, and parents' ways of coping with stress.

In studies of parental aspirations, the group of parents is usually treated homogeneously, without specifying gender, perhaps because mothers are mostly recruited (e.g. Bush *et al.*, 2017, p. 360; Kirby, 2016, p. 1646; Miller *et al.*, 2018, p. 269; Poon, Koh and Magiati, 2013, p. 384). However, studies show differences between mothers and fathers of children with disabilities in the area of psychosocial functioning, including the intensity of its indicators and the patterns of their correlations (Hall and Graff, 2011, p. 15; Hartley and Schultz, 2015, p. 1640). In the present study, analyses were conducted in both groups, which may be important for cognitive and practical reasons.

The following research problem was formulated: do and what relationships exist between mothers' and fathers' personal resources and their family aspirations toward their children with disabilities?

## 3. Methods

### 3.1. Measures

Parental Aspirations Questionnaire (PAQ) by Kirenko, was used to learn about aspirations toward a child with a disability. The tool consists of 24 statements on a 5-point Likert scale ranging from "completely agree" to "strongly disagree."



The test items were determined based on the literature. The first version of the questionnaire included 31 statements, selected from the total of 116 items. The selection was made by competent judges (researchers and students of special pedagogy). 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. The number of factors (five) 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 24 statements were tested for reliability. Cronbach's alpha was .96, with the standardized Alfa .96 and the average correlation between the items .56, which indicates satisfactory reliability of the instrument. The data indicate good reliability and internal consistency of the instrument (most statements correlate strongly with the total score, and correlation coefficient values range from .7 to .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 (*Pearson's r* coefficient: from .65 to .96) (Kirenko, 2022). The external validity of the tool was tested in the present study.

Tennessee Self Concept Scale (TSCS) by Fitts is a well-standardized research tool with broad applicability, allowing the respondent to complete a multidimensional self-report into their self-concept and self-esteem. Respondents' 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 – behaviour, 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 and the total positive score that offers the correct interpretation of the study and determines its credibility. The procedure used to analyse the results here focused on determining levels of self-esteem, self-perception, and other properties of the “self” (defensiveness, consistency, integrity, variability, etc.) in the surveyed mothers and fathers. (Fitts, 1965). Cronbach's alpha for the examined group of parents ranges from .75 to .81.

The Norbeck Social Support Questionnaire (NSSQ) by Norbeck The questionnaire consists of three parts. The first part informs about significant people 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 regarding the loss of significant people. After summing the points, source-specific and situation-specific total network scores are obtained. Source-specific totals de-



termine (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, neighbours, social workers, clergy, medical caretakers, etc.) in specific types of situations related to three main dimensions: Affect, Affirmation, and Aid (Kirenko, 2002). In the present study Part 2 was used to determine the intensity of support in general and three specific dimensions. Cronbach's alpha for the examined group of parents in individual scales ranges from .81 to .86.

Coping Inventory for Stressful Situations (CISS) by Endler and Parker in the Polish adaptation of Szczepaniak *et al.*, consists of 48 items regarding various behaviours 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: task-oriented coping style, emotion-oriented coping style, and avoidance-oriented coping style. The latter style can take two forms: distracting activities, and social diversion. CISS has high internal consistency for all its scales (coefficients of .78–.90), satisfactory stability (correlation coefficients between the test-retest at 2–3 weeks intervals ranging from .73 to .80), and factor validity (see Strelau *et al.*, 2009). For the studied group of parents, Cronbach's alpha ranges from .64 to .67.

Sociodemographic information about parents and their families was collected using a self-constructed questionnaire.

### 3.2. Procedure

The recruited parents resided in southeastern Poland. The research was conducted by special education students trained by one of the authors. Contacts with parents came from three sources: 1) teachers in special and inclusive schools and kindergartens; 2) the Lublin Forum of Organizations of Persons with Disabilities – Provincial Assembly; 3) parents' organizations (PZG, PZN) and psychological-pedagogical counselling centres. The tools were handed to parents directly or by teachers/specialists. In each case, parents gave their individual consent verbally.

### 3.3. Data Analysis

Preliminary correlations in the groups of mothers and fathers were examined using the r-Pearson test and stepwise multiple regression analysis. Regression was used to determine the system of independent variables that are significant in explaining the dependent variable and to estimate the strength of the

relationship between them. Path models were created separately for mothers and fathers to determine the strength of the independent variables: self-esteem, coping with difficult situations, and sense of social support for predicting life aspirations.

#### 4. Results

The study included 494 people between the ages of 22 and 56: 247 mothers ( $M=32.74$ ) and 247 fathers ( $M=34.12$ ) with a child with a disability (parent pairs). Slightly more than half of the mothers (53.87%) and most of the fathers (78.36%) work professionally. Most families reside in the city (75.30%). The largest group of mothers has secondary education (55.06%), followed by higher education (20.64%) and vocational education (15.38%). In fathers, vocational education prevails (40.89%), followed by high school (37.65%) and higher education (17.41%). Children with disabilities, including visual (26.31%), auditory (23.89%), motor (25.51%) and intellectual (24.29%), were aged between 3 and 21 years ( $M=7.25$ ).

Tables 1A; 1B and 2A; 2B contain the results of correlation analysis using the r-Pearson test.

Table 1A. Correlation matrix of data from mothers

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. AZ	–											
2. SSZ	,13*	–										
3. SSE	–,25***	–,32***	–									
4. SSU	–,11	–,38***	,41***	–								
5. SC	–,13*	–,02	,10	,07	–							
6. T/F	–,09	,09	,02	,03	,29***							
7. PKN	,11	,17*	–,23**	–,03	–,33***	–,19*	–					
8. PKR	,13*	,22**	–,23**	–,06	–,23**	–,27***	,89***	–				
9. P	,15*	,25***	–,04	–,01	,26***	,69***	,05	–,02	–			
10. R1	,09	,13*	–,01	–,00	,06	,38***	,13*	,01	,66***	–		
11. R2	,11	,23**	–,05	–,03	,28***	,62***	–,01	–,03	,87***	,42***	–	
12. R3	,16*	,20*	–,01	,02	,23**	,57***	,03	–,01	,78***	,26***	,52***	–
13. KA	,18*	,27***	–,04	–,06	,14*	,49***	,04	–,02	,66***	,53***	,57***	,45***
14. KB	,09	,09	,04	,04	,24**	,58***	–,02	–,13*	,76***	,43***	,63***	,68***
15. KC	,05	,10	,02	,03	,32***	,42***	–,07	–,04	,65***	,43***	,58***	,50***
16. KD	,23**	,22**	–,13*	–,07	,11	,51***	,17*	,11	,79***	,37***	,76***	,63***
17. KE	–,00	,19*	,06	–,03	,10	,44***	,03	,01	,66***	,53***	,50***	,52***
18. TOTV	,15*	,16*	–,02	,08	,14*	,27***	–,07	–,06	,46***	,15*	,39***	,49***
19. KTV	,08	,26***	–,07	,05	,07	,29***	–,02	–,07	,40***	,11	,32***	,47***
20. RTV	,03	–,03	,06	,01	,13*	,50***	–,07	–,03	,25***	,14*	,29***	,11
21. D	,26***	,25***	–,17*	,01	,02	,08	,70***	,68***	,45***	,32***	,33***	,40***
22. Em	–,32***	–,03	,10	,25***	–,01	,03	,22**	,19*	,04	,03	,04	,01
23. Af	–,21**	–,03	,06	,22**	,04	,03	,18*	,19*	,07	,06	,07	,04
24. Po	–,25***	–,06	,07	,20*	,03	,02	,17*	,19*	,03	,03	,04	–,00
25. WsS	–,27***	–,04	,08	,23**	,02	,03	,20*	,20*	,05	,04	,05	,02

Note. 1 – Professional aspirations; 2 – Task-oriented, 3 – Emotion-oriented, 4 – Avoidance-oriented; 5 – Self-criticism, 6 – True/false indicator, 7 – Net conflict score, 8 – Total conflict score, 9 – Total positive score, 10-Identity, 11 – Self-satisfaction, 12 – Behaviour

\*p < .05; \*\* p < .001; \*\*\*. p < .000

Table 1B. Correlation matrix of data from mothers

Variables	13	14	15	16	17	18	19	20	21	22	23	24
1. AZ												
2. SSZ												
3. SSE												
4. SSU												
5. SC												
6. T/F												
7. PKN												
8. PKR												
9. P												
10. R1												
11. R2												
12. R3												
13. KA	–											
14. KB	,27***	–										
15. KC	,23**	,44***	–									
16. KD	,43***	,59***	,32***	–								
17. KE	,39***	,51***	,34***	,34***	–							
18. TOTV	,23**	,31***	,33***	,43***	,26***	–						
19. KTV	,25***	,24**	,30***	,33***	,26***	,88***	–					
20. RTV	,11	,26***	,11	,24**	,11	,44***	,27***	–				
21. D	,27***	,28***	,24**	,49***	,25***	,45***	,40***	,17*	–			
22. Em	,01	,02	,03	,02	,04	–,09	–,10	–,04	,10	–		
23. Af	,07	,05	,01	,09	,05	–,04	–,07	–,03	,15*	,89***	–	
24. Po	,05	,01	–,00	,06	–,01	–,05	–,09	–,01	,15*	,87***	,94***	–
25. WsS	,05	,03	,01	,06	,02	–,06	–,09	–,03	,14*	,94***	,98***	,98***

Note. 13 – Physical “self”, 14 – Moral and ethical “self”, 15 – Personal “self”, 16 – Family “self”, 17 – Social “self”; 18 – Total variability, 19 – Variability in columns, 20 – Variability in rows, 21 – Distribution; 22 – Emotional support, 23 – Affirmative support, 24 – Help; 25 – Support total score

\*p < .05; \*\* p < .001; \*\*\*. p < .000

Table 2A. Correlation matrix of data from fathers

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. AZ	–											
2. SSZ	,08	–										
3. SSE	–,06	–,11	–									
4. SSU	,15*	–,29***	,27***	–								
5. SC	–,20*	–,04	,21**	–,02	–							
6. T/F	–,06	,01	,04	,13*	,15*	–						
7. PKN	,05	,37***	–,08	,01	–,19*	–,19*	–					
8. PKR	,08	,36***	–,04	–,01	–,11	–,20*	,89***	–				
9. P	,10	,20*	,08	,13*	,22**	,59***	,21**	,20*	–			
10. R1	,03	,14*	–,06	,05	–,03	,52***	,19*	,10	,74***	–		
11. R2	,05	,20*	,02	,08	,23**	,46***	,17*	,17*	,85***	,44***	–	
12. R3	,16*	,13*	,23**	,19*	,29***	,45***	,16*	,19*	,81***	,46***	,51***	–
13. KA	,04	,03	,10	,04	,14*	,44***	,07	,04	,67***	,47***	,57***	,56***
14. KB	,07	,18*	,08	,03	,22**	,48***	,12	,12	,80***	,61***	,68***	,64***
15. KC	,08	,11	,10	,27***	,17*	,49***	,04	,01	,76***	,59***	,61***	,65***
16. KD	,22**	,20*	,00	,06	,05	,34***	,37***	,41***	,75***	,49***	,69***	,59***
17. KE	–,06	,21**	,03	,10	,26***	,46***	,13*	,11	,75***	,61***	,62***	,58***
18. TOTV	,13*	,19*	–,07	,05	,17*	,05	,16*	,11	,47***	,24**	,47***	,39***
19. KTV	,02	,28***	–,11	–,00	,11	,09	,16*	,08	,47***	,22**	,53***	,31***
20. RTV	,22**	,00	,02	,11	,20*	–,02	,11	,13*	,33***	,19*	,24**	,37***
21. D	,13*	,34***	–,05	,13*	,01	–,01	,72***	,71***	,54***	,39***	,48***	,42***
22. Em	–,17*	,05	–,04	–,04	,04	,05	,17*	,19*	,10	,22**	,05	,01
23. Af	–,09	,01	–,01	–,05	,03	,08	,15*	,20**	,13*	,27***	,05	,04
24. Po	–,10	–,00	–,03	–,03	,04	,04	,12	,16*	,06	,21**	,01	–,03
25. WsS	–,12	,02	–,02	–,04	,04	,06	,15*	,19*	,10	,24**	,03	,01

Note. 1 – Professional aspirations; 2 – Task-oriented, 3 – Emotion-oriented, 4 – Avoidance-oriented; 5 – Self-criticism, 6 – True/false indicator, 7 – Net conflict score, 8 – Total conflict score, 9 – Total positive score, 10 – Identity, 11 – Self-satisfaction, 12 – Behaviour

\*  $p < .05$ ; \*\*  $p < .001$ ; \*\*\*  $p < .000$

Table 2B. Correlation matrix of data from fathers

Variables	13	14	15	16	17	18	19	20	21	22	23	24
1. AZ												
2. SSZ												
3. SSE												
4. SSU												
5. SC												
6. T/F												
7. PKN												
8. PKR												
9. P												
10. R1												
11. R2												
12. R3												
13. KA	–											
14. KB	,41***	–										
15. KC	,42***	,53***	–									
16. KD	,37***	,52***	,39***	–								
17. KE	,33***	,54***	,54***	,41***	–							
18. TOTV	,14**	,47***	,32***	,45***	,37***	–						
19. KTV	,17*	,49***	,36***	,35***	,36***	,90***	–					
20. RTV	,06	,28***	,17*	,44***	,26***	,81***	,48***	–				
21. D	,19*	,43***	,41***	,58***	,36***	,54***	,48***	,44***	–			
22. Em	,07	,07	,06	,02	,16*	–,22**	–,22**	–,16*	,08	–		
23. Af	,11	,08	,08	,09	,13*	–,21**	–,23**	–,11	,09	,89***	–	
24. Po	,01	,05	,06	,03	,08	–,21**	–,23**	–,10	,09	,87***	,94***	–
25. WSs	,06	,07	,07	,05	,12	–,22**	–,24**	–,13*	,09	,94**	,98***	,98***

Note. 13 – Physical “self”, 14 – Moral and ethical “self”, 15 – Personal “self”, 16 – Family “self”, 17 – Social “self”; 18 – Total variability, 19 – Variability in columns, 20 – Variability in rows, 21 – Distribution; 22 – Emotional support, 23 – Affirmative support, 24 – Help; 25 – Support total score

\*  $p < .05$ ; \*\*  $p < .001$ ; \*\*\*  $p < .000$

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

Independent variable indicators		R=0.50 R <sup>2</sup> =0.27 F(6.23)=16.01 p<.001*			
		$\beta$	t°	p	
Self-esteem	Physical self	0.10	0.22	3.29	.001*
	True/false	-1.13	-0.31	-4.42	.000*
	Family self	0.11	0.29	4.24	.000*
Coping styles	Emotion-oriented	-0.05	-0.17	-2.94	.004*
Social support	Emotions	-0.04	-0.28	-4.90	.000*

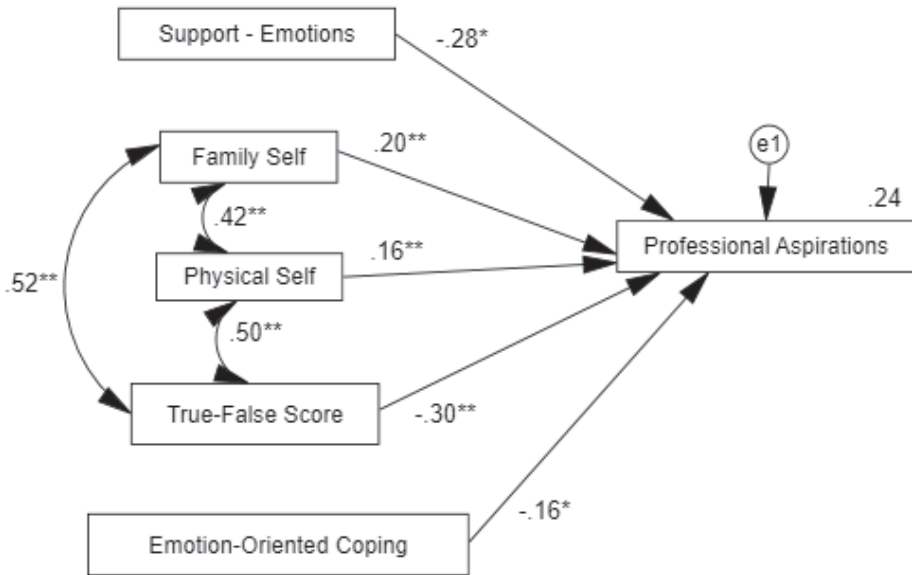
\* statistically significant

The explanatory variables that were included in the regression model for the group of surveyed mothers are not numerous and their level of variability is only 27% in explaining the variable *Professional aspirations*. Most of these partial indicators have negative loadings within the confidence level (Table 3). Professional aspirations are, therefore, determined by valuing one's own body, health, physical appearance, fitness, and sexuality, as well as the feelings of the respondent (as a family member) related to integrity, values, and virtues. Their intensity, on the other hand, is lowered by presenting a true self-image by arriving at a definition or description of one's *self* by focusing on "who one is," being relatively incapable of performing an analogous operation by removing or rejecting "who one is not." In addition, the remedial emotional responses undertaken in stressful situations and the higher valuation of emotional support are negatively related to aspiration.

The detailed model was created using the asymptotically distribution free method because 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 Figure 1.



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



$\chi^2/df = 0.90$ ; GFI = 0.99; AGFI = 0.97; RMSEA = 0.00

Correlations show that higher self-esteem in the surveyed mothers (as family members) related to integrity, values and virtues, valuing one's own body, health, physical appearance, fitness, and sexuality is a predictor of higher *Professional aspirations* towards the child. Results also show that professional aspirations are lowered by the ability to 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". The lower aspirations toward the child also result from a stronger preference for an emotional style of coping with stress and a higher rating of emotional support.

The same was done for the group of fathers of children with children with disabilities, where a stepwise regression was also performed to determine which independent variables are predictors of career aspirations toward the child.

Table 4. Results of multiple regression analysis for the dependent variable professional aspirations and independent variables in the group of fathers of children with disabilities

Independent variable indicators $\beta$		R=0.41 R <sup>2</sup> =0.15 F(5.23)=9.80 p<.001*			
		B	t <sup>o</sup>	p	
Self-esteem	Self-criticism	-0.16	-0.29	-4.71	.000*
	Variance of rows	0.18	0.39	3.79	.000*
	Total variance	-0.06	-0.27	-2.57	.011*
	Behaviour	0.07	0.21	3.27	.001*
Social support	Emotions	-0.02	-0.14	-2.31	.022*

\* statistically significant

The strongest determinant of the variability of the explained variable in the group of fathers, explaining only 15% of the variability, at the level of statistical significance, has five partial indicators – mostly inversely proportional (Table 4). Therefore, it seems that the scores of *Professional aspirations* are correlated with the degree of exposing such spheres of the self as: identity, acceptance, and behaviour; seeing them in isolation from others, and also describing one's own behaviours using *This is what I do / how I act*. In contrast, the opposite relationship occurs with normal, healthy openness and the capacity for self-criticism, and the tendency to pigeonhole certain spheres of one's *self* and to see them in isolation from others, where the contribution of independent variables is negative. Weaker career aspirations towards the child are also associated with greater satisfaction with emotional support.

Next a path model was built for the career aspirations of the fathers toward children with disabilities. The analysis was performed using the asymptotically distribution free method, as the distributions of the variables deviated significantly from normal distribution (Figure 2).

Path diagram illustrating the structural equation model (SEM) results. The model includes five latent variables (Self-criticism Score, Row Total Variability Score, Total Variability Score, Support - Emotions, Behavior) and one observed variable (Professional Aspirations). The standardized path coefficients are as follows:

- Self-criticism Score to Professional Aspirations:  $-.30^{**}$
- Row Total Variability Score to Professional Aspirations:  $.38^{**}$
- Total Variability Score to Professional Aspirations:  $-.26^{**}$
- Support - Emotions to Professional Aspirations:  $-.13^*$
- Behavior to Professional Aspirations:  $.22^{**}$
- Self-criticism Score to Row Total Variability Score:  $.21^{**}$
- Row Total Variability Score to Total Variability Score:  $.81^{**}$
- Total Variability Score to Support - Emotions:  $-.20^{**}$
- Support - Emotions to Behavior:  $.40^{**}$
- Behavior to Self-criticism Score:  $.29^{**}$
- Behavior to Row Total Variability Score:  $.38^{**}$
- Error term (e1) to Professional Aspirations:  $.16$

In the detailed path model, all predictors are statistically significant. Positive correlations suggest that the clear tendency of the surveyed fathers to have inconsistent perceptions of such dimensions of the self as identity, self-satisfaction and (especially) behaviour is a predictor of an increase in the level of *Professional aspirations* towards their children. On the other hand, with regard to negative correlations, we can predict that the intensity of these aspirations in the studied fathers is lowered by their normal, healthy openness and capacity for self-criticism, the tendency manifested to pigeonhole certain spheres of their own *self* and to see them in isolation from others, in addition to their preference for emotional coping with stress.

The analyses show a significant contribution of selected aspects of self-image, social support and coping styles on shaping parents' professional aspirations towards their children with disabilities.

To sum up, the established trends, as expected, higher assessment of certain aspects of self-image, indicating positive self-esteem in the physical and family sphere, and confirming the correctness of one's own behaviour, is correlated with forming higher professional aspirations towards one's own children with disabilities. The nature of the contribution of other self-image characteristics indicating limitations in self-definition or inconsistency was also confirmed. Their strength in parents' self-image is associated with weaker aspirations for their own children. Analysing the contribution of other variables, it can also be assumed that there is a trend for lower aspirations to co-occur with the more frequent use of non-adaptive coping strategies (such as focusing on one's own emotions).

Referring back to the assumptions made in the introduction, parents' higher resources (here primarily in the area of certain self-image properties) are conducive to building higher professional aspirations for their children with disabilities. Presumably, parents with certain self-image characteristics are inclined to perceive greater capabilities in their children and to take actions that promote their visibility in the development process (cf. Gutman Morrison and Garland, 2008, p. 22; Small, 1988, p. 1067). The trends observed here also show that non-constructive properties of self-image, but also emotional coping with stress, reduce parental professional aspirations for the child, which is also partially confirmed (in terms of self-esteem) in the population of parents raising non-disabled children (Kaplan, Liu and Kaplan, 2001, p. 366).

In this case, the explanation lies in lower parental motivation and a weaker sense of efficacy in meeting the demands of the parenting role, perhaps also as a consequence of a greater burden created by these demands. However, the described patterns of participation of self-esteem in the formation of parental professional aspirations towards the child were not confirmed in relation to other resources. The trends obtained in the area of support (emotional support only) are different. Reported lower emotional support, expressing a lack of satisfaction with relationships with people in the network in terms of meeting important psychological needs, is associated with a tendency in parents to set higher aspirations for their children, as a compensation. This conclusion, however, should be taken with caution: the hypothesis of the compensatory role of aspirations was based on studies of parents' self-esteem (Higgins, 1987).

Importantly, lower professional aspirations for children may indicate not only a lower assessment of the child's capabilities, but perhaps also less specified plans related to the child's future (cf. Moran, 2013, p. 18). Studies have shown that parents who avoid planning their child's future, in its various dimensions,

do so to deal with the fear of thinking about this future. This may be the case especially for those parents who not only have personal difficulties, such as conflicts or contradictions in their self-image but also negative (e.g. stigmatizing and discriminatory) experiences related to the social functioning of the family and the child (c.f. Green, 2003; Mak and Kwok, 2010; Werner and Shulman, 2013).

The issues explored in the present research are complex, which is largely determined by the characteristics of self-image and the multidimensionality of support (which consists of its subjective and objective dimension, multiple functions, the issue of adequacy to needs, and its individual determinants). Adaptability of coping strategies is also a complex issue. Indeed, some reports indicate that strategies allowing an individual to lower the strength of negative emotional experiences (e.g., focusing on the discharge of emotions), have positive implications for the phenomenon of post-traumatic growth (Znoj, 2006, p. 189-192; Jurisova, 2016, pp. 267-270). However, correlations of strategies understood as maladaptive, such as avoidance and distraction, and growth are inconclusive, as both negative (Znoj, 2006, pp. 189-192) and positive (Jurisova, 2016, pp. 267-270) relationships have been found.

The question of the optimal level of parental aspirations remains unanswered. The literature writes about the so-called *overaspirations*, which is supposed to mean that their level significantly exceeds the level of parental expectations (Murayama *et al.*, 2016, p. 767). High parental aspirations that exceed realistic expectations of children's abilities can lead to over-involvement, pressure, and strong control over the child's behaviour (Murayama *et al.*, 2016, p. 767).

The presented research has implications primarily for psychopedagogical practice focused on parents of children with disabilities. Parents' adaptation to living with a child with a disability is a process taking place in the context of personal and environmental factors. This is why it is necessary to emphasize the need to verify parental needs and difficulties at various stages of the child's development, and to respond adequately to them through an extensive systemic offer. If we recognize that parental aspirations are part of this adaptation, it will be important to support parents in recognizing the child's potential correctly and strengthening it at all stages of development until adulthood. Actions taken in the course of the child's education are of key importance here, because at this stage a wide range of psycho-pedagogical support is formally available to parents.

The research was conducted with a heterogeneous group: respondents differed in terms of age of parents and children and the children's types of disabilities. Presumably, age is a variable differentiating parents' positive and negative experiences, although not all analyses confirm such a trend (Carona *et al.*, 2013,

pp. 977–978; Lounds *et al.*, 2007, pp. 410–411). The type of disability may be a variable that significantly differentiates certain trends in the psychosocial functioning of parents because it is associated with a certain level of the child's life independence, communication, and co-occurrence of difficult behaviours and health problems. Future analyses should include variables characterizing the child's functioning.

Cross-sectional studies used in the present research do not capture the dynamics of relationships between variables. From the perspective of the discussed issues, longitudinal studies would be particularly useful. They may show changes in parental aspirations with age and the relationship with resources at different stages of the child's development. Diad studies would, in turn, provide an opportunity to capture correlations in parental aspirations or expectations, which would be very useful from the perspective of their complementary influences.

Self-reports were used because 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.

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