The Relationship Between Parental Acceptance and Socio-Emotional Skills in Elementary School Students With a Physical Disability

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ABSTRACT

This study was conducted to determine the relationship between parental acceptance and aspects of the socio-emotional skills of children with a physical disability (visual, hearing, speech, and bodily impairments). Parental acceptance is defined along a continuum of acceptance to rejection toward their children, while socio-emotional skills are characterized by the ability to manage emotions, behave effectively, survive to achieve desired goals, appreciate the process of learning, and effectively interact and work together with others. This study evaluated 120 parents of elementary education-level students with a physical disability. This correlational study used the Parental Acceptance-Rejection Questionnaire to measure parental acceptance and the Elementary Student's Social and Emotional Skill Survey to measure the socio-emotional skills of children with a physical disability. The results showed a positive and significant relationship between parental acceptance and the social competence dimension of socio-emotional skills in children with a physical disability. There were no significant associations between parental acceptance and persistence and self-control in children with a physical disability. This study suggests that the more acceptance parents have regarding their children separate from the disability the children possess, the better those children can read social cues and effectively participate in two-way interactions with others. Furthermore, accepting parents tend to involve their child in educational institutions, which further shapes children into more competent beings in terms of socio-emotional skills.

Keywords: elementary school student, parental acceptance, physical disability, socio-emotional competence.

1. INTRODUCTION

Mangunsong (2014) defined children with physical disabilities as children with impairments affecting their vision, hearing, vocalization, or nervous system or with paralysis affecting the body or brain. Impairment in certain physical parts of a child will certainly affect growth and development as a human being. In the field of psychology, topics related to self-adjustment, emotional regulation, and social competence can be considered under the concept of socio-emotional competence. As explained by Scarupa (2014), socio-emotional competence is a teachable and learned skill that individuals can practice to properly manage their emotions, behave effectively, endure to

achieve goals, appreciate processes, and interact and collaborate with others efficiently.

According to Scarupa (2014), socio-emotional skills include the following aspects: self-control, persistence, and social competence. Self-control is defined as the child's competence in controlling their emotions and behaviors, hindering negative behaviors, maintaining attention or concentrating on a given task, waiting for his or her turn, and willing to strive for what he or she aspires. Persistence is defined as the competence that the child has in which he/she continues to aim for goals he or she desires regardless of obstacles, difficulties, and discouragement. Social competence is defined as the child's capability to understand the perspectives of others, work closely with peers to finish tasks, and solve problems. Scarupa (2014) explained if the child has the three above-mentioned aspects, the child will display socio-emotional abilities, and he or she will have an easier time mingling and interacting with the environment. These skills will also impact the child's ability to comprehend academic lessons in school. In fact, socio-emotional abilities are highly beneficial in learning, particularly for children with disabilities. The aspects of socio-emotional abilities by Scarupa (2014), which are described as teachable competencies to shape individuals in mastering self-control, be persistent, and excel at social competences, will assist children in adapting to and understanding lessons in school.

Hartshorne and Schmittel (2016) further elaborated on the construct of socio-emotional skills. In their study, they explored the associated factors affecting socio-emotional skills, particularly in children with physical, hearing, and visual impairments. According their study, the following six risk factors can disturb the socio-emotional development of children with physical impairments: genetic risks, sensory disorders, problems in self-regulation and self-monitoring, limited resources, defiant behaviors, and family stress. All these factors can be presented independently or collectively in the child's personal and situational conditions, which further affects the child's socio-emotional skill development to varying degrees. The more factors experienced by the child, the greater the disturbance the child faces in his or her socio-emotional development. For example, sensory disorders often harm the child's learning process, particularly in children with physical impairments. In this case, the disorder makes these children unable to fully grasp the information provided by their surroundings, particularly of socio-emotional realms, as if they are lost. Additionally, family stress fosters poor emotional reactivity and regulation, which disturbs the child's socio-emotional skills. Nevertheless, Baxter (in Deater-Deckard, 1998) stated that parents of children with disabilities tend to have higher parental stress, particularly when they still cannot fully accept the child's condition. In this condition, parents have two possible reactions to their child's disability: (1) feeling guilty, upset, or socially rejected for bearing a disabled child, which tends to cause them to ignore their child, or (2) act in kindness toward the child with sympathy by giving and doing everything for their children (Deater-Deckard, 1998). Thus, stress, as experienced by parents, can influence the relationship between parents and their children, particularly children with physical impairments.

According to Kandel and Merrick (2007), a family of children with disabilities usually encounters critical challenges that differ depending on the situation. Kandel and Merrick (2007) further explained that if the family successfully overcomes challenges and endures in response to the pressures that arise, the next stage generally involves accepting their child along with their limitations and differences. As the acceptance process begins, the family starts to take care of themselves and their child, is better at handling conflicts, and can unconditionally accept the child by not focusing too much on the fact that their child has a disability (Kandel & Merrick, 2007). Some parents can react suitably and become accustomed to their child during the process of acceptance, thus facilitating the child's rehabilitation and development by accepting the child and acknowledging the problems that the child faces (Kandel & Merrick, 2007).

Rohner, Khaleque, and Cournoyer (2005) further conceptualize this process of acceptance as a construct called parental acceptance, which they define as the continuum from acceptance to rejection that the parents experience toward their child since the very beginning of the child's life. Parental acceptance is composed of four dimensions: warmth, hostility/aggression, indifference/neglect, and undifferentiated rejection. Warmth/affection is characterized by physical and verbal aspects of parental behavior through expressions of affection, attention, comfort, care, good parenting, support, and love for the child, such as hugging, kissing, and praising. Hostility/aggression occurs when parents behave in hostility, anger, and hatred

toward the child. Indifference/neglect is characterized by the parents ignoring their child as a method of trying to cope with anger. The last dimension, undifferentiated rejection, is described as the feeling that the parents do not completely love, desire, cherish, or care about their child.

Furthermore, Rohner, Khaleque, and Cournoyer (2005) explain that there is no single or simple answer to factors affecting parental acceptance. However, several specific factors seem to be associated with parental acceptance, including the parents' relationship with family and the parents' relationship with society, followed by demographic factors of age (Rohner, Khaleque, and Cournoyer, 2005), economic status, educational background (Kauffman and Hallahan, 2011), and gender (Rohner and Melendez-Rhodes, 2008). The primary role that the parents' relationship with family and society can play on acceptance is related to the degree of support from these social circles; families that receive less support have a lower tendency to accept their children (Rohner, Khaleque, and Cournoyer, 2005). Further, the factors of low economic status and educational level relate to access to information, and such parents are often not adequately equipped. Thus, the lack of support and acceptance is due to an incomplete understanding of the child's condition and treatments needed (Kauffman and Hallahan, 2011). Moreover, it is more difficult for younger parents to cope with their child's condition and support them. Gender also appears to play a role, with mothers tending to be more accepting toward their children than fathers; thus, mothers are more likely to show behaviors that depict acceptance, such as affection, attention, and the

development of a personal relationship with the child compared with fathers (Rohner, Khaleque, and Cournoyer, 2005).

Since the 1930s, an enormous amount of research has been conducted regarding the antecedents and consequences of parental acceptance-rejection and its impact on a child's cognitive abilities, emotional development, childlike behavior, and the child's later personality in adulthood. One such study was conducted by Rohner, Khaleque, and Cournoyer (2005) and explained that rejection from parents as perceived by children tends to endure until the children reach adulthood. People who have been rejected since childhood have a greater risk of life-long social and emotional problems as opposed to children who feel continuously loved and accepted. Thus, the higher acceptance from parents regarding their children with disabilities, the higher the child's socio-emotional abilities (Rohner, Khaleque, and Cournoyer, 2005). Children with a physical disability are a unique case in which they often have uninterrupted cognitive functions but have limitations in physical mobility. However, Hallahan and Kaufman (2006) stated that children with physical disabilities are usually less responsive to the stimulus their parents give, which increases the difficulty in engaging in the two-way interactions necessary for the child's educational and social skills development. Therefore, this begs the question of whether the child's physical disability relates to how they understand and form social interactions and communication. Thus, we intend to determine whether there is a relationship between parental acceptance and socio-emotional skills,

particularly in children with a physical disability.

To date, a limited number of studies have explored the relationship between parental acceptance and the socio-emotional skills of children with a physical disability, particularly in Indonesia. Therefore, in this research, we focused on parents who have children with physical disabilities to explore this particular research agenda, with a specific focus on the parents of children with a physical disability who send their children to educational institutions at the primary school level. At this educational stage, children begin to experience new environments and learn how to interact with the people in their respective surroundings. Notably, in this study, we did not consider children with brain impairments and health disorders, even though they are included in the population of children with a physical disability (Mangunsong, 2009). This is due to the nature of these impairments, which affect the cognitive functions of the child and thus certainly affect the child's socio-emotional competence as well (Hallahan and Kaufman, 2006; Kaufman and Hallahan, 2011). We hypothesized that greater acceptance from parents will be associated with a higher-level socio-emotional ability in the child. If reviewed from the constituent aspects, the condition of physically disabled children with the unique characteristics mentioned before makes the association among the two variables uncertain. Thus, we aimed to examine in detail whether parental acceptance and aspects of socio-emotional abilities (i.e., self-control, persistence, and social competence) are related to one another.

2. METHODS

2.1. Participants

The study participants were comprised of 120 parents, primarily mothers (77.3%), who have children with physical disabilities. These children displayed hearing, vision, speech, and mobility impairments. A total of 60.8% of the parents were considered young adults (age 20–40 years old), and over half of them (51.7%) were senior high school graduates. Further, most of the participants (96.7%) were still married. Before participating in the study, we excluded parents whose child was not currently enrolled in school at the primary school level, whether in a special school, inclusive school, home-schooled, or public school. However, the age of the child was not limited to elementary school-age only because based on the type and severity of the disability in physically disabled children, they often enter primary school at a different age than their peers. The participants' children ranged in age from 5–14 years old.

2.2. Measurement

2.2.1. Parental Acceptance-Rejection Questionnaire (PARQ)

The PARQ is used for measuring parental acceptance, as adopted by Rohner, Khaleque, and Cournoyer (2005). The PARQ asks parents to reflect on their accepting-rejecting behavior toward their physically disabled children. The original PARQ consists of 60 items including 20 items that measure the warmth/affection dimension, 15 items that measure the indifference dimension, and 10 items that measure the rejection/undifferentiated dimension. However, this study used the short version of the PARQ to make it easier for the parents to complete the scale. The PARQ-short form consists of 20 items including 8 items for the warmth/affection dimension, 6 items for the hostility/aggression dimension, and 4 items for the rejection/undifferentiated dimension. Participants respond to these items using a Likert-type scale, ranging from 1 (very inappropriate) to 4 (very suitable). Therefore, the total possible score on the PARQ-short form ranges from 24 to 96.

Before use, we adapted the PARQ with the help of an assessment expert and back-translated it to adjust it to the original English instrument. Then, the researchers conducted a readability test on 74 parents of children with special needs. A trial was conducted to determine how the adapted instrument could be understood by parents of children with special needs. Based on field trial results, all items were understood by the participants. In addition to the readability test, the researcher conducted a psychometric test on the adapted PARQ. The Cronbach alpha coefficient was 0.901, which is considered satisfactory reliability according to Anastasi and Urbina (1997), who state that the minimum value must be 0.700. Nevertheless, when assessing item validity, four items had a corrected item-total correlation (CrIT) below 0.200 (Nunnaly & Bernstein, 1994); thus, we decided to discard these items. The remaining 16 items of the PARQ had a reliability coefficient of 0.912, and all items had a CrIT value of at least 0.200. Thus, the adapted PARQ has been demonstrated to be reliable and valid for measuring parental acceptance in parents with special needs children.

2.2.2. Elementary Student's Social and Emotional Skill Survey (ESSESS)

The ESSESS was adopted from Scarupa (2014) and is used to measure the behavior of socio-emotional skills in elementary school students. In general, Scarupa (2014) stated that younger children are less able to provide accurate answers to questions concerning the motives behind their actions. Thus, to determine the socio-emotional abilities of children, the measure must be captured from the perspective of the adults who know them best. Teachers have been shown to be better at responding in accordance with the observed children's socio-emotional abilities. In this study, we had the parents complete the ESSESS because they are generally the adults interacting most regularly with the children, and they understand their child fully in terms of socio-emotional skills. The ESSESS contains three dimensions: self-control, persistence, and social competence.

To create the ESSESS, the researcher first translated the survey and then submitted it to the school psychologist for expert judgment and readability tests. After receiving feedback on the items' content and meaning, we revised and further back-translated the items into the original English version of the ESSESS and determined that the translation maintained a similar meaning to the original version. These adapted ESSESS items then proceeded to psychometric tests on 74 parents of children with special needs. The ESSESS reported Cronbach alpha coefficients of 0.598 for the aspect of persistence, 0.565 for the aspect of self-control, and 0.776 for the aspect of social competence. Since the items in the persistence and self-control dimensions still had a low reliability score, we improved the reliability by discarding items with a CrIT below the mandatory 0.200 (Nunnaly & Bernstein, 1994). The remaining items used then resulted in satisfactory reliability and validity coefficients.

2.3. Data Analysis

All the data were analyzed with Microsoft Excel 2013 and SPSS version 25. Descriptive statistics were used to evaluate the participants' demographic characteristics, and Pearson's product-moment correlation was used to answer the main research question.

3. RESULTS

Table 1 below shows the descriptive analysis results of the participants' score distribution of socio-emotional abilities in each dimension.

Table 1. Score Distribution of Children's Socio-Emotional Skills from the ESSESS

Aspect	Mean Score	Frequency	Percentage
Persistence	Low	8	6.7%
	Medium	62	51.7%
	High	50	41.7%
Self-Control	Low	4	3.3%
	Medium	46	38.3%
	High	70	58.3%
Social Competence	Low	2	1.7%

Medium	67	55.8%
High	51	42.5%

Notes: low = 1.0–1.99, medium = 2.0–2.99, high 3.0–4.0

Most of the participants (62 people, 51.7%) scored in the medium range in the persistence dimension whereas most (70 people, 58.3%) scored in the high range in the self-control dimension and in the medium range in the social competence dimension (68 people, 55.8%).

The analysis went further to answer the main research question. As shown in Table 2, Pearson's correlation analysis on the 120 participants showed that parental acceptance (M = 57.53, SD = 5.562) and social competence (M = 2.926, SD = 0.495) were significantly correlated (r (120) = 0.335, $p < 0.01$). Thus, there was a significant relationship between the parental acceptance score and the social competence score of children with a physical disability. The effect size of this relationship was $r^2 = 0.112$, which denotes that parental acceptance explains 11.2% of the variance in the social competence of children with a physical disability.

Table 2. Correlational Matrix of Variables

	1	2	3	4
Parental acceptance	1	0.335**	0.143	0.073
Social competence	0.335**	-	-	-
Self-control	0.143	-	-	-
Persistence	0.073	-	-	-

Note: ** significant at $p < 0.001$

Furthermore, our analysis indicated that parental acceptance (M = 57.53, SD = 5.562) and persistence (M = 2.808, SD = 0.594) were not significantly correlated (r (120) = -430, $p = 0.73$). Similarly, parental acceptance (M = 57.53, SD = 5.562) and self-control (M = 2.980, SD = 0.524) were not significantly correlated (r (120) = -0120, $p = 0.143$). Therefore, neither the persistence dimension nor the self-control dimension of socio-emotional skills is related to the degree of parental acceptance shown by the parents to the child with a physical disability.

4. DISCUSSION

This study shows that there is a significant relationship between parental acceptance and the social competence dimension of socio-emotional skills in children with a physical disability. By contrast, significant relationships were not found between parental acceptance and the persistence dimension or the self-control dimension of socio-emotional skills in children with a physical disability. The first finding on the positive relationship between parental acceptance and the social competence dimension is in accordance with Bowlby's (as cited in Sentse, Lindenberg, Omvlee, Ormel, & Veenstra, 2009) explanation that the child's closeness with their parents is the

beginning of the child's modeling process. The closeness of parents and their children is usually initiated by parental acceptance of the child's condition. For example, the development of social competence skills starts with understanding and accepting another person's perspective and sensing what others are feeling.

Furthermore, this study did not identify a relationship between parental acceptance and the persistence dimension of socio-emotional skills in children with a physical disability. Thus, the degree of parental acceptance is not related to the persistence aspect of children's socio-emotional skills. The child's type of disability does not appear responsible for a connection between these two variables. For example, children with hearing impairments have a higher chance of the emergence of mental health problems associated with their hearing difficulty (Stevenson, Kreppner, Pimperton, Worsfold, and Kennedy, 2015). These researchers explained that mental health problems can arise in children with physical disabilities, particularly in children with a hearing impairment; these mental health problems can manifest as depression, aggression, oppositional defiant disorder, conduct disorder, anxiety, somatization, and delinquency. This is due to the nature of the disability in which there is less sensory input for the child to make sense of their surroundings, resulting in adjustment problems to act appropriately. Furthermore, the relationship between parental acceptance and self-control of children with a physical disability was not significant, potentially because the children's disability makes it difficult for them to understand and explain their thoughts while also having less sensory

input in the first place. This condition can cause children to become frustrated in understanding the outside world and expressing their personal affairs and increase their inability to control themselves. Ramirez, Hartshorne, and Nicholas (2014) explain that hearing and visually impaired children will encounter interruptions during their development phase, further affecting their self-control abilities.

Parental acceptance is the foundation for psychological adjustment in adulthood (Rohner & Khaleque, 2008). This is important for every parent but particularly for parents who have children with certain disabilities. Parental acceptance can be boosted using psycho-education delivered by the government or social institutions so that more parents understand the importance of accepting a child's condition. This study found that the parents having an accepting view of their child is beneficial since it helps improve the child's social competence. Therefore, we strongly encourage parents to accept their child, regardless of the condition of the child with a physical disability.

All the participants in this study sent their children to various types of schools including special schools, inclusive schools, and home school. These parents reported a high parental acceptance score in which the mean PARQ score was close to the maximum possible score. Based on our observations and anecdotal interviews with the parents during data collection, the high acceptance that these parents possess toward their child is what causes them to involve their child in an educational setting. In this case, the participation of children in educational institutions enables the child to learn how to socialize with

their peers. As shown from our prior measurements, despite their limited physical abilities, the children's scores in the persistence, self-control, and social competence dimensions of socio-emotional skills were predominately located in the medium score category. This observation indicates that the participation of children in educational institutions might help them develop socio-emotional skills because the children are involved in social circles with their peers. Furthermore, educational institutions are useful for parents because they can help form a community of support groups that facilitate one another. The existence of shared space and the similarity of supports can help parents continue educating their children. Beyond the main research question answered by this study, this anecdotal record of observations and interviews can also shed light on how

parental acceptance influences children's socio-emotional skill development and where school participation might play a role in the relationship. Further studies on this phenomenon are warranted.

5. CONCLUSION

This study showed that there is a significant and positive relationship between parental acceptance and the social competence dimension of socio-emotional skills in children with a physical disability. By contrast, the research found no significant relationship between parental acceptance and the persistence dimension of socio-emotional skills in children with a physical disability. Furthermore, the other dimension of socio-emotional skills, self-control, was also shown to have no relationship with parental acceptance in children with a physical disability.

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