Mothers Experiencing Difficult Parenting: Pedagogical Analysis of the Marital and Parental Situation

ABSTRACT
The presented material is empirical. It was based on the comparative analysis of data obtained with the use of the Marital Success Scale and the Parental Attitudes Scale, both developed by M. Braun-Gałkowska. The aim of the work was to carry out pedagogical analysis of the functioning of mothers raising children with special needs. The research was carried out in a population of 48 families: 20 families raising children with special needs due to diagnosed Down syndrome, Asperger syndrome, autism and infantile cerebral palsy, and 28 families raising healthy children, with no significant mental and physical health disorders. The obtained results were used to determine differences between the studied mothers. Mothers experiencing difficult parenting based on the results of the Marital Success Scale displayed a lower level of satisfaction with their marriage. Analysis of Parental Attitudes Scale scores on parenting attitudes revealed that mothers experiencing difficult parenting attributed inadequacy to themselves, while their husbands were attributed moderation in demands on their own children. In the case of marital attitudes, no statistically significant differences were found.

Keywords: mother, child with special needs, difficult parenting, satisfaction with marriage, marital attitudes, parental attitudes.

1 Department of Preschool and Early School Education, Faculty of Education, University of Białystok, Poland.
E-MAIL: a.laskowska@uwb.edu.pl ORCID: 0000-0002-8764-2457
INTRODUCTION

The reality of family life is subject to constant modifications for various reasons. One important fact is the appearance of a new family member: the wife becomes a mother and the husband becomes a father, thus undertaking parental functions (Pracka & Sztajerwald, 2013; Chrobak & Marcinkowska, 2014). Then, a circular process begins. Family members influence each other by means of feedback, mutually reinforcing their behaviors (Ryś, 2001). Based on the principle of circular causality, a change occurring in one person, e.g., the child’s disease, which requires parents to provide special care, affects the atmosphere of family life (Dakowicz, 2005). It is largely determined by the activity of the family’s regulatory mechanisms, which cause the need to transform the entire system and may lead to the family adequately adapting to the new situation or enhance the sense of uncertainty, imposing extra burdens on the family (Świętochowski, 2014).

THEORETICAL BACKGROUND

The very fact of undertaking the parental function is a challenge, which often leads to a crisis caused by dramatic changes in the spouses’ functioning, which require the renegotiation of their lifestyle (Walczak, 2003). In the case of having a child with Down syndrome, Asperger syndrome, autism or cerebral palsy, parents’ engagement in caring for the child is much greater because of the child’s needs. In addition, accepting this fact (Bubala & Gierek, 2020) and building the identity of parents of children with disabilities (Niedbalski, 2019) is really challenging. This situation causes both physical and mental burden, making the parents experience difficult parenting (Zalewska, 1999).

What is especially important is the first information about the child’s health status, particularly the way of providing that information by the medical services. Parents expect that the explanations about the child’s health and disease will be provided in a soothing form. Sadly, in many cases, it is not so, perhaps because of doctors being overworked, burnt out, or because of the process of medical education, oriented at the biomedical, clinical reality (Klejmon-Lech, 2021).

Raising children with disabilities and providing long-term care for them may make the parents feel lonely and isolated. They may also have the sense of hopelessness of whatever they do and lose their strength (Marat, 2014). Research into this issue has made it possible to identify factors contributing to parents’ burnout (Pisula, 1998, 2007):
– the sense of overload caused by constant provision of care for the child;
– the sense of loneliness and lack of assistance;
– the sense of inability to achieve significant changes in life;
– the sense of hopelessness of their actions;
– the sense of lack of relevant skills and knowledge on how to raise children with disabilities;
– the sense of exclusive responsibility for the children;
– the sense of being ignored by people working for institutions;
– the sense of being unsure of what the child is able to do;
– the sense of negative atmosphere at home;
– not wanting to institutionalize the child and feeling guilty any time such a thought appears in their minds;
– resignation;
– physical fatigue;
– frustration.

Because mothers engage to a greater extent in the process of raising children with special needs, this paper presents an attempt to characterize their functioning in terms of satisfaction with their marriage and the way of fulfilling parental roles.

**METHODOLOGY**

The aim of the research was to characterize the functioning of mothers raising children with special needs. The research problem was formulated as the questions: What is the marital and parental situation of mothers raising children with special needs? Is the marital and parental situation of mothers raising children with special needs different from the situation of mothers raising healthy children?

The review of literature concerning the above-mentioned issues has led to making the following hypotheses:

H0 – there are some differences between the functioning of mothers raising children with special needs and the functioning of mothers raising healthy children;

H1 – the level of marital success of mothers raising children with special needs is lower than the level of marital success of mothers raising healthy children;

H2 – the levels of all dimensions of marital attitudes in the marriages of mothers raising children with special needs are too high or too low;
H3 – the levels of all dimensions of parental attitudes of mothers raising children with special needs are too high or too low.

The study group was made up of 20 married women who were raising children with special needs. The children’s diseases were Down syndrome, Asperger syndrome, autism, and cerebral palsy. The control group comprised 28 women raising healthy children. The children in the studied families were between 3 and 14 years old. The families participating in the study were conjugal families, and the parents had been married for at least 10 years. Only one of the families raised just one child; the other children had siblings. The research was conducted in 2017.

The level of marital success of the studied mothers was determined using the Marital Success Scale developed by M. Braun-Gałkowska (2007), which includes 46 statements expressing significant elements of a successful marriage. In the first part of the study, the mothers are asked to choose the statements describing their marriage, and in the second one, the statements they consider to be the most important for a marriage to be successful and happy. The comparison of the two lists makes it possible to determine a numerical index of satisfaction with marriage, which is not the degree of similarity to any theoretical model but the studied mothers’ subjective satisfaction with their marital relationship (Braun-Gałkowska, 1985). The Marital Success Scale has been used in many studies, allowing for a deeper and more comprehensive analysis of the very complex reality of marital and family life (Hołubowicz, 2005; Kaleta, 2012; Janicka, 2017; Zdanowicz & Zasępa, 2017; Dakowicz & Dakowicz, 2021).

The mothers’ marital and parental attitudes were determined using the Parental Attitudes Scale by M. Braun-Gałkowska (2007), whose aim is to measure their behavioral aspect. The participating mothers used an eleven-point scale to express the intensity of their own or their husbands’ attitudes in four dimensions: 1) intimacy – referring to the emotional distance between the family members; 2) assistance – referring to the degree of providing help; 3) direction – the degree of interfering in others’ decisions and the scope of independence; 4) demands – expectations of other family members. Each point of the scale is attributed one of the following descriptive characteristics: ‘at the proper level’ (4–8) – the most desirable, corresponding to maturity, ‘too high’ (1–3), or ‘too low’ (9–11), both reflecting the lack of maturity.

The research results were analyzed with the computer program SPSS 24.0 PL for Windows, used to calculate the t test and the chi-square test values for the compared groups (Cypryańska & Bedyńska, 2013; Rycielski, Brzezicka, 2013).
RESEARCH RESULTS

The analysis of the research results presented in the tables below makes it possible to grasp the characteristics of functioning of mothers experiencing difficult parenting.

Tab. 1. The Level of Marital Satisfaction of the Studied Mothers

|                         | Mothers experiencing difficult parenting (n = 20) | Mothers from the control group (n = 28) | Significance of differences |
|-------------------------|-------------------------------------------------|----------------------------------------|----------------------------|
| M                       | 57.9                                            | 74.8                                   | t 3.66, p < 0.001          |
| SD                      | 12.9                                            | 17.6                                   |                            |

Source: Author’s own study.

The results obtained in the Marital Success Scale show that mothers functioning in families with special needs children display a much lower level of marital success than do mothers functioning in marriages from the control group (Tab. 1; t = 3.66; p < 0.001).

Tab. 2. Marital Attitudes of Mothers as Perceived by the Studied Mothers

| Dimensions of the marital attitude | Categories          | Mothers experiencing difficult parenting | Mothers from the control group |
|------------------------------------|---------------------|--------------------------------------------|--------------------------------|
|                                    | N                  | %                                          | N                             | %                                          |
| Intimacy                           | Too high           | 2                                          | 3                             | 10.0                                       |
|                                    | At the proper level| 18                                         | 25                            | 89.3                                       |
|                                    | Too low            | 0                                          | 0                             | 0                                           |
|                                    | Total              | 20                                         | 28                            | 100                                        |

$\chi^2 = 0.01, df = 1, p = n.i.$

|                                    | Too high           | 1                                          | 2                             | 5.0                                         |
|                                    | At the proper level| 19                                         | 25                            | 95.0                                        |
|                                    | Too low            | 0                                          | 1                             | 0                                           |
|                                    | Total              | 20                                         | 28                            | 100                                        |

$\chi^2 = 0.84, df = 2, p = n.i.$

|                                    | Too high           | 0                                          | 2                             | 0.0                                         |
|                                    | At the proper level| 20                                         | 26                            | 100.0                                       |
|                                    | Too low            | 0                                          | 0                             | 0                                           |
|                                    | Total              | 20                                         | 28                            | 100                                        |

$\chi^2 = 1.49, df = 1, p = n.i.$
In both groups, all the dimensions (intimacy, assistance, direction, and demands) of mothers’ attitude to their husbands and the husbands’ attitude to them were most often perceived as being at the proper level, less often as too high, and the least often as too low. No differences at the statistical significance level were found between the studied groups.

**Tab. 3. Marital Attitudes of Fathers as Perceived by the Studied Mothers**

| Dimensions of the marital attitude | Categories       | Fathers experiencing difficult parenting | Fathers from the control group |
|-----------------------------------|------------------|------------------------------------------|--------------------------------|
|                                   |                  | N   | %     | N   | %     |
| Demands                           | Too high         | 0   | 0.0   | 3   | 10.7  |
|                                  | At the proper level | 20   | 100.0 | 24  | 85.7  |
|                                  | Too low          | 0   | 0.0   | 1   | 3.6   |
| Total                             |                  | 20  | 100   | 28  | 100   |

$chi^2 = 3.12, df = 2, p = n.i.$

Source: Author’s own study.

| Dimensions of the marital attitude | Categories       | Fathers experiencing difficult parenting | Fathers from the control group |
|-----------------------------------|------------------|------------------------------------------|--------------------------------|
|                                   |                  | N   | %     | N   | %     |
| Intimacy                          | Too high         | 5   | 25.0  | 4   | 14.3  |
|                                  | At the proper level | 15   | 75.0  | 24  | 85.7  |
|                                  | Too low          | 0   | 0.0   | 0   | 0     |
| Total                             |                  | 20  | 100   | 28  | 100   |

$chi^2 = 0.87, df = 1, p = n.i.$

| Dimensions of the marital attitude | Categories       | Fathers experiencing difficult parenting | Fathers from the control group |
|-----------------------------------|------------------|------------------------------------------|--------------------------------|
|                                   |                  | N   | %     | N   | %     |
| Assistance                        | Too high         | 0   | 0.0   | 2   | 7.1   |
|                                  | At the proper level | 18   | 90.0  | 25  | 89.3  |
|                                  | Too low          | 2   | 10.0  | 1   | 3.6   |
| Total                             |                  | 20  | 100   | 28  | 100   |

$chi^2 = 2.2, df = 2, p = n.i.$

| Dimensions of the marital attitude | Categories       | Fathers experiencing difficult parenting | Fathers from the control group |
|-----------------------------------|------------------|------------------------------------------|--------------------------------|
|                                   |                  | N   | %     | N   | %     |
| Direction                         | Too high         | 1   | 5.0   | 3   | 10.7  |
|                                  | At the proper level | 19   | 95.0  | 25  | 89.3  |
|                                  | Too low          | 0   | 0.0   | 0   | 0     |
| Total                             |                  | 20  | 100   | 28  | 100   |

$chi^2 = 0.49, df = 1, p = n.i.$
Mothers from both groups most often considered all the dimensions (intimacy, assistance, direction, and demands) of their own and their husbands’ parental attitudes as being at the proper level, less often as too high, and the least often as too low. There were two differences that reached the level of statistical significance. Both refer to the ‘demands’ dimension of the parental attitude. Mothers experiencing difficult parenting more often believe their husbands (children’s fathers) display this dimension at the proper level (Tab. 5; \( \chi^2 = 6.55, \text{df} = 2; p < 0.05 \)), and that their own level of this dimension is too low (Tab. 4; \( \chi^2 = 9.99, \text{df} = 2; p < 0.01 \)).

**Tab. 4. Parental Attitudes of Mothers as Perceived by the Studied Mothers**

| Dimensions of the parental attitude | Categories | Mothers experiencing difficult parenting | Mothers from the control group |
|-----------------------------------|------------|-----------------------------------------|-------------------------------|
|                                   |            | N | % | N | % |
| **Intimacy**                      | Too high   | 16 | 40.0 | 20 | 45.5 |
|                                   | At the proper level | 24 | 60.0 | 24 | 54.5 |
|                                   | Too low    | 0 | 0.0 | 0 | 0.0 |
| Total                             |            | 40 | 100 | 44 | 100 |

\( \chi^2 = 0.25, \text{df} = 1, p = n.i. \)

| Assistance                        | Categories | Mothers experiencing difficult parenting | Mothers from the control group |
|-----------------------------------|------------|-----------------------------------------|-------------------------------|
|                                   |            | N | % | N | % |
| **Too high**                      |            | 10 | 25.0 | 11 | 25.0 |
| **At the proper level**           |            | 30 | 75.0 | 33 | 75.0 |
| **Too low**                       |            | 0 | 0.0 | 0 | 0.0 |
| Total                             |            | 40 | 100 | 44 | 100 |

\( \chi^2 = 0.00, \text{df} = 1, p = n.i. \)
### Dimensions of the Parental Attitude

#### Mothers Experiencing Difficult Parenting

| Categories      | Mothers experiencing difficult parenting | Mothers from the control group |
|-----------------|------------------------------------------|---------------------------------|
|                 | N  | %  | N  | %  |
| Too high        | 9  | 22.5| 10 | 22.7|
| At the proper level | 29 | 72.5| 34 | 77.3|
| Too low         | 2  | 5.0 | 0  | 0   |
| Total           | 40 | 100 | 44 | 100 |

\( \chi^2 = 2.26, \ df = 2, \ p = \text{n.i.} \)

#### Demands

| Categories      | Mothers experiencing difficult parenting | Mothers from the control group |
|-----------------|------------------------------------------|---------------------------------|
|                 | N  | %  | N  | %  |
| Too high        | 3  | 7.5 | 11 | 25.0 |
| At the proper level | 29 | 72.5| 32 | 72.7 |
| Too low         | 8  | 20.0| 1  | 2.3  |
| Total           | 40 | 100 | 44 | 100 |

\( \chi^2 = 9.99, \ df = 2, \ p < 0.01 \)

Source: Author’s own study.

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### Dimensions of the Parental Attitude

#### Fathers Experiencing Difficult Parenting

| Categories      | Fathers experiencing difficult parenting | Fathers from the control group |
|-----------------|------------------------------------------|---------------------------------|
|                 | N  | %  | N  | %  |
| Too high        | 13 | 32.5| 11 | 25.0 |
| At the proper level | 27 | 67.5| 32 | 72.7 |
| Too low         | 0  | 0.0 | 1  | 2.3  |
| Total           | 40 | 100 | 44 | 100 |

\( \chi^2 = 1.40, \ df = 2, \ p = \text{n.i.} \)

#### Assistance

| Categories      | Fathers experiencing difficult parenting | Fathers from the control group |
|-----------------|------------------------------------------|---------------------------------|
|                 | N  | %  | N  | %  |
| Too high        | 9  | 22.5| 8  | 18.2 |
| At the proper level | 29 | 72.5| 36 | 81.8 |
| Too low         | 2  | 5.0 | 0  | 0.0  |
| Total           | 40 | 100 | 44 | 100 |

\( \chi^2 = 2.62, \ df = 2, \ p = \text{n.i.} \)

#### Direction

| Categories      | Fathers experiencing difficult parenting | Fathers from the control group |
|-----------------|------------------------------------------|---------------------------------|
|                 | N  | %  | N  | %  |
| Too high        | 11 | 27.5| 4  | 9.1  |
| At the proper level | 28 | 70.0| 38 | 86.4 |
| Too low         | 1  | 2.5 | 2  | 4.5  |
| Total           | 40 | 100 | 44 | 100 |

\( \chi^2 = 4.93, \ df = 2, \ p = \text{n.i.} \)

#### Demands

| Categories      | Fathers experiencing difficult parenting | Fathers from the control group |
|-----------------|------------------------------------------|---------------------------------|
|                 | N  | %  | N  | %  |
| Too high        | 1  | 2.5 | 9  | 20.5 |
| At the proper level | 36 | 90.0| 33 | 75.0 |
| Too low         | 3  | 7.5 | 2  | 4.5  |
| Total           | 40 | 100 | 44 | 100 |

\( \chi^2 = 6.55, \ df = 2, \ p < 0.05 \)

Source: Author’s own study.
CONCLUSION

The conducted research and its analysis show some differences between the functioning of mothers raising children with special needs and the functioning of mothers raising healthy children. The hypothesis of the lower level of marital success of mothers raising children with special needs as compared to mothers raising healthy children was completely confirmed. The hypothesis concerning parental attitudes was partially confirmed, because mothers experiencing difficult parenting much more often considered their own level of demands as too low and their husbands’ (the children’s fathers’) level as proper. The hypothesis concerning marital attitudes was not confirmed, as the category of the proper level prevailed in all dimensions, with no statistically significant differences between the studied groups.

The reason for this may be that the care required by a child with special needs consumes so much time and energy that it is no longer possible to notice and respond to the partner’s needs. The lack of the spouses’ engagement in, e.g., recognizing the dynamic affective sphere and taking the proper actions (corresponding to the expressed expectations) at the proper time consequently leads to reducing the quality of the marriage (Dakowicz, 2014). One form of constructive response to the perceived problem could be the assistance, e.g., of relatives or friends, such as offering to care for the child so that the parents (spouses) could spend some time with each other. Another practical support for parents raising special needs children may be the increasingly popular special centers where children have professional assistance for several hours a day, which gives the parents an opportunity to regenerate. Rehabilitation or summer camps are also organized for special needs children, during which the parents can be relieved of the daily responsibilities connected with caring for them (Nawrocki, Zdebska, & Glac, 2019).

The insufficient level of demands in the parental attitude of mothers experiencing difficult parenting probably results from compassion, which makes them tend to help their children rather than demand something from them. As a result, they do most of the housework by themselves, which leads to their excessive tiredness, while the children do not feel encouraged to accept challenges fitting their abilities and expect to be served rather than try to do something for others. Paradoxically, the sacrificial engagement of mothers experiencing difficult parenting in care for their children is not good for the children, mothers, or the parents’ marital relationships.

Getting insight into the situation in families experiencing difficult parenting, e.g., through marital dialog (Dakowicz, 2020), could give them a chance to make
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changes leading to improved quality of the marital relationship and the development of constructive parental attitudes, thus creating the atmosphere that would promote the development of all the family members (Wilk, 2016).

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