Expressive Suppression in Parents of Children with Disabilities

Karolina Juszko[1] and Joanna Szczepańska-Gieracha[1]
[1]Department of Physiotherapy, University School of Physical Education, Wroclaw, Poland

HOW TO CITE:
Juszko, K., Szczepańska-Gieracha, J. (2020). Expressive Suppression in Parents of Children with Disabilities. *International Journal of Special Education*, 35(1), 47-54
CORRESPONDING AUTHOR:
Joanna Szczepańska-Gieracha; joanna.szczepanska@awf.wroc.pl
DOI:
https://doi.org/10.52291/ijse.2020.35.5

ABSTRACT

Raising and caring for children with disabilities involves a number of challenges that most parents/caregivers are unprepared for. Dealing with negative emotions such as guilt, lack of fulfillment, disappointed hopes, fear, shame and even despair can adversely affect the life of the entire family. Expressive suppression protects the ward and other family members from an outward expression of the caregiver's emotions and prevents conflicts, but it does nothing to alleviate the caregiver's internal emotional state. This study diagnoses the problem of expressive suppression in parents/caregivers of children with disabilities and assesses the connection between suppressed emotions and anxiety/depressive symptoms based on the Courtauld Emotional Control Scale (CECS) and the shortened Hamilton Depression Rating Scale (HAMD-7). The study involved 60 parents of children with disabilities living in metropolitan, urban, and rural areas. An elevated level of expressive suppression and the occurrence of anxiety-depressive disorders occurred in over half of the parents. Using non-parametric methods, a significant weak positive correlation ($p = 0.398$) is observed between the sum of the points obtained on the CECS scale and the sum of the points on the HAMD-7 scale. In the group with the elevated levels of expressive suppression, a significant strong positive correlation ($p = 0.612$) is observed between the sum of the points obtained on the CECS scale and the place of residence (with a higher degree of expressive suppression in parents from rural areas). There is also a significant correlation between the sum of points scored on the HAMD-7 scale and the financial standing of the families ($p = 0.667$), which reflects the impact of low social status on the occurrence of anxiety and depressive disorders.

Keywords: emotion regulation; expressive suppression; disability; parenting

INTRODUCTION

Disability in a child can force the whole family to change their daily routine and lifestyle. It may affect marital relationships, alter distribution of household chores as well as free-time and social activities of each member of the family (Yilmaz, 2019). Good organization of all aspects of family life is certainly easier if there is acceptance of the child's disability. This is an extremely difficult process and may take several years, but its course is always similar. Acceptance of a child's disability develops in stages, starting from a period of shock through emotional crisis and then apparent adaptation, to constructive adaptation which indicates reconciliation with the loss of a healthy child (Marmola, 2017; Doroszuk, 2017). The birth of a child with disability awakens the parents'/caregivers' consciousness to the reality of nursing a child who is not fully fit but fully fledged.

Regardless of the current stage in the acceptance process, all families with seriously and chronically ill children are faced daily with a number of problems and challenges. These may be divided into several groups, which usually include psychological, economic and social problems and physical strains. Psychological problems include the need to deal with negative emotions such as guilt, lack of fulfillment, disappointed hopes, but also fear, shame and even despair, as well as any other adverse changes which result in deterioration of family life (Alon, 2019). Social problems involve social isolation of the family, stemming from limited participation in social and cultural activities to the need to resign from work (this mainly concerns mothers, although some fathers also sacrifice their careers to raise and care for their children) (Derguy et al., 2016; Hutchision et al., 2016). Economic and living problems stem from deterioration of the family's financial standing due to the high costs of medicine and treatment for the child (Bujak, 2013; Żyta, 2018). Physical strains are related to the constant need to perform caretaking activities for the child (Rosińczuk et al., 2013).

There are various ways to deal with these problems, including the problems of parenthood. Raising and caring for a child with disabilities is often accompanied by negative emotions or lack of positive emotions, which has a detrimental effect on the health of the caregivers. Expressive suppression is an emotion regulation strategy that involves silencing the external expression of unpleasant experiences and intentionally keeping them out of consciousness (Măirean, 2016). It has an adaptative function, as it allows an individual to quickly adapt to the surrounding conditions (Cichoń, Szczepanowski, 2015). However, regular and repeated suppression requires mental effort and, therefore, it can progressively become automatic and take the form of repression, thus reducing the consumption of mental resources. This strategy enables the avoidance or reduced expression of unpleasant emotions, thoughts and memories (Szentagotai, Onea, 2007). However, suppression does nothing to alleviate the internal experience of negative emotions and, in addition, it has a negative impact on relationships between people, e.g. by shutting them off from social support and impairing closeness. Suppression, if used for a long period of time without becoming automatic, may lead to anxiety and depressive symptoms (Langer et al., 2012).

This study analyzes the level of expressive suppression in parents/caregivers of children with disabilities and assesses the link between expressive suppression and the occurrence of anxiety and depressive symptoms. Also, the study attempts to find whether expressive suppression is related to child or caregiver age, caregiver gender, place of residence, child disability type, number of children in the family, family financial status and the level of social support.

METHODS

Participants and Procedure

The study involved 60 parents of children with disabilities; 85% of them were mothers. It was carried out at three educational and pedagogical facilities for children with disabilities: Zmigrod Special Needs School Complex (n = 20), occupational therapy workshops at a Children's Association in Trzebnica (n = 20), and Integrated Kindergarten at a Children's Foundation in Wroclaw (n = 20). Mean age of the caregivers was 38 years (± 11.4 years) and mean age of the children was 13 years (± 9.1 years). Cerebral palsy (CP) was the highest occurring disability among the children. The prevailing model was a family with two children. Over half of the caregivers defined their financial situation as satisfactory (Table 1).

As the authors of the scale do not provide norms, the parents participating in the study (n=60) were divided on the basis of the mean (57.72 points ± 11.548). Group 1 consisted of parents who obtained a result above the mean value (minimum 58 points), and it was called the high expressive suppression level. Group 2 included participants whose CECS score was 57 points or lower, and it was called the low expressive suppression level.

The results were processed using descriptive statistics and the Spearman's rank correlation coefficient, where the probability value was set at $p < 0.05$.

 Doi: https://doi.org/10.52291/ijse.2020.35.5

Table 1. **Description of the study group**

		n	%
CAREGIVER GENDER	Female	51	85
	Male	9	15
PLACE OF RESIDENCE	City	20	33
	Town	20	33
	rural area	20	33
CHILD DISABILITY TYPE	intellectual disability	12	20
	combined intellectual and motor disability	13	22
	cerebral palsy (CP)	19	32
	Down syndrome (DS)	12	20
	autism spectrum disorders	1	2
	Other	3	5
CHILDREN IN FAMILY	One	9	15
	Two	33	55
	Three	13	22
	More	5	8
FAMILY FINANCIAL GENDER	very good	3	5
	satisfactory	39	65
	Bad	15	25
	very bad	3	5

Materials

This study is based on the Polish adaptation (Z. Juczyński) of the Courtauld Emotional Control Scale (CECS) (M. Watson, S. Greer). The CECS scale consists of three sub-scales, each with seven statements regarding the manner of expressing anger, depression and anxiety. Most phrases reflect certain forms of expressive suppression. The scale is used to assess the subjective control of anger, anxiety and depression in difficult situations and is intended to examine adult subjects, both healthy and ill. The respondent determines the frequency of occurrence of a given way of expressing his or her emotions on a four-point scale, ranging from "almost never" (1 point) to "almost always" (4 points). The score is calculated separately for each sub-scale. After summing up the scores obtained on the subscales, the final score indicates the overall level of emotion control, reflecting the subjective perception of the individual regarding the ability to control his or her reactions when experiencing given negative emotions.

Additionally, the shortened version of the Hamilton Depression Rating Scale (HAMD), the HAMD-7, was used. The scale examines seven areas: depressed mood (sadness), feelings of guilt and self-criticism, level of social activities (ability to experience pleasure), mental symptoms of anxiety, physical symptoms of anxiety, energy levels and satisfaction with life so far. In each of the above areas points were awarded from 0 to 1 ("yes" = 1 point, "no" = 0 points). After summing up the scores for individual questions, according to the authors of the scale, a final result of 4 or more points indicates the presence of anxiety-depressive disorders, while a result below 4 means lack of anxiety and depression symptoms. Survey questionnaires were used to obtain general information regarding the participants, such as: the child's age, the caregiver's age, place of residence, child's disability type, number of children in the family, health history of the family (other chronic conditions), financial situation, affiliation with associations for children with disabilities etc.

Table 2 **Collation of results obtained using the Courtauld Emotional Control Scale (CECS) and the Hamilton Depression Rating Scale (HAMD-7) in relation to gender.**

		TOTAL		MALE		FEMALE	
		n	%	n	%	n	%
CECS	High expressive suppression level	35	58	5 1	4	30	86
	Low expressive suppression level	25	42	4	16	21	84
HAMD-7	Anxiety-depressive disorders	38	63	6	16	32	84
	Lack of anxiety and depression symptoms	22	37	3	14	19	86

RESULTS

Over half of the parents in the study group exhibited an elevated level of expressive suppression as well as anxiety-depressive disorders (Table 2). Using non-parametric methods, a significant weak positive correlation (p = 0.398) was observed between the CECS scale score and the HAMD-7 scale score. This correlation cannot be considered in relation to the gender of the parents, as there were far more mothers than fathers.

In the group of participants with an elevated level of expressive suppression (n = 35), 40% were families living in a big city (Wroclaw). An equally large group were caregivers of children with CP. Families with two children constituted almost a half of this group. More than half of the participants described the family's financial situation as satisfactory, and a total of 40% described it as bad or very bad. A vast majority of the caregivers gave a negative answer to questions related to the presence of chronic illnesses in other family members, their second child, or themselves. Of the participants exhibiting an elevated expressive suppression level, more than 70% benefited from additional financial support on account of caring for a children with disabilities. A clear majority of parents reported that they received help from other family members and could discuss their problems with a loved one. About 70% of this group were also two-parent families. Noteworthy is the fact that more than 60% of parents did not take up paid employment and the same percentage benefited from support provided by various associations. In contrast to parents in group 1 (n = 35), nearly half of the parents exhibiting a low level of expressive suppression according to the CECS scale (group 2: n = 25) were people living in a small town (Trzebnica), raising children with intellectual disability (approx. 30%) or combined intellectual and motor disability (approx. 30%). In addition, this group comprised over 60% of parents caring for two children and nearly

Table 3. **Comparison of groups of parents with high and low CECS scores**

		↑ LEVEL of expressive suppression		↓ LEVEL of expressive suppression	
		n	%	n	%
PLACE OF RESIDENCE	city	14	40	6	24
	town	9	26	11	44
	rural area	12	34	8	32
CHILD'S DISABILITY TYPE	intellectual disability	4	11	7	28
	combined intellectual and motor disability	6	17	7	28
	CP	14	40	5	20
	DS	8	23	5	20
	autism spectrum disorders	1	3	0	0
	other	2	6	1	4
NUMBER OF CHILDREN IN THE FAMILY	1	7	20	2	8
	2	17	49	16	64
	3	8	23	5	20
	>3	3	9	2	8
CHRONIC CONDITIONS in other children	yes	2	6	2	8
	no	33	94	23	92
CHRONIC CONDITIONS in other family members	yes	8	23	4	16
	no	27	77	21	84
CHRONIC CONDITIONS in the caregiver	yes	4	11	2	8
	no	31	89	23	92
FINANCIAL SITUATION OF THE FAMILY	very good	1	3	2	8
	satisfactory	20	57	19	76
	bad	11	31	4	16
	very bad	3	9	0	0
ADDITIONAL FINANCIAL SUPPORT	yes	26	74	14	56
	no	9	26	11	44
CAREGIVER MARRIED OR PARTNERED	yes	25	71	23	92
	no	10	29	2	8
SUPPORT FROM OTHER FAMILY MEMBERS	yes	25	71	21	84
	no	10	29	4	16
MENTAL SUPPORT FROM OTHER FAMILY MEMBERS	yes	30	86	20	80
	no	5	14	5	20
AFFILIATION WITH ASSOCIATIONS	yes	22	63	18	72
	no	13	37	7	28
PAID EMPLOYMENT	yes	13	37	9	36
	no	22	63	16	64

Doi: https://doi.org/10.52291/ijse.2020.35.5

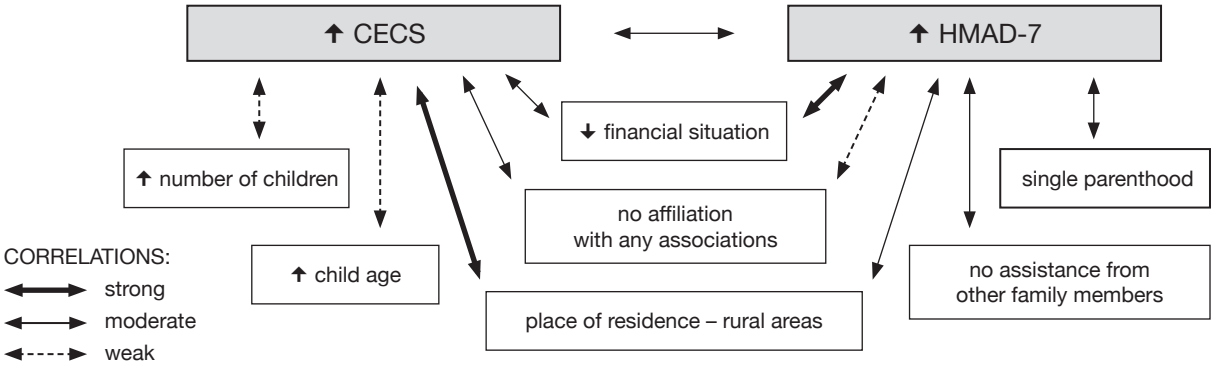

Fig. 1. **Statistically significant correlations between the studied variables**

80% of parents reporting a satisfactory financial situation. Almost all the parents were married or lived with a partner. The groups differed by approximately 10 percentage points in terms of affiliation with associations for families of children with disabilities, in favour of the group with a low level of expressive suppression. The rest of the responses were similar for both groups (Table 3).

Using non-parametric methods, a significant weak positive correlation (p = 0.394) was noted between the financial situation of the family and the CECS score. The lower the financial status, the higher the level of expressive suppression. In addition, a significant strong positive correlation (p = 0.605) was observed in relation to the sum of points obtained on the HAMD-7 scale. A bad financial situation is related to the occurrence of anxiety-depressive disorders. In the group with an elevated level of expressive suppression (n = 35), a significant strong positive correlation (p= 0.613) was observed between the CECS scores and the place of residence (with a higher level of expressive suppression in families living in rural areas). There was also a significant weak positive correlation between the CECS scores and: child age (p = 0.339, higher level in parents of older children) and number of children in the family (p = 0.357, higher level in families with two or more children). A significant moderate correlation was observed between the CECS score and financial situation (p = 0.447), as well as affiliation with associations (p = - 0.496), which means that a higher level of suppression occurred in families with lower social status and those unaffiliated with any associations. In group 1 (n = 35), a significant correlation was also observed between the HAMD-7 score and: the CECS score (p = 0.468, moderate positive – the higher the degree of expressive suppression, the more severe the anxiety -depressive disorders); place of residence (p = 0.415, moderate), being married (p = -0.403, moderate), receiving help from other family members (p = -0.431, moderate) and affiliation with associations (p = -0.387, weak). This means that anxiety-depressive disorders are more frequent in single parents living in rural areas without access to social support. There is also a significant correlation between the sum of the points obtained on the HAMD-7 scale and the financial standing of the families (p = 0.667), which reflects the impact of low social status on the occurrence of anxiety and depressive disorders (Fig. 1).

Table 4. **Comparison of parents with a high CECS score depending on the place of residence**

	MEL	MChA	MCA	ChDT	NCh	FS	AS	MB	H	MS	A	PE
Total n = 35	65 ±6.0	12 ±10.0	37 ±11.9	CP 40%	two 49%	satisfactory 57%	74%	29%	71%	86%	63%	37%
City n = 14	62 ±4.4	3 ±1.9	28 ±1.9	CP 64%	two 64%	satisfactory 86%	93%	36%	100%	100%	100%	43%
Town n = 9	65 ±6.7	25 ±8.7	54 ±8.5	DS 44%	two 44%	satisfactory 67%	44%	22%	67%	78%	89%	44%
Village n = 12	70 ±4.8	11 ±3.1	34 ±5.4	CD 33%	two 33%	bad 67%	75%	33%	50%	75%	0%	17%

MEL - mean elevated level of expressive suppression, **MChA** - mean child age, **MCA** - mean caregiver age,
ChDT - child's disability type (CP - cerebral palsy, **DS** - Down Syndrome, **CD** combined disability),
NCh - number of children in the family, **FS** - financial situation, **AS** - additional financial support, **MB** - marriage breakdown,
H - help available from other family members, **MS** - mental support of the family, **A** - affiliation with associations, **PE** - paid employment.

In addition, in a small town, professionally active parents exhibited a higher degree of expressive suppression, as evidenced by a significant strong correlation between the sum of the points obtained on the CECS scale and paid employment (p = 0.705). In rural areas, on the other hand, a significant moderate correlation between the CECS score and received mental support (p = 0.588) indicates a higher degree of expressive suppression in parents who could talk about their problems (Table 4).

In the study group (n = 60), there was no significant correlation between expressive suppression and depressive -anxiety disorders, the child's disability type or the occurrence of other chronic diseases in the family.

DISCUSSION

The manner of emotion regulation has serious implications for our well-being and mental health (Gross and John, 2003). The most frequently used strategies for regulating emotions are cognitive reappraisal and expressive suppression (Gross and John, 2003; Gross and Levenson, 1993). Both techniques affect the subjective well-being and social relationships of an individual, with reappraisal having a positive effect, as it involves changing the way one thinks about a negative stimulus by giving it a new meaning (Gross and John, 2003). Expressive suppression has a negative correlation with the sense of social support (Gross and John, 2003; Srivastava et al., 2009; Lopes et al., 2005; Marroquín, 2011; Zaki, Williams, 2013; Marroquín, Nolen-Hoeksema, 2015), the closeness of interpersonal relationships (English et al., 2012) and it contributes to the sense of loneliness (Smith et al. 2019).

The present study shows the occurrence of a higher level of expressive suppression in people who did not benefit from any disability associations (in particular, none of the caregivers among the families living in rural areas declared belonging to such associations). This study also shows that single parenthood and lack of support from other family members are conducive to anxiety-depressive disorders. However, no significant correlation exists between expressive suppression and partner relationships, and it should be stressed that in the group with elevated levels of expressive suppression, marital breakdown occurred in as many as 29% of families, while only 8% of families are affected in the group with low suppression levels.

Cognitive reappraisal is typically accompanied by less severe symptoms of anxiety-depressive disorders, higher self-esteem, better general well-being and better coping skills (Gross and John, 2003; Joormann and Gotlib, 2010; Cutuli, 2014). Expressive suppression generally leads to intensification of anxiety and depression, lower self-esteem and reduced satisfaction with life (Gross and John, 2003; Joormann and Gotlib, 2010; Berking et al., 2014; Cutuli, 2014; Sloan et al., 2017; d'Arbeloff et al., 2018). This study confirms the link between expressive suppression and the occurrence of anxiety-depressive disorders. It also shows that as many as 74% of parents with an elevated suppression level benefit from additional financial support (compared to 56% in the group of parents with lower suppression levels), which could indicate poorer life-coping skills, as financial support depends on income per family member.

In this context, it is interesting that the results of the study attest to a strong correlation between the level of expressive suppression and paid employment among parents living in a town. Also, the group of parents with elevated expressive suppression levels who live in a town comprised a relatively small proportion of families, benefit from additional financial support (44%). This may be due to several overlapping factors, e.g. worse organization of social assistance than in the city and greater opportunities to take up paid work than in rural areas.

In addition, a sense of poverty is conducive to expressive suppression and the occurrence of depressive symptoms (Keltner et al., 2003; Langer et al., 2012). The subjective perception of one's socio-economic situation as disadvantageous significantly affects mental and physical health (Adler et al., 2000; Adler et al., 2008; Goodman et al., 2001; Leu et al., 2008; Singh-Manoux et al., 2003). The study confirmed the link among expressive suppression, anxiety-depressive symptoms and low financial status, especially in the case of families living in rural areas. Factors determining the socio-economic status, such as education, occupation and income, were not directly studied. Apart from the subjective assessment of financial status, the number of children in the family may constitute a variable which adversely affects the financial situation of households indirectly. This study demonstrates a weak positive correlation between an elevated level of expressive suppression and the number of children in a family.

The mean age of the children varied according to the place of residence because the study was carried out at educational and pedagogical facilities representing different educational stages. The results show a significant weak positive correlation between an elevated level of expressive suppression and the age of the children. No studies by other authors were found that could confirm this dependence. However, a study by Goldsmith and Kelley (2018) demonstrated a lack of correlation between expressive

 Doi: https://doi.org/10.52291/ijse.2020.35.5

suppression in parents of children with autism spectrum disorders and the age of the child.

CONCLUSIONS

Strong dependencies detected between an elevated level of expressive suppression and the place of residence as well as between anxiety-depressive disorders and financial situation suggest that those who have the greatest need for support are the most deprived parents and those who live the furthest from the centres that can provide such support. Perhaps this situation is the result of continued stigmatization and the persistent stereotypes associated with disability. Small, rural communities are characterized by transparency, hence the increased need for parents to hide their emotions, especially the negative ones. In addition, pejorative negative associations evoked by professions such as psychology, psychotherapy or psychiatry prevent people from seeking help and lead to the exacerbation of untreated symptoms of anxiety and depression. While on the one hand, suppression of emotions allows parents of children with disabilities to function in the society, on the other, it has an adverse impact on their interpersonal relationships and is detrimental to their mental health.

Further research is planned to create a comprehensive program to support families with children with disabilities. It is important to see the family as a union and not to care more about the child's physical condition than the parents'/caregivers' mental condition.

ACKNOWLEDGEMENT

The authors thank Mrs. Joanna Chuda for help in carrying out the research project.

DISCLOSURE STATEMENT

No potential conflict of interest was reported by the authors.

FUNDING: None

REFERENCES

Adler N., Epel E., Castellazzo G., Ickovics J.R. (2000). Relationship of subjective and objective status with psychological and physiological functioning: Preliminary data in healthy white women. *Health Psychology*, 19(6), 586–592.

Adler N., Singh-Manoux A., Schwartz J., Stewart J., Matthews K., Marmot M.G. (2008). Social status and health: A comparison of British civil servants in Whitehall-II with European- and African-Americans in CARDIA. *Social Science and Medicine*, 66(5), 1034–1045.

Alon R. (2019). Social support and post-crisis growth among mothers of children with autism spectrum disorder and mothers of children with down syndrome. *Research in Developmental Disabilities*, 90, 22–30.

d'Arbeloff T.C., Freedy K.R., Knodt A.R., Radtke S.R., Brigidi B.D., Hariri A.R. (2018). Emotion Regulation and the Experience of Future Negative Mood: The Importance of Assessing Social Support. *Frontiers in Psychology*, 20(9), 2287. https://doi.org/10.3389/fpsyg.2018.02287.

Berking M., Wirtz C. M., Svaldi J., Hofmann S. G. (2014). Emotion regulation predicts symptoms of depression over five years. *Behaviour Research and Therapy*. 57, 13–20. https://doi.org/10.1016/j.brat.2014.03.003.

Bujak E. (2013). Phenomenon of „burning out" in mothers of disabled children. *Social Dissertations*, 2 (7), 112–125.

Cichoń E., Szczepanowski R. (2015). Mechanisms of suppressing undesirable feelings and thoughts in a metacognitive approach. *Yearbook of Cognitive Science*, 8, 79–89.

Cutuli D. (2014). Cognitive reappraisal and expressive suppression strategies role in the emotion regulation: an overview on their modulatory effects and neural correlates. *Frontiers in Systems Neuroscience*, 8, 175. https://doi.org/10.3389/fnsys.2014.00175.

Derguy C., Bailara K. M., Michel G., Roux S., Bouvard M. (2016). The need for an ecological approach to parental stress in autism spectrum disorders: The combined role of individual and environmental factors. *Journal of Autism and Developmental Disorders*, 46, 1895–1905.

Doroszuk J. (2017). The crisis of parents of a child with a disability in the perspective of new standardization tools. *Interdisciplinary Contexts of Special Pedagogy*, 19, 51–67.

English T., John O. P., Srivastava S., Gross J. J. (2012). Emotion regulation and peer related social functioning: A 4-year longitudinal study. *Journal of Research in Personality*, 46, 780–784. https://doi.org/10.1016/j.jrp.2012.09.006.

Goldsmith S.F., Kelley E. (2018). Associations Between Emotion Regulation and Social Impairment in Children and Adolescents with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, 48(6), 2164–2173. https://doi.org/10.1007/s10803-018-3483-3.

Goodman E., Adler N.E., Kawachi I., Frazier A.L., Huang B., Colditz G.A. (2001). Adolescents' perceptions of social status: Development and evaluation of a newindicator. *Pediatrics*, 108(2), 1–8.

Gross J. J., John O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. J*ournal of Personality and Social Psychology*, 85, 348–362. https://doi.org/10.1037/0022-3514.85.2.348.

Gross J. J., Levenson R. W. (1993). Emotional suppression: Physiology, self-report, and expressive behavior. *Journal of Personality and Social Psychology*, 64, 970–986.

Hutchison L., Feder M., Abar B., Winsler A. (2016). Relations between parenting stress, parenting style, and child executive functioning for children with ADHD or autism. *Journal of Child and Family Studies*, 25(12), 3644–3656. https://doi.org/10.1007/s10826-016-0518-2.

Joormann J., Gotlib I. H. (2010). Emotion regulation in depression: relation to cognitive inhibition. *Cognition and Emotion*, 24, 281–298. https://doi.org/10.1080/02699930903407948.

Keltner D., Gruenfeld D.H., Anderson C. (2003). Power, approach and inhibition. ***Psychological Review***, 110(2), 265–284.
Langner C.A., Epel E.S., Matthews K.A., Judith T. Moskowitz J.T., Adler N.E. (2012). Social Hierarchy and Depression: The Role of Emotion Suppression, ***The Journal of Psychology***, 146(4), 417–436, https://doi.org/10.1080/00223980.2011.652234.
Leu J., Yen I.H., Gansky S.A., Walton E., Adler N.E., Takeuchi D.T. (2008). The association between subjective social status and mental health among Asian immigrants: Investigating the influence of age at immigration. ***Social Science and Medicine,*** 66(5), 1152–1164.
Marmola M. (2017). Styles of coping with stress by mothers of children with disabilities. ***Culture - Transformations - Education***, 5, 267–281.
Mãirean C. (2016). Emotion Regulation Strategies, Secondary Traumatic Stress, and Compassion Satisfaction in Healthcare Providers. ***The Journal of Psychology,*** 150(8), 961–975.
Rosińczuk J., Kołtuniuk A., Księżyc M., Wolniak M. (2013). Parents of a child with cerebral palsy in the face of everyday problems. ***The Journal of Neurological and Neurosurgical Nursing,*** 4 (2), 149-154.
Singh-Manoux A., Adler N.E., Marmot M.G. (2003). Subjective social status: Its determinants and its association with measures of ill-health in the Whitehall II study. ***Social Science and Medicine,*** 56(6), 1321–1333.
Sloan E., Hall K., Moulding R., Bryce S., Mildred H., Staiger P. K. (2017). Emotion regulation as a transdiagnostic treatment construct across anxiety, depression, substance, eating and borderline personality disorders: a systematic review. ***Clinical Psychology Review***. 57, 141–163. https://doi.org/10.1016/j.cpr.2017.09.002.
Smith C.V., Lair E.C., O'Brien S.M. (2019). Purposely stoic, accidentally alone? Self-monitoring moderates the relationship between emotion suppression and loneliness. ***Personality and Individual Differences***, 149, 286–290.
Srivastava S., Tamir M., McGonigal K. M., John O. P., Gross J. J. (2009). The social costs of emotional suppression: A prospective study of the transition to college. Journal of Personality and Social Psychology, 90, 883–897. https://doi.org/10.1037/a0014755. Szentagotai A., Onea D. (2007). Is repressive coping associated with suppression? ***Journal of Evidence- Based Psychotherapies***, 7(2), 127–138.
Yilmaz G.. (2019). Mothers with disabled children: needs, stress levels and family functionality in rehabilitation. ***Scandinavian Journal of Caring Sciences,*** 11(20), 1–9. https://doi: 10.1111/scs.12783.
Żyta A. (2018). Family situation of persons with disabilities and the Convention on the Rights of Persons with Disabilities. Disability. ***Discourses of Special Education ,*** 30, 50–64.

 Doi: https://doi.org/10.52291/ijse.2020.35.5