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Family values vs parental involvement in families with a chronically ill child

Wartości rodzinne i zaangażowanie rodzicielskie w rodzinach z przewlekle chorym dzieckiem[1]

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Katarzyna Kamila Walęcka-Matyja[a] ✉

[a] *Associate professor Katarzyna Kamila Walęcka-Matyja, PhD, https://orcid.org/0000-0001-8222-729x*
Institute of Psychology, Department of Social Psychology and Family Study, University of Łódź
✉ *Corresponding author: katarzyna.walecka@now.uni.lodz.pl*

Abstract: *Introduction:* The aim of the study was to determine the differences in family values and parental involvement in groups of parents raising a chronically ill child and a healthy child. In addition, it was checked whether family values allow predicting parental involvement. *Method:* The study was conducted using the CAWI method in a group of 160 adults, of whom 64 (40%) had a chronically ill child. Research tools with good psychometric properties were used: Familism Scale, Parental Involvement Questionnaire and a questionnaire. *Results:* It was found that mothers and fathers raising a chronically ill child achieved a statistically significantly higher intensity of the value expressed in striving for independence and self-sufficiency than parents of healthy children. Mothers raising a chronically ill child obtained statistically significantly higher scores in terms of general, valence and behavioural parental involvement than mothers raising a healthy child. Fathers raising a chronically ill child were characterized by lower scores in terms of general parental involvement, cognitive-emotional and behavioural involvement. In the group of parents raising a healthy child, as the value emphasizing the importance of material achievements increased, the intensity of the general parental involvement variable decreased. *Conclusions:* The results of the study complement the existing knowledge on selected psychological conditions of chronically ill children's parents' functioning.
Keywords: chronic disease, child, family values, parental involvement.

Abstrakt: *Wstęp:* Celem badań było określenie zróżnicowania w zakresie wartości rodzinnych i zaangażowania rodzicielskiego w grupach rodziców wychowujących przewlekle chore dziecko i zdrowe dziecko. Ponadto sprawdzono, czy wartości rodzinne pozwalają prognozować zaangażowanie rodzicielskie. *Metoda:* Badania przeprowadzono metodą CAWI w grupie 160 osób dorosłych, z których 64 (40%) wychowywały przewlekle chore dziecko. Wykorzystano narzędzia badawcze o dobrych właściwościach psychometrycznych: Skalę Familizmu, Kwestionariusz Zaangażowania Rodzicielskiego oraz ankietę. *Wyniki:* Stwierdzono, że matki i ojcowie wychowujący przewlekle chore dziecko osiągnęli istotnie statystycznie wyższe nasilenie wartości wyrażającej się w dążeniu do niezależności i samowystarczalności niż rodzice zdrowych dzieci. Matki wychowujące przewlekle chore dziecko uzyskały istotnie statystycznie wyższe nasilenie wyników w zakresie zaangażowania rodzicielskiego ogólnego, walencyjnego oraz behawioralnego niż matki wychowujące zdrowe dziecko. Ojcowie wychowujący przewlekle chore dziecko cechowali się niższym nasileniem wyników w zakresie zaangażowania rodzicielskiego ogólnego, poznawczo-emocjonalnego i behawioralnego. W grupie rodziców wychowujących zdrowe dziecko wraz ze wzrostem nasilenia wartości podkreślającej znaczenie osiągnięć materialnych malało nasilenie zmiennej zaangażowanie rodzicielskie ogólne. *Wnioski:* Rezultaty badań uzupełniają dotychczasową wiedzę z zakresu wybranych psychologicznych uwarunkowań funkcjonowania rodziców dzieci przewlekle chorych.
Słowa kluczowe: choroba przewlekła, dziecko, wartości rodzinne, zaangażowanie rodzicielskie.

Introduction

The picture of the modern family is continuously and dynamically changing. The traditional family model has transformed into a model defined as a nuclear, partnership, egalitarian family, which consists of two generations living in an independent household. In this model, family contacts are restricted to the closest rela-

1 Artykuł w języku polskim: https://www.stowarzyszeniefidesetratio.pl/fer/2023-1Maty.pdf

tives. Family specialists say that the modern family is an intimate, closed group separating their own matters from the widely understood social problems. A typical feature of the nuclear family is the fact that both the spouses take a professional job, which is especially important in case of women as in this way, their economic and social independence becomes stronger (Szlendak, 2015). What is observed now, is a more intensively growing tendency to fulfil personal needs of individual members of the family. Activities aimed at improving one's education level, care for self-development or pursuing one's hobby are a few of the many individual needs. In the marriage dyad, there is a tendency to exchange observations, views and experiences, which makes each of the spouses function on equal terms, having their own needs, life goals and aspirations. The rules and norms in the family are becoming more relative, and each of the family members is able to make decisions, not only the head of the family, whose role used to be played by the man (Sikorski, 2021).

Despite the changes taking place in the life and functioning of the family, its role has remained the same. It is assumed that it is the most important environment preparing an individual to enter the social system. The family is responsible for development of a person and is a group with which they can identify. As an element of the society, it guarantees its continuity through the biological aspect, preservation of history and cultivating traditions. It is emphasized that although the family life has relatively stable frames, it is affected by external factors (Walęcka-Matyja and Janicka, 2021).

Transformations taking place in various areas of the family life change the way of functioning of both the whole families and their individual members, for example, with respect to their roles, lifestyles, economic conditions or accepted value hierarchies. These changes have contributed to the creation of new concepts of motherhood and fatherhood (Sikorska, 2009).

1. Parenthood

These days parents tend to make joint decisions, take joint actions and support each other more often than in the past. Parenthood has a special place among other family roles, due to its complexity and responsibility as well as experiencing strongly both educational successes and failures of the children. Parenthood considered from interactive and systemic perspectives allow us to adopt the following assumptions. The first of them refers to the importance of mutual influences between the parents and the child, which significantly affect the course of development of both the parties. The second assumption indicates that there are mutual correlations between the behaviours of family members and that the family functioning is also affected by the social relationships system of the environment where the family with a child lives.

A child, being an autotelic value, is in themselves the source of sense of satisfaction and love. Playing the role of a mother or a father is related to irreplaceable experiences, building the ground for the personal self-creation of an adult. Since, parenthood shapes the reality, which is not fully determinate, sometimes unpredictable, yet fascinating and unique (Wąsiński, 2020).

According to Bakiera and Stelter (2010), uniqueness of parenthood results from the double-subjective meaning. The way how adults play parental roles not only influences the development of their offspring but also is a factor modifying the course of developmental changes in their life. Playing the role of a mother or a father is a component of adult identity, which affects the non-parental areas of functioning (Bakiera and Stelter, 2010).

As Jackiewicz and Białecka-Pikul (2019) indicate, in social studies, researchers most often use two terms describing the role of a parent, i.e. parenthood and parenting (Jackiewicz and Białecka-Pikul, 2019). An interesting concept, combining the common grounds of interactions between parents and children in ecological terms (comp. Bronfenbrenner, 1993) was proposed by Bakiera (2013). The author links the performance of a parental role with involvement understood as targeting activities at someone, paying attention to someone and regarding the tasks in which an individual involves as significant for their fundamental values. It is an activity of a particular importance, in which a parent focuses their cognitive, emotional and evaluative actions on the object of involvement (Bakiera, 2013). As Bakiera expresses it, *parental involvement* means an acquired

tendency to focus, for a long time, one's activity and related experiences on the role of a mother/a father, which is demonstrated as acceptance of the role and constructive attitude to parenthood (Bakiera, 2013). The author draws our attention to the quality of parental care expressed as an ability to be responsive. Noticing the needs and their proper interpretation as well as responding to them in an adequate way affect the shaping of the attachment style and the level of security felt by a child. She also emphasizes that an important area of the parents' activity includes noticing the child's development, supporting their autonomy, and, most of all, their education (Bakiera, 2013). Involved parenthood is also demonstrated by a particular way of thinking, experiencing, evaluating and acting towards the child, including the parents' readiness to change their activities depending on the development stage of the child (Bakiera, 2014). Parental involvement consists of three aspects, i.e. valence involvement, behavioural involvement and cognitive-emotional involvement. *Valence involvement* determines the importance of parenthood in the value system of an individual. *Behavioural involvement* reveals activities showing the adult's care for the conditions and course of the child's development. *Cognitive-emotional involvement* concerns focusing of thought, attention, imagination, memory on the role of a mother/father and emotional experiencing of parental situations and events significant for the child (Bakiera, 2013).

2. Parenthood in the family with a chronically ill child

The appearance of a chronically ill child in the family is a non-standard, unexpected and generally negative event. It shows a difference between the process of adaptation to the role of the parent of a healthy child and the one related to the role of the parent of a child with a chronic disease[2] (Kaliszewska, 2022). There are fundamental changes going on in the functioning of the family, the family roles and relationships are being reorganized (Hartley et al., 2011; Weryszko and Wejmer, 2022). The emerging problems may include communication disorders between the spouses, a reduced sense of family cohesion or weaken the adaptability of the family members (Liberska and Matuszewska, 2012). The relationships between the parents and the children can be characterized by less involvement and a bigger number of negative experiences (Kościelska, 2011).

The main source of these changes is the psychological crisis. Pisula (2007) indicates not only the feeling of shock, great sadness, which accompanies the diagnosis but also grieving over the unfulfilled dreams of raising a healthy child. In the view of de Barbaro, there are four main sources of family stress. The author identifies the following ones: an emerging contact of one family member with non-familial influences, a change of the family life stage, a non-familial source of stress affecting the family and tension focused around problems perceived by the family as particularly severe (de Barbaro, 1997, p. 52). The type of a stress situation, which has been mentioned as the last one, refers to the psychological situation of the family with a chronically ill child. The illness understood as a stressor contributes to the occurrence of an emotional reaction, arousing a sense of hopelessness and helplessness. It is often combined with experiencing a sense of weakness and guilt (Świętochowski, 2014).

The studies show that fathers more often than mothers cope with stress using defensive mechanisms, such as: escape from problems, distancing, denial. On the other hand, mothers, who usually have stronger bonds with children, accept the child in spite of their chronic disease, and actively engage in the treatment process (Maciarz, 2006). That does not mean that they do not bear the psychological costs. In the studies of parents taking care of children with Down syndrome, it is mothers who experience a higher level of stress and depression and a lower level of satisfaction from the family

2 According to the Commission of Chronic Diseases at the World Health Organization, chronic diseases are defined as disorders or deviations from a normal condition, with one or more of the characteristic features. They include persistence, connection with disability, causing irreversible changes of a pathological nature, necessity of specialist rehabilitation, a long-lasting supervision, observation or care, as applicable (Pilecka, 2002).

life than fathers (Olsson and Hwang, 2001; Zuba, 2021). However, it has been shown that there are some spheres of functioning where it is fathers who experience stronger stress related to raising a child than mothers. It can be problematic for them to build an emotional bond with the chronically ill child, especially if it is a son. Since, a son with disability lowers the father's value more than a daughter. It is considered that such problems can result from the cultural background. It is assumed that for fathers the process of acquiring parental identity and playing the role of a parent to a greater extent depends on whether the child fulfils their expectations and imaginations. That is because fatherhood is subject to social assessment and the role of a father is a reason to be proud and an opportunity of self-fulfilment (Stelter, 2009). On the other hand, in some other studies, it was shown that some parents considered playing the role of a parent of a chronically ill child as something exceptional as it was assigned by God (Hastings et al., 2005).

Review of the rich literature on the subject allows us to formulate the conclusion that the process of adaptation to the diagnosis of the child is of an individual nature and has different timing. The sense of grieving can even become a permanent element of the experiences of the parents with a chronically ill child, and the level of stress will grow together with reaching by them next development stages, such as education or adolescence (Dyson, 1996). Moreover, parents of children with a chronic disease experience numerous limitations connected with social or cultural factors. They bring about a necessity to struggle with difficulties inhibiting the child's development as well as their own disappointed expectations of parenthood. In the family with a chronically ill child free time is an exceptional value for the parents as it is being relentlessly consumed by the illness, engaging a lot of parental energy and financial resources. In such conditions, the role of a parent is connected with specific additional difficulties (Kręcisz-Plis, 2020; Łukasik, 2020). The parents are also forced to face some barriers referring to the expectation of normality from the social environment (Broberg, 2011). It should be stressed that parents of a child with a chronic disease fulfil a lot of additional roles, such as that of a teacher, physiotherapist, nurse, which are a mental and physical burden for them (Jazłowska and Przybyła-Basista, 2019). In response to a stressor, the family should be able to transform, create new interaction patterns, reformulate roles and tasks performed by individual family members, leaving behind what was valid before (de Barbaro, 1997). It is believed that the way how the family copes with stress is conditioned by a lot of interdependent factors. Among the most important ones there are a specificity of health problems, specific needs of the children, the level of their functioning and adaptation, personality traits of family members and the system of values and beliefs adopted by the family.

3. Family values

Values develop and are realized depending on the age of an individual, their development stage and environment. K. Popielski distinguishes eight steps leading to the choice and retention of values. He mentions the following ones: discovering values, acceptance of values, classification of values, crystallization of values, purification of values, internalization of values, location of values and realization of values (Popielski, 2008, p. 161).

The foreground and most important role in the transmission of values is assigned to the family. Cultivation of values and traditions existing in a given community by the family as well as transmission of its norm hierarchies are becoming an element of the cognitive structures of an individual. What is facilitating the process is a kind and harmonious family atmosphere and positive emotional experiences. Transmission of values includes two processes. The first one refers to the plane within the marriage dyad. It means modification of moral values of spouses as a result of interaction ongoing between them. The other type of message involves parents-children relationships and acts on a feedback basis. Parents affect the children's system of values and children have influence on changes taking place in the parents' system of values (Rostowska, 2001).

In the present study, the notion of *familism (family values)* is understood as a central culture value related to family support, loyalty, strong, positive family bonds and the sense of obligation towards the family (Christophe et al., 2022). It has been assumed that familism includes five dimensions: respect, family support, religion, material success and achievements and individualism. Respect is a family value demonstrated in maintaining proper intergenerational relationships and building the parents' authority in children. Family support is a value whose basis is a desire to maintain close relationships and help the family members. Religion is a value referring to a belief in a supernatural power. The value referred to as material success and achievements is about appreciating a success understood as having money and other material goods earned through competition. The last of the mentioned familism dimensions is individualism, whose spheres are independence and self-sufficiency (Walęcka-Matyja, 2020).

Due to the adopted assumption that the values taken by an individual define their aspirations, needs and goals, familism can be regarded as *a family resource*. This notion includes all positive family potentials. The exemplification means classification of family resources elaborated by H. McCubbin (1980). The author indicates three main groups of resources. The first of them includes personal resources of the family members. The second one – inner resources of the family as a system. And the last of the three distinguished groups includes external systems of family support (McCubbin, 1980, after: Ładyżyński, 2019).

In the studies of the role of familism, it is often emphasized that familism plays the role of a buffer against stress, protecting our mental health. It has been noticed that general benefits from the high intensity level of familism are related to a lower level of tension combined with better well-being and health. Familism is negatively correlated with loneliness, depression and somatic symptoms (Corona et al., 2017; Santiago et al., 2020). In the studies of some Hispanic parents of children with mental disorders with a low intensity of familism, a strong correlation was observed between the parent's affiliate stigmatization and experiencing parental stress. The obtained result confirms the fact that familism can act as a buffer protecting the parents of children with mental disorders (Martin et al., 2022).

Summing up all the previous considerations on this topic, it has been noticed that the psychological publications in which the authors refer to the research on the families with chronically ill children basically include two main directions. In the first of them, they try to characterize the difficulties of being a parent of a chronically ill child, look for the sources of stress, the patterns of coping with tension and numerous limitations (Broberg, 2011; Jazłowska and Przybyła-Basista, 2019; Kościelska, 2011; Liberska and Matuszewska, 2012; Olsson and Hwang, 2001; Zuba, 2021; Żelichowska and Zawadzka, 2019). On the other hand, the other research direction is focused on specifying the resources of the child, their parents, the whole family, which can facilitate the process of adjustment to a difficult life situation. It is based on the fundamental pillars of positive psychology and concerns the search of factors facilitating a development of positive and involved parenthood (Bakiera and Stelter, 2010; Corona et al., 2017; Ładyżyński, 2019; Stelter, 2009).

As a result of the study of the vast literature on the subject, a conclusion was formulated that in the psychological studies of parenthood in the face of a chronic disease of a child, the psychological knowledge showing all aspects of family life has not been fully referred to. One of the areas that requires scientific exploration is the issue of familism and explaining how important it is for parental involvement.

4. Aim of study

Two research aims were established. The first of them referred to determining family values and dimensions of parental involvement of parents of children with a chronic disease. The second aim concerned the estimation of correlations between family values and dimensions of parental involvement. Two research questions were formulated.

1. Is there differentiation in family values between parents of chronically ill children and those raising healthy children?
2. Is there differentiation in parental involvement between parents of chronically ill children and those raising healthy children?
3. Do family values allow us to predict parental involvement?

Based on the literature on the subject, the following research hypotheses were formulated.

Hypothesis 1: There is differentiation in family values between parents of chronically ill children and those raising healthy children.
Hypothesis 1a: There is differentiation in family values in the compared groups of mothers.
Hypothesis 1b: There is differentiation in family values in the compared groups of fathers.
Hypothesis 2: There is differentiation in parental involvement between parents of chronically ill children and those raising healthy children.
Hypothesis 2a: There is differentiation in parental involvement in the compared groups of mothers.
Hypothesis 2b: There is differentiation in parental involvement in the compared groups of fathers.
Hypothesis 3: Dimensions of familism allow us to predict parental involvement in the group of parents raising a healthy child.
Hypothesis 4: Dimensions of familism allow us to predict parental involvement in the group of parents raising a chronically ill child.

5. Method

5.1. Respondents

The participants of the study were adults (N = 160), parents at the average age of 37.5 years, having at least one child. The gender distribution in the group was relatively equal, 96 women (60%) and 64 men (40%). Two control groups were created according to the health condition of the child. The first group included parents raising a chronically ill child (n = 64; 40%). In this group there were 59.4% women (n = 38) and 40.6% men (n = 26). The average age in this group was 38.9 years (*SD* = 8,48). The second group consisted of parents of healthy children (n = 96.60%), including 60.4% women (n = 58) and 39.6% men (n = 38). Their average age was 36.5 years (*SD* = 7.24). Table 1 presents the characteristics of the respondents.

Table 1. Characteristics of examined group of parents

Variables		N	%
Gender	woman	96	60.0%
	man	64	40.0%
Place of residence	country	64	40.0%
	city	96	60.0%
Education	primary	4	2.5%
	vocational	32	20.0%
	secondary	48	30.0%
	higher	76	47.5%
Marital status	single	6	3.8%
	married	108	67.5%
	divorced	4	2.5%
	partnership	42	26.3%
Professional status	student	14	8.8%
	employed	118	73.8%
	unemployed	8	5.0%
	on benefit (social insurance/ other)	26	16.3%
Number of children	one	54	33.8%
	two	62	38.8%
	three	44	27.5%
Number of chronically ill children	none	96	60.0%
	one	60	37.5%
	two	4	2.5%
Type of a chronic disease	Not applicable	96	60.0%
	Genetic disorder	20	12.5%
	General developmental disorder	10	6.3%
	Neurological disorders	34	21.3%

5.2. Procedure and materials

The research was carried out in 2021 with the use of the CAWI method. The respondents were able to contact the person conducting the research via a given e-mail address[3]. The respondents were informed about the scientific purpose of the study and asked to give their consent to it. They were informed that the study was anonymous, compliant with the rules of the Ethical Code of Researchers and that they were able to withdraw from it at any time without any consequences.

For statistical analysis the IBM SPSS 27 software on the licence of University of Łódź was used. The normality of variable distribution was assessed with the use of the Shapiro-Wilk test. For their analysis the obtained results (distribution of variables significantly different from normal) required the application of the non-parametric *Mann–Whitney U test, designed to compare the median of response variables (Brzeziński, 2022). In order to estimate whether family values allow us to predict the way how parental involvement is demonstrated, the line regression model was applied. The adopted level of significance was* $p = 0.05$ (Bedyńska and Cypryańska, 2013).

In the study two psychological tools with good psychometric properties were applied, such as Familism Scale, Parental Involvement Questionnaire as well as socio-demographic questionnaire.

The Familism Scale developed by Walęcka-Matyja (2020) was used to measure the intensity of familism dimensions in adults. The Scale measures collectivist values (respect, family support, religion) and individualistic ones (material success and achievements, individualism). The Familism Scale includes 44 statements, to which a respondent responds on a 5-grade Likert scale, where 1 means „I definitely do not agree" and 5 – „I definitely agree". The internal consistency index values measured by Cronbach α coefficient are within the range 0.95-0.63 (Walęcka-Matyja, 2020).

The Parental Involvement Questionnaire developed by Bakiera (2013) allows us to estimate parental involvement towards pre-school, school and adolescent children. It is designed to examine adult people, who give their answers to 34 items on a 7-grade Likert scale. The measurement refers to parental involvement as a whole and in terms of its three dimensions, i.e. valence involvement, behavioural involvement and cognitive-emotional involvement (Bakiera, 2013). The values of Cronbach α reliability coefficient are high and fall in the range 0.86 – 0.84.

The socio-demographic questionnaire was used to collect the following data about the respondent: gender, age, place of residence, education level, marital status, employment, number of children, health of children and kind of health problems.

6. Results

6.1. Descriptive statistics

Table 2 presents descriptive statistics of psychological variables considered in the study.

The obtained results indicate that the considered psychological variables (tab. 2) are characterized by a distribution deviating from normal. Therefore, in the analysis, the non-parametric *Mann–Whitney U test was used.*

6.2. Family values in examined groups of parents

In the first stage it was checked if there is differentiation in family values in the groups of parents raising a chronically ill child and a healthy one. The analyses were carried out in the groups of parents raising children in the various health conditions (tab. 3) and separately in the groups of mothers (tab. 4) and fathers (tab. 5). Table 3 presents the results concerning the comparison of the family values of parents raising a chronically ill child and parents raising a healthy child.

Analysing the obtained results (tab.3), we noticed one statistically significant difference in respect of the individualism dimension ($U = 1964.00$; $p < 0.001$). The parents raising a child with a chronic disease (n = 64) reached a significantly statistically higher intensity of individualism than the parents raising

3 Thanks to Ms Hanna Wilczyńska, a participant of the MA seminar conducted by me in the psychology major.

Table 2. Descriptive statistics of psychological variables

Variables	*N*	*M*	*SD*	*Min*	*Maks*	*Me*	*W*	*p*
Success and achievements	160	23.21	8.52	12.00	51.00	21.00	0.90	< 0.001 ***
Individualism	160	20.68	2.62	10.00	25.00	21.00	0.93	< 0.001 ***
Respect	160	43.71	14.22	22.00	70.00	45.50	0.93	< 0.001 ***
Family support	160	19.15	5.85	7.00	28.00	21.00	0.91	< 0.001 ***
Religion	160	18.36	10.07	7.00	34.00	20.00	0.84	< 0.001 ***
Valence involvement	160	61.96	7.58	29.00	70.00	65.00	0.83	< 0.001 ***
Behavioural involvement	160	61.95	9.10	35.00	70.00	65.00	0.82	< 0.001 ***
Cognitive-emotional involvement	160	86.84	10.72	53.00	98.00	89.50	0.88	< 0.001 ***
General involvement	160	210.75	25.42	131.00	238.00	220.50	0.87	< 0.001 ***

N – number; *M* – mean; *SD* – standard deviation; *Min* – minimum; *Maks* – maximum; *Me* – median; *W* –Shapiro-Wilk test statistics; *p* – Shapiro-Wilk test significance; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Table 3. Family values in compared groups of parents

Family values	Child's health condition	*U*	*p*	*Me*
Success and achievements	healthy	2886.00	0.516	21.50
	ill			21.00
Individualism	healthy	1964.00	< 0.001 ***	20.00
	ill			22.00
Respect	healthy	2874.00	0.490	47.00
	ill			37.00
Family support	healthy	2956.00	0.685	21.50
	ill			20.50
Religion	healthy	2860.00	0.453	20.50
	ill			11.00

U- *Mann–Whitney* U *test value*; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; *Me* – median

Table 4. Familism values in compared groups of mothers

Family values	Child's health condition	*U*	*p*	*Me*
Success and achievements	healthy	1096.00	0.964	23.00
	ill			21.00
Individualism	healthy	758.00	0.009 **	20.00
	ill			21.00
Respect	healthy	1010.00	0.490	46.00
	ill			43.00
Family support	healthy	1036.00	0.619	22.00
	ill			21.00
Religion	healthy	1062.00	0.760	20.00
	ill			12.00

U- *Mann–Whitney* U *test value*; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; *Me* – median

a healthy child (n = 96). That was the reason for accepting the assumptions of hypothesis 1. The other dimensions, i.e. respect, family support, religion and material success and achievements did not differentiate the compared groups of parents. Table 4 presents the results concerning the comparison of family values of the mothers raising a chronically ill child and those raising a healthy one.

The obtained result indicated the occurrence of one statistically significant difference between the compared groups of mothers ($U = 758.00$; $p < 0.01$). It concerned the individualism dimension. The mothers raising a chronically ill child (n = 38) were characterized by a significantly higher intensity of this value than those raising a healthy one (n = 58). The other dimensions, i.e. respect, family support, religion and

Table 5. Familism values in compared groups of fathers

Family values	Child's health condition	*U*	*p*	*Me*
Success and achievements	healthy	436.00	0.426	20.00
	ill			21.00
Individualism	healthy	266.00	0.002 **	21.00
	ill			22.00
Respect	healthy	448.00	0.529	50.00
	ill			36.00
Family support	healthy	406.00	0.228	21.00
	ill			20.00
Religion	healthy	434.00	0.406	24.00
	ill			10.00

U- *Mann–Whitney* U *test value*; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; *Me* – median

Table 6. Parental involvement in the compared groups of parents

Involvement	Child's health condition	*U*	*p*	*Me*
Valence	healthy	2570.00	0.079	64.50
	ill			65.50
Behavioural	healthy	3024.00	0.866	64.50
	ill			66.00
Cognitive-emotional	healthy	3046.00	0.928	89.00
	ill			89.50
General	healthy	2922.00	0.601	218.00
	ill			222.50

U- *Mann–Whitney* U *test value*; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; *Me* – median

material success and achievements did not differentiate the compared groups of women. In this way, the validity of hypothesis 1a was confirmed.

There was one statistically significant difference between the compared groups of fathers ($U = 266.00$; $p < 0.01$). It concerned the individualism dimension. The men raising a chronically ill child (n = 26) were characterized by a significantly higher intensity of this value than those raising a healthy one (n = 38). The other dimensions, i.e. respect, family support, religion and material success and achievements did not differentiate the compared groups of men. The obtained results confirm the assumptions of hypothesis 1b.

6.3. Parental involvement in examined groups of parents

In the next stage, it was examined if there was differentiation in parental involvement in the groups of parents raising a chronically ill child and a healthy one. Analyses were carried out in the groups of parents (tab. 6) and separately mothers (tab. 7) and fathers (tab. 8). Table 6 shows the results concerning the comparison of parental involvement in the groups of parents raising a chronically ill child and a healthy one.

The obtained results do not indicate any statistically significant differences in parental involvement between the groups of parents raising a chronically ill child (n = 64) and those raising a healthy one (n = 96). Therefore, hypothesis 2 was not confirmed. Table 7 shows the research results concerning the comparison of parental involvement of the mothers raising a chronically ill child and those raising a healthy one.

The research results presented in table 7 allow us to confirm the occurrence of statistically significant differences in valence involvement, $U = 646.00$; $p < 0.01$, behavioural involvement, $U = 772.00$; $p < 0.05$ and general involvement, $U = 752.00$; $p < 0.01$. The mothers of a chronically ill child (n = 38) were characterized by a higher intensity of valence involvement, behavioural involvement as well as in respect of its general dimension than the mothers raising a healthy child (n = 58). The cognitive-emotional dimension did not significantly differentiate the compared groups of women. The obtained results confirm hypothesis 2a. Table 8 shows the research results concerning the comparison of parental involvement of the fathers raising a chronically ill child and those raising a healthy one.

It was noticed that there were statistically significant differences in behavioural involvement, $U = 312.00$; $p < 0.05$, cognitive involvement, $U = 298.00$; $p < 0.01$ and general involvement, $U = 308.00$; $p < 0.01$. It was found out that the fathers raising a chronically ill child (n = 26) were

Table 7. Parental involvement in the compared groups of mothers

Involvement	Child's health condition	*U*	*p*	*Me*
Valence	healthy	646.00	0.001 **	61.00
	ill			67.00
Behavioural	healthy	772.00	0.012*	66.00
	ill			68.00
Cognitive-emotional	healthy	850.00	0.058	85.00
	ill			95.00
General	healthy	752.00	0.009 **	205.00
	ill			229.00

U- *Mann–Whitney* U *test value*; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; *Me* – median

Table 8. Parental involvement in the compared groups of fathers

Involvement	Child's health condition	*U*	*p*	*Me*
Valence	healthy	388.00	0.146	66.00
	ill			59.00
Behavioural	healthy	312.00	0.013 *	64.00
	ill			57.00
Cognitive-emotional	healthy	298.00	0.007**	91.00
	ill			85.00
General	healthy	308.00	0.011*	221.00
	ill			204.00

U- *Mann–Whitney* U *test value*; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; *Me* – median

Table 9. Results of regression analysis conducted in the group of parents of healthy children

Response variable	Model				Regression coefficients			
	R^2	*F*	*df*	*p*	predictor	*β*	*t*	*p*
General parental involvement	0.63	18.99	86	< 0.001 ***	Constant		5.31	< 0.001 ***
					Respect	-0.35	-1.78	0.078
					Success and achievements	-0.20	-2.08	0.041*
					Individualism	0.10	1.17	0.245
					Religion	0.01	0.08	0.936
					Family support	0.10	0.60	0.553

R^2 – corrected model fit coefficient; *F* – test statistics; *df* – degrees of freedom *β* – standardized beta coefficient; *t* – *t*est statistics; *p* – statistical significance; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Table 10. Results of regression analysis in the group of parents with chronically ill children

Response variable	Model				Regression coefficients			
	R^2	*F*	*df*	*p*	predictor	*β*	*t*	*p*
General parental involvement	0.43	6.19	54	< 0.001 ***	Constant		5.82	< 0.001 ***
					Respect	-0.57	-1.64	0.107
					Success and achievements	-0.21	-1.07	0.287
					Individualism	-0.07	-0.46	0.647
					Religion	0.15	0.54	0.592
					Family support	0.37	1.60	0.115

R^2 – corrected model fit coefficient; *F* – test statistics; *df* – degrees of freedom *β* – standardized beta coefficient; *t* – *t*est statistics; *p* – statistical significance; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

characterized by a lower intensity of involvement in the behavioural, cognitive-emotional and general dimensions than the fathers raising a healthy child (n = 38). In this way hypothesis 2b was proved correct.

6.4. Familism and parental involvement

The last of the research issues considered in this study was formulated in the question whether a preference for specific family values allows us to predict the level of parental involvement. We used the line regression model, in which the response variable was parental involvement in its general dimension. The explanatory variables were the dimensions of familism (respect, family support, religion, individualism, material success and achievements). Analyses were carried out separately for the groups of parents raising a chronically ill child and those raising a healthy one. The results were presented in tables 9 and 10. Table 9 shows the results of the regression analysis conducted in the group of parents of a healthy child.

The obtained results allow for the statement that the variable of material success and achievements explained 63% of variance of the variable of general parental involvement ($R2 = 0.63$). We noticed a weak, negative correlation of general parental involvement with the value of material success and achievements. That means that in the parents of healthy children the intensity level of the general parental involvement variable decreases with an increase in intensity of the value of material success and achievement. The other family values, i.e. respect, family support, religion, individualism, appeared to be statistically insignificant. Along with this, hypothesis 3 was confirmed. Table 10 presents the results of the regression analysis carried out in the group of parents with chronically ill children.

Describing the results (tab. 10) obtained in the group of parents raising chronically ill children, we did not find any statistically significant correlations between the dimensions of familism and general parental involvement. In this way, hypothesis 4 was not accepted.

Discussion of results

Children and teenagers suffering from illnesses of a chronic nature are up to four times more exposed to developing disorders in the psychosocial functioning than healthy children. Pilecka (2002) explains that this mainly results from specific requirements which the child and their family are trying to meet. Taking a broader perspective (comp. The ecological theory of Bronfenbrenner, 1993), such specific requirements also concern the people from the closer (for example, peers from class, neighbourhood) and the further (for example, teachers, doctors, physiotherapists) environments. The contemporary psychological knowledge allow us to say that in the face of an illness the family can more than once generate the forces facilitating the recovery process (Świętochowski, 2014). Due to this ability, it increases the chance of a chronically ill child for their return to the environment. At the same time, that makes it easier for the family members to cope with the mental effects of the illness (Żelichowska and Zawadzka, 2019).

So far, the literature describing the situation of families with chronically ill children has covered the issues referring to: parental attitudes, value of marriage life, atmosphere in the family, family social structure, and to a lesser extent personal traits of parents, assuming that the greater the disorders are within these qualities of the family environment, the greater disorders take place in the processes of raising and caring for chronically ill children (Weryszko and Wejmer, 2022). Not many studies of an empirical nature referred to familism considered as a resource and treated as a predictor of parental involvement. In this respect, some research was taken to order and supplement the psychological knowledge in this area.

The research results presented in this study indicate the existence of differentiation in familism and parental involvement in two groups of parents, i.e. parents raising chronically ill children and healthy ones. It has also been found out that familism allows us to predict parental involvement, but only in the group of parents raising healthy children.

Making a description and interpretation of the obtained results, the issue that was referred to in the first place was familism in the compared groups

of parents. The dimension of familism understood as striving for independence and self-sufficiency (individualism) reached a higher intensity level in the groups of parents raising chronically ill children, both in mothers and fathers, as compared with the mothers and fathers of healthy children. Interpreting the obtained result, we can mention the specificity of functioning of the family with a chronically ill child and the challenges they are trying to face (comp. Byra and Prachomiuk, 2018; Prachomiuk, 2018; Żelichowska and Zawadzka, 2019). It is considered that in the light of familism, striving for independence can, for example, be understood as belief that you can rely on yourself in solving problems, ability to learn about the child's disease and ways how to provide them with the best care and treatment, efforts to look for a well-paid job to have financial resources for both the treatment and providing for the other members of the family, or other behaviours like that, showing that you give priority to self-sufficiency, and all this in the context of profits for the family environment. It is indicated that parents of ill children are getting better in their role, which is, for example, demonstrated by a greater ability of self-reflection, ability to assess own activities, giving a special importance to the activities from both their own perspective and the perspective of the ill child. In this way they shape the construct of meta-parenthood (Mitchell and Lashewicz, 2016; Parchomiuk, 2018).

Considering the comparison results in respect of parental involvement in the groups of parents raising a chronically ill child and a healthy one, it was noticed that the results did not differ statistically in a significant way. It is emphasized that they fell in the range of results indicating a very high intensity of parental involvement (222.5 and 218.0 points respectively). It is assumed that a high level of parental involvement indicates the occurrence of lasting and strong motivation to take and maintain a specific activity and focus on it. An involved parent acts and considers their activity important (Bakiera, 2013). It is assumed that for the respondents from both the compared groups playing a parental role was a value, an element improving their own positive image. The detailed comparative analyses carried out in the groups of mothers raising a chronically ill child and a healthy one and fathers raising a chronically ill child and a healthy one allow us to find differentiation in parental involvement. The mothers of chronically ill children were characterized by a higher intensity level of the importance of parenthood in the value system and took more activities showing their care for the conditions and course of their child's development than the mothers raising healthy children. They were also characterized by a higher intensity of parental involvement than the mothers of healthy children. The examined mothers did not differ in respect of focusing their thinking, attention, imagination, memory on the role of a mother and experiencing parental situations and events important for the child in an emotional way. Explaining the obtained result, we can refer to some studies which show that if the mothers perceive an illness as a challenge, they tend to look for ways to cope with the situation, participate in the treatment process, engage in cooperation with the doctors (Czuba, 2021). The formulated conclusion is of a preliminary nature and needs to be confirmed in further studies. On the other hand, the fathers of chronically ill children were characterized by a lower level of activities showing their care for the conditions and course of their child's development and a lower intensity of focusing their thinking, attention, imagination, memory on the role of a father and experiencing parental situations and events important for the child in an emotional way. They also demonstrated a lower level of parental involvement than the fathers raising a healthy child. It is indicated that in respect of regarding parenthood as an important element of the value system, the compared groups of fathers did not differ. Searching for an explanation of the obtained results, we referred to the literature on the subject, which indicates the fact that fathers tend to distance from chronically ill children, which may, for example, result from the performance of the material function of the family, low satisfaction from the family life, lack of satisfaction from their relationships with their wives/partners or difficulties to adapt to the role of a father of a chronically ill child (Łukasik, 2020). Studies of the families with children with Down syndrome show that it is the families themselves who almost always have to bear the costs connected with the chronic disease (diagnosis, treatment, rehabilitation) (99.2%

of the surveyed families). The respondents declared that they sometimes had to spend more than 1000 zł a month (14.8%), but most often it was 300-1000 zł a month (55.9%) (Bartnikowska, 2022). In other psychological studies referring to the intensity levels of parental involvement of mothers and fathers of children and adolescents with a moderate and severe intellectual disability with Down syndrome, it appeared that the mothers of children with Down syndrome with a severer intellectual disability were characterized by a higher intensity of parental involvement (M = 198.36; SD = 18.03) than the fathers (M = 157.51; SD = 19.30) (Kaliszewska, 2022).

Referring to the last research problem discussed in the study, whose aim was to determine a predictive role of familism for parental involvement, statistically significant correlations were noticed only in the group of parents raising healthy children. The obtained results of the own research allow for the statement that one of family values, i.e. material success and achievements enable prediction of the level of parental involvement. A conclusion was formulated that in the parents of healthy children the intensity level of the variable of general parental involvement decreases with an increase in the intensity level of the value of material success and achievements. To justify the obtained result, we can refer to the data included in the HAYS report of 2019 *Women on labour market. Competencies and Diversity.* It was estimated that almost 50% of employees combine family life with professional work. As it turns out, up to 64% of the surveyed women and 46% of the men encountered barriers in their professional work related to combining both the roles. Among the most frequently mentioned difficulties connected with playing the role of a parent, there are such work elements as business trips, inflexible working hours, overtime or absence from work resulting from repeating illnesses of younger children[4]. These factors contribute to the reduction of time that parents are able to spend with their children and decreasing their parental involvement. Since, this role requires devoting time to taking regular care of the child, helping them in homework, organizing their free time or accompanying them in their activities (behavioural aspect of the parental role). An involved parent knows their child's friends, organizes birthday parties for them, emotionally adjusts themselves to their child's experiences, feels their joy, sadness or disappointment (cognitive-emotional aspect). What is significant, an involved parent assigns great importance to all the duties performed for the child (valence aspect of the parent's role). For parents who value success understood as getting money and other material goods through competition, it might be difficult to perform simultaneously the role of a parent.

The critical assessment of the carried out own research indicates a couple of limitations. The first of them is an awareness that parental involvement is conditioned by numerous factors, which were not considered in the study. In this respect, the answers given to the research issues cannot be regarded as fully exhaustive. More information could have been obtained, if we combined the quantitative approach with the qualitative one, which might have made the formulated conclusions deeper. In the further studies it may be valuable to include the siblings of the chronically ill children in the research. Moreover, it seems interesting to examine the parents with different levels of parental involvement as in this respect the analysed groups were homogenous.

The obtained results have application value for the parents from the surveyed groups and the specialists working with families. Discussions on the importance of familism and raising awareness of the role and forms of parental involvement can contribute to better functioning of families, coping with duties and looking for spheres free from problems. Psychologists agree that for the health of the family understood as a whole, it is important to reach balance between the challenges of the chronic disease and the activity of the family members. In the families whose members try to minimize the effects of the chronic disease of the child on the family system, there is a chance for normalization of the family life. It is believed that it is the ability of finding information about the disease and using it as well as caring about the family consistency and values that contributes to a great extent to achieving success in this respect (Czuba, 2021).

4 https://www.gov.pl/web/demografia/rodzicielstwo-i-praca--jak-wesprzec-pracujacych-rodzicow (access: 19.12.2022)

Bibliography

Bakiera, L. (2013). Zaangażowane rodzicielstwo: problemy definicyjne, wskaźniki i pomiar. *Społeczeństwo i Rodzina, 36*(3), 16–29.

Bakiera L. (2014). Zaangażowane rodzicielstwo na tle współczesnej rodziny. *Kultura i Edukacja*, *2*(102), 147–172.

Bakiera, L., Stelter, Ż. (2010). Rodzicielstwo z perspektywy rodziców dziecka pełnosprawnego i niepełnosprawnego intelektualnie. Zalety i wady życia w rodzinie i poza rodziną. *Roczniki Socjologii Rodziny*, *20*, 131–151.

Bartnikowska, U. (2022). Poszukiwanie rodzin adopcyjnych/zastępczych dla dzieci z niepełnosprawnością z wykorzystaniem mediów społecznościowych – głos profesjonalistów. *Lubelski Rocznik Pedagogiczny*, XLI(4), 229–246. https://doi.org/10.17951/lrp.2022.41.4.229-246

Barbaro de, B. (1997). Struktura rodziny. (W:) B. de Barbaro (red.), *Wprowadzenie do systemowego rozumienia rodziny*, 45-55. Kraków: Wyd. Collegium Medicum UJ.

Bedyńska, S., & Cypryańska, M. (2013). *Statystyczny drogowskaz. Praktyczne wprowadzenie do wnioskowania statystycznego*. Wydawnictwo Akademickie Sedno: Szkoła Wyższa Psychologii Społecznej.

Broberg, M. (2011). Expectations of and reactions to disability and normality experienced by parents of children with intellectual disability in Sweden. *Child: Care, Health and Development*, *37*(3), 410–417. https://doi.org/10.1111/j.1365-2214.2010.01198.x

Bronfenbrenner, U. (1993). The ecology of cognitive development: Research models and fugitive findings. (In:) R.H. Wozniak & K.W. Fischer (eds.), *Development in context: Acting and thinking in specific environments*, 3-44. Lawrence Erlbaum Associates, Inc.

Brzeziński, J. (2022). *Metodologia badań psychologicznych*. Warszawa: Państwowe Wydawnictwo Naukowe.

Byra, S., Parchomiuk, M. (2018). Pozytywne zmiany w percepcji matek dzieci z niepełnosprawnością – struktura i uwarunkowania. *Niepełnosprawność, 30*, 324-342.

Christophe, N.K., & Stein, G.L. (2022). Facilitating the study of familism across racial/ethnic groups: Creation of the Short Attitudinal Familism Scale. *Journal of Family Psychology, 36*(4), 534–544. https://doi.org/10.1037/fam0000954

Corona, K., Campos, B., & Chen, C. (2017). Familism Is Associated With Psychological Well Being and Physical Health: Main Effects and Stress-Buffering Effects. *Hispanic Journal of Behavioral Sciences*, *39*(1), 46–65. https://doi.org/10.1177/0739986316671297

Czuba, B. (2021). Psychologiczne i medyczne aspekty oddziaływań wobec dziecka przewlekle chorego psychosomatycznie i jego rodziny. *Edukacja – Terapia – Opieka, 3,* 207–217. https://doi.org/10.52934/eto.144

Dyson, L. (1996). Fathers and mothers of school-age children with developmental disabilities: Parental stress, family functioning, and social support. *American Journal on Mental Retardation, 102,* 267–279. https://doi.org/10.1352/0895-8017(1997)102%3C0267:FAMOSC%3E2.0.CO;2

Hartley, S., Barker, E., Sletzer, M., Greenberg, J., Floyd, F. (2011). Marital satisfaction and parenting experiences of mothers and fathers of adolescents and adults with autism. *American Journal on Intellectual and Developmental Disabilities*, *116*(1), 81–95. https://doi.org/10.1352%2F1944-7558-116.1.81

Hastings, R.P., Kovshoff, H., Ward, J.N., Espinosa, F., Brown, T., Remington, B. (2005). Systems analysis of stress and positive perceptions in mothers and fathers of preschool children with autism. *Journal of Autism and Developmental Disorders*, *35*(5), 665–644.

Jackiewicz, M., Białecka-Pikul, M. (2019). Kompetencja rodzicielska. Użyteczny konstrukt w badaniach nad rolą rodzicielskich oddziaływań w rozwoju dziecka. *Psychologia Rozwojowa*, *24*(1), 9–26. https://doi.org/10.4467/20843879PR.19.006.10597

Jazłowska, A., Przybyła-Basista, H. (2019). Doświadczanie stresu i odnajdywanie pozytywnych aspektów w kontekście dziecka z niepełnosprawnością intelektualną. *Dziecko Krzywdzone, 18*(2), 76–105, (from:) https://dzieckokrzywdzone.fdds.pl/index.php/DK/article/view/713 (access: 05.12.2022).

Kaliszewska, K. (2022). Zaangażowanie rodzicielskie matek i ojców osób z niepełnosprawnością intelektualną z zespołem Downa w cyklu życia rodzin. *Polskie Forum Psychologiczne*, XXVII, 2, 160-181. https://doi.org/10.34767/PFP.2022.02.02

Kręcisz-Plis, E. (2020). Zaangażowanie rodzicielskie a percepcja doświadczeń rodziców dziecka z chorobą przewlekłą. *Niepełnosprawność,* 37, 265–287.

Kościelska, M. (2011). *Odpowiedzialni rodzice. Z doświadczeń psychologa*. Kraków: Oficyna Wydawnicza Impuls.

Liberska, H., Matuszewska, M. (2011). Model rodziny z dzieckiem niepełnosprawnym. (W:) H. Liberska (red.), *Rodzina z dzieckiem niepełnosprawnym – możliwości i ograniczenia rozwoju*, 41–66. Warszawa: Difin.

Ładyżyński, A. (2019). Odkrywanie zasobów rodziny w poradnictwie i w procesie terapii. *Horyzonty Wychowania, 18*(45), 35–45.

Łukasik, D. (2020). Niepełnosprawność dziecka a funkcjonowanie rodziny. *Studia Gdańskie, 47*, 271–283. https://doi.org/10.26142/stgd-2020-037

Maciarz, A. (2006). *Dziecko przewlekle chore. Opieka i wparcie*. Warszawa: Wydawnictwo Akademickie „Żak".

Martin, A.M., Marin, D.G., McIntyre, L.L., & Neece, C. (2022). Familism and Parenting Stress in Latinx Caregivers of Young Children with Developmental Delays. *The Family Journal*, *30*(3), 411–418. https://doi.org/10.1177/10664807211052480

Mitchell, J.L., Lashewicz, B. (2016). Generative fathering: a framework for enriching understandings of fathers raising children who have disability diagnoses. *Journal of Family Studies*, *25*(1), 1–15. https://doi.org/10.1080/13229400.2016.1212727

Olsson, M.B., Hwang, C.P. (2001). Depression in mothers and fathers of children with intellectual disability. *Journal of Intellectual Disability Research*, *45*(6), 535–543.

Parchomiuk, M. (2018). Życie z dzieckiem niepełnosprawnym. Wielowymiarowość przystosowania się rodziców. *Wychowanie w Rodzinie*, XVII(1), 305–322. https://doi.org/10.34616/wwr20181.305.322

Pilecka, W. (2002). *Przewlekła choroba somatyczna w życiu i rozwoju dziecka*. Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego.

Pisula, E. (2007). *Rodzice i rodzeństwo dzieci z zaburzeniami rozwoju*. Warszawa: Wydawnictwa Uniwersytetu Warszawskiego.

Popielski, K. (2008). *Psychologia egzystencji. Wartości w życiu*. Lublin: Wydawnictwo KUL.

Rodzicielstwo i praca – jak wesprzeć pracujących rodziców? (from:) https://www.gov.pl/web/demografia/rodzicielstwo-i-praca--jak-wesprzec-pracujacych-rodzicow (access: 01.12.2022).

Rostowska, T. (2001). System wartości rodziców i dzieci jako zadanie rozwojowe. (W:) D. Biela (red.), *Rodzina: źródło życia i szkoła miłości*, 217–229. Lublin: Wydawnictwo KUL.

Santiago, C.D., Ros, A.M., Distel, L.M.L., Papadakis, J.L., Torres, S.A., Brewer, S.K., Fuller, A.K., Bustos, Y. (2020). Family Coping among Mexican-Origin Immigrants: Links to Child Mental Health. *Journal of Child and Family Studies*, *29*(1), 182–194.

Sikorska, M. (2009). *Nowa matka nowy ojciec. O nowym układzie sił w polskich rodzinach.* Warszawa: WAiP Wydawnictwa Akademickie i Profesjonalne.

Sikorski, W. (2021). *Psychologia relacji wewnątrz rodzinnych. Komunikowanie się i psychoterapia*. Warszawa: Difin.

Stelter, Ż. (2009). *Rodzina z dzieckiem niesprawnym intelektualnie jako wartość*, (from:) https://repozytorium.amu.edu.pl/bitstream/10593/12727/1/Rodzina%20z%20dzieckiem%20niesprawnym%20intelektualnie%20jako%20warto%C5%9B%E2%80%A6.pdf (access: 06.12.2022).

Szlendak, T. (2015). *Socjologia rodziny. Ewolucja, historia, zróżnicowanie*. Warszawa: Wyd. PWN.

Świętochowski, W. (2014). Choroba przewlekła w systemie rodziny. (W:) I. Janicka, H. Liberska (red.), *Psychologia rodziny*, 387–419. Warszawa: Wydawnictwo Naukowe PWN.

Walęcka-Matyja, K. (2020). Familizm – pojęcie, pomiar i znaczenie dla zdrowia psychicznego. *Psychiatria Polska, 54*(4), 791–806. https://doi.org/10.12740/PP/108993

Walęcka-Matyja, K., Janicka, I. (2021). *Rodzina jako wartość: Analiza psychologiczna wartości rodzinnych*. Łódź: Wydawnictwo Uniwersytetu Łódzkiego.

Wąsiński, A. (2020). Biografie małżeńskie i rodzinne rozpatrywane w perspektywie autokreacji do rodzicielstwa. *Roczniki Pedagogiczne*, *12*(48), 47–66. https://doi.org/10.18290/rped20123-3

Weryszko, M., Wejmer, I. (2022). Postawy rodzicielskie matek wychowujących synów z chorobą Leśniowskiego-Crohna. *Kwartalnik Naukowy Fides et Ratio*, *3*(51), 1–12. https://doi.org/10.34766/fetr.v3i51.1108

Zuba, L. (2021). *Depression and Quality of Life in Parents with Chronically Ill Children*, (from:) https://scholarworks.boisestate.edu/under_showcase_2021/31/ (access: 19.12.2022).

Żelichowska, J., Zawadzka, B. (2019). Choroba przewlekła dziecka jako sytuacja trudna dla rodziny, wymagająca wsparcia na poziomie lokalnym. *Chowanna*, *53*(2), 225–245.