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PARENTS OF CHILDREN WITH DISABILITY AND STIGMATIZATION OF FAMILIES OF PERSONS WITH AUTISM

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SUMMARY

The aim of this study was to find out if the parents of children with disability are inclined to stigmatize members of families of persons with autistic spectrum disorders, what the structure of stigma is like and do they internalize stigma expressed by members of general public.

The sample encompassed 57 parents of children with disability (f=35, m=22). Family stigma questionnaire (FSQ) was administrated. The results showed almost identical structures of stigma expressed by members of general public in Serbia and by parents of children with disability, the only difference there was in the intensity of stigmatizing stereotypes. Stereotypes related to the possibility of contamination and the arousal of feeling of pity are more intensively held by parents of children with disability.

These results could be due to stigma internalization, but the fact that constructs of contamination and pity bear certain ambiguity must be taken into consideration. Greater blame for the onset of the condition was attributed to parents than to siblings and to mother than to father. Also, more educated participants seemed to support more the construct of pity and less the construct incompetence of family members.

Key words: Family stigma, stigma internalized, persons with disability, autism

INTRODUCTION

Results of different studies point to conclusion that stigma is oriented not only toward members of marginal groups, but also towards members of their families. This was established for members of families of persons with mental illness (Corrigan, 1998; Dragojević et al., 2011), with autism (Gray, 2002; Milačić Vidojević et al., 2012), with intellectual disability (Birenbaum, 1992), with ADHD (Norvilitis et al., 2002), with epilepsy (Li et al., 2010), with AIDS (Schuster et al., 2008) and with shyzizophrenia, drug adiction and emfizema (Corrigan et al., 2006). This kind of stigma which Gofman (1963) named „courtesy stigma“ and Mehta and Farina (1988) „stigma by association“ refers to the negative effects due to association with a person who is marked by a stigma. „Stigma by association“ spreads to persons who stay in contact with primary marked person, to his relatives, friends, neighbors, doctors, that is to persons who have experiences different from experiences of the majority, due to such a contact (George, 2002).

Like most common elements of structure of stigma toward families of persons with mental illness several authors (Greenberg et al., 1997; Shibre et al., 2001; Struening et al., 2001; Corrigan & Miller, 2004; Corrigan et al., 2006) found stereotypes of blaming

family members for the beginning of illness, for the relapse or for the incompetence in pursuing his/her family role and the stereotype about high probability that symptoms of illness could rub off onto family members. Such stereotypes can lead to discrimination and social avoidance (Corrigan et al., 2006) and to development of rationalization as a defensive mechanism for excusing such behaviours (Trebješanin et al., 2008).

Study results point to differences in stigmatizing different family roles. Exploring stigma towards families of persons with mental illness, with drug addictions and with emphysema Corrigan, Watson and Miller (2006) found that for the beginning of illness and for relapse parents are to be blamed more than siblings or children, while children are thought of as having probability that symptoms of illness could rub off onto them. To differences in the structure of stigma toward different family members point the results of studies exploring general public's stigmatization of families of persons with autism and of persons with schizophrenia in Serbia. Compared to siblings of persons with autism parents are thought of as being more responsible for the beginning of illness and for the relapse and as being less competent in pursuing their family role (Milačić Vidojević et al., 2012). Compared to siblings of persons with schizophrenia parents are thought of as being more prone to be contaminated by illness and as family members which are to be ashamed and to be avoided more (Dragojević et al., 2011).

Family members of stigmatized person endure diverse influences of being stigmatized. Family members in families of a person with mental illness or disability may avoid social situations, spend time and energy to hide the condition, or may experience discrimination at work, or connected to housing (Larson and Corrigan, 2008).

The findings of several studies show that 10-50% of the members of families assessed reported about impoverished relationships with friends and the extended family because of the mental illness or disability of a family member (Shibre et al., 2001; Struening et al., 2001; Ostman & Kjelin, 2002; Tsang, 2003; Dragojević, 2007; Milačić-Vidojević, 2008). Family members may feel anxious (25%) about the possibility of being blamed for the condition of their relative (Shibre et al., 2001), or may believe (25-50% respectively) that the condition is a source of shame for the family (Angermeyer et al., 2003; Phelan et al., 1998; Phillips, 2002; Thompson and Doll, 1982; Shibre et al., 2001; Wahl and Harman, 1989). Parents of autistic children often talk about perceived stigmatization (Gray, 2000; Milačić-Vidojević, 2007). Almost one quarter (23,8%) of the sample of parents of autistic children in Serbia and 19,3% of parents of intellectually deprived children (in comparison to 8,5% of parents of children of typical development) state that they can never or just sometimes rely on friends (Dragojević, 2007, 2009).

The child's disability undermine in his parents the basic idea of being parent-protector, activate the feeling of basic inadequacy and the fear of being different, rejected and socially isolated (Dragojević, 2006). So the question can be asked about the way in which parents of children with disability perceive the families of children with autism, if they adopt stigmatizing stereotypes similar to the stereotypes of participants of general public and, in fact, if they somehow internalize these stereotypes. In fact, do they, according to their experience of being stigmatized, accept the role which they are expected to.

So the survey was carried out aimed to establish if parents of children with disability stigmatize the families with autistic child, what is the structure of stereotypes

attributed to members of these families like, are the constructs of the measuring stigma scale connected, are there differences in stigmatizing different family roles and are the constructs of the scale connected to demographic variables and to selfvaluated degree of knowledge about autism. We have not found the surveys results about these attitudes among the parents of children with disability. Therefore we compared the results of these study with the results of studies about the intensity and the structure of stigmatizing stereotypes towards families of persons with autism (Milačić Vidojević et al., 2012) and of persons with schyzophrenia (Dragojević et al., 2011).

METHOD

Sample and procedure

The sample encompassed 57 participants, parents of children with disability, of different age, gender, level of education and self-assessed degree of knowledge about autism. The sample had the following characteristics (see Table 1).

Table 1 Structure of the sample

| | Gender | | Age | | | Education | | Knowledge about autism | | |
|----------|--------|------|-------|-------|------|------------------|------|------------------------|--------|------|
| | F | M | 18-24 | 25-45 | >45 | Elem. and second | High | Minimal | Medium | High |
| N | 35 | 22 | 1 | 15 | 39 | 28 | 28 | 23 | 30 | 4 |
| % | 61,4 | 38,6 | 1,8 | 26,3 | 68,4 | 49,1 | 49,1 | 40,4 | 52,6 | 7,0 |

The majority of the sample assessed was parents of children with intellectual disability (13 of children with mild intellectual disability, 32 of children with moderate intellectual disability and 5 of children with severe intellectual disability). Six participants were parents of children with autism (associated with intellectual disability), and was the parent of child with cerebral palsy. Although 10% of the sample was parents of children with autism we held their life situation as similar to those of parents of children with intellectual disability. So we held the sample as homogenous.

The assessment went anonymous, went in humanitarian NGO called My heart and were pursued by special teacher, experts in the field. Participants gave information about their socio-demographic background and evaluation about the degree of own knowledge about autism.

Instrument

The Family Stigma Questionnaire – FSQ (Corrigan and Miller, 2004) was applied to a sample of 57 parents of children with disability. FSQ was originally designed to measure stigma aimed at family members of a person with mental illness. The original instrument was applied to a sample of 968 participants of different age, gender, level of education and ethnicity.

In this study, the FSQ was applied to explore stigma aimed at family members of a person with ASD. Each participant had to read four vignettes presenting various family members (father, mother, sister, brother) of person with ASD.

The vignette for the tendency toward father stigmatization read:

Predrag is Nikola's father, Nikola is 30 years old and suffers from autism. Nikola lives with his family and works in a nearby shop. A few times his state deteriorated, when hospitalization was required to define his medication therapy. The deteriorations which appeared severely disrupted his life.

The text in the other three vignettes was the same, only instead of the father, the mother, brother or sister was mentioned.

After reading the vignettes, respondents were asked if they blame family members for the onset or for the relapse of illness, if they think family members should be ashamed, pitied or avoided, if that they could be contaminated by the condition and if they were assumed to be competent in fulfilling the demands of his/her family role. These themes are based on the list of items reflecting perceived stigma expressed by a focus group of relatives of persons with mental illness (Corrigan and Miller, 2004) and they were formulated after consulting extensive literature. Thus, the model comprised seven constructs: blame for onset of illness, blame for deterioration of illness, contamination, shame, lack of competence, pity and avoidance. It is assumed that attitudes toward family members would vary depending on the role they play in relation to the affected person. For each of the seven items, a score indicating the intensity of the relevant construct was calculated.

The FSQ is based on a seven point Likert scale, where response one indicates that the subject strongly disagrees with the statement, seven that he strongly agrees, and four is a neutral response (neither agrees or disagrees). A higher score in each item indicates a higher level of parent or sibling stigmatization.

The questionnaire applied was translated into the Serbian language and as a control, back-translated by an independent translator.

According to their self-assessment about their level of knowledge about autism, the participants were divided into three groups: 40,4 % claiming to have little knowledge, 52,6 % claiming to have medium knowledge and 7,0 % claiming to have considerable knowledge about autism.

Statistical analysis

Data were analyzed with a nonparametric correlation coefficient, nonparametric analysis of variance (Kruskal – Wallis test) and with the Wilcoxon signed-rank test.

RESULTS AND DISCUSSION

Constructs related to the intensity of stigmatization

Intensity and structure of stigmatizing stereotypes. Descriptive statistics of the endorsement of courtesy stigma produced overall score mean value ($M= 3,224$), the score similar to score established for intensity ($M=3,10$) of stigmatizing family members of persons with autism (Milačić Vidojević et al., 2012) and of persons with schizophrenia ($M= 3,285$) in the sample of general public in Serbia (Dragojević et al., 2011). Separate

score mean values for family members were also under the neutral point: for father M= 3,336, for mother M= 3,298, for sister M= 3,138, for brother M= 3,125).

Nevertheless, results for seven constructs of FSQ show that respondents are more prone to pity all family members (M=5,37) and think that close contact with the stigmatized person could cause reflection of symptoms on family members (M=5,86). The mean values for these variables exceed the neutral point. The same structure of stigma was established for participants of general public in Serbia (see Table 2).

Table 2 Means of constructs contamination and pity (for all three sample)

| | Sample 1 | Sample 2 | Sample 3 |
|----------------------|----------|----------|----------|
| Contamination | 5,86 | 4,83 | 5,36 |
| Pity | 5,37 | 4,48 | 4,81 |

Note: Minimum score 1, Maximum 7. Sample 1= Parents of children with disability. Sample 2= General public (toward relatives of people with autism). Sample 3= General public (toward relatives of people with schizophrenia).

The survey results of the authors of the FSQ scale (Corrigan et al., 2006) establish different structure of stigmatization of relatives of persons suffering of schizophrenia. Participants of this study, members of general public, were less prone to feel pity, accepted the stereotype about incompetence more often and expressed stronger tendency to avoid relatives of persons suffering of schizophrenia. Roughly speaking, face validity of the constructs of these studies could indicate that stereotypes which the participants of Corrigan et al. study accepted more (blaming for incompetence, pity depriving and tendency of avoidance) were more stigmatizing compared to stereotypes which the participants of studies in Serbia (the probability of contamination by symptoms and the feeling of pity).

Although there are no differences in results of this study (with parents of children with disability as participants) and the studies with samples of general public in Serbia (Dragojevic et al., 2011; Milačić Vidojević et al., 2012) regarding the structure of the stigmatizing stereotypes assessed by FSQ scale, the differences were established in the intensity of the most accepted stereotypes. Namely, parents of children with disability expressed stronger tendency to feel pity for parents and siblings of autistic children and stronger acceptance of the stereotype about contamination in comparison to members of general public (see Tables 2 and 3).

Table 3 Percentages of stigmatizing and neutral responses

| | | 0 | + | 0 | + | 0 | + | 0 | + |
|----------|------------------------------------|------|------|------|------|------|------|------|------|
| Sample 1 | Contamination | 0 | 92,9 | 3,5 | 94,6 | 0 | 94,7 | 0 | 94,7 |
| | Pity | 7 | 80,7 | 7 | 80,7 | 1,8 | 82,4 | 1,8 | 82,4 |
| | Blame for deterioration of illness | 5,3 | 56,1 | 12,3 | 54,4 | 17,5 | 35,1 | 8,8 | 42,1 |
| Sample 2 | Contamination | 10,7 | 64,5 | 9,9 | 67,0 | 7,4 | 67,8 | 10,7 | 65,3 |
| | Pity | 19,0 | 49,6 | 19 | 49,6 | 14,9 | 58,7 | 26,5 | 57,0 |
| | Blame for deterioration of illness | 19,8 | 41,3 | 14,9 | 39,7 | 23,1 | 29,8 | 18,2 | 30,5 |
| Sample 3 | Contamination | 12,6 | 69,0 | 12,3 | 69,7 | 13 | 65,8 | 12,1 | 67,6 |
| | Pity | 12,6 | 69,0 | 12,3 | 69,7 | 13 | 65,8 | 12,1 | 67,6 |
| | Blame for deterioration of illness | 18,7 | 36,6 | 16,8 | 39,2 | 17,2 | 27,2 | 17,1 | 25,2 |

Note: Mark „0“= answer 4 (answer by which participants neither agree nor disagree with the statement). Mark „+“ = summed responses from 5 to 7 (answers in which participants in different degrees agree with the statement). Sample 1= Parents of children with disability. Sample 2= General public (toward relatives of people with autism). Sample 3= General public (toward relatives of people with schizophrenia).

The result pointing to the same structure of stigmatizing stereotypes in parents of children with disability and the members of general public could be interpreted as if parents of children with disability internalize these stereotypes. But one can also think of connotation of notions of contamination and pity and of the possibility that various samples of participants accept these notions in different way. Higher scores for constructs of contamination and pity on FSQ scale are meant to be indicators of the stronger degree of stigmatization. But it is possible that parents of children with disability the question about the possibility of contamination perceive in context of disturbances of family dynamics and of intertwining of family subsystems while members of general public perceive these family systems in more superficial, more stigmatizing and, let us say, defensive way. Perhaps the difference between the two samples regarding the stereotype about contamination could be explained in such a way. The emotion of pity is also ambiguous. It holds a germ of positive attitude, in the sense of strengthened empathy, but holds at the same time stigmatizing attitude about diversity and inferiority of certain group members. Survey results point that the tendency to feel pity is the strongest tendency in attitudes toward persons with disability (Stanimirović, 1986; Hanak and Dragojević, 2002). Also, it was established that the feeling of pity is not in correlation with prosocial forms of behavior (Dragojević et al., 2010). So the result of this study about significantly stronger intensity of feeling of pity among parents of children with disability compared to persons of general public could be explained by stronger empathy instead of higher degree of stigmatization (see Table 3).

Aiming at comparison of results of this study and studies with samples of general public we added three answers in which participants in different degrees disagree with the statement of the scale (answers 1, 2 and 3), three answers in which participants

in different degrees agree with the statement (answers 5, 6 and 7) and the answer by which participants neither agree nor disagree with the statement (answer 4).

Answers given in percents and the analysis of significance difference between percent values reveal even bigger differences between parents of children with disability and members of general public (see Table 3).

The analysis of significance difference between percent values for independent samples reveals opinion that symptoms of autism might reflect on all family members is more frequent ($p = .01$) among parents of children with disability than among members of general public. The same goes for opinion that family members of persons with autism should be pitied.

In comparison to members of general public parents of children with disability also significantly more often ($p = .05$) blame father of person with autism for the relapse. Parents of children with disability also significantly more often for the relapse blame father ($p = .01$) and mother and sister ($p = .05$) of person with autism than members of general public do for father, mother and sister of persons with schizophrenia. The question can be set to what degree such a result can be explained by internalization of stigmatizing tendency of blaming and to that degree it is the consequence of the strengthened sense of responsibility for the child.

Other than result about higher stigmatization of relatives, there appears differences in percents of neutral response (see Table 3). Much higher percents of neutral responses for the statements about contamination and the pity among members of general public in comparison to parents of children with disability could be, at least partially, attributed to the tendency to hide the existence of socially undesirable attitudes. Also almost one third of the sample of members of general public have neutral answers for statements about the competence of relatives of persons with autism and about tendency to avoid them. Lower percent of neutral answers among parents of children with disability points to their much better defined attitudes, probably because of different perceiving of the life situation of families of persons suffering of autism.

Differences in stigmatization of various family roles

The results of Wilcoxon's matched pairs test point to differences in stigmatization of various family roles (see Table 4).

Table 4 Significance analysis of ranking: differences in stigmatization of various family roles

| Pair | Responsibility | | Deterioration | | Friendship | |
|------------------|----------------|------|---------------|------|------------|------|
| | Z | p | Z | p | Z | p |
| Father – Mother | -2,121 | ,034 | - | - | -2,640 | ,008 |
| Father – Sister | -2,575 | ,010 | - | - | - | - |
| Father – Brother | -2,939 | ,003 | -2,182 | ,029 | - | - |
| Mother – Sister | -2,068 | ,039 | -2,692 | ,007 | - | - |
| Mother – Brother | -2,572 | ,010 | -2,970 | ,003 | - | - |

The mean ranks points that for the beginning of the illness participants blame more parents than siblings and more father than mother. Such a result perhaps may be attributed to culturally conditioned attitude that fathers are responsible for holding discipline and for child's behavior and to attitude about socially conditioned origin of autism. More responsibility for the relapse is attributed to mother than to siblings and to father more than to brother. Participants also hold opinion that fathers of persons with autism are to be avoided more than mothers, in accordance with attitude that fathers are to be blamed more for the beginning of autism. Regarding all other constructs of FSQ scale the differences in stigmatization of various family roles were not found.

Members of general public (Milačić Vidojević et al., 2012) also attribute more responsibility for the beginning of autism and for the relapse to parents than to siblings, but think also that parents are less competent than siblings in performing own family role (Milačić Vidojević et al., 2012). As for the stigmatizing relatives of persons with schizophrenia members of general public hold opinions that in comparison to siblings parents should be more ashamed, more avoided and that are more subjected to contamination by symptoms (Dragojević et al., 2011). Such results are in accordance with results of earlier studies exploring stigmatization of families of persons with mental illnesses (Corrigan et al., 2006; Corrigan et al., 2007). These differences were not established in answers of parents, the result which perhaps may be attributed to the fact that in rearing the child with disability parents often lean on other children in family. For the sample of general public neither differences in stigmatizing mother and father nor differences in stigmatizing sister and brother of persons with autism were established (Milačić Vidojević et al., 2012). As for families of persons with schizophrenia members of general public hold opinion that in comparison to fathers mothers are more subjected to contamination and should be more pitied while fathers are thought of as being less competent in performing their family role (Dragojević et al., 2011).

Inter-correlations of FSQ variables

To see if there is some kind of relationship between constructs, we conducted correlation analysis. The Spearman's correlation coefficient is presented in Table 5.

Table 5 Inter-correlation of scale constructs

| | | Blame for onset of illness | Contamination | Blame for deterioration of illness | Shame | Lack of competence | Avoidance |
|------------------------------------|---------|-----------------------------------|----------------------|---|--------------|---------------------------|------------------|
| Blame for deterioration of illness | Father | 0,456** | 0,381** | | | | |
| | Mother | 0,359** | 0,256 | | | | |
| | Brother | 0,293* | 0,256 | | | | |
| | Sister | 0,312* | 0,229 | | | | |
| Shame | Father | 0,243 | | 0,024 | | | |
| | Mother | 0,258 | -0,326* | 0,143 | | | |
| Lack of competence | Father | 0,414** | 0,105 | 0,286* | 0,145 | | |

| | | Blame for onset of illness | Contami- nation | Blame for deterioration of illness | Shame | Lack of competence | Avoidance |
|-----------|---------|----------------------------------|--------------------|--|---------------|-----------------------|-----------------|
| Avoidance | Mother | 0,530** | 0,145 | 0,369** | 0,111 | | |
| | Brother | 0,276* | 0,056 | 0,490** | 0,076 | | |
| | Sister | 0,293* | 0,113 | 0,451** | 0,104 | | |
| | Father | 0,108 | 0,086 | 0,268* | 0,180 | 0,391** | |
| | Mother | 0,225 | 0,102 | 0,185 | 0,269* | 0,444** | |
| | Brother | 0,227 | -0,107 | 0,288* | 0,177 | 0,608** | |
| Pity | Sister | 0,111 | -0,003 | 0,208 | 0,179 | 0,512** | |
| | Father | 0,121 | 0,320* | 0,046 | -0,109 | -0,186 | -0,349** |
| | Mother | -0,017 | 0,364** | 0,103 | -0,126 | -0,157 | -0,068 |
| | Brother | -0,031 | 0,451* | -0,059 | -0,110 | -0,217 | -0,209 |

*p < ,05; **p < ,01

Inter-correlations of constructs of FSQ scale reveal quite a few moderate correlations, which to some degree justifies presuming the existence of independent but inter-correlated constructs of stigmatizations of families with a person suffering from autism.

These inter-correlations appear to be more often significant when oriented toward parents than toward siblings. Perhaps because of ambivalent emotions, that is the need of parents about well-being of child with disability and the fear that the child of typical development would bear much of the problems of his/her brother/sister.

For the estimation of roles of parents correlations between construct of probability of contamination and the opinion that parents should be ashamed were negative and significant (i.e. more contaminated-less ashamed). The result can lead to question to what degree the stereotype about probability of contamination is stigmatizing. Negative significant correlation between constructs of feeling pity and tendency of avoidance (for fathers role) can also lead to question about ambiguity of the pity notion.

Several inter-correlations appeared to be significant for all family roles: between blaming for the beginning of illness and for the relapse, between blaming for the beginning of illness and for the relapse and the opinion about incompetence in performing own family role, between opinion about incompetence and opinion that relatives of persons with autism should be avoided.

Such inter-correlations point out that the skeleton of stigma could be the stereotypes of attributing responsibility (for the beginning of illness, for the relapse and for incompetence) and avoidant behaviors (which such stereotypes can justify). Stereotypes of attributing responsibility and opinion that family members should be ashamed justify the tendency of avoidance and lead to discrimination. Inter-correlations point to opinions that parents of children with autism if prone to be contaminated should not be ashamed and should be pitied, but if they are incompetent then they should be avoided. Tendency to avoid father of child with autism is connected to opinion about his responsibility for the relapse and negatively to feel pity for him, while the tendency to avoid mother is connected to opinion that she should be ashamed.

The highest statistically significant positive correlation turned out to be correlation between constructs of contamination and pity, in this study and in studies with samples

of general public. Such a correlation could point to need to answer in socially acceptable way in members of general public (Dragojević et al., 2011). But it is also possible that parents of children with disability some items of FSQ scale perceive in different way in comparison to members of general public due to insufficient preciseness of notions of contamination and pity (see discussion in chapter Intensity and structure of stigmatizing stereotypes).

Interaction of FSQ constructs and socio-demographic variables

Differences according to **gender** were not established, the result which the fact that fathers of children with autism are more dedicated to raising the child than fathers of children of typical development are could offer an explanation. Male participants of general public (Milačić Vidojević et al., 2012) were more prone to hold opinion that parents of children with autism should be ashamed and that all family members of persons with autism should be avoided. It was also established that the mean rank values were significantly higher for female participants concerning the item of mother's contamination, the finding which indicates that women are more prone to understand the position of the mother and that they attribute more responsibility to her for child care. Differences according to gender can reflect more the care giving role of women (genetically imprinted or socially prescribed), described in studies exploring attitudes toward people with disabilities (Findler et al., 2007; Dragojević et al., 2010) and in a study exploring stigmatization of persons suffering of psychiatric disorders (Corrigan et al., 2007).

Differences according to **age** were not established for the sample of parents of children with disability, while for the members of general public the mean rank values for the item of pity for all family members of persons with autism were the highest in respondents over 45 years of age (Milačić Vidojević et al., 2012).

Differences according to the **level of knowledge about autism** were not established, while for the members of general public the mean rank values were significantly higher for respondents with the least knowledge (Milačić Vidojević et al., 2012).

Differences according to level of **education** between parents of children with disability were established for the items of contamination, shame and pity. Participants with higher level of education are less prone to hold opinion that parents were incompetent (for mothers role: $H=7,342$, $df=1$, $p=0,007$; for fathers role: $H=4,025$, $df=1$, $p=0,045$) and that siblings were to be ashamed (for sisters role: $H=4,225$, $df=1$, $p=0,040$; for brothers role: $H=4,225$, $df=1$, $p=0,040$). They are more prone to feel pity for mother of person with autism ($H=3,990$, $df=1$, $p=0,046$). Overall score, for four family roles, indicates that more educated participants are less inclined to support stereotype about incompetence of family members ($H=3,982$, $df=1$, $p=0,046$) and more inclined to feel pity for relatives of person with autism ($H=4,236$, $df=1$, $p=0,040$).

As for the members of general public, more educated in comparison to less educated participants were significantly less ready to blame fathers for onset of illness, more ready to feel pity for mother, father and sister of person with autism (Milačić Vidojević et al., 2012) and less ready to blame mothers of persons suffering of schizophrenia for the relapse (Dragojević et al., 2011).

The results indicate that education is one of the factors which establish the degree of stigmatizing the members of marginal groups and their families. The question is whether longer process of education induces more positive attitudes or the persons holding more positive attitudes have stronger cognitive needs.

Limitations

The sample was a convenient sample of parents who already were connected with community services-support groups so we cannot generalize our findings to the broader community of parents of children with disabilities. Despite these limitations, this study provides us with interesting insight in the area of stigmatization of families of children with autism by parents of children with disability. Accordingly, this is not an outcome but a first glimpse into an ongoing process which will allow us to understand a concept that has been surprisingly under researched. Future studies should expand this line of study.

CONCLUSION

Comparison of results of results of this study and the results of study comparing stigma towards families of persons with autism in the sample of general public of Serbia establishes the same structure of stigma among members of general public and parents of children with disability. Participants of the two samples in the highest degree held opinions that relatives of persons with autism could be easily contaminated and that they should be pitied. The difference emerged in intensity of the stereotypes, which was significantly higher in the sample of parents of children with disability. The question can be raised if the result, as well as the result about parents of children with intellectual disability being worse in interpersonal functioning and in coping behaviors (compared to parents of children of normal development) and being more prone to be depressive and anxious (Shek and Tsang, 1995), could be attributed, at least partially, to internalization of stigmatizing stereotypes. On the other hand, perhaps the participants of the two samples accept the constructs of pity and contamination in different way. Parents of children with disability perhaps perceive the construct of pity more like empathy and the construct of contamination in the context of possible disturbances of family dynamics. Possible explanation could give a finding of a study (Tam and Tsang, 2005) about neglecting personal goals and setting family harmony and quality of care about children as primary source of personal self among parents of children with intellectual disability. Authors hold opinion that with aid of personal counseling these parents should pass from family-orientation to self-orientation. Another line of arguing emphasizes that parents of children with intellectual disability through coping with traumatic experiences in fact strengthen own adaptive potential (Ellis and Hirsh, 2000).

Having in mind possible ambiguity of stigmatizing opinions which parents of children with disability held in the highest degree, the need for the revision of these constructs of the scale for measuring stigma emerges.

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