

INTELLECTUAL IMPAIRMENT AND EXPERIENCE OF EXTREME POVERTY IN A SINGLE PARENT FAMILY (CASE STUDY IN THE REPUBLIC OF MOLDOVA CONTEXT)

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ABSTRACT

The article analyzes the issue of family resources in a family with a single father with mental retardation raising two adolescents in conditions of extreme poverty. The research methodology is based on the model of case study qualitative research within the phenomenological "life world" approaches. The study has an entire description of the father's "life world" and the structural, constituent, and essential elements of his day-to-day parenting experience. It is shown that the family experience is struggling with extreme poverty within the conditions of severe social exclusion and is governed by the father's family history with a class nature. Current family resources (health, education, social, and economic) are characterized as being affected by different types of deficiency and dependence on external "donors". The discussion is raising awareness of the role of special education in the process of structuring essential elements of the "life world" experience in such families, in general, and conditions of extreme poverty, in particular.

Key words: *parenthood and fatherhood with intellectual impairments; family resources; extreme poverty; social exclusion, social welfare, family dynamics, poverty alleviation, parental support*

INTRODUCTION

The factor of systemic transformation in a society, with a focus on democratization and social reforms in Eastern European countries, prompted structural changes in the traditionally highly

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segregated institutions of social care and education for children with disabilities in these countries. Deinstitutionalization, reduction of the number of care homes/special institutions and special schools, creation of “new” institutions and programs (daily social service centers, habilitation/early support programs, family education, inclusive school practices, etc.) are only a few examples of such changes. However, it is not easy to dissociate from the existing “exclusion”, which is deeply rooted in the multi-level societal structure, so large-scale research and interdisciplinary discussions are going on (Von Weinberg, 2013; Hick, Visser, & MacNab, 2007; Malofeev, 2003; Madanipour, Cars, Allen, et al., 1998). Systemic transformation aggravates economic instability and erodes the living standards of those who need constant support. Disability, as an ethnicity and gender factor, is a factor in economic discrimination, originating various forms of inequality and corresponding forms of poverty: cultural, economic, demographic, etc. The impoverishment of this social group (compared to others) is interpreted by researchers as "double poverty," meaning that societal structure and individual disability or health conditions are not fitting each other. The studies of human resources in families bringing up children with disabilities acknowledge that families, meeting a new social-economic reality, develop resources for taking a stand against it (Kalinnikova, 2013). What is the reality in families where one or both parents themselves have an intellectual impairment² and have children? How do they experience the systemic transformation of a society? This study was undertaken in Moldova in 2014 and represents a narrative of the everyday life experience of a father with an intellectual impairment taking care of his two sons

LITERATURE ANALYSES

Parents with disability or intellectual impairments and their family resources.

The recent academic literature widely explores the issue of parenthood in situations where one or both parents have intellectual impairments. For ethical reasons, it is rather difficult to systematize information about the frequency or general statistics of these families among other families. Formally, the first social mediators in establishing ties with such families are social health or education services, which children from these families become a part of. According to available resources, it is known that, for example, the frequency of birth among mothers with intellectual impairments is correlated between two and twelve cases per 1,000 children born in the US; in Sweden, as it is known, approximately 225 children are born to such mothers (Weathers, 2005; Weiber, Berglund, Tengland & Eklund, 2011).

The first research in this area dates from the end of the 1940s (Sheerin, 1998; Mickelson, 1949). Scientific works of this period mainly discussed issues of parental competence and development risks for children in such families; issues related to the education of the parents; and the importance of their

² The term “intellectual impairment:” is associated with the category of ‘intellectual functions’ and their impairments referring to the International Classification of Functioning, Disability and Health (ICF) 2011: General mental functions, required to understand and constructively integrate the various mental functions including all cognitive functions and their development over the life span. <https://icd.who.int/dev11/l-icf/en/http%3a%2f%2fid.who.int%2fid%2fent%2f1525383756>

training in child-rearing practices (Hathaway, 1947; Mickelson, 1947). These discussions were extremely discriminatory: such families were refused the right to have children, or the parents were deprived of the opportunity to take care of them (Pfeiffer, 2007). However, the development of principles of normalization asserted equal civil rights and freedoms for everyone, including the right to be a man and a woman (Nirje, 1999; Sheerin, 1998). With the development of these ideas, parenthood in cases of intellectual impairment gained official recognition. Understanding such parenthood is based on a functional model. The central concept of this model is “parental competence in decision-making” (Keith & Morris, 1995; Tymchuk, Andron & Rahbar, 1988).

Further research, while developing the ideas of normalization principles, started to actively tackle the search for optimal conditions for child-rearing within the biological family, which led scientists to research formal (official social services and agencies) and informal (communication with loved ones, relatives, and friends) family resources in such families (Edgerton, 1999; Booth & Booth, 1998; Llewellyn, 1995; Tymchuk & Andron, 1990). In the last decade, researchers have examined the conditions that lead to successful family living situations. For this purpose, they have increasingly turned to family history, studying the social reality of such families in various situations, such as when the children remain with their biological family or are placed with other families, to see if their development is threatened. The “voice” of parents with intellectual impairments is being increasingly heard. Researchers agree that the optimal resources of such families are created by the joint efforts of the family itself and social services, where health and well-being are guaranteed to both children and parents. Moreover, optimal support of a family positively influences parental competence and the development of children (Booth & Booth, 1998; Llewellyn, 1995; Tymchuk & Andron, 1990), provides parents with guidance, and protects children from abusive treatment (Tymchuk & Andron, 1992; Espe-Scherwindt & Kerlin, 1990). The researchers are also studying the dynamics of family resources. As children grow, especially during their teenage years, it is necessary to strengthen the social resources of a family and the role of relatives in their upbringing. Social support offered by relatives can offset the limited competence of parents and facilitate the development of a teenager's ability to face difficulty. Economic support, spending free time with children, help with the day-to-day routine, and other forms of involvement become an additional “construction”, which supplements the resources of such a family. The engagement intensity of social resources varies: in some families, these resources are provided by relatives; in others, systematic help from assistants in various services is needed (Booth & Booth, 1998; Llewellyn, 1995).

As a disability creates dangerous conditions for stable household income, the researchers have focused on the issue of educational resources in such families, especially in recent years. Researchers are trying to understand the influence of parental intellectual impairment on the education of their

children. By analyzing data from various countries around the world, the researchers have managed to identify some tendencies with respect to this influence. For example, teenagers from such families become involved in the economic life of the family early by working, which brings in additional income, or are responsible for household work that is usually performed by parents in other families. This means that teenagers have much less time to study, and the family does not pay sufficient attention to their academic achievements (Mont & Nguyen, 2013), which results in consistent academic failure. To improve academic performance, one needs additional classes and, therefore, additional funds to pay for them. The researchers believe that in developing countries and countries undergoing systemic transformations, the government does not cover the expenses necessary to provide a high-quality education. Parents with intellectual impairments do not have sufficient knowledge to help their children develop their study skills (Mont, 2013).

In discussing the economic resources of such families, researchers distinguish several aspects. The first is that such families have significant limitations in income and that, as a rule, is connected with their low participation in the employment market; in some cases, the parents do not work due to their health. The professions occupied by such parents are in low demand and therefore low-paid, so the probability that such a family will fall below the poverty line is extremely high. The second one is that, in general, the scope of resources in such families is extremely limited. Because of a number of peculiarities, parents with intellectual impairments have low education and social coping skills; they are unable to compete with others and struggle to cope with difficult life situations. All of that poses a high risk of inability to satisfy the most vital needs of a family and children, such as food. There is almost no research into the satisfaction of basic needs by such families; all that is left is to guess how economically difficult the circumstances of their lives may be. Based on the official statistics of US analysts, the poverty level among families in which one or more members had a disability in 2003 (before the beginning of the 2008 recession) was 23.7%, while it was only 7.7% among families with no disabled members; the employment level was 38% and 78%, respectively (Weathers, 2005). In research based on the methodology of qualitative research, this percentage for families in which one or more members have a disability increased to 60% (Huang, Guo & Kim, 2010).

Fathers with intellectual impairments and their parenting experience. Despite a large number of studies concerning the peculiarities of parenting with intellectual impairments, they have one important weakness: they are conducted without the participation of fathers. Most of this research is conducted on the basis of stories of maternal experience, summaries of which are extrapolated to parenting in general (without gender differences). Data on the father's experience is extremely limited. Let us analyze what we have managed to find. This research was carried out by western researchers, and all of them agree that this group of parents hardly enjoys "research monitoring".

With the systematization of a small number of studies, we note that they bring up the same question addressed to mothers: what influence do fathers have on the development of their children and the conditions under which the general well-being of such families is achieved? The answers are controversial. In some cases, the answers are “pathological” and emphasize the inability of fathers to take care of their children, as the researchers mention the negative impact of parents on the development of their children. This research emphasizes the moral aspect of the issue and highlights the search for arguments to dissuade parents from having children when working with the family. This research continues the eugenic discussions of the beginning of the 20th century (Beresford & Wilsson, 2002). In other cases, the issue of insufficient attention devoted to the family on the part of various services is raised. A considerable part of this research, again, focuses on the development of children rather than the support of a family as a whole. The research states that parents, including fathers, remain “invisible conductors of care” for the professional community and that support is equally necessary for parents and their children (Keith & Morris, 1995).

For our research, the work of Kilkey (2010) is of the greatest interest. This is probably the first work that, using the example of fathers, presents a gender analysis of parenting with disabilities. Although this work was not aimed at researching family resources and focuses on the identity and everyday experience of fathers, it sheds light on the situation in such families viewed by fathers and provides indirect information about the problem we are interested in. The representative group of fathers was rather uneven. It included fathers with various forms and times of occurrence of disabilities. Fathers also had various experiences of living within the family and raising children; however, some of the fathers had intellectual impairments, and all of the fathers were the biological parents of their children. The research showed that the parental identity of fathers had a clear “class/socio-economic” nature. In addition, the experience of disability and peculiarities of that experience over life, age, previous fatherhood experiences, and a number of other variables also contribute to their construction of fatherhood and create the conditions for both the positive paternity experience and its limitations. Despite the mutual impact of disability and fatherhood, such experiences have similar characteristics and problems as other types of fathers, for example, single fathers, fathers living apart from their families, elderly fathers, unemployed fathers, and poor or socially excluded” fathers.

Summarizing the analysis of the research into family resources, let us draw some conclusions. Despite the growth of interest in families in which one or both parents have disabilities and the considerable knowledge amassed in such research, studying this problem in terms of the individual experiences of such parents remains poorly explored. The situation of poverty in such families itself remains almost “untouched”. Cases in which economic, demographic, and socio-cultural factors cause poverty in such families simultaneously remain outside the research scope.

Socio-economic reality in Moldova.

Socio-economic reality in the Republic of Moldova was the poorest country in Europe at the time of research and still is. According to data from the Ministry of Economy and Trade of the Republic of Moldova, in 2006, significant differences were observed between the amounts of expenses for educational services in quantiles and the living environment. Thus, more prosperous families spent approximately 4 times as much for these needs as poor families, and urban residents spent 2.7 times as much as rural residents. In terms of the structure of expenses for a family from the bottom quantile, the maximum specific weight belongs to food products and housing expenses at around 73%, while the specific weight of expenses for education is only 0.4%. An overall picture of financial support, based on data from the Bureau of National Statistics of the Republic of Moldova (2014), is represented in the table. These data reflect the situation with average income per capita in the Republic of Moldova (2014). Based on this information, a significant number of families live in extreme conditions below the poverty threshold (Table 1).

Table 1.

Average income per capita in the Republic of Moldova

(data are from the Bureau of National of Statistics of the Republic of Moldova, 2014)

2013	LEU, monthly average amount	Percentage ratio per capita
Incomes, total	1,559.8	100.0
Wages	662.9	42.5
Individual agricultural activities	142.4	9.1
Individual activities	99.3	6.4
Income from real estate	4.4	0.3
Social services	302.9	19.4
Pensions	250.1	16.0
Children's allowance	12.7	0.8
Compensations	0.8	0.0
Social benefits	14.6	0.9
Other incomes	348.0	22.3
Money transfers	258.5	16.6

The objective of this research is to obtain an integral phenomenological description of the everyday experience of a family consisting of a single father with intellectual impairments since childhood, raising two sons, 14 and 17 years old.

This research raises two questions:

1. *What is the structure of the everyday experiences of the father, and how is this experience constituted?*
2. *What are the essentials of this structure? The main respondent in our research was a single father with mental retardation who was raising two teenage sons.*

Father: N.V., 46 years, with a diagnosis of a mild case of intellectual impairment (former term 'oligophrenia), a graduate of a school for mentally retarded children of Chisinau, who worked in the 90s at home on orders received from a garment factory. Nikolay had a stable salary and lived under the care of his parents. When the USSR collapsed, he lost his job and had no other opportunities for employment. He was married, and two boys were born to the family three years apart. Now the boys are 14 and 17 years old, respectively. They are in high school, have made extremely poor progress, and are not expelled only because the father raising them has a disability. The wife and mother of the children died about a year ago of a serious illness. The father remained alone with the children. He still does not work. He lives with his sons in a suitable two-room apartment. They live on the father's health pension, the children's allowance, and social benefits, which are barely enough.

METHODOLOGY

The research methodology is built on a model of qualitative research on a single case (Stake, 1995) with the application of the phenomenological approach developed by Husserl and Heidegger (Dahlberg, Drew & Nyström, 2001). This approach is an independent area of research into the phenomena of human existence and is a special approach to scientific research. The choice of this methodological tool is not random. Human experience may not be examined through separate categories, no matter how precisely it is shared. The phenomena of human existence are hidden in a person's individual experience and are linked to his or her everyday life; they are not calculated by quantitative characteristics and are immeasurable. For example, suffering, understanding, and care do not have a particular existence in time and space. They become phenomena only as part of individual experience, which Edmund Husserl called the "lifeworld" of a person. The lifeworld of a person in its primary meaning is understood as "existence", manifested in the presence of the researcher in the emotions that reveal such "existence".

Studying the individual experience of a person with a disability with the help of "lifeworld" methodology has its peculiarities. The researchers distinguish several aspects of applying a phenomenological method in this case. The first one is understanding the intentions of a person talking about his or her life (Hodge, 2008; Williams, 1996). It is important to remember that people want to share their experience and talk about themselves, not make a "political analysis of barriers created by a

disability”. The aspect of “barriers”, being a part of the everyday experience of such people, will most likely manifest itself in bodily and emotional responses, such as going back to certain topics and repetition of descriptions of life situations associated with a “constant fight with the system”, which remain part of a person and “force one to retain these topics” in their story. The second aspect of the phenomenological tradition lies in the high therapeutic value of this method (Walmsley, 2001; Moore, Beazly, and Maelzer, 1998). Usually, people who are studied using this methodology have rarely enjoyed long-term attention in their previous meetings with specialists and researchers. The procedure of recording the obtained information and the value of its storage become central to the relationship between a researcher and the “experience carrier”. The voice of those who go unheard by society in this situation becomes important and expected. Such a research model gives the “experience carrier” power, releases their internal voice, and fosters positive social attitudes.

Answering the questions set in this research, we conducted a deep interview. While listening to the father's story, the researcher carried out deep internal work on understanding elements of the story and experiences. The interview was recorded on a voice recorder and then transcribed. As a result, we obtained an integral description—a story of the everyday experiences of a father raising two children. The obtained description underwent a procedure to understand and interpret it through a non-linear process of work on the text: primary perception of the heard experience, its “naive reading in the text” and “pre-understanding”, systematization of various sense units of this text with its consistent reduction and development of thematization. Analysis and interpretation of the text of the interview allowed us to determine the essentials of the experience and understand its ontological “constitutive elements” (Ulanovskij, 2007; Ulanovskij, 2005).

The ethics of the research were determined by the basic principles of openness to individual experience through listening, confidentiality, trust, and anonymity in working with everyone involved in the project and, first of all, with the father and the researchers. The text of the interview was read and discussed with project members in the course of seminars organized within the framework of the project.

RESULTS

Findings. We considered the story to have an integral and complete message. Events in the father's lifeworld were interlaced in their temporal and spatial dimensions. Time and place perspective served as a way to interpret the experience of the “existence” of the father and became a sort of research matrix for studying it. This allowed us to see the lifeworld of the respondent in the context of the story of his family, his personal story, and his story as a parent.

“I do not have health” (demographic family resources). The story we heard is the story of a

person who has suffered from problems with mental development since childhood, which were resolved when he was 16 after receiving official 2nd-category disability status. The topic of disease in the family and the father himself became the binding thread for all other elements in the lifeworld of this person: “... My parents were compassionate and spoke to me kindly. I remember they told me I was a sick child... When I was little, I often fell ill and was often in an outpatient psychiatric facility. My mother had problems with blood pressure; she felt dizzy and did not go outside. She told me that she had a brother who was sick and used to leave home; he had a bad memory... My brother was aggressive, but he was compassionate towards me and did not hurt me. With my state of health, I couldn't work; I do not have health... I get my medications from a psychiatric hospital three times a year, my blood vessels contract, and I have bad headaches. I am so weak that I always want to sleep. When I sit down, I want to sleep... I have a disability category; I have a medical certificate issued by a professional medical expert commission; it says I have oligophrenia. Besides, I can't see almost anything... My desire to get well... My children often have cold-related diseases. My eldest son is skinny... Neither of them eat well; they were diagnosed with gastritis. My wife died of brain cancer.”

The poor health of his father, tragic life events, early death of his mother, his father's alcoholism, and death following his mother's death, then the death of his little brother from alcohol intoxication at the age of 36 and subsequent death of the wife and mother of their common children, divided the respondent's life into a “before” and “after” period: “... My parents were sick, first my mother died, then my father, he used to drink and died of alcohol... They died... And my brother died... He died stupidly, his girlfriend left him and he drank because of that... They passed away one after another, then my wife died... Now I am alone with two children...”

The course of the family history shows that the poor health of the father and his children is part of the “family heritage”, which controls his life. This history continues for N. His parents' pity for him formed his “helpless” identity and dependence on others. This dependence gradually transformed into dependence on “pills/treatment” provided by the outpatient psychiatric facility: “... my parents were compassionate, spoke to me kindly, I remember they told me I was a sick child... I receive my medications from the psychiatric hospital 3 times a year... I am afraid for myself, I am old... I want to ask the psychiatric clinic to let me live there... not to trouble anyone...”.

“... I was only sitting at home, almost never went outside...” (**cultural-educational family resources**). The process of learning is instituted in the “life space” of a person in various forms of “family” education and education “outside the family”. For N. “home”/ “family” and a special school for mentally retarded children became the main contexts in the educational space of his “lifeworld”.

The only formal education in N. “Outside the Family” was a school for mentally retarded children. He had no other opportunity to learn. Most of all, he liked to study crafts and mastered elements

of sewing, which allowed him to get a job at a garment factory and work there for 8 years, until his sick parents started to need constant care: “... I *studied at the special school for 8 years, this was a school for mentally retarded children... I did not like to learn... I liked crafts classes; I sewed aprons on a machine... I don't remember any teachers or classmates; it was a long time ago... I was lazy, I wanted to stay home with my mother...*”.

That is all. could tell us about his schooling. But even this small piece of text provides enough information. It is obvious that N. was interested in productive activities and saw tangible results from these activities. It is possible that important academic tasks were part of his schooling, but he did not recognize those tasks as significant for his everyday experience. What else could the school have done to educate N? Why was he unable to make any friends at school? Is this N.'s individual problem, or is this a problem of the approach to his education? And one more thing: did parental and teacher expectations of N's schooling match?

Family education also provided an opportunity to gain knowledge and competence in everyday life with cooking and cleaning. The “home” was the main place where he felt safe and where he “observed and learned life”. When, after finishing school, N. went to work at the factory (which was formally work from home), his father helped him master that work: “...*When I worked at the factory, I worked from home, I took foam plastic and made flowers... I made a flower and was glad if it turned out well, my father, of course, helped me... to connect the wire...*”

“... *I looked forward to the birth of a baby*” (**parental resources**). Parenthood brought N. a new experience: expectations and happiness from the birth of a child and the fear of not knowing what to do. He gained experience with time, but a second child was born, bringing a new aspect to the situation: “*I looked forward to the birth of a baby, and when my son was born, I was glad. At first, I did not help my wife, I did not know how and was afraid of hurting such a little baby... I washed the sheets; we bathed our son together... When my wife got pregnant again, I was not very happy, it was financially hard anyway...*”

There were not enough economic resources in the family to take care of the children. N. did not succeed in her role as a bread maker. Attempts to “earn” did not produce actual income. “... *But the family problems occurred quickly, my mother-in-law and wife told me to go to work. Then I went to sell sunflower seeds... Then the police started to chase us away from that place, trade was low, I could not sell anything... There was very little money... We fought because of that...*”

The mother and grandmother (maternal) of the children became the main actors in redistributing roles between the parents. The mother of the children took control of the situation and went to work. The father's responsibility was to take care of the children at home. As the children grew, the father lost his confidence as a competent representative of the children “outside the home” as his circle of parental

competence was limited “to the home”. The mother became the main mediator between the children and the “world outside” and a representative of the interests of the family and the children in social institutions such as nursery and secondary school...” Back then, *I stayed at home and my wife started to work when my second son was 1.5 years old... She was a hairdresser and had her clients... Only my wife worked and we lived on her salary... I took care of the children: we watched TV together; I cooked semolina or mashed potatoes. I cleaned the apartment, the balcony... I did not pick the children up from nursery school, my mother-in-law or wife did that; it was their decision. She also went to school, she said I might get something wrong, when the teacher talked to me...*”

N's parents also participated in the lives of their grandchildren, they helped: “... *I helped my parents, they made us good dinners, pastry!!!! They gave us food to go...*”

Over the years of raising of his children, the father formed an affection for them. Although the father's motivation for preferring one of the children is ambiguous, it is still possible to detect that he has more affection for the child who is easier for the father to cope with and who he feels more competent to parent: “... *I love my second son more, he is softer, calmer, he feels sorry for me, while the first son is very fast, he doesn't want to learn... The younger son does well at school, he is assiduous, goes in for sports...*”

“... *People do not understand me, do not help me... I'm almost alone (social family resources).* Since his childhood, N. has had limited social circumstances: “... *I was only sitting at home, almost never went outside... I had no friends... Did not play with my brother...*”

When N. had his own family, they were constantly getting help from parents: “... *They helped us as best they could... My mother-in-law and my wife always cooked meals, boiled, wholesome...*” Now that the father is bringing up his children alone, his only resource for help for the family is the grandmother (maternal): “... *Now my wife's mother cooks... She is so evil, but I do not argue with her...*” Yet, the main theme of the story is his loneliness and fear of being alone and unneeded: “... *It is probably just a fear that nobody understands me... The children don't understand me either... They only need me to give them money... Nobody understands me, only my parents did, but they're gone... I want to stay at the psychiatric clinic... or find a small room at a hostel... not to bother anyone... I go to my parents' grave often... There I look after the graves of my parents, my brother and my wife... It is so calm there, they don't need anything anymore, they just rest there... My place is near them...*”

The social context of the family included N.'s parents (both parents and little brother) and his wife's parents (mother). As the story shows, extended family relations were strong while N.'s parents were alive. These relationships provided emotional and financial support in bringing up the children. The current social resources of the family are much poorer. The maternal grandmother still helps to look after her grandchildren, assuming responsibility, first and foremost, for feeding them. The father is

practically excluded from the social context of these relations: “... *She does not like me; we have a bad relationship...*” Family ties with social institutions and specialists are practically non-existent. The only exceptions are utility service providers, which constantly remind the family about their utility debt for and N.’s regular visits to a psychiatric clinic in an attempt to get free medications: “... *I go to the psychiatric hospital three times a year for medications, but they cannot give them to me for free...*” Since N. has been alone, he has often been afraid that he will not cope with raising his sons and will not be needed when they grow up. “... *I am afraid for myself; I am old now...*”

“*I make cereal with milk for my children and with water for myself...*” (**economic family resources**). It has been a year since the mother of the children died. The father tries to cope with the difficulties, but the economic situation of the family is extremely hard. The family is classified as extremely poor. Table 2 represent data on the family incomes. All these incomes consist of social benefits and amount to around EUR 2 a day for the family of three (the father and 2 sons). This money is not enough even to satisfy their basic needs (food, clothes, home): “... *The money I get is barely enough for food... Now it is very hard for me, there is no money, the children are grown up and they need to eat and wear something... I am constantly hungry and want to pay for the utilities, because they ring the doorbell and demand that we pay for heating...Indeed, money to pay for the utilities, give pocket money to the children for school and buy food...When my wife was alive, there was not enough money either, she was sick and she also had a pension... But now the family in on the verge of poverty... We only cook vegetable soups and borsch, because it’s cheaper... The children like meat, milk, but we rarely afford that, because we don’t have enough money.... I make cereal for the children with milk and with water for myself... We have nothing to eat... I don’t eat much... We never celebrate birthdays, because it is very expensive and have no money... When I was a child, they gave me socks for my birthday, it was a good present, I needed socks... I don’t buy any clothes...*”

The father thinks that his family needs LEU 4,000 a month (approximately EUR 420) for a “normal life”. “... *I don’t know, I didn’t count... Probably, I need LEU 4,000 a month for my children...*” All the money is spent on the children: “... *Just recently, I got LEU 756 in pension and gave LEU 300 to my eldest son to buy trousers... He also needs shoes, he is tall, but skinny...*” Because of malnutrition the father gets tired fast and spends more time lying down; the children, in turn, were diagnosed with gastritis.

The family is LEU 3,000 in debt for utility services: “... *If I had a lot of money, I would pay the heating bills... I would give money to the children; they know better what to do...*” The father sees a way out in “... *the children finding a job, becoming the “bosses” A trainer proposed that my younger son should go to the sports school, but I did not allow him to... He often gets a cold and there he would need to undergo qualification... I want him to study to be a cook... It pays well, he will always be fed and it is*

not hard work... The older one wants to study to be a cook and the younger one said that he would be a businessman... I want to see my children happy, I want them to have a cool job as a cook, to find rich girlfriends... I would like to get well myself...” (Table 2 provides data of a yearly social benefits for the family in 2014)

Table 2.

Categories of social benefits for the family and a yearly provision of them by the state (Center of Human Rights in Moldova, 2015)

Categories of social benefits for the family	Categories of social benefits for the family (MDL to EUR on 07.03.2014)
Social aid (the file is reviewed every year)	MDL 4,000 a year (EUR 212)
Disability pension	MDL 756 (EUR 40)
State social benefits for survivor children	MDL 200 for 1 child MDL 200 for 2 children (EUR 21)
Compensation for transport	MDL 60 a month (EUR 3)
TOTAL:	MDL 1,216 per month (EUR 65)

DISCUSSION AND CONCLUSION

The first essential that comes to mind is the ethical or moral aspect of the problem raised and what place special education occupies in this process. The concept of “class disproportionality” is one of the most discussed themes in scientific research with respect to the education of children and adults with special educational needs. If poverty is a risk factor for mental and cultural development and leads to marginalization and unequal access to education, special education must not be a place where such inequality is aggravated. The second is that analyzing the consequences of social exclusion of children and adults with special educational needs helps us to understand the essence of a new process in education: inclusive education (Malofeev, 2003; Walmsley, 2001; Walker & Walker, et al., 1997). The case represented in this research of extreme poverty in a family, in which the father suffers from intellectual impairment, shows how the combined effect of a number of social and economic factors, one of which is special education, structures the “lifeworld” of this man and his family by strengthening the experience of social exclusion and “helplessness”. This research raised two research questions. When answering each of them successively, let us note the following:

The father's lifeworld is intertwined in time and space with his stories about his parents, his family, and his personal parenting experience. The father's family history plays a key role in his parenting

and family experience. The poor health of his parents, the father himself, and his children is “determined” by previous generations and continues in the story of his family. The experience is structured by ways of coping with a situation of extreme poverty in conditions of extreme social exclusion. The demographic, social, cultural, and economic resources of the family constitute its everyday experience and demonstrate the class and socio-economic nature of this experience (Kilkey & Clarke, 2010). The family's resources—health, education, social context, and economic conditions—are extremely limited and dependent on social benefits. One question remains: is such a family a target for social services?

The essential elements in the structure of the family's lifeworld are unmet vital needs for food, housing, and clothing. The father cannot cope with his parental role of “being a bread maker” in the family, but he interprets this rather critically and identifies his role in the family as a “helper”. While taking care of his children, he understands the importance of sufficient food for them and denies himself, just as any other parent would do in his place. Through not satisfying his basic needs, he tries to satisfy his children's needs as much as he can and is worried about their future very much.

And finally, if poverty in this family is not only a part of family life but also a consequence of a systemic transformation undergone by Moldova, what will happen to such families in the future? Can they count on social conditions that would protect their children from any transformations in the future? In a society where each human being is a valuable societal member, there is no need to create “special” laws, including in the area of special education.

REFERENCE LIST

1. Beresford, P., & Wilson, A. (2002). Genes spell danger: Mental health service users/survivors, bioethics and control. *Disability and Society*, 17(5), 541-553.
2. Booth, T., & Booth, W. (1994). *Parenting under Pressure: Mothers and Fathers with Learning Difficulties*. Buckingham, Open University Press.
3. Booth, T., & Booth, W. (1998). *Growing Up with Parents who Have Learning Difficulties*. London.
4. Center of Human Rights in Moldova. (2015). *Observance of Human Rights in the Republic of Moldova in 2014*. [Online document]. Retrieved from https://www.theioi.org/downloads/cvjqe/Moldova_OM_Annual%20Report_2014_EN.pdf
5. Dahlberg, K., Drew, N., & Nyström, M. (2001). *Reflective Lifeworld Research*. Lund, Studentlitteratur.
6. Espe-Scherwindt, M., & Kerlin S. (1990). Early intervention with parents with mental retardation: do we empower or disempower? *Infants and Young Children*, 2, 21-28.

7. Edgerton, R. B. (1999). Foreword. *Journal of Intellectual and Developmental Disability*, 24, 1-2.
8. Feldman, M. A. (1994). Parenting education for parents with intellectual disabilities: a review of outcome studies. *Research in Developmental Disabilities*, 15(4), 299-332.
9. Hathaway, S. (1947). Planned parenthood and mental deficiency. *American Journal of Mental Deficiency*, 52(2), 182-186.
10. Hick, P., Visser, J., & MacNab N. (2007). Education and Social exclusion. In D. Abrams, J. Christian, & D. Gordon (Eds.), *Multidisciplinary Handbook of Social Exclusion Research* (pp. 95-113). John Wiley & Sons.
11. Hodge, N. (2008). Evaluating Lifeworld as an emancipatory methodology. *Disability & Society*, 23(1), 29-40.
12. Huang, J., Guo, B., & Kim, Y. (2010). Food insecurity and Disability: Do economic resources matter? *Social Science Research*, 39(1), 111-124.
13. Kalinnikova, L. (2013). "Poor contribution": human and family resources. *Bulletin of NArFU, Social and Humanitarian Sciences*, 6, 126-134.
14. Keith, L., & Morris, J. (1995). Easy targets: a disability rights perspective on the 'children as carers' debate. *Critical Social Policy: A Journal of Theory and Practice in Social Welfare*, 15(44-45), 36-57.
15. Kilkey, M., & Clarke, H. (2010). Disabled men and fathering: opportunities and constraints. *Community, Work & Family*, 13(2), 127-146. <https://doi.org/10.1080/13668800902923738>
16. Livițchi, O. (2011). *Eradicarea sărăciei: concepte și strategii; monografie*.
17. Llewellyn, G., & McConnell, D. (2002). Mothers with learning difficulties and their support networks. *Journal of Intellectual Disability Research*, 46(1), 17-34. <https://doi.org/10.1046/j.1365-2788.2002.00347.x>
18. Llewellyn, G. (1995). Relationships and social support: Views of parents with mental retardation/intellectual disability. *Mental Retardation*, 33(6), 349-363.
19. Madanipour, A., Cars, G., & Allen, J. (Eds.). (1998). *Social Exclusion in European Cities: Processes, Experiences and Responses*. London: Regional Studies Association with Jessica Kingsley Press.
20. Malofeev, N. N. (2003). Western Europe: the evolution of the attitude of society and the state towards persons with developmental disabilities. Moscow: Publishing house "Exam".
21. Mickelson, P. (1947). The feebleminded parent: a study of 90 family cases. *American Journal of Mental Deficiency*, 54(4), 674-691.
22. Mickelson, P. (1949). Can mentally deficient parents be helped to help their children better care? *American Journal of Mental Deficiency*, 53(3), 517-534.

23. Mont, D., & Nguyen, C. (2013). Does Parental Disability Matter to Child Education? Evidence from Vietnam. *World Development*, 48(C), 88-107.
24. Moore, M., Beazley, S., & Maelzer, J. (1998). *Researching disability issues*. Buckingham, UK: Open University Press.
25. Nirje, B. (1999). How I came to formulate the Normalization principle. In R. J. Flynn & R. A. Lemay (Eds.), *A Quarter-Century of Normalization and Social Role Valorization: Evolution and Impact* (pp. 17–50). Ottawa: University of Ottawa Press.
26. O'Connor, C., Fernandez, S. D., & Race, M. (2006). Class and Disproportionality: Reevaluating the Relationship between Poverty and Special Education Placement. *Educational Research*, 35(6), 6-11.
27. Pfeiffer, D. (2007). Eugenics and Disability Discrimination. *Disability & Society*, 9(4), 481-499.
28. Reid, D. K., & Knight, M. G. (2006). Disability justifies exclusion of minority students: A critical history grounded in disability studies. *Educational Researcher*, 35(6), 18-23.
29. Sheerin, F. (1998). Parents with learning disabilities: A review of the literature. *Journal of Advanced Nursing*, 28(1), 126-133.
30. Stake, R. (1995). *The Art of Case Study Research*. Sage Publications.
31. The Bureau of National Statistics of the Republic of Moldova. (2014). Retrieved from https://statistica.gov.md/en/statistical-yearbook-of-the-republic-of-moldova-edition-2013-was-12_535.html
32. Tymchuk, A., Andron, L., & Rahbar, D. (1988). Effective decision-making/problem-solving training with mothers who have mental retardation. *American Journal of Mental Retardation*, 92(6), 510-516.
33. Tymchuk, A., & Andron, L. (1990). Mothers with mental retardation who do or do not abuse or neglect their children. *Child Abuse and Neglect*, 14(3), 313-323.
34. Tymchuk, A., & Andron, L. (1992). Project parenting: Child international training with mothers who are mentally handicapped. *Mental Handicap Research*, 5(1), 4-32.
35. Ulanovsky, A. (2005). Phenomenological approach as a qualitative research methodology. (*Doctoral dissertation abstract*). Moscow.
36. Ulanovsky, A. M. (2007). Phenomenological method in psychology, psychiatry and psychotherapy. *Methodology and History of Psychology*, 2(1), 130-150.
37. Von-Weinberg, G. (2013). From social exclusion to the inclusion of people with disabilities - a socio-historical sketch. *Journal for Evangelical Ethics*, 57, 169-182
38. Walker, A., & Walker, C. (Eds.). (1997). *British Divided*. CPAG.
39. Walmsley, J. (2001). Normalization, emancipator research, and inclusive research in learning disability. *Disability & Society*, 16(2), 187-205.

40. Weathers, R. R. (2005). A Guide to Disability Statistics from the American Community Survey. Rehabilitation Research and Training Center on Disability Demographics and Statistics, Cornell University.

41. Weiber, I., Berglund, J., Tengland, P.-Å., & Eklund, M. (2011). Children to women with intellectual disabilities: 5-year incidence in a Swedish county. *Journal of Intellectual Disability Research*, 55(11), 1078-1085.

42. Williams, G. (1996). Representing disability: Some questions of phenomenology and politics. In C. Barnes & G. Mercer (Eds.), *Exploring the Divide: Illness and Disability*. The Disability Press.

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