Relations in the “Mother-Child” Dyad in a Family Raising a Child with Disabilities

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Abstract: Researchers note that in families raising children with severe multiple developmental disabilities (SMDD), the psycho-emotional state of parents is impaired, the quality of family relationships and the psychological climate in the family are deteriorating. To study the characteristics of the relationship in the mother-child dyad in a family raising a child with a disability, a survey of 15 mothers raising children with SMDD from 3 to 7 years was conducted. The following parameters were investigated: the psychological climate, the type of parent-child relationship, and the emotional interaction between the mother and her child (capturing 11 parameters). The novelty of the work lies in the fact that resource states in the “mother-child” dyad in the family raising a child with a disability are identified. These conditions are identified in the areas of sensitivity, emotional acceptance, behavioral manifestations of emotional interaction. These include the following: a high level of acceptance of the child by the mother; empathy, desire for physical contact from the mother; her orientation to the state of the child when building interactions; rendering emotional support to the child; positive feelings that arise in the mother in interaction with the child; the prevailing positive emotional background of the interaction; the ability to empathize; the ability to influence the emotional state of the child; self-awareness in the role of a supporting and receiving parent.

1. Introduction

According to the Federal State Statistics Service for 2017, the number of children with disabilities amounted to about 2% of the child population in Russia. 655014 children with disabilities, including children with severe and multiple developmental disorders (SMDD), registered in 2018.

Children with severe and multiple developmental disorders are a special group among children with disabilities when mental retardation is combined with convulsive readiness, impaired analytic system functions, motor impairment, severe speech impairment, emotional-volitional disorders, autistic disorders. As a result of organic damage to the central nervous system, cognitive, emotional-volitional, communicative spheres, general, and fine motor skills are affected in children with SMDD. These children require constant care. Therefore the whole process of their life is determined by the mother's competencies in the field of correction and rehabilitation [3, 4; 7; 15].

Studies of families raising children with SMDD are aimed at studying the psycho-emotional state of parents, the quality of family relationships, and the psychological climate in the family [1; 2; 9; 13].

Since a child with SMDD spends almost all his/her life with his/her mother, his/her physical and psycho-emotional state often depends entirely on the relationship in the “mother-child” dyad.

The purpose of the study is to study the characteristics of relationships in the “mother-child” dyad in a family raising a child with severe and multiple developmental disorders.

2. Materials and Methods

Fifteen mothers raising children with severe multiple developmental disorders at the age of 3 to 7 years were examined on the basis of the Tyumen Regional Special Library for the Blind (TRSLB). Thirteen mothers raise children in full families. Two mothers grow children without fathers. The research methods are aimed
3. Results

Most of the mothers examined (according to the Boyko methodology) characterize the family psychological climate as “stable positive” when family members communicate with each other with pleasure. The instability of the family psychological climate was noted by only three women participating in the survey.

All the women interviewed showed (according to the results of the methodology of A. Ya. Varga, V. V. Stolin) a high level of child adoption, while nine mothers showed a high level of cooperation, and only one woman showed a high level of symbiotic attachment. Twelve respondents recorded a low level on the scale “attitude to child failures”; only one mother had a high one. The 2/3 share of mothers have a low level of control. For other mothers, the indicators on the scales of “cooperation,” “symbiotic attachment,” “control,” “attitude to the failures of the child” correspond to the average norm.

When studying the parameters of the emotional interaction of a mother and a child (methodology of E. I. Zakharova), every third mother interviewed revealed a lack of ability to perceive the state of the child and understand the reasons for this.

Thirteen mothers have empathy, a desire for bodily contact, and orientation on the state of the child when building interaction, and only two mothers have problems in building communication with the child. A deficit of all parameters (feelings of parents in a situation of interaction with a child, unconditional acceptance, a prevailing emotional background, and the ability to influence the emotional state of a child) is noted only in one of the respondents. In other women, these indicators are within normal limits. Three mothers have difficulty accepting themselves as a parent. All survey participants indicated that there was no difficulty in providing emotional support to their children.

4. Discussion

Authors researching families raising children with disabilities [1; 2; 9; 13] note that in a family raising a child with SMDD, the psycho-emotional state of parents is violated, the quality of family relations and the psychological climate of the family are deteriorating.

On the contrary, the results of the study show that in most families raising children with SMDD, a stable positive climate prevails.

According to A. S. Spivakovskaya, rigidity, and inadequacy are characteristic of families raising children with disabilities [5]. The results of the above study on the study of parent-child relationships and parameters of emotional interaction do not confirm this thesis.

L. M. Shipitsyna, in her research, notes that in the mother's attitude towards a child with SMDD, both unconditional adoptions of the child and distance can be observed. The researcher points out that mothers raising children with disabilities have a high level of stress, emotional rejection of the child, hyper protection (cultivation of helplessness and a tendency to social dependency), a low level of rehabilitation competence, health problems [14].

A study of the characteristics of relations in the “mother-child” dyad in a family raising a child with severe and multiple developmental disorders shows that all women surveyed have a high level of child adoption. High acceptance-rejection scores indicate that all mothers have a positive attitude towards the child; this is manifested in the unconditional acceptance of the child and recognition of his/her personality. In addition, this fact is confirmed by the results of the QPCEI methodology, when only one mother has a deficit of the “unconditional acceptance” parameter.

For the majority of mothers surveyed, high scores on the cooperation scale mean that these mothers tend to communicate on equal terms with the child, show interest in his hobbies, and also highly appreciate his/her abilities.
In this study, no signs of hyper protection were detected. Most of the examined mothers have a low level of control over the actions of the child on their part.

5. Conclusion

The process of personality formation takes place in the family. The family is the main institution for the formation of value orientations and spiritual and moral foundations. Having a baby with SMDD is a stress factor for parents. This leads to the disruption of parent-child relationships and distorts the socialization of children. In the process of studying the psychological characteristics of families, the following areas are highlighted as problematic: the inability to perceive the state of the child and a lack of understanding of the causes of this condition; the lack of unconditional acceptance of the child and self-awareness as an ineffective parent; the inability to affect the emotional state of the child; lack of desire for bodily contact, the prevailing negative emotional background of interaction in the “mother-child” dyad [6; 10].

In the study, the resource states of the mother, which allow the family to perform the function of a rehabilitation site, are identified. Among them are (1) the positive feelings that a mother experiences when interacting with her child; (2) the prevailing positive emotional background of interaction in the mother-child dyad; (3) the desire for bodily contact with the child, and emotional support for the child, orientation to the state of the child when building interaction; (4) the ability to empathize and unconditional acceptance of the child; (5) the ability to influence his emotional state, accepting himself in the role of a supporting and accepting parent [6].

It is essential to activate the identified resource conditions as the educational potential of the family and the resources of the mother raising a child with SMDD. Deterioration in conditions for children can be avoided. It is necessary to provide the mother with favorable conditions for the upbringing, development, and life of the child with SMDD in the family.

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