

PSYCHOLOGICAL SUPPORT FOR PARENTS BRINGING UP MENTALLY RETARDED CHILDREN

The condition of psychological support of mentally retarded children issue study was analyzed, the necessity of psychological support for parents was reasoned, and the psychological approaches to the study of children with abnormal development adaptation were analyzed. The article examines parental relation to a child with developmental problems and determines the necessity of corrective measures development for families bringing up mentally retarded children.

Key words: mentally retarded child, mental and (or) physical development disorders, psychological support, psychotraumatic situation, abnormal development, adaptation.

ПСИХОЛОГІЧНИЙ СУПРОВІД БАТЬКІВ, ЯКІ ВИХОВУЮТЬ РОЗУМОВО ВІДСТАЛИХ ДІТЕЙ

Проаналізовано стан вивчення проблеми психологічного супроводу розумово відсталих дітей, обґрунтовано необхідність психологічного супроводу батьків, здійснено аналіз психологічних підходів до вивчення проблеми адаптації дітей з аномальним розвитком. У статті вивчається батьківське відношення до дитини з проблемами розвитку та визначається необхідність розробки корекційних заходів сім'ям, що виховують розумово відсталих дітей.

Ключові слова: розумово відстала дитина, порушення психічного та (або) фізичного розвитку, психологічний супровід, психотравмуюча ситуація, аномальний розвиток, адаптація.

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ПСИХОЛОГИЧЕСКОЕ СОПРОВОЖДЕНИЕ РОДИТЕЛЕЙ, ВОСПИТЫВАЮЩИХ УМСТВЕННО ОТСТАЛЫХ ДЕТЕЙ

Проанализировано состояние изучения проблемы психологического сопровождения умственно отсталых детей, обоснована необходимость психологического сопровождения родителей, осуществлен анализ психологических подходов к изучению проблемы адаптации детей с аномальным развитием. В статье изучается родительское отношение к ребенку с проблемами развития и определяется необходимость разработки коррекционных мер для семей, воспитывающих умственно отсталых детей.

Ключевые слова: умственно отсталый ребенок, нарушения психического и (или) физического развития, психологическое сопровождение, психотравмирующая ситуация, аномальное развитие, адаптация.

Problem formulation. The increase in the number of children with mental and (or) physical development, including intellectual, is an acute social problem of the modern society. Tension that occurs when upbringing the abnormal child leads to the parents' discontent with their functions, which in turn is the conflict issue in families, who bring up children with developmental problems, individual internal conflicts of the parents themselves and disruption of the process of communication with society. Therefore, the family discontinues being the institute of socialization of a problem child, thus grows the level of social orphanhood. The objectives of humanization in modern society actualize the issue of psychological support of parents upbringing mentally retarded children (MRC).

The birth of a "special" child structurally distorts the family, as a result of an extreme psychological load that spreads on all its members. And a lot of parents are helpless in such conditions. Their situation can be characterized as internal (psychological) and external (social) deadlock.

Birth of a child with developmental disabilities is apprehended by parents as a huge tragedy. The fact of having a child "not like all the others has," is the cause of severe stress, especially for mothers. Stress becomes prolonged and sustained, makes a strong distorting impact on the psyche of the parents and is the initial condition of sudden traumatic changes in the formed family life stereotypes. Hopes connected with the birth of a child are ruined. The formation process of new life values is slow

and durable. Many factors predetermine this: psychological personality peculiarities of the parents themselves (ability to accept or not to accept the special child), disorders complex that characterize a particular developmental anomaly, influences of society during contacts with the family, bringing up a child with mental and (or) physical developmental disorders (MPDD).

Due to the fact that education, training and generally communication with the child with MPDD is a long affecting pathogenic psychological factor that frustrates mother's psyche, she is expected to be predisposed to borderline forms of neuropsychiatric abnormalities development, because of the severity of inquietude. The inquietude, experienced by mother, often exceeds the level of psychological load, which can declare itself in various somatic diseases, asthenic and vegetative disorders, which in turn affect the child's development and his/her self-perception.

Child-parent relationships in families with children with intellectual developmental disorders – mental retardation – are extremely complex problem. Social adaptation depends on proper parental (especially maternal) behavior. Often parental behavior is not positive, but rather negative factor in the development of mentally retarded child (MRT).

The objective of the article. Reasoning the necessity of psychological support for parents upbringing mentally retarded children, since the family for this cohort of children is the linking element with the outside world.

Current research analysis. The leading scientists were engaged in a study of the problems faced by parents who upbringing children with developmental disorders (N. Bilopilska, H. Vyhotska, M. Ippolitova, S. Konopliasta, B. Korsunska, A. Maller, O. Mastiukova, I. Mamaichuk, V. Martynova, I. Martynenko, S. Myronova, H. Piatakova, V. Synov, L. Solntseva and others). The most frequent issue to study was the participation of the family in the upbringing and development of the abnormal child. Today there are only a few studies that examine the state of parents raising children with developmental problems (R. Mairamian, M. Semaho, V. Vyshnevskiy, B. Voskresenskiy, V. Tkachova). The research results indicate the presence of

complex disorders in all the spheres of human manifestations (emotional, communication with society, somatic disorders). The whole range of these disorders is defined by the authors as parental crisis. The level of its complexity depends on several factors: the degree of child disorder manifestation, time since diagnosing, personality characteristics of parents (mostly mothers') and aid of experts (psychologists, defectologists etc.). It is proved that parents cannot overcome this crisis without the help of professionals.

The difficulties faced by parents of children with problems in development, are often a cause of their negative attitude to their children. Specialists in different fields are engaged into studying the parental attitude and its effect on the child – psychologists, sociologists, psychiatrists, psychotherapists (V. Harbuzov, O. Zakharov, D. Isaiev, O. Bodalev, V. Stolin, H. Khomentauskas, E. Eidemiller, V. Yustytskis, O. Spivakovska, I. Markovska and others). The papers, devoted to this problem, prove the conclusions of the direct dependence of parental attitude to children on the personality characteristics of the parents, their state, and life experience. Herewith the characteristics of children play the minor role.

The problems of family education of children with special psychological and physical needs, particularly mental retardation, are highlighted in the works of such scholars as D. Azbukina, I. Bilopilska, T. Vlasova, H. Vyhodska, L. Vyhotskyi, M. Hnezdilov, A. Hraborova, O. Hrachova, H. Dulnev, O. Diachkov, S. Zabramna, L. Zankov, M. Ipolitova, O. Isenina, B. Korsunska, M. Kot, K. Lebedynska, E. Leonhard, V. Lubovskyi, A. Maller, O. Mastiukova, M. Pevzner, V. Petrova, B. Pinskyi, L. Sontseva, I. Soloviov, O. Strebeleva, H. Troshyn, H. Tsykoto, J. Shyf.

During the last decade studying the interaction of family members, who bring up a special child, was carried mainly in organizational positions. Thus, the one-sided idea was formed, which hindered the understanding the depth of the problem. The comparative analysis of specialized literature (N. Zhukova, O. Korniev, O. Mastiukova, V. Sorokin, L. Shypitsyna and others) shows the lack of study of the impact and opportunities of parents in correctional and educational process, the

unformed requirements for family participation, and absence of a unified system of informing parents.

In domestic and foreign science and practice great attention is paid to the search of optimal and effective ways of implementing assistance to parents who are raising children with MPDD. The inclusion of parents in the correctional and educational process is the essential stipulation for sound mental development of children.

In special psychology and pedagogy works (M. Pevzner, 1971; O. Mastiukova, 1992; I. Mamaichuk, 1984, 1986; V. Synovyi, 2009 and others) the emphasis was repeatedly made on the necessity of scientific study of families upbringing children with MPDD, correctional measures development, which are intended to implement real help. V. Vyshnevskiy, R. Mairamian, M. Semaho, M. Shkolnikova devoted their works to the study of such families.

Publications devoted to studying families and the immediate environment disabled child recently appeared in the psychological literature (I. Bahdasarian, T. Bohdanova, O. Zakharov, V. Miasishchev, V. Rozhnov, O. Spivakovska, V. Stolin and others).

Basic material. Family is a special social group. Its members are not equal in significance and responsibilities. In families upbringing children with MPDD the roles are changed. The family interests are concentrated on the child. Mother, who is engaged in educating the child, in most cases becomes the formal leader. At the same time the child has less freedom and social importance as usual children. All the decisions concerning his/her problems are made by mother. Family is similar to an organism as its roles and actions of the members create the life balance and conditions of vitality. Therefore, they are super steady, stereotypic and made unconscious. Family stereotypes, as regards MRC, lead to a specific personality formation. Such a child is absolutely dependent on the family (mostly on mother), has no or lack of outer social interaction skills, has developing phobias and fear of conation.

The family upbringing a special child becomes contacts selective, has lack of communication with ambience. The relations among parents are also changed. A lot of fathers desert the family, still there are cases when such troubles unite the family. 32% of marriages are broken, which is absolutely a negative factor in child personality formation. A great part of the child care load, worrying about his/her future developing are incumbent upon the mother. Firstly, it concerns mental defectives with obvious symptoms, who get the attention of the surrounding people with their appearance and invariable behavior. The psychologists concern all this situation to be a heavy load for the mother, who feels herself guilty for delivering such a child. It is difficult to get used to the thought that exactly her child is “not as the others”. Fears for the future, confusion, ignorance in upbringing specifics cause the parents’ separation from inmates, friends and send the child to boarding school or experience grief alone.

R. Mairamian considers the psychotraumatic situation because of MRC birth to have a negative influence on “important for the mother values” and frustrate her personality. The clinical presentation of psychopathological disorders and their severity for MRC mothers is characterized by the dominance of affective disorders, a great role in which play the premorbid personality peculiarities and social environment factors.

L. Vyhotskyi stressed that peculiarities of MRC and ambient relationship as secondary complications of primary defect, to a greater extent subject to correction than the original disorder. Moreover, L. Vyhotskyi considered such relationships to be an important factor of personality formation, as “higher mental functions come out and consist of collective behavior and cooperation of the child with the surrounding people” [2].

According to researches (R. Mairamian 1976; O. Ahavelian 1986), birth of a child with developmental abnormalities inevitably entails a parental crisis, the dynamics of which are represented in four major phases.

The first phase is characterized with the state of confusion, helplessness, and fear. The question “Why it happened to me?” chases persistently. Often parents just can’t accept what have happened. The feeling of guilt and inferiority arises. The state of shock transforms into negativism, non-acceptance of what have happened, and rejection of the diagnosis.

The period of such negativism and rejection are considered to be the second phase of parents’ psychological state and plays a defensive role. It is intended to preserve some hope and feeling of stability from the danger of destroying ordinary life. This is an unconscious desire to get rid of emotional concern and anxiety.

The last phase of negativism is the rejection of surveying a child and holding any correctional procedures. Some parents impeach consultants’ credibility despite their high qualification and multiply appeal to different scientific and medical centers to disprove the diagnosis. Some parents can accept the diagnosis, still assimilate an unjustified optimistic view of the possibilities of a child’s development. They have the belief the treatment can make their child normal.

The second phase is characterized by the attempt to get control over the stalemate with the help of all the available methods. Depending on the economic health and family value orientations, two main strategies of parental behavior are singled out: “medical supermarket” and “magical recovery search”. “Medical supermarket” includes uncountable consultations beginning with first-class doctors and ending up with healers and sorcerers. “Magical recovery search” is a direct appeal to God begging for recovery. All these form family myths, which distort the real situation and encumber beginning of the necessary work.

The described phase – negativism and rejection – as a rule is temporary and as soon as parents realize and accept the diagnosis, they began to grieve hardly. This depression connected with conscience the truth characterizes the third phase. This syndrome is called “chronic grief” and is the result of a constant parent’s dependence on the child’s needs, lack of positive changes, a severe pain because of realizing the inferiority of their child, who is just beginning his/her life.

Parent's separate appeal for help to the very consultation where the child was diagnosed for the first time, signify the fourth phase – the beginning of social and psychological adaptation (mature adaptation) of all the family members. Parents now are able to assess the situation, are ready to be guided by the child's interests, establish adequate emotional contacts with experts and follow their advice and recommendations in a smart manner. The adaptation possesses the following features: reduction of sadness, increase of the interest to the outer world, willingness to active solving the problem with orientation for the future. Nevertheless, the phase of adaptation depends greatly on timely and constructive expert help, which is possible under conditions of deep knowledge of family relationship specifics.

The scientists identified common personality features of the abnormal child's parents, mainly sensitivity and hypersocialization. Sensitivity is an increased emotional sensitiveness, vulnerability, resentment, resulting tendency is about to take heart and get upset easily. Hypersocialization is a heightened sense of responsibility, duty, difficult compromises. A contrastive combination of sensitivity and hypersocialization mean inner contradictions of feelings and responsibilities, which lead to inner moral and ethical conflict. The peculiar feature is protective behavior – no openness, immediacy and informality in communication, caused not by the way of expressing emotions, but previously acquired traumatic experience of interpersonal relations. (S. Tkachova (2004)).

Birth of a child is the main event in the family life. Children are the continuation of life for parents, who connect their hopes and dreams with them. Psychological and material difficulties, which are inevitable with a child birth, are usually minimized with those happy emotions, brought with him/her.

The other situation happens if a child with developmental disorders is born. Parents' reaction on the "mental deficiency" is very individual and can vary in strength and character of manifestation, still there is a great similarity in this state. Parents feel themselves depressed and unsettled. The first reaction in the diagnosis is guilt and worrying about the future.

Children-parental family relations with MRC are an important and complicated problem. The full development of a child is dependent on social adaptation, primary on parents' attitude. Anomalies of intellectual development, seen in the abnormal child, in early childhood impede the establishment of normal relations of a mentally retarded child with parents, making it difficult to assimilate the social experience, forming the methods of interpersonal communication, slowing emotional development.

The educative significance of the family with MRC especially increases, as the character of interaction with family determines the adequacy and prosperity of child's future relations with the social environment. Despite the character and period of the illness or disorder, the whole family life is broken. Under the influence of the ill child education, parents' personal characteristics become special: constant complaints at the situation, sabotage of rehabilitative actions, hyperprotection of the child, and the availability of a close and symbiotic connection and a closed system "mother – child", a great amount of somatic complaints from family members, social deprivation, conscious limitation of family's social contacts.

A lot of scientists underline the fact of interference of parents and the disabled child along with an interconnection of mother's psychological state and child's emotional state. The character of the child - parent relationship plays a significant role for the psychological development of a child. Psychoanalysis is the first theory which considers the relationships between a child and parents to be the main factor of child development. S. Freud's research revealed that child's early emotional experiences have a stable and a determinative effect on the further development. In families, upbringing MRC, vice versa the symbiotic connection of a child with parents noticed, considering the child's disorders.

The psychological health of a child requires hearty relationships with mother, common happiness and pleasure, brought by these relationships. Otherwise, the child suffers mother deprivation, which can cause the personality formation disorder. Thus, the parental relationships with child's psycho development connection is correlated

and plays a vital role for general development of a child, his/her psychological and physical state and a number of personality characteristics. In this regard, within the establishment and development of the psychological assistance system, a fundamentally new methodological approach is required. Object of assistance in special education is the interaction of mother and a child, dyad "mother – child with special needs", and broader – "family upbringing a child with special needs."

Conclusions. Parents, upbringing mentally retarded children, are in a psychotraumatizing situation that affects all the significant maternal values. A traumatic situation is the cause of mental health disorder and the abrupt change in the prevailing life patterns.

Until recently the problem of psychological assistance for parents, upbringing MRC was not raised. Moreover, the opinion that it is better to refuse a disabled child and put him/her in the orphanage, and later to nursing home interfered greatly. Many health workers, who diagnosed the child, support this idea. This fact characterizes the social attitudes towards these children and their parents, since taking the decision to leave the child in the family, parents assume full responsibility for the child, understanding that society denies supporting them, including psychologically.

The style of parents' attitude influences the child's personality formation, his/her self-esteem, activity, attitude towards others, while inadequate style causes the formation of a distorted life position, disruptions of relation system, the emergence of neuroses.

The following disruptions of parents' attitude are diagnosed in families, upbringing MRC: overprotection, emotional rejection, lack of responsiveness. Also, there is a distorted parents' perception of mentally retarded children.

Despite a careful study of the problem of child-parent relations in modern psychology, this problem has not been studied concerning MRC. Considering the steadily increasing number of such children in recent years, the problem becomes very relevant.

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