

THE ATTITUDE OF A MOTHER TO HER SICK CHILD

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Abstract. This article deals with the types of mother's education of her child if he/she has any disease, developmental disorders (mental retardation, somatic diseases, sensory impairment). It is proved that the child's illness changes the attitude to him/her, this is reflected in the type of family upbringing. The authors describe in detail different methodology they used in their work and the results of the research they obtained. They reviewed interconnection of the type of parent's attitude to the sick child with the kind of his/her pathology and the level of anxiety.

Keywords: a mother, a child, illness, upbringing, developmental disorder, treatment, adaptation to society, maternal attitude, pathology of the child.

The illness of the child within the family is not a rare thing, it is always deep emotional experience of all members of his/her family. The diseases of children can be of different nature: chronic physical illnesses or developmental disorders, with complex intellectual defect. In each separate case there are individual relationships between a mother and a child. This is a long and painful mental wrestling of parents with themselves: they must accept or reject what happened [4].

So nowadays it is true to explore how the type of disease and the peculiarities of its flow affect the relations between a mother and a child and how they manifest themselves in different periods of the life of the family to continue to provide adequate psychological assistance to the family, first of all, the mother and

the child. It is the mother who normally takes a larger part in the upbringing of the child, carries all the moral burden of his/her treatment and adaptation in the society, education and upbringing in general. According to the research of L.J. Yarrow (an American physician, psychotherapist), the correlation between maternal shares in adapting stimuli and the ability of the child to resist stress is $r = + 0.85$ [4]. Unfortunately, there are obstacles that may prevent the mother from taking care of the child properly. The establishment of deep emotional ties within a dyad between a mother and a child can be hindered by immaturity of feelings and the character of the mother. The nature of the mother-to-child relationship is determined by many factors, including features of mental development in the child [3]. At the same time modern data obtained by American researchers prove that raising a child with disabilities has a positive impact both on the personal development of their parents and on the functioning of the family as a whole. In particular, the relationships between the spouses are being improved, tolerance and cooperation is growing and the personal growth of the parents is being catalyzed. The so-called transforming experiences lead to rethinking of a situation, creating new values and meanings [6].

Objective: to identify the relationship of maternal attitude and the nature of the pathology of the child.

Object of study: family relationships in families with a sick child.

Subject of research: interconnection of the type of parent's attitude to the sick child with the kind of his/her pathology and the level of anxiety.

In Russia, in the city of Magnitogorsk of Chelyabinsk region, on the basis of Magnitogorsk children's polyclinic No. 6, Correctional school № 8, Secondary school № 39, children of 6-7 years old were investigated. Four groups of 25 pairs "mother – child" were formed. In the first group children were suffering deviation in mental development (mental retardation); in the second - those or other somatic

diseases (diseases of the gastrointestinal tract, respiratory system, cardiovascular system); in the third children had sensory impairments, without intellectual impairment (hearing and vision); in the fourth there were healthy children. Families had been selected into groups by the nature of the pathology or the lack of it, regardless of family structure. There were families in which a mother brought a child alone, and there were also families with a father (20% in each group, in addition to healthy children, where there are fathers in 60% of families).

Hypothesis: parental attitude towards a sick child, associated with the disease experienced by the child is manifested in different types of inharmonious family upbringing, aggravating complex psycho-emotional condition of the child, which is manifested in the level of his/her anxiety.

One of the practical methods of the research was a questionnaire of **AFR** (**A**nalysis of **F**amily **R**elations). Test "Analysis of family relations" is designed to study the influence of parents in the upbringing of the child or a young person and find errors in parents' education. The technique of "Analysis of family relations" makes it possible to diagnose undesirable, improper influence of family members on each other, irregularities in the execution of roles in the family and disturbance its integrity. The description of the methodology: the questionnaire of the AFR includes 130 statements concerning child's upbringing. It has 20 scales. The first 11 scales reflect the main styles of family education; the 12th, 13th, 17th and 18th scale allow to get insight of the structural role-playing aspect of family life, the 14th and 15th scale show the peculiarities of functioning of the system of mutual influences, the 16, the 19th and 20th scale — the mechanisms of family integration. The authors of this method were MD, head of the chair of pediatric psychiatry and psychotherapy of St.-Petersburg medical Academy of postgraduate education, Professor E.G. Eidemiller and Professor of the Academy of law in Vilnius, an authoritative expert in the field of legal and clinical Psychology

V.V. Ustitsky. E.G. Eidemiller is also an honorary President of the regional public organization "Mental Health of Children and Adolescents", a member of the editorial Board of the journal "Counseling Psychology and Psychotherapy", Saint-Petersburg, Russia.

The next method of our research was the **PARI** Methodology (**P**arental **A**ttitude **R**esearch **I**nstrument) which is intended for studying the attitude of parents (primarily mothers) to various aspects of family life. The authors of this methodology are the American psychologists E.S. Schaefer and R.K. Bell. In Russia the technique was adapted by T.V. Neshcheret. The test questionnaire of **PARI** includes 115 statements of family life and upbringing of children. It has 23 scales concerning different sides of the parental attitude to the child and family life, each of the scales has got 5 questions; 8 scales describe the attitude towards family roles and 15 relate to the parent-child relationship. These 15 signs are divided into the following 3 groups: 1 — the optimal emotional contact, 2 — excessive emotional distance from the child, 3 — excessive concentration on the child. The completing this questionnaire will take approximately 20 minutes.

We also used in our research the test-Questionnaire of **P**arental **R**elations (**QPR**), the authors of which are Ph.D. in psychological Sciences, head of the Department of systemic family psychotherapy of the Institute of practical psychology and psychoanalysis, Chairman of the Board of the Society of family counselors-psychotherapists A.Y. Varga and Professor of the Department of General psychology of the faculty of psychology of Moscow State University (1989-1995), member of the International society of applied psychology V.V. Stolin. **QPR** is a methodology for the diagnosis of parental attitudes of mothers, fathers, guardians, etc., seeking psychological help in the upbringing of children and communication with them. Parental attitude is understood as a system of a variety of feelings toward the child, behavioral stereotypes, practiced in

communication with him, peculiarities of perception and understanding of the character and personality of the child, his actions. The results of the questionnaire are expressed in five scales: acceptance-rejection, social desirability of the child's behavior, symbiosis (lack of distance between a parent and a child), the authoritarian control, the attitude to the failures of the child. The test-questionnaire consists of 61 questions. The technique is intended for parents of 3-10 year-old children.

The next method was the projective test **KFD** (**K**inetic **F**amily **D**rawings) by American psychotherapists of Children's orthopedic hospital and medical center of Washington R. Burns and S. Harvard Kaufman. The purpose of this test is to give information about the subjective family situation of the child, to help to identify family relationships that cause concern to the child, showing how he/she perceives other members of the family and its place among them. The test consists of two parts: drawing of his/her family and talking after painting. To perform this test, the child is given a standard sheet of paper for drawing, a pencil and an eraser.

Problems of families with children who have developmental disabilities manifest in various spheres of its life. In the history of human development, relationships of families and the society have gone from the dictatorship of the society, prescribing to get rid of defective infants, to the understanding of the necessity to assist and support these families. It should be noted that the problematic situation arises in the family since the birth of the child with mental and physical deficiencies and manifests as the attitude of the society to the defect. Close people (parents, other family members, guardians) are included in these relations [5, 7].

Consider the results of the diagnosis by the method of "AFR". For families with children suffering from mental retardation, there is a tendency to dominant hyperprotection ($G+$, $U\pm$, $T\pm$, $3+$, $C\pm$). In the families of children suffering from

somatic diseases indulging hyperprotection prevails ($G_{\pm,+}$, T^- , Z^- , C^-). Sick children are the center of attention of the family, which strives for the maximum meeting of their needs, that helps to consolidate the mechanisms of conditionally– reflexive connections of the disease at the physiological level [6].

However, in the group of families having children with sensory impairments, the most severe style of family relationship to the child was recorded as emotional rejection (G^- , U^- , T^- , 3_{\pm} , C_{\pm}). In this case, the parents are not able to overcome the psychological rejection of the fact that their child is defective, which affects on the type of family upbringing.

For families, which bring up a healthy child, emotional rejection, as the type of family education, is the least common form of family relations. On the contrary, most often in these families you can meet the kind of intra-family interaction, in which increased moral responsibility turns out to be the dominant characteristics of the acts, and the level of requirements is rather high. Education presupposes the knowledge, skills and habits regarding the organisation of life vital functions, maintenance of a healthy lifestyle [1].

It should be noted that such styles of family attitude to the children as "abuse" and "hiperprotection" in all four families are about equal in occurrence. Therefore, we can conclude that these types of family relations do not depend on the presence or absence of pathologies of development of children in the family.

Thus, the results obtained by the technique of "AFR", suggest that the structure of the parental relationship, manifested in a certain type of family education, is associated not only with the disease, developmental disorder of a child, but also with a kind of pathology, which suffers a sick child.

Let's analyze the results of studies by the method of "PARI". In families where children are not healthy (in the first three groups), an excessive concentration on the child turns out to be the most expressed attitude of parents.

self, characterized by hostility in family situation;

- in families with children with mental retardation were significantly more self-conscious of the presence of the expressed state of anxiety; for children with sensory disorders and somatic diseases, the level of anxiety is a hallmark symptom; for healthy children the anxiety is not an expressed feature.

The level of dependency of the evaluated factor with the selected characteristics of family relations and parameters of reflection of children per family was estimated by comparison of the obtained values of variance method (**ANOVA – Analysis of Variance**) with standard values of the Fisher criterion (t criterion). Analysis of Variance is a method in mathematical statistics aimed at searching for dependencies in experimental data by examining the significance of differences in the mean values. Unlike the t-test it helps to compare the mean values of three or more groups. It was developed by R. Fisher for the analysis of experimental results.

So, this study allows to draw some conclusions, which confirm the hypothesis that the pathology of the child (illness or developmental disorders) is associated with the type of upbringing and the attitude to the child. Inharmonious education aggravates the psycho-emotional state of the child, causing anxiety.

Thus, in the families of children with mental retardation, the dominant hyperprotection prevails: the child is in the center of attention of parents who give him/her a lot of time and effort, however, at the same time, deprive him/her of independence, putting numerous restrictions and prohibitions. Authoritarianism is clearly seen in the parental attitudes in these families. Authoritarian hypersocialisation identified for families of this type, reflects the shape and direction of monitoring of the child's behavior. Parents require from the child unconditional obedience and discipline. They try to impose on the child their will, unable to take his/her point of view. The child is severely punished for willfulness.

Parents closely watch the social achievements of the child's individual characteristics, habits, thoughts, feelings. In families with children with mental retardation, an excessive concentration on the child turns out to be the mostly expressed attitude of parents to their children. The optimal emotional contact is less common.

For families with children suffering from sensory impairment, the predominant style of the attitude to the child, referred to as "a little loser" is typical. The attitude of parents to the child has often a setting to reduce requirements due to his/her inferiority, hypercare in this case is absent.

Somatic diseases of the child cause the parents anxiety, fear for his/her life, the desire to protect him/her from difficulties and to do everything possible, even to the detriment of their own needs. Although they show love to the child, it involves sacrifice. Indulging hypercare is a characteristic style of the relationship of a mother and a child in such families.

However, it should be noted that for families with healthy children, the types of parental relationships are various, they can be considered harmonious. Feelings of love, kindness and pride were predominant with parents of normal children. Negative emotions have not been frequent, and they were not of such a "doomed" character.

As a result of experimental work it was found that the feeling of inferiority in a family situation is still often experienced by all children participating in the research. In the families of children with oligophrenic symptoms, quite often there are situations in which children react and show the existence of a state of severe anxiety. Such a situation is typical for children with sensory disorders and somatic diseases, but to a lesser degree.

It can be confirmed that the pathology which the child has affects the type of maternal attitude, which is manifested in the type of family upbringing, emotional

contact, setting up. In case of disabilities or diseases of children there may be disharmonious family relationships, lack of optimal emotional contact, the presence of pathological settings. The dominant hyperprotection is typical for the attitude of a mother to her child with intellectual disabilities, for children with somatic diseases – the indulging hypercare, for children with sensory impairment – emotional rejection with the setting of "a little loser", for healthy children – the increased moral responsibility on the part of parents.

The families in which the child is growing up with impaired mental development or the presence of disease, often go through a "classical" pattern: the mother is overly involved in the upbringing of the child, while fathers are moving away from the situation of upbringing emotionally or physically. Such a child, very often, even growing up, continues to play a role of a small child. Fixation of the child on this role does not allow the family to go through the normal family cycle. Many authors indicate the high possibility of a family breakdown, which cannot overcome the crisis caused by the illness and impaired child development.

Parents who accept the child as he/she is, rejoicing his/her active and independent action, attentive to the child, achieve great success as a rule. Information about the relationship with the child with different pathology, defect, disease, got by a parent in good time, can significantly improve a child's development.

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