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Parental Attitude in Families with a Special Child

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The methodological foundations of the polysubject approach to the consideration of the parental position in the family with a special child are presented. Adaptation mechanisms of such families are considered in the context of the concept of "reflected subjectivity". It is shown that the identity of parents raising children with developmental disabilities and their relationship to the child are influenced under the influence of the reflected subject (special child and professional) and the reflected object (the diagnosis of the child). The results of two empirical studies devoted to the study of the parental position depending on the parent's acceptance of the child, the relationship of the parent with the professionals and the parent's perception of the diagnosis of the child are presented. There are four types of parental position, including "partnership" and "failure" and a tool is proposed that measures the severity of each type. The results of psychometric verification of the technique, which indicate its reliability, are described. The proposed methodology will be useful in developing intervention programs for families with special children.

Keywords: family, mental retardation, destructive, adaptive, transcendent activity, reflected subjectivity, parental attitude towards the child, attitude with professionals, attitude towards the diagnosis.

Current research on families with special children considers such families as rehabilitation institutions, which ensures the most comfortable environments for the raising and development of children. Assistance to the family members is aimed at teaching them, especially the mother, how to communicate with the disabled child in a way that will help to develop certain social skills [6; 8; 12]. It is important to emphasize that the parents should not only be familiar with the methods of pedagogical and psychological support, but also have the determination to put such

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knowledge into practice. Often, specialists face the situation where they are ready to teach the parents how to deal with a special child to achieve better results but the parents are unwilling to assimilate the experience.

We see the result of this tendency in the concentration on the pedagogical component of the intervention and the lack of interest of researchers and specialists in the psychological condition of the parents and their adaptation to having a special child in the family. It is becoming evident that psychological assistance and support should focus not only on the child, but also on the adaptation of the family to the current situation at each stage of the family's life cycle [13; 14].

Intervention research has shown that without the active involvement of parents in the intervention process it is impossible to achieve adequate results in the development and education of a special child though there is availability of a wide range pedagogical methods and psychological assistance. Therefore, it is extremely important to identify theoretical and methodological concepts that consider the family as a system [8; 12]. Understanding of existing fundamental theories, as well as results of applied psychological research, have produced a number of ideas with significant scientific potential for the analysis of challenges that exist when providing psychological support to families having a child with an intellectual disability.

In this light, Petrovsky's [9] theory of multisubject personality, based on the works of Vygotsky [1], Rubinstein [10] and Leontiev [7], is of special interest. "Reflected subjectivity" is the key concept of the theory, which assumes ideal representation of an individual in the life situation of another one. The reflected subject is a significant person for the individual, in whom the individual finds his/her own reflection, which acts as the source of new meaning of life, and is capable of changing the individual's behavior and consciousness. Research in the field of personality psychology, based on the reflected subjectivity method, confirms the changes in interests, values and methods of settling conflicts of the participants. The dynamics of self-image under the influence of the other individual have also been demonstrated. Petrovsky points out the result of the interaction of individual influence and of influence connected with the content of the situation (situational factor) [9]. In this context the situational factor is represented by the event of the appearance in the family of a special child, particularly a child with intellectual disability.

Considering the phenomenon of reflected subjectivity with regard to the special child's parents allows us to conclude that the personality of a parent of a special child is strongly influenced by reflected subjects (the special child and professionals) and reflected object (child's diagnosis), which transform the attitudes, motivation, intensity and direction of parents' activity. "Reflected subjectivity" and "reflected disability" lead to specific types of parental activity. The dynamics depend on the quality of the interaction in the "professional-parent" dyad, on acceptance of the child's personality and diagnosis, the result of which is the formation of constructive parental attitude [9; 14].

Harmony in parent-child relations resulting from parental attitude is most effective, because of the high level of consciousness characterising the parental attitude. Its cognitive element leads parents to the better understanding of a child with intellectual disability. Adequate parental attitude allows improvement in the relationship between the parent and the child and other family members, based on universal values. It also helps to analyze the parents' behavior, to be aware of the parents' motives and the consequences of their interactions with their child. Some researchers define optimal and non-optimal parental attitude. Sharing Spivakovskaya's views, we consider the optimal parental attitude by using the criteria of adequacy, flexibility and prognostic value [11]. According to concepts of "reflected subjectivity" and "reflected objectivity" we reconsider those criteria in relation to the child's personality and diagnosis, as well as in relation to interaction in the "professional-parent" dyad.

Adequacy of the parental attitude can be defined as the competence to recognize and to understand the individuality of the child and to notice changes in his/her internal world. In the case of a special child this criterion includes the parents' acceptance of the child's diagnosis and the adequacy of expectations of interaction with professionals. *Flexibility* of the parental attitude

can be represented as the ability to transform the parent's influence on the child as he/she grows and as life conditions change. It is important to consider parents' ability to be flexible when interacting with a special child, taking into account his/her diagnosis, as well as with professionals, when searching for a way to solve a problem. *Prognostic value* means that parents' behavior should anticipate the appearance of new psychological and personality features in children. At the same time, considering the diagnostic outcomes of the development and socialization of a child, this criterion should also include the parents' awareness of life prospects for a special child, and the quality of interactions between parents and professionals when planning strategies for the child's future.

Using these criteria, we have described four types of parental attitude towards a special child: partnership, teaching, domination and rejection. We can conclude that such factors as mobilization of adaptation energy in response to the stress experienced by the special child's parents, reflected subjectivity (the child and the professionals) and reflected disability specify certain types of parents' activity and parental attitude. According to our theoretical approach [2; 3; 4], personalities of parents who raise a special child are strongly influenced by reflected subjects (the special child and professionals) and a reflected object (child's diagnosis). So, we started our research by getting empirical data about parents' attitudes toward following *actors*: the child, the diagnosis and the professional.

Study 1. Empirical study of parental attitudes in a family with a special child

The goal of Study 1 was to investigate parental attitudes regarding acceptance of special child, position towards child's illness and interactions with professionals.

Our study included 137 parents and grandparents, aged 25 to 62 years who are raising children with mental disorders, who are attached to specialized centres and orphanages in Moscow.

In total, 18 questionnaires were used for the survey [4], covering personality and family relations, which we assume are the most important determinants of different types and levels of reflexivity ("reflected subjectivity" and "reflected objectivity") and parental attitudes toward the actors mentioned above. Because the questionnaires were very time-consuming, only highly motivated parents took part in our study.

The child's acceptance by his or her parents

Speaking about parental attitudes toward the child, we consider that the most important determinant of those attitudes is the child's acceptance by his or her parents. To study that acceptance, our modification of Varga — Stolin scale (Questionnaire of parents attitudes) was used [2].

The level of acceptance was high enough and it did not differ significantly between mothers and fathers. Most of the parents who participated in this research try to cooperate with specialists and their children live at home or stay in the institution but parents bring them home every weekend. Taking into consideration that the subjects were from special samples in which the participants of our research were very motivated, this result was expected. It should be mentioned, however, that there are significant differences between fathers and mothers in correlations according to Family and Personal characteristics. In the table 1, we give several examples of correlations that differed significantly among two subsamples (p-values <0.05). By bold font significant correlations in each subsample are presented (p-values <0.05). Complete results of this research are presented in the paper "Comprehensive studies of human: Psychology: proceedings of the VII Siberian psychological forum" [4].

The results very clearly demonstrate that all correlations are higher (on absolute value) among fathers. This suggests that for mothers, acceptance is more instinctual and not based on other determinants, but for fathers it depends on their personality and family relations.

Parent's position towards child's illness

Attitudes towards child's illness were studied using the data, which were obtained by Kagan, Zhuravleva questionnaire [5]. In table 2 descriptive statistics of answers on 5 scales of the questionnaire is presented.

In all scales the range of possible scores is from 1 to 6. But in the scale "Internalization" the answers mostly shifted to the right of the range,

Table 1

Characteristic which give significant differences in correlation in fathers' and mothers' subsamples

	Subsamples	
	mother	**father**
Family characteristics		
Cohesion	0,137	**0,585**
Frustration	-0,615	-0,656
Self-accusation	-0,318	-0,598
Alienation	-0,564	-0,715
Personal characteristics		
Perfectionism	-0,182	**-0,555**
Involvement	0,365	0,626
Positive Relations	0,292	0,508
Action orientation	0,311	0,408
Control	0,375	0,449
Risk acceptance	0,247	0,395

Table 2

Descriptive statistics of scores on all scales

	Min	Max	Mean	Std. Dev.	Skewness	Kurtosis
Internalization	2,00	6,00	4,57	1,02	-0,64	-0,19
Anxiety	1,40	4,60	2,94	0,71	0,26	-0,55
Nosognosia	1,17	5,67	3,23	0,91	0,13	-0,29
Activity control	1,00	5,75	2,65	0,95	0,57	0,30
General tension	1,65	4,96	3,06	0,62	0,22	0,51
Standard error					0,207	0,411

Notes: ***Internalization***. High scores on this scale indicate that parents believe that the causes of the disease do not depend on them and they cannot control it. Low scores indicate that parents perceive themselves to be responsible for the child's illness.
Anxiety describes anxious reactions to a child's illness. The extreme degree of denial of anxiety is at odds with the conventional stereotypes of attitudes toward children and indicates most often the repression of anxiety.
Nosognosia. High rates testify to parents' exaggeration of the severity of a child's illness, and low ones testify to understatement.
Activity control. High indicators describe the tendency of the parents to set the maximum limits of the child's activity for the duration of the illness. Low rates reflect the tendency to underestimate the observance of necessary activity limits.
General tension. Total score. High rates characterize a tense attitude towards the disease.

indicating that respondents believe that the causes of the disease do not depend on them. A shift to the left on the scale "Activity control" means that respondents do not put limits on their children in activity. In all other scales the answers are normally distributed, and we can conclude that parents of these children in their attitude toward illness are similar to the ordinary parents.

Social-demographic parameters can give differences in levels of each scale in subsamples analysed according to this or that parameter. For example, we analysed the difference in "Nosognosia" among parents whose children live at home and those whose children live in a special institution. It was unexpected for us that it turned out that parents whose children live in special institutions have significantly lower levels of nosog-

nosia. Probably because they rely on professionals who accompany them at all times.

One of the questions we asked our respondents was: "What do you think about your child's disorder?" And several variants of answers were offered for choice. These variants were selected from our preliminary qualitative studies. Distribution of answers is presented in Table 3.

We can see that among our respondents more than half have active position solving problems. People who deny the problem completely (closed eyes) — are only 4%.

Parent's interactions with professionals

The third aspect — attitudes towards professionals — was studied by us on the basis of the answer to the direct questions. Each question has 4 grades for answers (from disagreement (=1) to agreement (=4)).

Results are presented in Table 4.

We can see that respondents "believe" in partnership with professionals and trust their recommendations.

Concluding from the first study, we can say that our respondents mostly accept their own children even though they have special needs and differences from children whose development is ordinary. But for fathers this feeling needs to be supported by family relations and personal positive orientation compared with mothers, for whom own child acceptance is more general and less dependent on family and even personal determinants.

These results show us average tendencies and according our theoretical analysis there could be significant differences depending on latent attitudes: partnership, teaching, dominance, rejection.

Study 2. Measuring parent's attitude for special child

The goal of Study 2 was to develop a questionnaire that can measure parental attitudes toward a child with special needs.

For each of the three actors of the parental interaction: the child, the professional and the diagnosis, and the three criteria for the relationship: prognostic value, flexibility, adequacy, four situations were compiled: two of which described the behavioural level and two cognitive ones. Thus, the questionnaire includes 36 ($3 \times 3 \times 4$) items (the beginning of the sentences) with the variants of answers (endings of these sentences) corresponding to each of the four types of the parent

Table 3

Distribution of answers about attitudes toward own child disorder in our sample

Variants of answers	%
I still do not believe in what happened, I think that the diagnosis is wrong	4
I hope for a "miracle" that will heal my child	11
The Illness of the child is punishment, "God's punishment"	10
I am ready to actively solve the problems of the child	52
I am positive about the future	23

Table 4

Answers distribution on items about attitudes toward professionals

	Likert scores (1 — disagree ↔ 4 — agree)			
	1	**2**	**3**	**4**
I trust specialists' recommendations	2	18	82	35
I think that the specialist does not spend enough time and attention to my child	0	25	73	39
I think that only the specialist should care for my child (not me)	14	48	38	37
Only partnership between parents and specialist can give effective results in child's development	2	9	40	86
I am an expert in my child's development	5	47	53	32

attitude (partnership, teaching, dominance, rejection). Answering, a respondent should choose only one end of the sentence, the one, which most reflects his/her point of view. Table 5 presents all the items of the questionnaire with their distribution according to the criteria of parental attitudes (actors of interaction and levels of manifestation). Variants of the endings of sentences with their corresponding types of parental attitude can be got from us by request.

To check psychometric characteristics of the questionnaire a second empirical study was

Table 5

The questions of the questionnaire "Parents attitudes" according the actors, the criteria and the level

Actors	Criteria		
	Adequacy	**Flexibility**	**Prognostic value**
Child	Cognitive level (thinking)		
	1. My child often makes me think …	2. If the child doesn't fulfill my requirements, I often think …	3. Thinking about the future of my child I …
	4. Requirements for special children should …	5. When I encounter a problem in the child's behavior, I believe that …	6. I believe the future of a special child depends on …
	Behavioral level (activity)		
	7. When I'm invited to visit friends or relatives, the question whether or not to take the child with me depends on …	8. If the child does something wrong or not the way it should be done I often …	9. For the development of the child's social and domestic skills I …
	10. To play with a special child …	11. Controlling my child I …	12. Future life of a special child …
Diagnosis	Cognitive level (thinking)		
	13. The child's diagnosis …	14. If my child behaves badly …	15. The knowledge about the diagnosis helps me to …
	16. My goal is to find out more about the diagnosis…	17. The parent should react to the diagnosis of the child …	18. I consider attending educational activities for the parents …
	Behavioral level (activity)		
	19. Due to my child being diagnosed I try to …	20. Understanding the limitations of this diagnosis I …	21. In order to learn about the prognosis of the condition I …
	22. When solving the child's problems related to the diagnosis I …	23. Violating the treatment and recommendations of the specialists …	24. To minimize the effects of the diagnosis on the life of the child in the future I …
Professional	Cognitive level (thinking)		
	25. When I am invited to a conversation with the specialist working with my child I catch myself thinking that …	26. Problems in the interactions with the professionals …	27. I think that interacting with the professionals in the future when my child has gotten older …
	28. I consider the interaction with the specialists as …	29. The new ideas on raising and educating a special child that I usually get from the professionals I usually …	30. In the future when my child has grown up I think that his or her interaction with the professionals …
	Behavioral level (activity)		
	31. Interacting with the professionals regarding the care, raising and education of the child I …	32. If I have doubts regarding the child's treatment I usually …	33. Participating in the building of my child's future in conjunction with the professionals I …
	34. After the meetings with the specialists I usually …	35. When I don't get on well with a particular professional …	36. I believe the responsibility for the child's future lies on …

conducted with 85 parents of children who are patients of Centre for the Promotion of Family Education in Moscow. Psychometric verification of the method was carried out based on the results of a survey of 81 people (fathers and mothers) having children with special needs.

Psychometric verification of the questionnaire

The results of the descriptive statistics of the distribution of answers on the scales of the questionnaire "Parental attitude" are presented in Table 6.

We should note the very high reliability of the scales of partnership and rejection, high on teaching and satisfactory in terms of dominance. These indicators tell that the four selected constructs (partnership, teaching, dominance, rejection) have their adherents. Respondents choose the appropriate response options not randomly, but in accordance with their attitudes that are steadily manifested throughout the survey. These settings correspond to the orientations of one or another attitude.

More statistical indices are presented in our previous research [3]. In samples used for Study 1 and Study 2 most of the respondents had partnership attitude. The second place belongs to teaching attitude. As the samples of these two studies are from the same general population, the results should be similar. The fact that among subjects of the second study mostly should be parents supporting, accepting their children, would like to make their life more interesting and colorful and would like their children be as more independent in their life as possible was excepted. At the same time, a tangible presence even in such a sample of answers reflecting the attitude of the dominant and rejecting parent, allow one to conclude, firstly, that there is no social desirability or, on the contrary, undesirability in the proposed formulations, and secondly that they are not marginal and represent points of view, behind which stand both people and attitude.

Conclusion

Thus, we can say that there are four types of parental attitudes and they determine how parents interact with their own children and with professionals and how they deal with the child's illness. We have to emphasize that the pure types exist only in theory. In reality each person follows this or that attitude, but each attitude can determine a person's reaction in different strength.

The developed practical and research method is proposed for use in the work of specialists accompanying the family of a special child, as well as in academic studies as a tool that measures the integral quality of the parent-child relationship with the characteristics of development.

Table 6

Descriptive statistics answers' distributions on scales of the questionnaire "Parental attitude"

	Mean	Skewness	Kurtosis	α Cronbach
Partnership	0,444	0,132	-0,470	0,827
Teaching	0,314	0,354	0,425	0,734
Dominance	0,121	1,803	4,863	0,633
Rejection	0,120	2,431	8,947	0,883
Standard error		0,267	0,529	

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Родительское отношение в семьях, воспитывающих детей со специальными нуждами

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Представлены методологические основания полисубъектного подхода к рассмотрению родительской позиции в семьях с особым ребенком. Адаптационные механизмы таких семей рассматриваются в контексте понятия «отраженная субъектность». Показано, что на личность родителей, воспитывающих детей с нарушениями в развитии, и их отношение к ребенку оказывают влияние отраженные субъекты (особый ребенок и профессионал) и отраженный объект (диагноз ребенка). Приводятся результаты двух эмпирических исследований, посвященных изучению родительской позиции в зависимости от принятия родителем ребенка, взаимоотношений родителя с профессионалами и восприятия родителем диагноза ребенка. Выделены четыре типа родительской позиции, включая «партнерство» и «отказ», и предложен инструмент, измеряющий выраженность каждого типа. Описаны результаты психометрической проверки методики, которые свидетельствуют о ее надежности. Предложенная методика будет полезна при разработке программ вмешательства для семей с особыми детьми.

Ключевые слова: семья, умственная отсталость, деструктивная, адаптивная, трансцендентная активность, отраженная субъектность, родительское отношение к ребенку, отношение с профессионалами, отношение к диагнозу.

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