The Influence of Family on the Development of the Personality of a Child with Intellectual Disabilities

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A B S T R A C T

This article examines the complex impact of family dynamics on the personality development of children with intellectual disability (ID). Current study emphasises the considerable psychological distress faced by families, frequently resulting in isolation and insufficient support systems. Nonetheless, a deficiency persists in comprehending the intricate effects of various parental coping strategies on a child's development. This qualitative study examined data from interviews with families of children with intellectual disabilities, classifying parental reactions into three profiles according to Tkacheva's (1999) typology: Authoritarian, Neurotic, and Psychosomatic. The study of data concentrated on discerning relationships between parental coping mechanisms and the personality development of the child. Research indicates that authoritarian parents, although they may offer structure, might unintentionally impede a child's self-esteem and autonomy. Neurotic parents, encumbered by fear and powerlessness, may unintentionally restrict their child's chances. Psychosomatic parents, despite appearing composed, may endure internalised stress that impairs their capacity to offer consistent and supportive care. The research illustrates a distinct correlation between parental coping mechanisms and child development. The frequency of psychosomatic responses highlights the essential requirement for comprehensive support systems that cater to the emotional and psychological welfare of parents. Practical implications encompass focused measures aimed at enhancing parental empowerment, managing stress, and facilitating access to effective support groups. Future research ought to investigate longitudinal studies to monitor the enduring effects of these dynamic relationships.

Introduction

Families frequently implement a "policy of silence." Engaging in discussions about difficulties and unpleasant situations often correlates with a significant rise in anxiety. Family members occasionally apprehend that candidly discussing distressing subjects may jeopardise the family's stability. Anxiety can become so pervasive that it depletes all vitality, inhibiting communication. I have observed multiple cases in which parents refrain from discussing issues with one another or with their other children. Nevertheless, these emotions endure. Silence undermines connection and trust. Another facet of this isolation is the perception that this loss is singular, that no one else comprehends the experience of

nurturing a child with profound issues. A pervasive feeling of solitude frequently exists. The grief can be so severe that it obscures the awareness that others, both nearby and distant, may also be enduring substantial hardships, such as the loss of loved ones, critical illnesses, or other important life challenges. This knowledge appears to diminish from consciousness, precluding any potential for connection with others. As a result, the external social world becomes challenging, and the family may also retreat, isolating themselves in their experiences. The arrival of a child with developmental disabilities presents a very hard event, frequently dismantling the family's prior convictions on themselves and their future. A family in this circumstance undertakes an extensive and frequently lifelong journey. What is the description of this path? How can we enhance the clarity and visibility of internal procedures during this journey? How can we assist them in recognising the changes, discovering the resilience to surmount the problems, and seeing the potential opportunities that may await? Families with children who have exceptional needs frequently endure systemic strain due to significant psychological stress. They often lack support, encountering a stagnant predicament, both personally and socially. The existing social support mechanisms in our nation are frequently insufficient, resulting in families experiencing neglect and despair. Many families manage independently, often receiving only limited medical assistance and a modest pension. Moreover, medical, educational, and social service experts occasionally advocate for institutionalisation (e.g., boarding schools), portraying a dismal outlook for the child's future and the family's overall welfare. As professionals, we can establish new support networks or enhance current ones to mitigate isolation through shared experiences, promoting understanding and empathy. Family counselling and parental support groups are essential, offering a forum for the validation and exchange of experiences. Parents frequently experience a sense of impotence, convinced they lack the ability to affect the situation or instigate good transformation. Family and individual counselling, engagement in support groups, and participation in conversations regarding intervention and developmental programs empower parents, cultivating initiative, responsibility, and the capacity for action. This method enables people to investigate and cultivate elements of their narratives and discover inner strength. It is essential to recognise that such initiative and responsibility are frequently delicate, necessitating much external support, particularly during their initial phases. Psychological counselling, as per recognised norms (Tkacheva V.V., 1998), include resolving developmental discrepancies that deviate from normative expectations. Consequently, counsellors (or special education teachers) must rigorously follow ethical norms when engaging with families, guaranteeing a sympathetic and supporting demeanour.

Ethical Considerations in Counseling Families of Children with Special Needs:

1. **Empathy and Non-Judgmental Approach:** Counselors must demonstrate genuine care, support, and understanding, actively avoiding preconceived notions and stereotypes.

2. **Parent-Centered Perspective:** The counselor should strive to understand the situation from the parents' viewpoint, acknowledging their feelings and perspectives.

3. **Confidentiality:** Maintaining the strictest confidentiality is crucial.

4. **Professional Boundaries:** Counselors must maintain clear professional boundaries. If the relationship becomes too personal or informal, referral to another professional is recommended.

5. **Active Parental Engagement:** Counselors should actively involve parents in the therapeutic process, fostering collaboration and a sense of shared discovery.

6. **Empowerment, Not Advice:** The focus should be on empowering parents to find their own solutions and take responsibility for addressing challenges, rather than providing direct advice.

Parental Psychological Profiles (Tkacheva, 1999):

A 1999 study by V.V. Tkacheva identified three main psychological profiles among parents of children with special needs:

1. **Authoritarian:** These parents often display excessive control and sometimes resort to punishment. Their responses are influenced by cultural norms, understanding of disability, and personal upbringing. They may also exhibit traits like a strong need for praise and an intolerance for conflict.

2. **Neurotic:** These parents show a fragile coping mechanism, often overwhelmed by the child's disability. Grief and anxiety dominate their responses. They may feel helpless and lack the motivation to seek solutions. They tend to avoid responsibility, feeling unable to manage the burden. This often leads to neglecting the child's long-term needs.

3. **Psychosomatic:** These parents demonstrate a mixed response pattern. They may seem outwardly composed, but internal stress manifests as psychosomatic symptoms. While capable of addressing external aspects of the problem, they struggle to process emotions effectively. They combine authoritarian traits with caregiving but may succumb to the weight of challenges.

Social Context and Challenges:

While recent media attention highlights the challenges faced by families raising children with disabilities, societal acceptance remains limited. Children often show greater acceptance than adults; they adapt their interactions according to the child's limitations. Adults, however, sometimes express an unfounded fear of interaction, creating further barriers. There is a clear need for increased societal understanding and support. The lack of a standardized classification system for family styles highlights the complexity of this issue. Research by Mayramyan R.F. (1976) demonstrated the significant prolonged psychogenic stress experienced by mothers, affecting them on psychological, somatic, and social levels (Tkacheva, 1999).

Parental Response Styles to Raising a Child with Special Needs:

Three distinct parental response styles have been identified in relation to raising a child with special needs:

1. **Authoritarian Parents:** These parents exhibit excessive protectiveness, sometimes employing physical discipline. The severity of these behaviors varies depending on cultural context, parental understanding of the child's needs, and their personal upbringing. Negative traits include a strong need for praise, a desire to be seen as role models, and an intolerance of conflict.

2. **Neurotic Parents:** These parents demonstrate a weak and overwhelmed response to the challenges. They may become consumed by grief and anxiety, perceiving the child's disability as insurmountable. They often lack motivation to seek solutions or support, feeling hopeless and helpless. Their own vulnerabilities lead them to avoid responsibility for the child's future, unable to bear the perceived burden. These parents often exhibit neurosis, anxiety, and low self-esteem, which can negatively impact the child's self-perception and development of skills and abilities. Positive self-esteem and confidence in one's capabilities are crucial for a child's development, but the parents' sense of their own lives being "ruined" and their feeling of suffering creates a negative environment.

3. **Psychosomatic Parents:** This group displays a mixed response pattern. While capable of addressing external aspects of the child's needs, they struggle to effectively process their emotions internally. This leads to a disconnect between external action and internal emotional experience. Unresolved issues manifest internally, potentially leading to psychosomatic illnesses. These parents outwardly appear composed, but unresolved stress impacts them significantly. Psychologically, they combine authoritarian tendencies with caregiving but may succumb to the challenges, lacking the strength to fully advocate for their child. This group represents a significant majority (55-65%, or two-thirds) of parents, with the other two styles more evenly distributed.

Impact on the Family:

A child's significant disability can profoundly impact parental characteristics, potentially fostering aggression, withdrawal, authoritarianism, and a lack of will. Families often face social isolation and vulnerability. While mothers have legal rights regarding their children, they frequently lack the necessary legal support and understanding to effectively access and utilize these rights. They may engage in prolonged battles with local authorities, sometimes achieving victories, especially when uniting with other parents. However, these victories often come at a high cost—the loss of irreplaceable time crucial for the child's development. The intense emotional and social challenges can be overwhelming for many parents.

Results and Discussion

Thematic analysis of semi-structured interviews with parents of children with intellectual disabilities (ID) revealed a complex interplay between parental coping mechanisms, family dynamics, and the child's developmental trajectory. Three dominant themes emerged, largely aligning with, yet also extending beyond, Tkacheva's (1999) typology: Authoritarian, Neurotic, and what we term "Adaptive Coping."

Authoritarian Parenting: This group exhibited a strong emphasis on control and structure, often employing strict disciplinary methods. While this approach provided a sense of order for some families, it correlated with children exhibiting lower self-esteem and limited opportunities for independent exploration and decision-making. This aligns with existing literature highlighting the potential negative impact of overly controlling parenting styles on child development [cite relevant literature on authoritarian parenting and its effects on children with disabilities]. However, the study also revealed a subgroup within this category exhibiting a more "benevolent authoritarianism," where strict structure was coupled with significant emotional investment and unwavering support for the child's progress.

Neurotic Parenting: Consistent with Tkacheva's findings, this group displayed high levels of anxiety and a sense of helplessness in the face of their child's challenges. This manifested in a tendency toward overprotection and avoidance of challenging situations, potentially hindering the child's skill development and social integration. The children of these parents often exhibited lower levels of independence and self-confidence. This validates existing research on the negative impact of parental anxiety on child outcomes [cite relevant literature].

Adaptive Coping: This emergent theme, not fully captured by Tkacheva's typology, represents parents who actively sought information, resources, and support. They demonstrated flexibility in their approaches, adapting their parenting strategies based on their child's evolving needs and seeking professional guidance. These families demonstrated greater resilience, a stronger sense of collective efficacy, and their children showed improved adaptive functioning and higher self-esteem. This highlights the critical role of access to support services and the empowerment of parents in shaping positive outcomes.

Knowledge Gaps and Further Research:

While this study contributes valuable insights into the Uzbek context, significant knowledge gaps remain. Further research should explore:

➢ **Longitudinal Studies:** A longitudinal study tracking families over time would illuminate the long-term impact of different parental coping styles on both the child's development and the family's overall well-being.

➢ **Cultural Nuances:** This study's findings could benefit from cross-cultural comparison, examining similarities and differences in parental responses across diverse sociocultural contexts.

➢ **Intervention Development:** The findings regarding "adaptive coping" highlight the need for evidence-based interventions aimed at empowering parents and enhancing access to support services. Future research could focus on designing and evaluating the effectiveness of such interventions.

➢ **Impact of Socioeconomic Factors:** A deeper investigation into the interplay between socioeconomic status, access to resources, and parental coping styles is needed to address potential inequalities in access to support.

Implications:

The results underscore the crucial need for culturally sensitive interventions that not only support the child's development but also address the profound psychological and social needs of parents. This includes providing access to psychological support, parent education programs, and strong community-based support networks that encourage peer-to-peer learning and mutual support. Further research is needed to adapt and implement effective interventions within the Uzbek context. The development of culturally relevant resources and educational materials for parents is also critical to promote informed and adaptive coping strategies.

Conclusion

This qualitative study examined the intricate relationship between family dynamics and the personality development of children with intellectual disabilities (ID) within the Uzbek culture. The results identified three significant parental coping styles: Authoritarian, Neurotic, and Adaptive. Authoritarian parenting, despite offering order, correlated with diminished child self-esteem and restricted autonomy. Neurotic parenting, marked by worry and powerlessness, frequently obstructed the child's development and social integration. Conversely, adaptive coping, characterised by proactive information gathering and resource utilisation, was associated with enhanced child outcomes and increased family resilience. These findings highlight the essential requirement for culturally attuned interventions aimed at enhancing parental empowerment, managing stress, and facilitating access to comprehensive support systems. Subsequent study should investigate longitudinal impacts, cross-cultural comparisons, and the formulation and assessment of customised treatments to enhance outcomes for children with intellectual disabilities and their families. Future research should focus on the influence of socioeconomic issues, the development of successful parental education programs, and the assessment of the efficacy of diverse support networks within the Uzbek setting.

References

1. Chen et al. (2023). "Problems Experienced by Families of Children with Disabilities and Their Influence on Family Dynamics." Bu maqola oiladagi psixologik muhit va bolalar rivojlanishidagi oila muhimligini ta'kidlaydi.

2. Hastings & Lloyd (2020). "Parental Stress and Mental Health in Families of Children with Intellectual Disabilities." Ushbu tadqiqot ota-onalarning ruhiy sog'lig'i va bolalar bilan bo'lgan aloqaning ahamiyatini o'rganadi.

3. Siméon et al. (2022). "Family Quality of Life in Families with a Child with Profound Intellectual Disabilities." Ushbu maqola intellektual cheklovli bolalarning oilaviy farovonlikka ta'sirini tahlil qiladi.

4. Emerson (2019). "Social Determinants of Health and Well-being in Families with Children with Disabilities." Ijtimoiy omillarni bolalarning rivojlanishidagi asosiy rol sifatida tahlil qiladi.

5. Phipps & Siani (2021). "Parental Resilience in the Context of Intellectual Disability." Oilaning bardoshliligi va stressni boshqarish usullari o'rganilgan.

6. Brown et al. (2020). "Impact of Parenting Styles on Children with Intellectual Disabilities." Bu maqola ota-onalarning tarbiya usullarini va ularning bola shaxsiyatiga ta'sirini ko'rsatadi.

7. Priego-Ojeda & Rusu (2023). "Family Interventions for Developmental Challenges in Children." Oilaviy terapevtik yondashuvlar ko'rib chiqilgan.

8. Benson et al. (2018). "Depression and Anxiety in Parents of Children with Intellectual Disabilities." Bu tadqiqot ota-onalardagi stress va xavotir darajasini o'rganadi.

9. Williams & Lloyd (2021). "Cultural Influences on Parenting and Disability." Madaniy o'zgaruvchilar va intellektual cheklovli bolalarga ta'sirini tahlil qiladi.

10. Luijkx & Waninge (2020). "Family Support and Developmental Outcomes in Children with Disabilities." Bu maqola ijtimoiy yordamning bolalar rivojlanishiga ta'sirini ko'rsatadi.

11. Lloyd et al. (2019). "Parental Mental Health and Its Impact on Children's Development." Ota-onalarning ruhiy holati bolaning rivojlanishiga ta'siri haqida.

12. Jones & McConkey (2019). "Adaptive Parenting in the Context of Disabilities." Ushbu tadqiqot moslashuvchan ota-ona tarbiyasining ahamiyatini ko'rsatadi.

13. Spencer et al. (2023). "Genetic Influences and Parenting Stress in Intellectual Disabilities." Bu maqola genetik omillarning oilaviy stressga ta'sirini ko'rib chiqadi.

14. Ahmed & Khan (2021). "Resilience in Families of Children with Disabilities." Bu tadqiqot oilaning moslashuvchanlik strategiyalarini o'rganadi.

15. Roberts et al. (2022). "Long-term Impacts of Early Family Interventions." Oilaviy aralashuvlarning uzoq muddatli ta'sirlarini ko'rsatadi.