



NORWEGIAN JOURNAL OF DEVELOPMENT OF THE INTERNATIONAL SCIENCE

№59/2021

Norwegian Journal of development of the International Science

ISSN 3453-9875

VOL.1

It was established in November 2016 with support from the Norwegian Academy of Science.

DESCRIPTION

The Scientific journal “Norwegian Journal of development of the International Science” is issued 24 times a year and is a scientific publication on topical problems of science.

Editor in chief – Karin Kristiansen (University of Oslo, Norway)

The assistant of the editor in chief – Olof Hansen

- James Smith (University of Birmingham, UK)
- Kristian Nilsen (University Centre in Svalbard, Norway)
- Arne Jensen (Norwegian University of Science and Technology, Norway)
- Sander Svein (University of Tromsø, Norway)
- Lena Meyer (University of Gothenburg, Sweden)
- Hans Rasmussen (University of Southern Denmark, Denmark)
- Chantal Girard (ESC Rennes School of Business, France)
- Ann Claes (University of Groningen, Netherlands)
- Ingrid Karlsen (University of Oslo, Norway)
- Terje Gruterson (Norwegian Institute of Public Health, Norway)
- Sander Langfjord (University Hospital, Norway)
- Fredrik Mardosas (Oslo and Akershus University College, Norway)
- Emil Berger (Ministry of Agriculture and Food, Norway)
- Sofie Olsen (BioFokus, Norway)
- Rolf Ulrich Becker (University of Duisburg-Essen, Germany)
- Lutz Jäncke (University of Zürich, Switzerland)
- Elizabeth Davies (University of Glasgow, UK)
- Chan Jiang (Peking University, China) and other independent experts

1000 copies

Norwegian Journal of development of the International Science

Iduns gate 4A, 0178, Oslo, Norway

email: publish@njd-iscience.com

site: <http://www.njd-iscience.com>

PREDICTORS OF PARENTAL ATTITUDE FORMATION IN MOTHERS OF CHILDREN WITH AUTISTIC DISORDERS

Stukan L..

MD, PhD, Associated professor, Department of Medical Psychology and Psychiatry with the Course of Postgraduate Education of National Pirogov Memorial University, Vinnytsya, Ukraine

Pshuk N..

MD, PhD, DSci, Professor, Head of Medical Psychology and Psychiatry Department with the Course of Postgraduate Education, National Pirogov Memorial Medical University, Vinnytsya

Kaminska A.

MD, PhD, Associated professor, Department of Medical Psychology and Psychiatry with the Course of Postgraduate Education of National Pirogov Memorial University, Vinnytsya, Ukraine

DOI: [10.24412/3453-9875-2021-59-1-24-27](https://doi.org/10.24412/3453-9875-2021-59-1-24-27)

Abstract

Mental health disorders in children is an urgent problem in Ukraine and worldwide. Public attention to medical and psychosocial problems of families, where children with autism spectrum disorders are brought up, is still insufficient. The aim of our study was to find out key predictors of maternal attitudes towards children with autism spectrum disorders and to outline areas of psychotherapeutic correction of maladaptive forms of caregiving and upbringing.

35 mothers of children, diagnosed with childhood autism (F 84.0) and atypical autism (F 84.1) were included into this study. Control group included 20 mothers, who had healthy children (the first group of health), corresponding to the age of the main group women. Parental Attitude Research Instrument (PARI) by E. Schaefer and K. Bell in adaptation of T.V. Neshcheret and Parental Attitudes Questionnaire (by A.Y. Varga, V.V. Stolin) were used as psychological testing tools.

Changes in upbringing strategies of mothers, found out by psychological testing, indicated the inaccuracy of mother's behavior, inability or unwillingness to feel and understand the needs of the child and change their own behavior appropriately to meet these needs, unconstructive forms of mother-child relationship, expressed in symbiotic relationship and authoritarian style of upbringing. Thus, revealed changes of child-parent relations in families, where child has autistic disorder, are a component of family dysfunction and have negative impact on socio-psychological adaptation of children and parents. At the same time, mother of a child with autistic disorder can quite effectively help her child to overcome many problems through their own changes. That is why the study of relationships in families, and especially mother's attitude to the child with autism, is a necessary component in terms of development, organizing and implementing into clinical practice sources of medical and psychological support and psychotherapeutic correction of families with children with autism spectrum disorders.

Keywords: autism spectrum disorders, mothers, parental attitude, medical-psychological support system, family burden.

The issue of mental health disorders in children as a result of disontogenesis of mental development is an urgent problem nowadays. Among the disorders of psychological development, a significant place is taken by autism spectrum disorders (ASD), the interest in which is constantly growing among modern scientists due to the increasing prevalence of these disorders worldwide in general and in Ukraine in particular [1,3]. Meanwhile, public attention to medical and social problems of children with autistic disorders and especially to families, where children with ASD are brought up is insufficient. Problems exist both at the stages of ASD diagnostics and in the subsequent management of such children [2,5]. Lack of high-quality system of medical and psychological support, pedagogical and speech training correction for such children in most regions of the country, especially for children under the age of 5-6 years old, deficit of social and psychological support programs for families with children with autism spectrum disorders, lead to these families being actually left alone with their difficulties and autistic children do not having the opportunity to be fully integrated into society [4,6].

The main burden of care and upbringing of child with ASD is usually put on mother, that often causes manifestations of psycho-emotional maladaptation in forms of depressive or dysthymic responses, irritability, anxiety, unconstructive behavioral patterns in mothers of autistic children [8,9].

In modern clinical psychology, there is a shortage of research on the problem of maternal attitude towards children with ASD, while existing programs of help for parents of children with ASD are in the process of continuous improvement. Therefore, it is necessary to develop and test the content and methods of psychological aid to mothers who have children with ASD.

Given the above, the aim of our study was to study the predictors of maternal attitudes towards children with ASD and to outline areas of psychotherapeutic correction of maladaptive forms of upbringing.

Materials and methods. To achieve this goal, a clinical and psychological examination of 35 mothers of children, diagnosed with childhood autism (F 84.0) - 27 persons, and atypical autism (F 84.1) - 8 persons, was performed. The age of mothers ranged from 24 to 35 years (mean age in the group was 28 ± 2.6 years).

Among the surveyed, 12 persons (48%) had higher education and 13 (52%) - secondary special education. At the time of the survey, 8 women (32%) were married. In 18 people (72%) the child with ASD was the only one in the family, in 7 mothers (28%) - the second born child. 20 mothers (80%) did not work at the time of the survey and 17 (68%) said they were forced to leave their work due to the child's illness.

Control group included 20 mothers, who raised healthy children (the first group of health), corresponding to the age of the main group women.

A detailed analysis of family and personal information was done, with special attention paid to interpersonal relations both in family environment in general and with the child in particular. To study mother's attitude to different aspects of family life and mother's attitude towards child, Parental Attitude Research Instrument (PARI) by E. Schaefer and K. Bell in adaptation of T.V. Neshcheret and Parental Attitudes Questionnaire (A.Y. Varga, V.V. Stolin) were used [10]. The reliability of results of the study was assessed using methods of mathematical statistics (Student's t-test and Mann-Whitney U-test).

Results of the research. Study of general specifics of intrafamily relations, features of maternal attitude to child upbringing and organization of family life in general according to PARI (Table 1) showed, that mothers of the main group had higher averages for all parameters, that characterize attitude to family role in general and on parameters of parental authority and

self-sacrifice, the difference between the main and the control groups was statistically significant, which may indicate that family life of such women is complex and full of various difficulties and problems. Women of main group are not interested in anything that goes beyond their everyday life and family responsibilities, they feel like "victim" and do not even allow themselves to think that something in their lives can be changed for the better. They try to fully control and limit outside influence on the child, thus emphasizing their own role. Strict control in the upbringing of a healthy child almost always leads to increased isolation, reduces motivation. Found with the help of PARI method upbringing tendencies in forms of authoritarianism, mother domination, her strictness, suppression of child's will in mothers of children with autism clearly lead to strengthening of those features in behavior and perception of others, that exist in the child.

Mothers of children with autistic disorders had emotional contact disorders with the child, and a more pronounced emotional distance, compared to the control group. This was expressed in difficulties in communication with the child, lack of ability to explain and express their feelings about situation and stimulate child's activity, building relationships with child from the standpoint of parental dominance in contrast to the relationship of partnership and equality. All this leads to increased irritability and increased tension in mothers.

Table 1

Features of parental directions according to PARI method in mothers of children with ASD

№	Scale	Main group (n=35) M ± m	Control group (n=20) M ± m	p
Assessment of attitudes towards family roles				
1	Dependence on the family	14,7± 0,2	12,0± 0,4	>0,05
2	Feeling of self-sacrifice	15,0± 0,3	10,3± 0,5	<0,05
3	Marital conflicts	13,1± 0,6	9,7± 0,6	>0,05
4	Super-authority of parents	16,0± 0,2	12,0± 0,4	<0,05
5	Dissatisfaction with the role of housewife	14,4± 0,4	11,7± 0,4	>0,05
6	Dependence of the mother	14,7± 0,7	10,3± 0,6	>0,05
7	Mother's dominance	14,8± 0,4	8,7± 0,3	>0,05
8	Lack of help from husband	18,6± 0,2	14,7± 0,4	>0,05
Assessment of optimal emotional contact with the child				
9	Verbalization	14,3± 0,5	18,3± 0,4	>0,05
10	Partnership	13,1± 0,6	18,7± 0,4	<0,05
11	Development of the child's activity	11,4± 0,2	16,3± 0,3	>0,05
12	Equality	11,9± 0,3	16,3± 0,4	>0,05
Assessment of excessive emotional distance with the child				
13	Irritability	15,0± 0,4	9,0± 0,6	<0,05
14	Excessive strictness	12,8± 0,2	13,0± 0,3	>0,05
15	Contact avoidance	12,1± 0,7	9,3± 0,4	>0,05
Assessment of excessive concentration in the child				
16	Hyperprotection	14,6± 0,2	10,7± 0,5	>0,05
17	Freedom suppressions	15,0± 0,3	11± 0,6	>0,05
18	Fear of offending	16,3± 0,6	12,3± 0,7	>0,05
19	Exclusion of extra-family influences	13,9± 0,4	11,7± 0,4	>0,05
20	Aggressiveness suppression	15,0± 0,7	12,7± 0,6	>0,05
21	Sexuality suppression	14,0± 0,4	12,7± 0,7	>0,05
22	Excessive intrusion into the child's world	16,7± 0,6	9,0± 0,5	<0,05
23	Desire to accelerate development of child	14,7± 0,3	9,3± 0,4	>0,05

Analyzing the results obtained in by the Parental Attitudes Questionnaire by A.Y. Varga, V.V. Stolin, we noticed that mothers of healthy children mostly perceive their child as it is, respect the child's individuality, approve child's plans and interests, that is indicated by the high proportion of averages (70%) and the absence of high scores on the scale of "Acceptance - Rejection".

A completely different picture is observed in mothers of autistic children. 52% of respondents have a high rate on this scale, which may indicate that mothers can not fully understand the disease of the child and accept it. The mother believes that her child has no chance to live a full life, she is a loser and will be forced to take care of child for lifetime. The mother does not

trust her child, does not respect it and is often even ashamed.

According to the scale of "Cooperation", 65% of mothers of healthy children showed high rates, which indicates that they are interested in plans and affairs of their children, proud of their child. They tend to approve the manifestations of initiative and independence in their children. In the group of mothers of autistic children, all respondents had averages on this scale, which indicates that mothers in most cases do not show initiative to deal with the child. They are passive and do not focus their efforts on discovering their child's strengths, abilities and development.

Table 2

Styles of attitude to the child (by A.Y. Varga, V.V. Stolin)

Scales	Scores interpretation	Mothers of children with ASD, %	Mothers of healthy children, %
«Acceptance - Rejection»	High scores	52	0
	Medium scores	32	70
	Low scores	16	30
«Cooperation»	High scores	0	65
	Medium scores	100	35
	Low scores	0	0
«Symbiosis»	High scores	52	0
	Medium scores	48	100
	Low scores	0	0
«Authoritarian hypersocialization»	High scores	32	0
	Medium scores	68	30
	Low scores	0	70
«Little loser»	High scores	36	0
	Medium scores	64	60
	Low scores	0	40

Indicators on the "Symbiosis" scale show that the majority of mothers of children with autism (52%) have high rates, and the rest (48%) - medium, which indicates a symbiotic relationship with the child. Mother tries to satisfy all the needs of the child, to separate it from the problems. Often, such mothers perform even basic tasks (dressing, making the bed, etc.), that the child can perform on their own, explaining that it is easier and faster.

Mothers, because of their excessive anxiety for the child (not to offend it, not to harm it), without realizing that, contribute to social isolation of their child even more. Regarding the indicators on this scale in the control group, all 20 surveyed mothers (100%) showed averages, which also indicates excessive anxiety for their child and restrictions on the independence and autonomy of the child.

68% - average scores and 32% - high scores on the scale of "Authoritarian hypersocialization" in mothers of children with autism indicates that all mothers adhere to authoritarian methods of upbringing, which is confirmed by PARI method. In group of mothers of healthy children, 70% show low scores on this scale, which indicates that most mothers contribute to the development of child's personality, give the opportunity to express their views, make their own decisions, and so on.

According to the "Little loser" scale, majority of mothers in main group (64%) show average scores and

the rest (36%) - high, which can be explained by the child's disability and indicate, that the mothers of autistic children attribute personal and social disability to them, having no trust in their possible achievements and successes. 60% of mothers in control group got medium scores on this scale, which may indicate that they perceive their children as if they were younger than they really are and they think that the child is not adapted enough to life and can be easily affected by the environment negatively. Interests, thoughts, feelings of child are not taken seriously by the mother.

Summarizing the results of clinical-psychological examination and psychological testing of mothers, whose children suffer from autistic disorders, we can show that there are unconstructive forms of mother-child relationship, which are expressed in symbiotic relationship with the child and at the same time authoritarian style of upbringing. Deficit of emotional contact and severity of emotional distance indicate lack of understanding of their child's needs and ignorance of general psychological and behavioral characteristics of children with autism. Mothers demonstrated attempts to organize the child's behavior intuitively, based on their own, familiar to them notions, while often unintentionally inflicting offence to the child.

Changes in educational strategies of mothers, found out by psychological testing, indicated the inaccuracy of mother's behavior, inability or unwillingness

to feel and understand the needs of the child and change their own behavior appropriately to meet these needs.

Thus, revealed violations of child-parent relations in families where child has autistic disorder, which are a component of family dysfunction in general, have significant negative impact on the socio-psychological adaptation of children and parents to the situation of child developmental disorders. It should be noted, that raising an autistic child is a more complex and burdensome task and at the same time more important for such children, than studying, because in this case socialization is more important than intellectual potential.

A mother of a child with autistic disorder can quite effectively help her own child to overcome problems solely through their own changes. That is why the study of relationships in families, and especially mother's attitude to the child, is a necessary component in terms of development, organizing and implementing into clinical practice sources of medical and psychological support and psychotherapeutic correction of families with children with autism spectrum disorders.

REFERENCES:

1. Маркова М. В. Медико-психологическое сопровождение семьи, воспитывающей ребенка с нарушением психического развития: идеология и эффективность внедрения / М. В. Маркова, Т. Г. Ветрила // Таврический журнал психиатрии. — 2011. — Т. 15, № 3 (56). — С. 131—132.

2. Каган В. Е. Эпидемия детского аутизма? // Вопросы психического здоровья детей и подростков. - 2003 (3), № 1 - С. 7 – 10.

3. Питерс Т. Аутизм: от теоретического понимания к педагогическому воздействию. – М.: ВЛАДОС, 2003. – 240 с.

4. Марценковский, И.А. Возможности профилактики, особенности диагностики и лечения расстройств из спектра аутизма (резюме по итогам десятилетней программы исследований) // Здоров'я України. – 2012. – С. 66-68.

5. Иванов Е. С. Аутизм и интеллектуальная недостаточность у детей // Материалы научно-практической конференции «Ананьевские чтения». – СПб.: Изд-во СПбГУ, 2005. - С. 118 – 123.

6. Никольская О. С., Баенская Е. Р., Либлинг М. М. Аутичный ребенок. Пути помощи. Изд. 3-е, стер. – М.: Теревинф, 2005. – 288 с.

7. Кришталь В. В. Системный подход к диагностике, психотерапии и психопрофилактике нарушения здоровья семьи / В. В. Кришталь, И. А. Семенкина // Международный медицинский журнал. — 2000. — Т. 6, № 1. — С. 11—15.

8. Левченко И. Ю., Ткачева В. В. Психологическая помощь семье, воспитывающей ребенка с отклонениями в развитии. – М.: Просвещение, 2008. – 239 с.

9. Baron-Cohen S., Leslie A. M., Frith U. Does the autistic child have a «theory of mind»? // Cognition. 1985. Vol. 21. N 1. P. 37-46.

10. Практическая психодиагностика. Методики и тесты . учебное пособие / под ред. Д. Я. Райгородского. — Самара: «Бахрах-М», 2001. — 672 с.