

THE COVERAGE OF PROBLEMS IN FAMILY LIFE CAUSED BY THE BIRTH OF A MENTALLY ILL CHILD IN THE SCIENTIFIC LITERATURE

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ABSTRACT--Problems of maintenance of disabled children social and household education are revealed in the article. The independence goals at present require innovation of the special training and education system contents. Introductions of scientifically and theoretically based researches, researches and findings of the new methods and ways of household and social successive relationship are prior and actual for special pedagogy.

Keywords-- Family, Upbringing, Disabled, Collaboration, Special Education, Social Adaptation, Research.

I. INTRODUCTION

The birth and upbringing of a child with a variety of mental retardation is a condition that complicates the family's life and forces the family to act in the face of undesirable changes. Such a condition can be regarded as extremely severe and chronic. Parents of children born with impairments in psychosocial development face a number of difficulties. The researchers who study this issue point out that in addition to the usual difficulties that all families face when a child is born with a disability, a number of unique problems arise in the family, causing a whole chain of undesirable changes [134; 106; 128; 84; 116; 111; 112; 79; 97; 93; 133]. First, the birth of a child with a disability in the family is often unexpected, and parents are generally not prepared for this disastrous event. As a result, they feel helpless and alone. Second, it affects all key areas of the family life.

The birth of a sick child is always a disaster for the family. For nine months, parents and family members were eagerly awaiting the birth of a baby. The birth of a sick child is always a great tragedy, and its tragedy can only be compared to the sudden death of a loved one. Parents and other family members need to be able to adapt properly to the situation of a child born with a defect and to develop it in the best possible circumstances.

It is well known that the family's experiences with the birth of a disabled child are particularly strong and acute in the early stages of a child's life. In this case, the efforts of specialists will be focused not only on diagnosing and treating a sick child, but also on providing psychological support to parents. The goal is to minimize the initial shock in the parents' disaster and to encourage parents to actively support their child while responding to the current situation. Nevertheless, the experience of these situations, and the results of their study and analysis, show that the initial acute feelings that parents have experienced in the birth of a disabled child - nervous shock, grief, and guilt will never disappear. They may seem a bit softer and a bit calmer, but they will always remain part of the spiritual life of the family. From time to time, they can be re-ignited and disrupt family life at certain times in the family

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life. Therefore, families raising children with mental disabilities feel the need for continuous psychological support and support [84].

The complexity of communicating with the child, the problems of his care and upbringing, the inability to see him as a child who wishes to be a parent - all of these disrupt the family's educational function. Parents perceive this condition of their children as obstacles to their motherly and paternal ambitions and expectations. In addition, the special relationship the child needs will require additional material costs. The length of time that a mother who is caring for a mentally retarded child is cut off from work is long overdue. As a rule, the mother does not work for many years, and she has the responsibility of caring for the family's material needs, as the burden of caring for a disabled child is solely on her. Parents' grief, frustration, and frustration can destroy a family's emotional well-being. Most of the family's time and money is spent on the upbringing and treatment of a sick child, so the family has limited opportunities to spend their leisure time together and have fun. The initial social control function of such a family can also be disrupted: it lasts indefinitely. This is also because the family with a disabled child is growing. After all, as these children grow up, they are unable to organize their own behavior and behavior independently. As a result, stress in the family can lead to impaired sexual functions as well. Some parents who do not see their continued progress in the case of a mentally retarded child refrain from having children again, fearing that this will happen again.

Thus, the challenges faced by foster families can be explained by the dramatic change in lifestyle, on the one hand, and the need to address many of the problems that are different from the normal challenges of having a healthy baby. In short, the negative impact of such an event is enormous, as it has far-reaching consequences for the family and its entire family.

Scientific literature also extensively describes the relationship between children with developmental disabilities and their parents [106; 128].

Children with developmental problems are often divided into complex and diverse groups. Different developmental disorders have different effects on the formation of children's social relationships. All psychologists and special educators say that parents need to be aware of the nature of their children's developmental deficiencies in order to properly organize and nurture communication with such children. In particular, as FF Pay and NFSlezina have pointed out, the more appropriate parents are aware of the disadvantages of the development of their children with disabilities, as well as their possible consequences, the more appropriate it is to arrange proper education.

The authors of the study present the following types of misconduct models in families raising children with developmental disabilities.

1. Parents leave their children unattended and leave them alone. This causes a child to be left behind more in development and in a complete lack of adaptation to life.

2. Parents care for their children too much. They feel sorry for him, feel sorry for him, try to keep him out of trouble and do everything in his place. This also makes the child inferior, unable to control himself, and delays development.

A. N. In her research on child development problems, Smirnova points out the following types of parent-child interactions with a child with a disability [111].

1. Parents take their child's shortcomings deeply and even tragically, take care of them too much, show compassion and do not do anything they can to their child. Such extreme care deprives a child of independent mobility, preventing him from adapting to difficult life situations.

2. The parent does not want to get used to the shortcomings of the child, overestimating their abilities, ignoring their shortcomings or ignoring them.

3. Parents are exploited by their child's shortcomings, try to keep them out of the public eye, avoid going to public places and thus depriving their child of life experiences. The child develops very slowly, grows up dull, timid and shy.

4. A child with developmental deficits becomes a stepmother in the family: they upset him, laughed at him, and confronted him. In such a family, the child is often depressed, quick-tempered, angry, and stubborn.

5. The parents do not pay attention to their child and assign all their education to the sch

Smirnova AN emphasizes that parents should behave very calmly, be patient, fair and consistent in dealing with children with developmental disabilities, and that individual approach to child care should be taken into account.

II. RESULT

The famous American pediatrician B. Spock, as a result of his observations, shows the following types of attitudes of parents to a disabled child [116].

1. Parents are embarrassed by the "weird" of their children and are overly concerned about it. The child does not feel safe and secure; he is friendly and does not speak to himself and is not satisfied.

2. Parents unknowingly blame themselves for their children's shortcomings, often demanding the use of various, even inappropriate, therapies that make the child difficult but not make it any easier.

3. Parents gradually come to the conclusion that their child's condition is hopeless, and they refuse to pay any attention to it.

4. Parents do not see problems with their children's development and try to prove to the whole world that their mind is inferior to that of other children. Such parents constantly insist on their children, making demands that are far beyond their capabilities. Constant pressure can make the child stubborn and angry, and situations where he is unable to fulfill his expectations will undermine his or her self-confidence.

5. Parents naturally accept the child and allow him or her to be everywhere, ignoring the "more" views and reproaches. The child feels confident, happy, and takes himself as much as he can.

B. Spock argues that if a child is naturally treated with pity, the child will grow up happy and happy, and that the family will not talk about him.

Thus, all of the above-mentioned parents' attitudes toward children with developmental problems are generally manifested in the disruptive methods of parenting that have been isolated by psychologists from the "parent-normal child" relationship. The relationship between parents and troubled children is different, except for the specificity of each child's development. An analysis of the scientific and scientific-methodological literature shows that this peculiarity is that the parents' misconduct can aggravate the problem of children's development.

As such, parents often make very poor mistakes in the upbringing of their children, even though they are not well aware of the basic laws of child psychology, and these errors make them even worse. Parents, without even knowingly, use upbringing models that build a neurotic state in their children.

Experts' observations and daily parental experience show that the situation with the birth of a child with a mental disorder in the family is not hopeless, and that parents and professionals are often in a difficult position with regard to their child's development and upbringing. They can make things easier, but they just need to know how to do it. It is natural for many parents to sacrifice themselves for the happiness and well-being of their children. This sacrifice, however, should not be absurd, useless or uneducated. In such cases where the specific features of the human nature are maximized, it is important to find ways to use them effectively and efficiently. After all, such high and noble qualities are not valuable in themselves, but they are valuable as a way to achieve results that are unique in value and value.

In their observations and research, both Maller and G.V. Tsikoto [79] concluded that children with intellectual disabilities must adhere to a set of criteria for achieving maximum development. This requires first initiating corrective action, and secondly, favorable family situation and close contact with the family, and, thirdly, the use of educational programs and methods that are relevant to the current age and capabilities of children with developmental disabilities and their educational goals.

The diagnosis of a child should not confuse or discourage parents, but should encourage them to understand the child's condition, to critically assess his or her condition, and to take appropriate action to continue with the care and care of the child. is required.

If there are problems with the upbringing of a child with a disability, this should be explained not by the low level of mental development but by the use of incorrect methods of communication with the child. If parents are ashamed of their child's "weirdness," it is likely that it will be difficult for them to give their children the feeling that they are safe and secure. You should not think that a fool is a miserable child! On the contrary, such children are treated with warmth and open joy. Any words such as "poor, miserable children" are irrelevant. Deviations from the norm in intellectual development do not mean emotional disturbance. Sometimes an educated person can become emotionally illiterate.

According to B. Spock, the child wants to be loved and appreciated for his good, attractive qualities. Obviously, some of the mentally ill people have noticed that if they love them as much as they do in the family, then most of them will be natural, kind, and nice. In his advice to parents, Spock stresses that children with mental disabilities should be what they are, what they are affected by, what they like most, and that they should be taught what the child is trying to master [116].

Parents and societies of children with intellectual disabilities must not only provide for their material needs, but also use every opportunity to surround them with love and attention, and to engage them in social life to the extent that they can.

The younger the child, the more his or her parents' expectations for future success in their development are kept. This is especially true for those cases of severe brain damage. ES Ivanov and DN Isaev argue that parents' attitude to the diagnosis of "mental retardation" in their children is not the same. The family's response to this problem can be classified according to certain criteria. Parental burdens due to the birth of a disabled child often

lead to "confusion, panic, disastrous events." As a result of normal behavior disorders, parents first need psychotherapy. Without this support, they would not be able to provide the child with reasonable care.

A group of parents refuse to acknowledge their child's diagnosis. There are two main reasons. The first reason may be due to underestimation of the child's condition, and the second reason might be the fear of ruining the future of the daughter or son with the label "stupid." This problem also has social roots and is related to the attitude of people with mental disabilities in society. Parents of young children with Down syndrome or other developmental disorders are particularly concerned about whether their children can attend a public school. As their children grow older, they begin to understand the benefits of special (correctional) education and recognize the need for it. But that does not relieve stress.

A family raising a mentally retarded child will face a number of stressful and stressful situations throughout their lives. This happens due to a number of objective and subjective reasons. These are the "ups and downs" that occur over and over again. Families with better psychological and social support are more likely to overcome these situations. In the case of severe intellectual disorders, parents are particularly distressed when their children reach adulthood. Unfortunately, experts often do not pay attention to the crisis situations of the family at this time, such as diagnosing and recognizing the limited educational opportunities of the child.

Earlier, abroad, especially in the United States, the society was directing parents to abandon children with birth defects, such as those born with Down's illness so that their mother could not get used to it. In recent years, the opposite has been the idea of raising a child in a family. This can lead to chronic stress in even healthy families. Parents often feel frustrated, lose self-esteem, and can ruin their relationship. Such families often break up. In these families, fathers try to blame their wives, even when they know that they are the cause of the birth of a disabled child.

Occasionally, a child with a developmental disorder may have other complications, in addition to the underlying disorder, from time to time or from several chronic conditions. This makes the psychological situation in the family more difficult. Frequent repetition of these complications undoubtedly affects the overall adaptation of both the child and the family. This requires more attention from parents and professionals on children. For example, children with severe mental illness, especially during puberty, may experience different types of decompensation. These include, for example, excessive psychomotor activity, aggressive behavior, and so on. can be displayed.

In these cases, parents have the so-called rentals. And then they have no desire to reconsider the diagnosis of their children, but rather demand the social status of the child and the family and expect only material support from the community.

All of the above relationships are groundless and can hinder both the child and the parent from adapting to the situation.

This means that all families raising children with mental disorders are characterized by:

1) parents experience mental and physical difficulties, become mentally and physically exhausted, and worry about the future of their children (this can be termed as a violation of time perspective);

2) the appearance and behavior of the child does not meet the expectations of the parents and, as a result, they cause anger, frustration and dissatisfaction;

3) family relationships are strained and even broken;

4) The social status of the family is diminished: emerging problems not only affect internal family relations but also change the family circle (relatives, friends, neighborhoods); parents try to hide from their surroundings that their child has a mental disorder and that he or she is under the supervision of a psychiatrist;

5) In addition, parents' actions to raise and treat such a child are not always accepted by the people around them, resulting in a specific psychological conflict within the family, such as sadness, surprise, even ridicule. .

Many parents focus on medication treatment to overcome developmental disadvantages. However, it is important to remember that the best treatment for medication is the result of proper family education and parents' regular training with their children. The upbringing of a child with developmental disorders must be accompanied by corrective action. Therefore, parents should also think about the need for self-improvement. After all, the patient can only be adequately educated and knowledgeable about the child's illness.

Researchers [77; 79] showed that there is an inverse relationship between variables such as the child's mental retardation rate and the parent's coefficient, that is, the lower the level of parental intelligence, the lower the level of the child. Often parents of such children are caring, well-behaved, loving people. They have higher or secondary special education. The birth of a child changes family activities and lives. But love and trust for their child, creative power and hidden resources of the individual can help parents find the right path along this difficult path.

What qualities should parents possess so that love for a disabled child can become a force that shapes the child's character and psychological state? In our view, these should be the following main attributes:

(1) parents must have confidence in life, and they must have inner peace of mind so as not to transmit their concerns to their children;

2) parents must build relationships with their children in order to succeed, and for this, parents must rely on their child's strengths and abilities;

3) Parents should know that a child cannot grow without a praise environment;

4) parents must develop independence for the child, gradually reducing (if possible) support for the benefit of their children.

To improve the effectiveness of care for the mentally retarded, it is necessary to provide social and pedagogical support to the families in which these children are raised. The development of a child with a disability is largely dependent on the peace of the family, the involvement of parents in their physical and mental development, and the right choice of educational facilities. In this regard, it is important to work purposefully with the parents of children with disabilities, and with mothers first and foremost. This work should focus on: examining the internal status of mothers; to identify the most difficult psychological aspects of family life; providing consultative and practical assistance. Parents should not be left alone with their worries and the child's disability should not be the only family affair. Parents of children with disabilities should be confident in their own strengths and actively address the most pressing problems of their children and families in cooperation with professionals.

Having studied the specifics of the long-term emotional experiences of families raising a disabled child, VM Sorokin [114] considers one of the more stable components of future emotional experiences in an existential crisis.

How does this manifest? This is reflected in the acute feeling that comes from the inability to realize one's full potential, or, more precisely, to its own potential. The beginning of this feeling is a sense of the inadequacy of motherhood, its incompleteness and dissatisfaction ("the child remained a child"). In normal development, the initial symbiosis between the child and the mother (the co-existence of two different organisms in a particular environment, mutually beneficial or damaging), is gradually replaced by the increasing independence of the girl or the boy. This allows parents to focus on the time and energy that their child cares for in pursuit of their own dreams and aspirations (professional growth, education, socializing with friends, having fun, going to theaters and museums, pursuing something of their own interest). gives. In the process of raising a child with a disability, the initial symbiotic relationship (more than that) is not only diminished over time, but sometimes even more.

The mentally retarded child always creates a certain tension in the relationship between the couple. This implies the need for psychosocial adjustment in the family of a disabled child. Experience shows that the wider the range and the greater the range of interests, the easier it is to control the marital situation in the family.

For a child to be more successful, it is important for family members to maintain an active relationship with their friends, colleagues and the world, in addition to the favorable psychological environment in the family. The family should not be "burdened with fat", that is, to be alone with their grief, not to be separated from society, and not to be ashamed of their disabled child. By maintaining relationships with the social environment, parents can also contribute to both the social adaptation of their child and the humanization of society, as it shapes healthy community members with the right attitude, sympathy and desire to help the child.

Therefore, it is necessary to work together with experts in search of optimal ways of social adaptation of children with disabilities, their care and education, and in the future, to their employment opportunities. When raising a handicapped child, especially a child with a mental disorder, it is important to remember that such a child is not only influenced by his surroundings but also by his or her own influence on others, especially their own family.

Given the problems of families with disabled children, EMShipitsina [128] in his study explored specific aspects of the relationship between children with disabilities and their parents, and the relationship between the nature of family relationships and the mental state of a child with a disability. correlation (how one influences the other).

In pursuing this goal, the scientist has studied the following issues: the condition of the family raising a child with a disability (composition, social status, financial status, cultural level, etc.); social psychological problems affecting the well-being of the family; family education methods in a family where a child with a disability is brought up; how family relationships affect a child's personality and his / her involvement in society and social life; specific aspects of the interaction between parents and children with disabilities.

The scientist used the following methods to visualize the families of children and to study the personality of the students:

- 1) pupils' personal records, diary diaries, tables showing the emotional development of each child as an individual, medical data, and methodology for analyzing individual development cards;
- 2) the method of studying children's performance (the results of children's creative and educational activities);
- 3) the method of interviewing teachers and educators;

4) a questionnaire-based method of parent-child interactions.

The baseline data collected about the traits of pupils and families provides an overview of trainees.

Thus, the peculiarities of parental care and the way they educate their child, especially the handicapped child, can cause a variety of retreats in the behavior and development of the child. Examining the psychological environment in the family and the parenting and parenting practices can help identify the types of interpersonal relationships that exist between parents and children.

This is the reason why we have discussed in detail in the scientific literature the problems that arise in the family life as a result of the birth of a mentally ill child, in particular the characteristics of the families in which children are mentally retarded, their interactions, and the attitudes of parents towards a mentally retarded child. We believe that the research of foreign and Russian scientists on the education and upbringing of a mentally retarded child, and the role of the family in this process, as well as the types of assistance they can provide to the scientific and methodological work done in our country.

In light of the fact that in the country in recent years the attitude towards the problem of persons with disabilities has changed dramatically, and this change has its deep legal basis, it is obvious that research in this area should be based on accurate data and scientifically-methodical analysis.

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