
The Contradiction in the Social Role of the Mother of a Child with Special Needs

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Abstract: The article deals with the peculiarities and contradictions of the social role of a mother of a child with developmental abnormalities. It is defined that modern culture lacks social norms of behavior of mothers of special children that complicates communicative processes and socialization of this category of women. The components of psychotrauma of the mother and the contradictions of the situation of abnormal development of the child were singled out. The influence of the contradictions of the social role of the mother as the factor of maternal needs-motivational sphere deficiency and the style of maternal attitude in the case of the child development abnormality was analyzed. 120 mothers raising children with developmental disabilities were surveyed. The style of maternal attitude was diagnosed using the OMO author's questionnaire (O. A. Ziborova and T. V. Degtyarenko). The level of certainty and peculiarities of contradictions in mothers' interactions were assessed according to A. Mehrabian's methodology. It was revealed that mothers who were able to accept the contradiction of the situation of the child's developmental disorders as a challenge through the experience realized the need to revise values and meanings. The emotional regulation of behavior of such mothers is aimed at mastering the habits of modeling the optimal style of maternal attitude, which determines new ways of interaction with the environment. Contradictions in social interaction are most defined in mothers who showed inadequate maternal attitude styles. Weakly manifested affects and mechanisms of positive functioning of the personality do not provide the resolution of contradictions, which leads to passive adaptation of the mother to the psychological trauma and negatively influences the development of the child. The results of the study show that the social role of the mother of a child with special needs contains contradictions that reflect the contradictions of modern culture. The conducted empirical research confirms the influence of psychotrauma and contradictions of mother interaction on the formation of maternal attitude style. Identification of features and contradictions of the social role of a mother of a special child can help to improve the targeting of corrective measures to compensate for specific deficits of maternal-child interactions and the socialization of mother and child.

Keywords: Child with Developmental Disabilities, Social Role of the Mother, Contradictions, Experiences, Style of Maternal Attitudes

1. Introduction

Maternal attitude (MA) is considered in modern researches (M. Mead, D. Winnicott, L. I. Bozhovich, L. S. Vygotsky, B. G. Ananiev, G. G. Filippov and others) of motherhood as an integral characteristic of interaction of a woman with a child and with the environment in the role of a mother [1]. In case of deviations in child development, the patterns of mother's communication are of particular importance for the child, but the social role of the mother of a special child is uncertain

and contains contradictions that reflect the mutual influence of humanistic norms and stereotypes of negative attitudes, which can lead to deviations in MA and secondary defects in child development (J. Bowlby, T. V. Bowlby, T. V. Vlasova, V. V. Lebedinsky, O. S. Sergienko, I. O. Solntseva, etc.) The situation of birth and upbringing of a child with developmental abnormalities provides psychological trauma to the mother, creates emotional, cognitive and social deficit of the maternal need-motivational sphere [2, 3]. Structured interviews have shown that mothers clearly differentiate the

components of the received psychological trauma: lack of positive emotions in interaction with the child; violation of social ties, guidelines, goals and motives of behavior; lack of necessary approval and support; fear of negative attitude and rejection by others. Complicated psychological trauma, stigmatization, stereotypes of negative attitudes against the background of chronic stress can cause the following contradictions in women, without resolving which further constructive life of the mother of a special child is impossible:

- 1) maternal instinct, love and awareness that the child is "different";
- 2) desire for people and fear of being rejected by people;
- 3) need for emotional interaction with the child and avoidance of this traumatic interaction;
- 4) feelings of guilt and denial of guilt;
- 5) desire to be a "good" mother of a special child and uncertainty, lack of information, rules and attitudes of this role;
- 6) desire to protect the child and fear of cruelty.

Psychological trauma and contradictions of the mother of a child with special needs contain vital threats for her and create a critical situation [4, 5]. The solution of contradictions of a critical situation can be an experience in which new values, goals, meanings and new ways of interaction with the environment are created [6].

According to A. Lenge "experience is perception with affective resonance, that is, the ability to react emotionally to the perceived information" [7]. The use of existential analysis approaches allows us to distinguish in the mother's experience the stages containing negative and positive affects of psychotrauma and contradictions of the situation of abnormal development of the child: perception of the situation, awareness of the conditions of the situation, evaluation, choice of decision, motivation of activity, choice of coping strategies, emotional regulation of behavior.

When the experience is completed, the mother chooses active coping strategies, emotional regulation of the mother's behavior is aimed at modeling the optimal style of MA. If negative affects and mechanisms of passive defense dominate in the model of mother's experience, violation of the evolutionary-expected image of the child is perceived as an insurmountable threat, the woman's psyche creates an image of a victim, which can manifest itself in an inadequate style of MA and needs correction. The aim of the study is to study the peculiarities of the contradictions of the social role of the mother of a child with developmental abnormalities and their influence on the mechanisms of formation of the maternal attitude style.

2. Method

2.1. Empirical Study of the Impact of Contradictions in the Social Role of the Mother of a Child with Developmental Disabilities

The study was conducted among mothers of 120 people united in the Odesa NGO "Creative Center for Individual

Development" for the development and socialization of children. Children and adolescents aged 9 to 15 years, of which 47 children were diagnosed with cerebral palsy, 32 with mental retardation, 12 children had manifestations of ASD, 8 children were diagnosed with signs of mental disorders, 18 children had visual impairment, hearing impairment, somatic pathologies. Diagnoses and disability status were established for several years, but observations and results of psychotherapy showed that, according to the studies of psychotrauma by B. Van der Kolk, post-traumatic stress disorder PTSD persists in the mother's psyche as a complex systemic disorder for a long time [8]. Despite the differences in the age and diagnoses of children, mothers are united in the activities of the organization and want positive changes in their interaction with the child.

The purpose of the empirical study is psychodiagnostics and correction of mother's interaction with the child and the environment. To diagnose the features of the MA style, the author's questionnaire for determining the MA style - OMO (O. A. Ziborova, T. V. Degtyarenko) was used. This questionnaire is a selection test, the questions in it are reflected according to their discriminativity - the ability to distinguish answers by the presence of a certain feature (criterion-key feature). The questions of the questionnaire are composed of answers of women in typical life situations. The OMO questionnaire reveals signs of 5 styles of MA - adequate, anxious, ambivalent, emotionally detached and affective-rejecting [9].

For the diagnosis of contradictions in the interaction of the mother with the environment, it is essential that all of the above contradictions are culturally determined. A child with developmental disabilities does not meet the needs of the species, genus and model of culture in the given environment, which highlights the dominant threat to the mother - a violation of interaction with the environment. It is advisable to study the contradictions of interaction of a mother of a special child with the help of A. Mehrabian's methodology, which distinguishes two motives of affiliation - the desire for people and the fear of being rejected by people, it is the opposition of these motives that creates contradictions in the interaction of a mother of a child with developmental anomalies. Student's t-test (SPSS statistical software package, version 17) was used to assess intergroup differences.

2.2. Features of Manifestations of Contradictions of the Mother of a Child with Special Needs

To increase the effectiveness of the study, it will be advisable to briefly consider, based on modern psychological research, some features of the manifestations of contradictions of the mother of a child with developmental disorders, first of all, this:

- 1) Conditions and source of mother's contradictions;
- 2) The influence of maternal contradictions on the assessment of the situation and the formation of an emotional response to the stressful situation of child development anomalies;
- 3) Influence of affects of stages of mother's experience on the formation of MA style.

Conversations with women show that mothers are most afraid of aggressive manifestations of others that threaten children with special needs, such as cruelty, violence, bullying.

The study by R. Sapolsky considers the existence and manifestations of these threats for all people [10] and identifies possible ways to overcome such threats. For mothers of children with developmental abnormalities, these manifestations are especially traumatic, cause stress, which can become chronic and limit the ability to active life [11]. Fear and the stress caused by it affects the assessment of the situation, can increase threats, affects the emotional response to situations, which under the influence of stress can be biased [12].

Under the influence of an inadequate emotional response, the mechanisms of positive personality functioning can be weakened, which causes a destructive transformation of the maternal need-motivational sphere and the formation of an

inadequate MA style [9]. It is the manifestations of inadequate MA styles that cause childhood trauma, which can aggravate congenital anomalies in child development [13]. Such deficient mother-child interaction can disrupt the reliable attachment of the child to the mother, which is the basis of child development [14].

3. Result

Diagnostics with the OMO questionnaire revealed the distribution of the examined women into 4 groups. Group A - mothers who adequately related to the child made up 34.3% of the number of those surveyed; Group T - mothers who exhibited an anxious (sacrificial) style of MA - 25.7%; ambivalent (contradictory) style of MA was found in 21.4% of mothers and emotionally disturbed style of MA was found in 18.63% of women [8]. Table 1 presents the results of MA style diagnostics.

Table 1. Results of diagnosis of maternal attitude style on the OMO questionnaire in groups A, T, B, and E for the experiment.

Indicators of maternal attitude style (points)	Groups of mothers									
	A	T	t	T	B	t	B	E	t	
MA	93,02	143,97	6,67***	143,97	172,46	4,29**	172,46	194,14	3,70**	

Note: mark *- statistical reliability of differences at the $p \leq 0.05$ level; **- at the $p \leq 0.01$ level; ***- at the $p \leq 0.001$ level.

The results of diagnosing the degree of contradictions in the groups of mothers with certain MA styles are presented in Table 2.

Table 2. Results of A. Mehrabian's diagnosis of affiliation motives of mothers of special children in groups A, T, B, and E for the experiment.

Affinity indicators	Groups of mothers of special children									
	A	T	t	T	B	t	B	E	t	
Striving for acceptance by others (SA)	18,24	36,67	15,29***	36,67	32,15	2,05*	32,15	7,82	11,43***	
Fear of being rejected by others (FR)	10,81	22,47	15,78***	22,47	26,15	2,42*	26,15	7,45	13,35***	

Note: mark *- statistical reliability of differences at the $p \leq 0.05$ level; **- at the $p \leq 0.01$ level; ***- at the $p \leq 0.001$ level.

4. Discussion

The data in Table 2 show that the level of desire for people in group A mothers and average in the methodology, that is, these women have no deficit of inclusion, the level of fear of being rejected is also not great, which helps women through inclusion in social experience to optimize the threats of a critical situation, revise life values, meaning and reference points and realities of child development disorders, complete the experiences. Mothers in this group choose active coping strategies to achieve the new goal of child development and socialization. Emotional regulation of mothers' behavior is aimed at modeling the optimal MA style, which helps to compensate for deficits in mother-child interaction. Signs of the optimal MA style - taking responsibility for the child, constructing harmonious interaction with others - are signs of the social role of a resilient mother of a child with special needs. Group T mothers showed an increased level of desire for people and a level of fear of being rejected, which reinforces the contradictions in the communications of these women. Violation of the expected image of the child is

perceived by them as an insurmountable threat, the deficit of social approval increases the negative affects of experiencing contradictions, the mother's psyche creates an image of a victim, and the behavioral patterns of the victim can be internalized by the child. Weakness of mechanisms of positive functioning of the personality leads to the formation of an anxious, sacrificial style of MA. Group B mothers have a slightly lower index of aspiration for people than group T mothers, but the index of fear of being rejected is the highest among the corresponding indexes of all groups. For Group B mothers, the values of belonging may exceed the values of the child, the desire to maintain pre-existing attitudes causes contradictory affiliation motives, which forms an inadequate, contradictory MA style. Group E women exhibit very low levels of indicators of striving for people and fear of being rejected, which can be explained by low emotional intelligence, experiencing the situation of abnormal child development is aimed at forming a distant, emotionally detached style of MA. This emotionally detached style of MA may be a consequence of the distant model of mother-child interaction, which is transmitted in this family through generations [15].

The values of Student's test for independent groups given in Table 2 show that the levels of affiliation motives in mothers of groups A, T, B, E differ with a high degree of statistical reliability, which confirms the systemic influence of mothers' communication contradictions on the formation of MA style in child development disorders. In the studies of A. S. Sergienko, I. O. Solntseva it is proved that compensation of deficiency of maternal needs-motivational sphere is possible that is confirmed by modern researches of neuroplasticity. According to N. Doidge "Cultural events change the structure and functions of the brain" [16]. R. Sapolsky's research shows that the fear of cruelty and aggressive

manifestations can be overcome with social support and the use of methods for the development of resilience, emotional and social intelligence of a person and the focus of social interaction on empathy.

Theoretical research and identified peculiarities of the needs and deficits of mother-child interaction in case of child developmental anomalies became the basis for the program of correction of contradictions in the social role of the mother of a child with special needs. Individual and group therapy, informational and social support helped women process the affects of psychological trauma, reconsider values and motives of life activity, and consider the contradiction as a problem that can be solved.

Table 3. Diagnostic results of maternal attitude style on the OMO questionnaire in experimental and control groups A, T, B, and E after the experiment.

Scales		Styles of maternal attitudes							
		Adequate		Disturbing		Ambivalent		Emotionally detached	
		EG	CG	EG	CG	EG	CG	EG	CG
Before exp.	MA (scores)	93,02	94,1	143,97	144,23	172,46	173,00	194,17	194,41
After exp.	MA (scores)	89,67	93,75	124,14	143,70	153,70	174,05	184,64	194,11
Student t-test		-1,07	-0,12	-4,05***	-0,52	-3,89**	-0,51	-1,13	-0,093

Note: mark *- statistical reliability of differences at the $p \leq 0.05$ level; **- at the $p \leq 0.01$ level; ***- at the $p \leq 0.001$ level.

Table 3 shows that mothers in the control group who did not participate in the rehabilitation program did not change their style of maternal attitudes toward their special child. The women who took part in the above-mentioned program's activities showed positive dynamics concerning their style of maternal attitudes toward their special child. As can be seen from the data in table 3, statistically reliable changes after the experiment, with a high level of significance ($t=4,05$;

$p \leq 0,001$) of maternal attitude adequacy were found in the indicators of women with anxious MA style and women with ambivalent MA style ($t=3,89$; $p \leq 0,01$), that is, maternal attitude toward the special child improved most in mothers who revealed in our study the greatest deficiency in maternal need-motivational sphere and sought to help. The results of repeated diagnostics according to A. Mehrabian's methodology are given in Table 4.

Table 4. Results of Affiliation Motives Diagnosis in Groups A, T, B, and E by A. Mehrabian Methodology, before and after the experiment.

Indicators	Group A			Group T			Group B			Group E		
	Before	After	t	Before	After	t	Before	After	t	Before	After	t
SA	18,24	21,00	2,32**	36,67	26,20	-5,07***	32,15	27,00	-3,88**	7,82	8,91	0,89
FR	10,81	8,33	-2,21*	22,47	16,27	-4,87**	26,15	20,46	-4,02**	7,45	6,18	0,97

Note: mark *- statistical reliability of differences at the $p \leq 0.05$ level; **- at the $p \leq 0.01$ level; ***- at the $p \leq 0.001$ level.

In group T, the increased level of desire for people decreased from 36.7 to 26.20 points ($t=5.07$, $p \leq 0.01$), the level of fear of being rejected decreased from 22.47 points to 16.27 points ($t=4.87$, $p \leq 0.01$). A decrease in the fear of being rejected was diagnosed in women of all groups, reflecting an increase in positive goal orientation and a weakening of the contradictions in the interaction of mothers of children with developmental disabilities.

5. Conclusion

The study examines the contradictions of the social role of the mother of a child with developmental disabilities, caused by socio-cultural attitudes and stereotypes that can provoke deviations of maternal attitudes. The components of psychotrauma of the mother are singled out, it is defined and empirically confirmed, that the resolution of contradictions of the mother is possible in the completed experience. To have through optimization of perception of psychotrauma,

reconsiders values of meanings, accepts risk to be together with the child, gets ability to model an adequate style of maternal attitude. Unresolved experience intensifies psychotrauma and PTSD, which induces the woman to adapt passively to the psychotrauma as a victim and to show inadequate maternal attitude style in the interaction.

6. Recommendations

The conducted research showed that the social role of a mother of a child with special needs is a complex psychosocial phenomenon. Contradictions of this phenomenon have negative and positive influence on the sense-life sphere and interaction of this category of women with the environment. In the experience of a critical situation, a mother's connection to reality is carried out through negative and positive affects, whose mutual influence triggers mechanisms of overcoming threats to the situation and positive functioning of the personality, which creates an

emotional response to a psychologically traumatic event and prompts a woman to search for new ways to interact with her child and with others. The singling out of emotional coloring of stages of experience by the mother of a critical situation of an abnormality in the child's development allows us to define targets - stages of purposeful correction of experience and resolution of contradictions in the mother of a special child, which will promote compensation of defects in maternal-child interaction and socialization of the mother and the child.

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