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Relations in families with mentally disabled children

For decades psychologists have tried to describe the specific relationships within the family, also ones in a family with a disabled child. The wide variety of those descriptions is caused by a number of factors – the multitude of theoretical approaches, constantly improving research methodology, achievements in developmental psychology as well as social and cultural influences. The observed increase in the interest in Bowlby's attachment theory (Bowlby 1969, 1973, 1980) makes it possible to look into the family relations again. The interest in the theory seems to be valuable also because it emphasizes the meaning of the measure of concern, care or dependence, whereas in our culture we can observe a certain process of pathological changes of those measures in favor of separation and self-sufficiency (Mackay 1996).

In the theory of attachment the dependence is understood not as something to free from but as a factor influencing our current and future relations as well as the development of personality. Our attachment strategies are a kind of a script according to which we form our relations. They are formed, verified and sustained within families and other close relationships. The accessibility of attachment figures provides the sense of safety and stabilizes our nervous system. Attachment strategies influence the ability to cope with emotions and stress, adapting to environment, taking risks, flexibility in perceiving oneself, the world and other people, and the capability of giving and receiving support (Johnson 2003). In this context considering the relations as a continuum between total independence – excessive dependence seems less valuable than an effective dependence – ineffective dependence continuum. The more securely connected we are, the more separate and different we can be. Thus, we can treat safe dependence and autonomy as two sides of the same coin.

In deliberations on families of the disturbed children it seems necessary to take into consideration two aspects in particular: the kind of disturbance and the age of the child or the stage of family development. To simplify the matter, I will focus

my analysis on children with mental retardation, yet I shall resign from specifically taking into consideration the developmental level. The starting point for my analysis will be specification of the relations within the families with a healthy child, on the example of which I will try to characterize the relations within the families with a disturbed child.

The basic aspect of a relation between a mother and a child, which will create the sense of safety, is their mutual communication, allowing the recognition of emotional states, the more important for the child, as in its case it will also enable recognition and naming of its own emotions. It begins already in the pregnancy period as a neurohormonal dialogue (Borysenko and Borysenko 1994). It is later continued by verbal and nonverbal communication. The specific feature of attachment behavior in the first year of child's life is that it is usually initialized by the child's needs and states of excitement experienced by it. The parents satisfy those needs by giving gratification (touch, eye contact, smile), which results in the child's feeling of relief or relaxation. However, the forming of positive interaction depends mainly on the parents (Levy and Orlans 1998).

Considering a few-year-old children, the situation begins to change, for the parents introduce limitations and rules that are aimed to form child's behavior. Meanwhile, the child starts to experience its autonomy, feeling of control, the ability to cope with frustration and respecting norms. There appears, on parents' side, a communicate of 'No', which, for the child, should be as explicit as the consequences of child's response, that isn't just the feeling of relief. Children may find it difficult if those limitations are delivered with anger, or in a situation in which there are no such limitations. It may disrupt the bond and have a negative impact on the sense of safety and self-esteem that may be manifested in over-controlling oneself. In the case of lack of those norms, children may try and push the limits of their parents by their behavior, which is aimed at increasing the feeling of safety. The parents' response will require maintaining balance between their own demands and child's autonomy.

Mentally disabled children are more demanding partners for interaction, as they are less sensitive to social signals and they are less able to respond to them. Moreover, they face difficulties in controlling emotions (Marfo et al. 1998); Pisula (2003) introduced an interesting characteristic of those children and the uniqueness of their relations in the context of attachment, basing his work not only on available research literature but also on his own findings.

In those families, one of the basic experiences in mother-child relationship is the lack or limited range of child's responses. Its consequence is intensifying the control, manifested in more orders, striving for child's greater submissiveness, and little playtime. Increased activity of mothers is not necessarily connected with their higher responsiveness. Decreasing of mothers' over-engagement may refer to the process of grieving the loss of a 'healthy child'. This process may last up to 2-3 years (Kościelska 1995). The research quoted by Pisula (2003) shows that mothers back out from describing behavior of 2/3-year-old children. Thus, we can make

a hypothesis that the mother's emotions concerning the feeling of loss are masked or dampened through intensive care of the child, mainly showing through control.

Upon making the assumption (with which some researchers don't agree) that the mother's attachment behavior may develop despite the lack of child's response, we must also assume that even if the child doesn't respond to the mother's behavior, the bond may be created. It is a different case, however, whether we can really talk here about lack of child's reaction or whether it would be more adequate to state that it is more specific and that the relation will depend more on the mother's ability to recognize signals less typical than those of a healthy child.

The observation of differences in mothers' and fathers' relations with children (Pisula 2003) is also interesting. The latter paid more attention to it, their responses were more adequate and the initiated interaction more often. The attempt to explain this state bases on the problems which mothers experience, considering their evaluation in the role or going through the motherhood as the most important in life. On the other hand, in the relations between parents more interactions around the child can be observed. It may increase the risk of triangulation process described by Minuchin (Minuchin, Rosman and Baker 1978).

Important changes in family relations take place in adolescence (Levy and Orlans 2003). The importance of relations outside family, with peers and partners, increases. This state requires reformulating the family bonds. From the perspective of attachment theory, successfully passing this period is not dependent on cutting off from parents, but on safe attachment and maintaining emotional bonds. In the same way, as the secure attachment enables the child to explore the world and develop new abilities, it allows the development of autonomy and experimenting with different roles. Thus the core of this period is staying close (and dependent) and individualizing. Some researchers believe that the disagreements emerging in this period between the parents and the adolescents, are in fact a show of secure attachment, even if conflicts occur (Moretti and Holland 2003).

Supposedly, in the case of families with mentally disturbed adolescents there will be similarities. Even if families aren't confronted with the problem of child's leaving home, some forms of the separating processes occur. This may be caused by development, for example the appearance of the sexual drive, or be an effect of observing the behavior of older siblings or healthy peers. They may show desire of independence or the same life others have. In the case of those behaviors, close relation will help the disturbed adolescents in accepting their limitations, especially when their frustrations showing in e.g. anger will be accepted by parents. Difficult behavior in this period may also mean something else, e.g. it might be a symbolic expression of unsatisfied needs, a strategy of staying close, or protection from rejection. The parents' ability to recognize the behavior of adolescents and to give adequate responses may help them in accepting their situation.

Considering relations in families with retarded children, it's crucial to notice the parents' attachment strategies and the way they form them in their childhood, as well as how the present marital relation may affect them. It may be helpful in under-

standing the possibility of acquiring aid or support from others. The most beneficial arrangement is partnership in relationship, connected with being attached to each other. If it's not acquired, this function is played by other family members, friends, or, for instance, religious institutions. There's a mutual dependence i.e. the marital relationship is influenced by the patterns of attachment, but it can, in certain range, change those patterns or activate other, less dominant patterns.

The parents' attachment is also influenced by the social support, whereas it might occur that the experienced support would weaken family relations. The parents' attachment strategies, their own emotional processes, memories, perception of their own attachment history have a major impact on forming relations for next generations. According to some of the researchers, children acquire the ways of dealing with emotions by observing their parents (Dornes 1998, in Schier 2005). Fongay (1998) believes that it happens in the same time as the forming of representation of self and of the object by means of a mechanism described as reflexive functioning. Fongay (1998) believes that parents' autoreflexion has a positive influence on forming relations. It allows the child not only to reflect his difficult emotions by his mother, but also to process and modulate those emotions. Thus, parents' difficult childhood experiences do not necessarily determine problems with relations in future generations.

Considering the problem of parents' attachment behavior, it is vital to notice if they themselves have solved their own attachment problems. If they haven't, it is likely that in their relation with the child they will experience fears and angers, and in relations with their partner there will be competing and blaming. This way the child may lose the sense of security and become engaged in the problems of adults. However, if the parents solve their problems, they will be able to perceive the child adequately and to recognize its needs. They won't be fulfilling their own attachment needs in relationship with the child.

Relations between the parents and the child, as well as between the parents themselves stay under the influence of other relations in the family. They may be a source of support for both the parents and the child via container function. The positive marks of such care-upbringing alliance are: constructing new, alternative perspectives and giving feedback. The key notion is the feeling of responsibility and recognizing the others, showing, among others, in not undermining parental competences. The lack of such cooperation, besides mutual degradation of competence, can be recognized by excessive engagement in the child's affairs and, in consequence, losing distanced view. It may result in backing out of care over the child by both or one parent, as a reaction to excessive engagement by the other. It may also be a drawback if a problem is perceived in the same way by both parents, preventing its understanding and thus sustaining it.

The analysis of family bonds in families with mentally disabled children, from attachment theory perspective, can also be useful in understanding emotional disturbances, assuming that they are not a straight-forward consequence of retardation. In this case, insecure attachment should be treated as a risk factor. Paradoxically, avoid-

ing attachment in certain situations may protect the child. This sort of protection will allow the child to shun emotions it wouldn't be able to deal with.

As mentioned in the beginning, the basic aspect of relations between the child and the parent is communication. Noticing this process is useful in rethinking the causes of children's emotional distortions. Difficulties in communication result in the child perceiving their parent as unavailable. This state induces child's defensive behavior manifesting in e.g. fear or anger. Parents' response to those behaviors strengthens symptoms or distortions (e.g. neglecting or exaggerating the child's problems), or weakens them. The risk lies in creating a vicious circle of child's fears and anger, and parental frustration. From the perspective of diagnosis or therapy, judging whether lack of safety causes or sustains symptoms is vital.

If a child shows those symptoms, it influences its relationship with parents, as well as the relation between parents themselves. In the first case, there are two important aspects of this relation: firstly, the parents' ability to follow the child's needs based mainly on understanding indirect signals a child sends, and secondly, parents' availability, especially convincing the child to parents' availability and the parents' ability to identify and alter the child's perception of himself, as closed, unavailable or rejecting. It's simply the matter of the parents' understanding that the child may perceive him differently than they assume.

The influence of the symptoms on the relation between parents will mainly trial their ability to give support to each other, as well as to negotiate and be flexible in solving problems. It will be shown by direct communication and mutual understanding, undoubtedly influenced by their patterns of attachment.

Finally, I would like to share some thoughts on autism. In the context of forming attachment, the children's specific nature to improve functioning greatly in structured situations and when they are given clear instructions is interesting. In this example, it is visible how the predictability of situations influences child's behavior. The basic researching problem of autistic children is what measures of attachment to take, for often they are highly individual. Scientific research with autistic children and the research with developmentally disturbed children show resemblance in types of attachment. Moreover, the connection between the depth of disturbance and attachment has not been proved (Pisula 2003).

Taking the above remarks into consideration, both mental retardation and autism should be treated as a risk factor in developing relations, remembering that neither of them has to condition the distorted bond. It is probably mutual – autism and disabilities influence the relation, but the relation can also form those disturbances to certain extent. Moreover, insecure attachment may protect the child, through withdrawing from relation. The change in beliefs concerning the relation between bonds and disturbances is clearly visible when one takes into consideration the beliefs dominant in the 80s. A great part of the researchers believed that autism is a certain distortion of bond. It was understood as a kind of motivational conflict (approach-avoidance), basing on the lack of coherence in autistic children's reactions, who avoided eye-contact while allowing physical proximity.

Lastly, I should point to yet another group of problems that can be connected with etiology and functioning of autistic individuals. The affect regulation theories, although different, to some extent refer to relations between a child and parents (Shier 2005, Fongay 1994). The affect regulation is formed through a direct relation with an important person, and in later stages, through intrapsychic representations of object and self. This process occurs by transferring the attachment strategies. Learning to regulate emotions is done in the mother-child relationship, by mother's reflecting of child's emotions, or by mother's stopping the negative emotions and giving back the positive ones. The working models of selves and others are formed in child's psychic, described by Bowlby (1969, 1973, 1980). They take part in creating next relations through our expectations and approaches. The others' models must be connected with expectations concerning their internal states. Thus, the processes taking place in this relation determine the ability to learn to predict the behavior of other people, which lies at the core of the theory of mind. The notion itself, 'the theory of mind', was introduced by Premack and Woodruff (1978), who assumed that man has a certain theory which enables him to draw conclusions about the states of mind of other people. It is formed, among others, on the basis of observed behavior, verbal and non-verbal communication, as well as on the basis of experience. It was adapted to understand behavior of autistic people by Leslie (1987), which was described as a deficiency in creating metainterpretation concerning other people's experiences. Simple social situations are understandable for them, but those situations that require reflecting other people's thinking are beyond their capabilities. It was emphasized by Baron-Cohen (1995, Baron-Cohen et al. 1994), the author of extensive research on the theory of mind for autistic children. Because the world of other people's thoughts is sealed to them, they must rely on what is directly observable, however, even here, the research shows a lot of distortions. Although, as I said before, the etiological concepts of causing autism have changed from seeing sources in a distorted relation, it may occur that the research on creation in other people's mind will open a new area that will help to understand those problems.

Summing up, I wish to underline the importance of noticing the problem of relations in families with retarded children. Presumably, the dependence is imprinted in the structures of those families. They are permanently confronted with this problem as the child develops. Additionally, mental disabilities do not necessarily determine relation distortions, though they can become a risk factor. The ability to adequately recognize the means that the behavior of this children implies may influence the shaping of secure attachment. Lastly, it is worth noticing that at least in some of cases the difficult behavior of mentally disabled children may not be a sign of disturbance, but rather of attachment issues.

References

- Baron-Cohen S. (1995). *Mindblindness: An essay on autism and theory of mind*. Cambridge, Mass., MIT Press.
- Baron-Cohen S., Ring H., Moriarty J., Schmitz B., Costa D. & Ell P. (1994). *Recognition of mental state terms*. *British Journal of Psychiatry*, 165, 640–649.
- Borysenko J. & Borysenko M. (1994). *The power of the mind to heal*. Carson, CA: Hay House.
- Bowlby J. (1969). *Attachment and Loss* (T. I). London: Hogarth Press and the Institute of Psycho-Analysis.
- Bowlby J. (1973). *Attachment and Loss* (T. II). London: Hogarth Press and the Institute of Psycho-Analysis.
- Bowlby J. (1980). *Attachment and Loss* (T. III). London: Hogarth Press and the Institute of Psycho-Analysis.
- Dornes M. (1998). *Bindungstheorie und psychoanalyse*. *Psyche*, 4, 299–348.
- Fongay P. (1998). *Die Bedeutung der Entwicklung metakognitiver Kontrolle der mentalen Repräsentanzen für die Bedeutung und das Wachstum des Kindes*. *Psyche*, 52, 349–368.
- Johnson S.M. (2003). *Introduction to attachment. A therapist's guide to primary relationship and their renewal*. [In:] S.M. Johnson and V.E. Whiffen (eds). *Attachment processes in couple and family therapy*. New York, London: The Guilford Press, 3–17.
- Kościelska M. (1995). *Oblicza upośledzenia umysłowego*. Warszawa: PWN.
- Leslie A.M. (1987). *Pretence and representation: The origins of 'theory of mind'*. *Psychological Review*, 94, 412–426.
- Levy T. & Orlans M. (1998). *Attachment, trauma and healing: Understanding and treating attachment disorder in children and families*. Washington: DC, Child Welfare League of America Press.
- Mackay S.K. (1996). *Nurturance: A neglected dimension in family therapy with adolescents*. *Journal of Marital and Family Therapy*, 22, 489–508.
- Marfo K., Dedrick C.F. & Barbour N. (1998). *Mother-child interactions and the development of children with mental retardation*. [In:] J.A. Burack, R.M. Hodapp & E. Zigler (eds) *Handbook of mental retardation and development*. Cambridge University Press, 637–668.
- Minuchin S., Rosman B.L. & Baker L. (1978). *Psychosomatic families. Anorexia Nervosa in context*. Harvard University Press. Cambridge, Massachusetts, and London, England.
- Moretti M.M. & Holland R. (2003). *The journey of adolescence. Transitions in self within the context of attachment relationships*. [In:] S.M. Johnson and V.E. Whiffen (eds). *Attachment processes in couple and family therapy*. New York, London: The Guilford Press, 234–257.
- Pisula E. (2003). *Autyzm i przywiązanie. Studia nad interakcjami dzieci z autyzmem i ich matek*. Gdańsk: Gdańskie Wydawnictwo Psychologiczne.
- Premack D. & Woodruff G. (1978). *Does the chimpanzee have a 'theory of mind'?*. *Behaviour and Brain Sciences*, 4, 515–526.
- Schier K. (2005). *Bez ichu i bez słowa. Więż psychiczna i regulacje emocji u osób chorych na astmę oskrzelową*. Gdańsk: Gdańskie Wydawnictwo Psychologiczne.

Relacje w rodzinach dzieci z upośledzeniem umysłowym

Streszczenie

Stworzenie bliskiej więzi z rodzicami jest jedną z podstawowych potrzeb dziecka. W proces ten zaangażowane są obydwie strony. W przypadku rodzin z dzieckiem upośledzonym umysłowo możemy przypuszczać istnienie pewnej specyfiki tej relacji. Dzieci te najczęściej charakteryzują się znacznie uboższymi reakcjami. Z kolei na reakcje rodziców może wpływać to, czy dziecko zostało przez nich zaakceptowane. Badania pokazują ciekawe różnice pomiędzy tym, jak relacje z dzieckiem nawiązują ojcowie, a jak matki. Upośledzenie umysłowe dziecka nie powinno być jednak traktowane jako czynnik negatywnie determinujący jego relacje z rodzicami, a raczej jako jeden z czynników ryzyka, który może, ale nie musi zaburzać rodzinnych więzi.