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Unfavorable influence of parental upbringing - genesis and effects on selected spheres of the functioning of a child with intellectual disability

Love to a child as a source of positive parental upbringing interaction

There are many terms used to describe a parental upbringing interaction, involving 'education practices' (Frączek 1993: 54) and 'parental supervision' (Urban 2001). Bronisław Urban (2001) ascribes the term 'parental supervision in a family' to substance similar to that connected with the notion of style of parenting. Maria Przetacznikowa and Ziemowit Włodarski (1981: 443) suggest that a style of parenting which is preferred in a family is 'the resultant of means and methods of each family member's influence on a child'. These 'means and methods' – according to Brzozowski (1988: 133) – are repetitive categories of parents' behavior towards children, including e.g. the distribution of rewards and punishments. Such behaviors are determined by so-called parental upbringing attitudes. The emotional-evaluative factor of such attitudes plays a crucial role in this sphere. This factor manifests itself in every activity connected with child nurturing, in almost every word addressed to a child (Ziemska 1969: 42; Kazanowski 2003: 24). The emotional atmosphere accompanying every contact with a child is the basis for the rational methods of parental influence on child's upbringing (Obuchowska 1993: 13). Only on the grounds of this emotional atmosphere, as Zaborowski (1969: 61) suggests, can we speak of the importance or value of a particular technique or method. Thus love and parents' acceptance are indispensable conditions of upbringing practice which is conducive to the psychophysical development of a child (Twardowski 1993).

Factors that are obstructive to creating parents' positive emotional attitude towards a child with intellectual disability

In the case of parents raising a child with intellectual disability, the charac-teristics and behavior of that child as well as social attitude towards intellectual

disability, together with many other factors described by M. Ziemska (1969) play a significant role in creating positive emotional attitude.

Let us consider these factors.

Socialization in a family is a two-way process, since parents are also socialized by children (Obuchowska 1993: 13). Direction and quality of the father's and mother's conduct depend on various conditions lying in biopsychic features of a child and manifesting themselves in a variety of forms from the earliest developmental stages. One of the examples of such interaction is a long-lasting cycle of prejudices and aversion between parents and children caused by the child's so-called problematic temperament (Strelau 2000: 712). In this case hypersensitivity and hyperactivity of a child give rise to a punitive reaction on parents' part, to which the child responds with even more intense behavior of that kind. This adverse cycle of interaction is usually maintained by parents' expectations resulting from different stereotypes, such as 'malicious brat' or 'problematic child'. As a consequence – according to Pygmalion effect – a child behaves in accordance with a label which is pinned on him (Radochoński 2000: 75; Twardowski 1991: 43).

According to M. Ziemska (1969: 91–92) even when all other important determiners of positive parental attitude development function well, problems caused by child which is problematic in nurturing and raising can give rise to a strong and persistent feeling of frustration in parents, which initially results in a number of inappropriate partial attitudes adopted by them (parents easily fly into rage, they criticize their child and show their open disapproval, etc). In the long run, they keep emotional distance from their child and show their open rejection.

Undoubtedly, a disabled child brings about such problems. According to R. Bell (Kościelska 1984) behaviors of intellectually disabled children that influence parents' feelings and indirectly their way of conduct include: 1) inborn hyperexcitability of such a child, 2) low intellectual and sensomotor activity, 3) greater interest in physical movement and concentration on objects rather than on interpersonal contact. All these factors generate such methods of upbringing that impose certain limits and a great number of punishments and orders. It can be said – referring to Pospiszyl's description (1998: 137) that such behavior triggers aggression in parents, resulting from irritation, impatience, tiredness and lack of competence in dealing with abnormal upbringing difficulties. As Samuel Alcalde (2003) and Kevin Steede (2004) write, educational mistake that is particularly frequent – not only in relation to disabled children – is setting too high standards and expectations of cognitive, social and even practical nature. Children who fail to fulfill these requirements provoke their parents' irritation and outburst of anger, and as the result parents punish them; as it often happens, they inflict physical punishment (Krahé 2005: 168). These reprimands are the source of further frustration in children and ensuing derivative deterioration of their functioning. Such a state contributes to further parents' disapproval, thus causing further punishments. As a result, we have a vicious circle from which it is difficult to find a way out (Mikrut 2001: 142).

The barrier that stands in the way to a negative series of interaction is a positive emotional attitude towards a child. This attitude – according to the principle of a multifactorial concept of domestic aggression towards a child is, as Browne (Bielawska-Butrymowicz and Golińska 1997, Browne and Herbert 1999) puts it, the so-called buffer relieving influence of stressful factors in a direct stimulative situation, e.g. child's behavior which is unacceptable for parents.

This buffer can lie in parental attitude connected with so-called 'emotional warmth'. According to Anne Roe's typology (Ziemska 1969: 55) this can include the following attitudes: protective, loving and liberal. The findings of our study confirms the thesis (Mikrut 2005) that intensity of such attitudes negatively correlates – especially in the case of fathers- with behavior of parents inflicting harm to their intellectually disabled children.

Other factors that exert influence upon the development of specified emotional attitude in parents towards intellectual disability are those related to a set of social beliefs (Kazanowski 2003: 40). They are usually negative due to adopted criterion of social valuing, which manifests itself e.g. in the form of exaggeratedly accentuated virtues associated with health, fitness, beauty, or ability to perform some social roles which often requires high intellectual competence. Enormous part in this respect is played by the stereotype of intellectual disability prevailing in the society. These stereotypes – which somehow results from the nature of the stereotype itself (Szymczak 1981: 332) – are based on incomplete or even erroneous assumptions. As it often happens, they are colored with negative emotions. What results from S. Guskin's research is that in social view there is a very small degree of distinction between intellectually disabled and mentally ill people suffering from emotional disturbance, and criminals (Kowalik 1989: 109–110). What is more, those people are often attributed with infantilism and therefore lack of sexuality, mental deficiency and, as a consequence, lack of higher emotions (Kumaniecka-Wiśniewska 2006: 61). Another stereotype, which is gradually losing its meaning (Korzon 2004: 33), is the stereotype which combines the etiology of intellectual disability with punishment for a sin committed by the child's parents. Only a few years ago H. Borzyszkowska (1997: 24) emphasized, on the basis of the results of her own research, that families with intellectually disabled child are surrounded by a certain dose of distrust, as expressed in the following sentence 'why do they have such a child?' That question clearly implies that parents bear the blame.

Characteristics attributed to this particular group of people have, as we can see, a pejorative meaning. They are the part of so-called stigma of intellectual disability. The notion of stigma was used by Erving Goffman, the representative of the social institutionalization theory, to denote these features that are socially reprehensible. They constitute the basis of dichotomy: normal versus stigmatized people (Błeszyńska 2001: 91). Krystyna Błeszyńska (2001: 94) emphasizes the fact that intellectually disabled people are the most strongly stigmatized among all the disabled. The essence of social stigmatization of disabled people is the common fear of illness (Ostrowska 1997: 87). Thus they pose some kind of a threat in the social view. This

threat – on the basis of stigma transition – lies also in people from their closest environment. Therefore their families belong to the socially stigmatized group as well. A study reported by H. Borzyszkowska (1997: 44) shows that 31% of parents with a child developing typically with regard to intellect expressed negative attitudes towards families which are struggling with the problems of intellectual disability of their children.

Zdzisław Kazanowski (2003: 39) suggests that a level of social tolerance to the presence of people who depart from developmental norm is perhaps the most signifi-cant source of problems with which parents raising an intellectually disabled child have to deal with. Negative social attitudes can give rise to aversion and difficulties in tolerating the child just as he is (Gałkowski 1979: 216, Borzyszkowska 1997: 50). It takes place especially when parents become exposed to influence of the stereotype and treat their children and themselves as something evil (Kościelska 1995: 48). As a result they tend to suffer from the feeling of shame, humiliation, guilt, dis-grace, stigmatization, fear of hostility from society or suspicion of suffering from a shy illness (Boczar 1982: 44; Kościelska et al. 1995: 43; Mrugalska 1998: 14–15; Kazanowski 2003: 45). It is difficult to reconcile these negative emotions with love to a child and his unconditional acceptance

Emotional distance towards
a child with intellectual disability versus upbringing practice of parents

Conditions that are conducive to emotional distance to a child can result in open rejection of this child (lack of acceptance). Probability of such a situation rises when parents show a tendency to dominate as a result of intergenerational transfer of the ways of exercising parental authority. Parents who reject their child treat him or her as a burden and consequently they deprive the child of positive emotions and love. They have an aversion, feel disappointment, let-down and resentment. The duty to nurture the child is experienced as something unpleasant or even disgusting. Lack of parental love is often accompanied by the expression of negative emotions which are displayed in the following ways: disapproval, open criticism, authoritar-ian approach, directing by the means of orders, requirements, severe punishments, threatening , and in some extreme situations – very brutal treatment (Ziemska 1969: 76–77; Boczar 1983: 53).

The findings of the author's own research indicate that a quite common method used to exert parental dominance over a child with intellectual disability is using a variety of repressive methods (children confirmed that such situations took place in their lives), but intensity of their application is rather low (Mikrut 2003). Parents usually show verbal aggression and hostility, but 'peaceful strategies' of problem solving based on argumentation of one's rights and looking for a compromise are also familiar to them (Mikrut 2001).

Effects of negative parental upbringing interaction
in psychosocial functioning of children with intellectual disability

The ways of parental interaction formed under the influence of the above mentioned factors (and others described in literature covering this subject, e.g. Gałkowski 1979; Boczar 1982; Mrugalska 1988; Wojciechowski 1990; Kościelska 1989, 1995; Żyta 2004) leave the mark on the disabled child's psyche. The majority of previous research was concentrated on the role of parental upbringing attitudes. Researchers looked for correlation between presented parental attitudes and social functioning of the child (behavior disturbances, aggression, independent functioning, participation in the community, showing emphatic social behavior, the level of social activity and position in a particular social group), academic performance (the level of knowledge and skills in mathematics and Polish language and selected features of personality, e.g. self-esteem, self-acceptance, anxiety, locus of control, etc). Most of the research analyzed here was described in Z. Kazanowski's works (1995, 2004). We will try to explain the connection between parental aggression and social and psychic functioning of mildly intellectually disabled children. Empirical material has been collected by the author of this paper within the framework of various research concerning the relation between violence of parents, anxiety (Mikrut 2001, 2005), safety needs (Mikrut 2005), self-esteem and self-acceptance (Mikrut 2003) and their children's aggression (Mikrut 2005).

Without going into details associated with using different measure methods, it has been stated that there is a relation between parents' violence and:

– anxiety, especially anxiety-feature of intellectually disabled children; this correlation is more evident in the case of boys than girls,

– children's deprivation of their safety needs, which is more evident in the group of boys than in girls,

– children's self-esteem and self-acceptance; the rise of aggression in parents is usually accompanied by decline of both elements of one's own image in children. Unfortunately, the research did not take into account the role of gender of children in the modification of this correlation,

– children's aggression, this relation is not modified in any crucial way by children's gender,

– domestic violence considered as a correlate of the disturbed psychosocial functioning stays in the specified relation with parents' gender. Fathers' violence coexists with such children's characteristics as syndrome of disturbed feeling of safety and low self-esteem and self-acceptance to a higher degree than that of mothers'. This relation between parental violence and children's anxiety can differ accordingly to the source of information about used aggression; when this information comes from parents then the mothers' aggression seems to be more significant. However, when children are the source of information- the more evident is the role of fathers. There was no difference found between the relation of fathers' and mothers' aggression and so-called general

aggression in their children (results of Buss-Darkee questionnaire). It becomes evident only when various forms of aggression are taken into consideration.

It seems that relation between domestic violence and anxiety as well as the feeling of lack of safety can be explained in at least two different ways. First, both characteristics of harmed children can result from continual anticipation of physical and psychical suffering and uncertainty as to their parents' love. Secondly, they can result from some moral dilemmas caused by pangs of conscience, which are consecutively the results of hostility towards parents which- as everyone says- should be loved (Pospiszyl 1998: 141; Ranschburg 1993: 143). These moral fears can in a sense explain the reciprocal relations between domestic violence and one's own image of harmed child. The obsessive thought 'I am bad because I hate my parents' can be incorporated into the child's psyche and constitute an essential negative evaluative judgment concerning his own ego. Negative opinion about one's own characteristics and behavior is therefore the consequence of constant criticism coming from the punitive parents (Jundził 1993: 73). Thus the process of building up of aggression under the influence of violence used by parents can be easily explained by referring to the theory: frustration-aggression (Wojciszke 2000; Krahé 2005) and social learning of aggression. Behavior which is harmful to the close relatives constitutes a barrier for the most important needs of children, and at the same time sets an example of aggressive behavior which can be transferred from generation to generation.

Difficult but possible love

Acceptance of intellectually disabled child – as Twardowski writes (1993: 45) – is a gradual process. In the case of some parents much time must pass by until they are able to overcome aversion or even hostility caused by their child's disability. Staying with the child is an essential condition, especially due to the fact that it plays a major role in the process of accepting a child which stimulates and even releases parents' love and acceptance through attachment reaction: (smile, vocalization, hugging, etc.). Wolfensberger (Twardowski 1993: 45) points that majority of parents start to accept their children with intellectual disability even if they rejected them initially.

The findings of the study concerning parental attitude towards children with mild intellectual disability confirms the described remark. On the one hand, researchers indicate that these parents show attitudes that are undesirable from the pedagogical point of view and greater inconsistency in this respect than parents of not disabled child. On the other hand, however, they usually have a good emotional contact with their children, and their positive attitudes are characterized by greater intensity (Kazanowski 2003: 54–66). On the basis of the author's own research (Mikrut 2005), it can be claimed that attitude which is the most frequently displayed both

by mothers and fathers is protective attitude associated with so called 'emotional warmth'. There is also another attitude that is assumed by mothers i.e. the loving attitude. Agnieszka Żyta (2004: 128–133) points that parental over-protectiveness is typical of more than a half of mothers and about one-third of fathers who raise a child with a moderate and severe intellectual disability. The rest of parents accept their child unconditionally. Only few of them are too demanding towards their child or reject him. However, we should pay attention to another problem, namely this parental over-protectiveness can be only a cover-up for rejection; it can be the way of persuading oneself that the child is loved (Boczar 1982; Kowalik 1989).

The value of used methods and techniques of parental interaction depends to a large extent on the quality of emotional relation between parents and children. Lack of positive emotional bonds can result in rejection of a child with all the consequences negative for him. At the same time, loving guidance and ultimate acceptance contribute to the fact that parents undertake activities which are directed at child's development. However, this unconditional acceptance still causes many difficulties. Thus parents need support and help from outside. According to M. Kościelska (1995:94) families dealing with the problem of developmental disturbance of their child need: 1) social acceptance (the process of accepting the child is easier when parents can feel that they and their child are accepted by society), 2) a good place in the system of institutional care, education and rehabilitation, 3) information about their child's well-being and possible methods of help, 4) specialist help directed both at the child (psychotherapy, different educational and therapeutic programs) and at their parents (direction of work with a disabled child and sometimes psychotherapeutic help), and 5) a community that provides the feeling of emotional bonds and support and sets a constructive example of copying with difficult situations. Ignorance of these expectations by responsible social institutions in the long run rebounds on the child itself.

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Niekorzystny wpływ wychowania przez rodziców - geneza i skutki na podstawie wybranego obszaru funkcjonowania dziecka z niepełnosprawnością intelektualną

Streszczenie

Wartość metod i technik wykorzystywanych w interakcji rodzica z dzieckiem zależy w znacznej mierze od jakości relacji emocjonalnych istniejących pomiędzy obiema osobami. Brak pozytywnych więzi emocjonalnych może skutkować odrzuceniem dziecka ze wszystkimi negatywnymi konsekwencjami, jakie z tego dla niego wynikają. Jednocześnie miłość i bezwarunkowa akceptacja przyczyniają się do podejmowania przez rodziców czynności wspomagających rozwój dziecka. Ta bezwarunkowa akceptacja może jednak sprawić wiele trudności, dlatego też rodzicom potrzebne jest wsparcie i pomoc z zewnątrz.

Rodziny borykające się z problemem zaburzeń rozwojowych dziecka potrzebują: 1) akceptacji społecznej (proces akceptacji dziecka przebiega łatwiej, gdy rodzice czują, że zarówno oni, jak i ich dziecko są akceptowani przez społeczeństwo), 2) odpowiedniego miejsca w systemie opieki instytucjonalnej, edukacji i rehabilitacji, 3) informacji o stanie dziecka i potencjalnych metodach niesienia pomocy, 4) pomocy specjalistycznej nakierowanej zarówno na dziecko (psychoterapia, dostosowany program edukacyjny i terapeutyczny), jak i na rodziców (wskazówki dotyczące pracy z upośledzonym dzieckiem oraz niekiedy pomoc psychoterapeutyczna), a także 5) społeczności, która zapewnia poczucie więzi emocjonalnej i wsparcia oraz daje konstruktywny przykład radzenia sobie z trudną sytuacją.

Ignorowanie tych oczekiwań przez odpowiedzialne instytucje społeczne zwraca się przeciwko dziecku.