

Characteristics of Parent-Child Relationships in Families Raising Disabled Children

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Abstract:

The dynamics of parent-child relationships in families raising disabled children present unique challenges and opportunities for growth, resilience, and adaptation. This study examines the multifaceted aspects of these relationships, focusing on emotional bonds, communication patterns, and coping strategies. Through a comprehensive literature review and qualitative analysis of family case studies, the research explores how disability impacts the roles and expectations within the family unit. Key findings indicate that parents often experience heightened levels of stress and anxiety, which can affect their interactions with their children. However, many families also report stronger emotional connections and a deeper sense of empathy and understanding. Effective communication, both verbal and non-verbal, emerges as a critical factor in maintaining healthy relationships, with many parents developing specialized strategies to meet their children's unique needs. The study highlights the importance of external support systems, such as extended family, healthcare providers, and community resources, in mitigating stress and enhancing the overall well-being of the family. The adaptability of family roles, where siblings and extended family members often take on caregiving responsibilities, is also discussed. This research underscores the complex, yet rewarding nature of parent-child relationships in families raising disabled children. It calls for increased societal support and targeted interventions to assist these families in navigating their unique challenges and fostering positive developmental outcomes for their children.

Keywords: family, socialization, child-parent relationships, child with disabilities, mental retardation.

Introduction

The quality of the relationship between parents and children is an important factor affecting all aspects of the child's development. In the process of interaction within the family, the child's cognitive functions develop, his personality, self-esteem, acquisition of moral and ethical standards, definition of social roles, etc. take place. When it comes to children with disabilities, the influence of social factors becomes even more important. Prevention of social adaptation of children with various developmental disabilities (hearing, vision and mental disabilities), identification and elimination of factors that prevent their social integration, prevention of destructive interpersonal relationships with others, father in families raising disabled children - it is appropriate to study the features of mother-child relationship.

Methods

This paper will involve a diverse sample of families raising children with various developmental disabilities, including hearing, vision, and mental disabilities. Participants will be recruited through special education schools, disability support groups, and healthcare providers. We use number of methods, including:

- Parents (mothers and fathers). To gain insights into the parental perspectives and dynamics.
- Children with disabilities. To understand their perceptions and experiences.
- Siblings (if applicable). To explore their role and interactions within the family.

Also, we use *Data Collection Methods* as:

- Surveys and Questionnaires. Parent Surveys - These will gather demographic information, parental stress levels, coping strategies, and perceptions of their relationship with their child; Child Surveys - Adapted to the child's cognitive level, these surveys will assess self-esteem, perceived parental support, and social integration; Sibling Surveys - To understand their perspective on family dynamics and their role in the family.
- In-depth Interviews: Semi-structured Interviews with Parents - These will explore in detail the challenges and strategies related to raising a child with a disability, focusing on their relationship dynamics, emotional bonds, and communication patterns; Interviews with Children (when possible) - To gain qualitative insights into their experiences and interactions within the family; Interviews with Siblings - To understand their viewpoint and any additional caregiving roles they may assume.
- Observational Methods: Family Interaction Observations - Conducted in natural settings such as the home, these observations will focus on communication patterns, emotional exchanges, and interaction styles among family members; School and Community Observations - To understand the child's social interactions and integration outside the family.
- Case Studies: Detailed case studies of selected families will provide an in-depth understanding of the unique dynamics and challenges faced by different family structures and the strategies they employ to foster healthy relationships.

We use *Data Analysis methods* too:

- Quantitative Analysis: Statistical Techniques - Descriptive statistics will summarize demographic data and survey responses. Inferential statistics (e.g., regression analysis, ANOVA) will explore relationships between variables such as parental stress, coping strategies, and child development outcomes.

- Qualitative Analysis: Thematic Analysis: Interviews and observational data will be transcribed and coded to identify recurring themes and patterns related to parent-child relationships, coping mechanisms, and social integration.
- Comparative Analysis: Case studies will be compared to identify commonalities and differences in family dynamics across various types of disabilities.

Third one method was *Ethical Considerations*: Informed Consent - All participants will provide informed consent, with special considerations for obtaining assent from children; Confidentiality - Data will be anonymized to protect the privacy of participants. Sensitivity to Disability - Researchers will be trained to interact sensitively and respectfully with children with disabilities and their families.

Expected Outcomes. The study aims to provide a comprehensive understanding of the characteristics of parent-child relationships in families raising disabled children. It will identify key factors that promote healthy development and social integration, as well as potential barriers and stressors. The findings will inform the development of targeted interventions and support programs to enhance the well-being of these families.

Review and Discussion

Modern science recognizes that the family is the basis of human socialization. Socialization is the sum of all social processes through which a person acquires a system of knowledge, norms and values that enable him to function as a full member of society, learn social roles and cultural norms, and reproduce. The process of socialization is carried out throughout a person's life in activity, communication and self-awareness [2].

In the studies of V.A. Druz, A.I. Klimenko, I.P. Pomeschchikova, the peculiar psychophysical development of disabled children weakens their adaptive abilities and complicates their socialization in society [3]. O. N. Yoldosheva adds that the family socialization of such children is often considered as one of the options for deviant socialization, since the personal development of the individual differs from the norms established in society [4].

Family socialization of disabled children largely depends on the quality of parent-child relationships. Such relationships, adequate and consistent with the child's abilities and needs, are a necessary condition for the formation of his readiness and ability for a relatively independent life, and reduce the risk of social adaptation in the future. The appearance of a child with deviations in psychophysical development in a family creates a severe stressful situation, disrupts interpersonal relationships and disrupts the usual way of life of its members. In this regard, the individual characteristics and personal characteristics of parents largely determine the nature of socialization and successful adaptation of such a child to life. I. R. Gramatkina emphasizes that in order to correct deficiencies in the mental development of "special" children, optimize the process and results of their social adaptation, it is necessary, first of all, to change the attitude of representatives of the immediate social environment towards them; especially parents [5].

In the work of V.M. Volkov and E.V. Khlystova revealed that the personal and emotional development of children with hearing impairment is influenced by both emotional and family deprivation, which can lead to the formation of anxiety in them as a stable personality trait [2]. Control and symbiosis are the main parenting styles of these teenagers. Parents view them as incompetent and defective and choose parenting strategies that are "convenient" for them but inconvenient for their children. The authors note that parents raising children with hearing impairments tend to implement these strategies and try to compensate for the child's disability to one degree or another, which leads to a violation of the children's basic need - the need for safety. Similar trends associated with increased parental control and underestimation of the child's

capabilities were found in families raising children with speech impairments. In this regard, T. M. Marchenko raises the question of the need for psychological assistance to the family of a child with speech impairment [7].

E. A. Olkhina, based on research data that revealed the causes of problems in the relationship between visually impaired children and their parents, points to the lack of necessary knowledge in the field of special psychology of parents as the main reason [4]. Analyzing photographs of children with complex developmental disorders, L.K. Fomina found that in almost all the families of the subjects, family relationships were disrupted, there were conflict situations, the existence of symbiotic relationships, and low self-esteem of their members. and excessive attachment of the child to the mother against the background of belittling the importance of the father [4].

Families raising children with autism spectrum disorders (ASD) represent a special group in terms of the problems of forming relationships between parents and children. In addition to all of the above trends that are characteristic of the relationship between disabled children and their parents, in the relationship between a child with ASD and a parent, there is emotional isolation of the child and unformed upbringing by adults.

In special psychology, the problem of socialization of mentally retarded children and their relationship to various representatives of the social environment was studied by O.K. Agavelyan, N.L. Kolominsky, V.F. Machikhina, N.P. Pavlova, E.I. Razuvan and others [1]. Thus, O.K. Agavelyan shows a low level of motivation for interpersonal relationships in schoolchildren with mental retardation, an insufficient level of undifferentiated interpersonal knowledge, perception and attitude towards people. According to A.G. Udodov, mentally retarded children have difficulties recognizing the personal qualities of other people and forming a differentiated attitude towards them [7]. I. S. Bagdasaryan emphasizes that the mental retardation of a child affects the formation of interpersonal relationships with his parents and close relatives [8]. Mentally retarded schoolchildren are not satisfied with their position in the family, consider themselves unhappy, and in comparison with other family members, the most important relationship for the subjects is with their mother. An analysis of the literature has shown that the problem of forming parent-child relationships in families raising disabled children, especially mentally retarded ones, has not been sufficiently developed. Considering the relevance and insufficient development of this problem, it is advisable to study it more deeply.

Key Factors to Address Challenges in Parent-Child Relationships in Families Raising Disabled Children

1. Emotional Support and Mental Health Services [9]:
 - Parental Counseling: Offering counseling services to help parents manage stress, anxiety, and depression associated with raising a disabled child.
 - Support Groups: Creating support groups for parents to share experiences and coping strategies, fostering a sense of community and understanding.
2. Effective Communication Strategies [10]:
 - Training Programs: Providing training for parents on effective communication techniques tailored to their child's specific needs, including non-verbal communication methods.
 - Family Therapy: Engaging in family therapy to improve communication dynamics and resolve conflicts within the family.
3. Educational Resources and Special Education Services:
 - Access to Special Education: Ensuring children with disabilities have access to appropriate

educational resources and individualized education plans (IEPs) that address their unique learning needs.

- Parent Education Programs: Offering educational programs for parents to understand their child's disability and the best practices for supporting their development.
4. Social Integration and Community Involvement:
 - Inclusive Activities: Promoting inclusive activities and programs that allow children with disabilities to interact with their peers and develop social skills.
 - Community Awareness Campaigns: Conducting awareness campaigns to educate the community about disabilities and encourage acceptance and support.
 5. Supportive Healthcare Services [11, 12, 13, 14]:
 - Regular Health Check-ups: Ensuring consistent access to healthcare services, including regular check-ups and specialized medical care.
 - Collaborative Care Teams: Forming multidisciplinary care teams that include healthcare providers, educators, and therapists to create a comprehensive support plan for the child and family.
 6. Financial Assistance and Resources:
 - Government Aid: Providing information about government programs and financial aid available to families raising children with disabilities.
 - Non-Profit Organizations: Connecting families with non-profit organizations that offer financial assistance, respite care, and other support services.
 7. Parental Resilience and Coping Strategies:
 - Resilience Training: Offering programs that help parents build resilience and develop effective coping strategies to handle the demands of raising a disabled child.
 - Stress Management Techniques: Teaching stress management techniques such as mindfulness, relaxation exercises, and time management skills.
 8. Sibling Support:
 - Sibling Workshops: Conducting workshops and support groups specifically for siblings to address their unique challenges and promote healthy relationships within the family.
 - Educational Resources: Providing educational materials and resources to help siblings understand and support their disabled brother or sister.
 9. Advocacy and Legal Support:
 - Advocacy Training: Empowering parents with the knowledge and skills to advocate for their child's rights and needs within the educational and healthcare systems.
 - Legal Assistance: Offering legal support for families navigating complex systems and ensuring their children receive the services and accommodations they are entitled to.
 10. Research and Policy Development:
 - Ongoing Research: Supporting ongoing research to better understand the needs of families raising disabled children and to develop evidence-based interventions.
 - Policy Advocacy: Advocating for policies that support families raising children with disabilities, including increased funding for special education and healthcare services.

Implementation Strategies

- Collaborative Efforts: Encouraging collaboration between government agencies, non-profit organizations, healthcare providers, and educational institutions to create a robust support network for families.
- Accessible Resources: Ensuring that all resources and services are easily accessible to families, regardless of their socioeconomic status or geographic location.
- Cultural Sensitivity: Developing culturally sensitive programs that consider the diverse backgrounds and experiences of families raising disabled children.
- Feedback Mechanisms: Establishing mechanisms for families to provide feedback on the services and support they receive, ensuring continuous improvement and responsiveness to their needs.

By addressing these key factors, we can improve the quality of parent-child relationships in families raising disabled children, promote their social integration, and enhance their overall well-being.

Conclusion

Thus, the results of the theoretical study show that the formation of parent-child relationships in families raising disabled children is characterized by specific features: in particular, the destructive attitude of parents towards their children in families raising mentally retarded children, lack of love. Care, support, and increased levels of emotional stress prevail. In such families, the dominant parenting style is authoritarian hypersocialization, which is especially manifested in strict control over the child's behavior and activities. In interpersonal relationships, one can feel the desire of parents to infantilize their child, to see him as maladjusted and unsuccessful. The results obtained from studying the relationship between parents and children in families raising children with mental retardation include a program that includes a class system that allows them to be harmonized, that is, to correct the identified violations of the relationship between parents and children. indicates the need for development.

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