

INFLUENCE OF FAMILY EDUCATION ON THE PSYCHOPHYSICAL DEVELOPMENT AND SOCIALIZATION OF A CHILD WITH INTELLECTUAL DISABILITIES

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Abstract. Family is the primary institution of socialization of the child, and family education is the leading factor in successful social adaptation. The aim of the study was to determine the impact of family education on the development and socialization of children with intellectual disabilities from preschool to adolescence. The article describes the methods of experimental research (observation, analysis of documents, surveys, conversations) and its results. We found out that families have a mostly positive atmosphere. However, in families raising children with intellectual disabilities, overprotection prevails, which leads to infantilism of children and lack of independence even in adolescence. Parents of schoolchildren rarely communicate with them on topics related to professions, possible employment; they do not discuss issues of married life, avoid problems of sexual and role relations. It is established that most families do not take the initiative in cooperation with specialists and only formally follow the recommendations for raising a child. We have identified factors of family upbringing that not only negatively affect the development of the child, but also complicate its socialization.

Keywords: children with intellectual disabilities; family education; psychophysical development; socialization

Introduction

An urgent problem of modern education is psychological and pedagogical support of children with special psychophysical development. Education of such children, provision of correctional services to them, and integration into the social environment should take into account the impact of both objective biological and social factors on their development. One of these factors is family education. Analysis of literary sources and educational practices shows that the most pronounced problems of family education relate to children with

intellectual disabilities. Scientists (Blacher, Neece, Paczkowski 2005; Glidden & Schoolcraft 2007; Kilic, Gencdogan, Bag, Arıcan 2013; Zakriepina 2009; Isaiev 2012; Shypitsyna 2005; Shulzhenko 2009) found that parents quite often do not take into account the difficulties of the child, his underdevelopment; they consider the child's lag from the age norm to be a temporary phenomenon and turn to specialists when the child turns 2-3 years old. Analysis of the state of educational practice in Ukraine shows that in many families a child with intellectual disabilities does not receive the help of special teachers not only at an early age, but also at preschool age. This means that the child's psychophysical development depends entirely on the conditions of family upbringing. The influence of the family remains significant even during the school education of a child with intellectual disabilities, his socialization, professional and life self-realization depends on it. Given the clear relevance, *the aim* of our study is to determine the impact of family education on the development and socialization of children with intellectual disabilities from preschool to adolescence.

Research methods

In our study, we used the following methods: theoretical analysis of the problem of family influence on the development of children with normotypic and impaired intelligence; study of individual development cards of children in educational institutions; observation of interaction between parents and children, children's activities; survey of parents; conversations with children; conversation with teachers.

The theoretical analysis of the research problem provided for a thorough study of literature sources on the influence of the family on the psychophysical development of a child with normotypic and impaired intelligence, the social situation of his development.

The study of individual development cards of children with intellectual disabilities in educational institutions allowed us to study the anamnesis of children; to establish the causes of deviations in their development, the degree of their intellectual and psychophysical development; to draw a conclusion about the composition of families and their social status, living conditions of families.

The observation was aimed at studying the interaction of family members, relationships between parents and children, parenting styles, and methods of parents' influence on the child.

The purpose of *the survey of parents* was to establish their competence regarding the psychological characteristics of children with intellectual disabilities, prospects for their development and the specifics of family education; to determine the understanding of their role in the development of children; to identify the readiness of family members to cooperate with specialists. During the survey, we found out the following aspects:

- how old was the child when his parents realized that he had special needs;
- do parents realize that the child has an intellectual disability;
- what conditions are created in the family for raising a child: a separate children's corner for games and activities; available toys, books, educational material;
- what criteria are used to select toys, books, and entertainment;
- how the child mastered cultural and hygienic skills and self-care, who helps him;
- what forms of communication are used in the family, who communicates with the child the most;
- do families communicate about gender-role aspects of life and the child's choice of profession;
- do families communicate about the child's future profession, help him in professional self-determination and the formation of professional interests;
- what specialists did parents contact and what recommendations did they receive?

Parents were asked questions based on their child's age and developmental characteristics.

When processing the results of the study as a whole, we took into account:

- micro-social conditions of raising a child;
- general cultural level and education of parents;
- nature of family relations;
- adequacy of parents' assessment of their child's condition and development prospects;
- influence of the style of family education on the child's development, social skills, choice of profession and socialization in general;
- readiness of parents to fully cooperate with the institution as a whole and individual specialists in the process of correctional and developmental work, understanding its importance and necessity;
- initiative of family members in cooperation with specialists;
- effectiveness of parents' use of recommendations provided by various specialists (for those parents whose children attend educational or social protection institutions).

Conversations with children were aimed at clarifying the attitude of parents to the child, his affairs, interests, plans, relationships with peers; establishing an atmosphere of family relations, the presence or absence of trust and mutual understanding between children and parents; identifying the features of interaction with parents.

Children were asked to answer the following questions:

- *What do you like to do at home / how do you spend your free time at home?*
- *Which parent plays/spends time/communicates with you?*
- *Where do you go with your parents?*
- *How does mom or dad help you do your homework (for school children)?*

- *Who helps you to complete the tasks of a speech therapist (psychologist, correctional teacher) at home?*
- *What else do your parents do to help you at home?*
- *How do your parents feel about you not being able to do something?*
- *Do your parents talk to you about how things are going in kindergarten/school?*
- *Are you allowed to invite friends home or visit them at home?*
- *How does your family spend your weekends? What are you doing?*
- *What are your household chores?*
- *What are you talking about with your parents?*
- *Do your parents help you choose a profession that you can pursue? Do they talk about different professions?*
- *Do your parents talk to you about your future family?*

Children were asked questions according to their age.

In **a conversation with teachers**, we found out their assessments of the students' family relations, in particular, we asked them to answer questions:

How do you assess the relationship between the child and its parents (asked separately about each family)?

- *What can you say about the style of family education of children with ID that you observe?*
- *Does the family affect the child's development and socialization? How exactly?*
- *How do parents interact with the institution's specialists, and do they follow the recommendations for raising children?*

Results

Theoretical analysis of the research problem has shown that scientists (Hastings, Beck, Hill 2005; Glidden & Schoolcraft 2007; Gürol, Polat, Oran 2014; Kilic, Gencdogan, Bag, Arican 2013; Leung & Erich 2002; Rimmerman, Chen 2012; Vygotsky 1983; Zakrepina 2009; Isaev 2012; Sinev, Matveeva, Khokhlina 2008; Strebeleva 2001; Shipitsina 2005) find a direct relationship between family education and the level of development of the child, his integration into the system of social relations, without rejecting the influence of biological factors. The influence of the family on the social situation of development of a child with intellectual disabilities is more explicit than with normotypic development, because such a child is completely dependent on parents, their actions and appeals to specialists.

The experimental study involved 114 families raising children with intellectual disabilities (including complex ones in the structure of which there are intellectual disabilities).

Our study of the personal files of children in special institutions of general secondary education and inclusive institutions showed that the majority of children did not attend special institutions of preschool education. Only 10% of parents

sought advice from correctional teachers or psychologists about the peculiarities of upbringing in the family before the start of school education. As a result: first-graders with intellectual disabilities have problems adapting to school; they do not know how to interact with classmates and adults; they have difficulties in behavior and self-service; there are even cases of pedagogical neglect.

Cooperation of parents with specialists before the beginning of childrens' school education is shown on Figure 1.

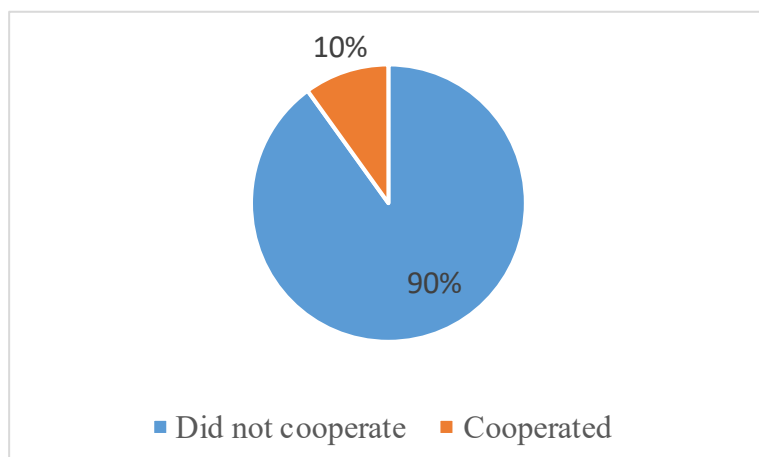


Figure 1. Cooperation of parents with specialists before the beginning of childrens' school education

The results of the survey of parents showed that only parents of those children who had complex disorders (musculoskeletal disorders and intellectual disorders; autism and intellectual disorders) or clear signs (Down syndrome, intellectual disorders with epileptic seizures) paid attention to the characteristics of the child at an early age. Such families consulted with doctors; some of them applied to psychological, medical and pedagogical consultations, inclusive resource centers, educational and rehabilitation centers when the children were 3 – 4 years old. That is, at an early age, children with intellectual disabilities received only treatment; psychological and pedagogical support for the child was not provided. The 14% of families turned to specialists for help only at the end of the first grade, because the child had learning difficulties and did not assimilate the educational material. Only then did the parents hear that the child had an intellectual disability.

Parents of children with mild intellectual disabilities believed that the child “just lags a little behind his peers”, “will outgrow”, “will go to school and catch up”. All parents (even in families of children with moderate and severe intellectual disabilities)

did not admit intellectual disabilities in the child at an early and preschool age; they paid attention only to behavioral problems and physical abnormalities. Before starting correctional and pedagogical assistance, parents did not understand the expediency of special educational programs, the need for correctional and developmental classes.

Most parents did not know that at an early age a child can receive not only medical care, but also the help of a psychologist, correctional teacher, or rehabilitation teacher. Families did not know about the existence of special pre-school education institutions, inclusive resource centers, so they did not look for specialists. We found out that a certain role in this attitude was played by medical professionals who told parents that children with developmental disabilities should receive pedagogical assistance after the age of 3. Therefore, many parents expressed sincere surprise about the need for early correctional influence on the child, accompanying it with statements: *“and the doctor did not advise us anything”*, *“our doctor said that we would need a special teacher in kindergarten or school”*, *“no one sent us to teachers”*.

Surveys of parents, children, and observations have shown that families do not pay much attention to creating a special subject-toy environment for the child's development. Neither in the early stages of children's development, nor in preschool age, any of the families chose toys, books or any other materials, taking into account the characteristics of the child. Toys were described as follows: *“played with what they received as a gift”*; *“we asked the seller what to buy for a certain age”*; *“took what was left of the older child”*; *“bought the brightest one”*. Some parents were confused: *“did we have to pick up toys?”*. In most families, the room was oversaturated with soft toys that formally created the subject background. Many families offered the child to have fun playing at the computer, without taking into account his intellectual disability, problems with motor skills, attention, without selecting information content, without dosing the time of such entertainment. The 68% of families with schoolchildren do not accompany their child's free time; they are sure that the child can *“cope on his own”* (Figure 2). Parents could not answer the question what movies and websites the child watches, what his interests are.

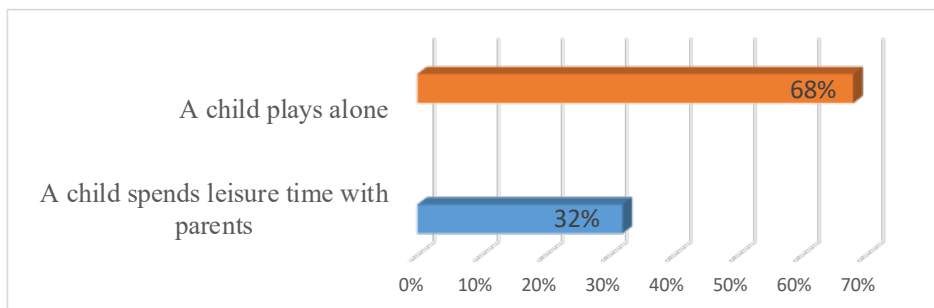


Figure 2. Spending leisure time jointly with children

Half of the families showed that the mother spends most of their time with the child, while the rest of the respondents named grandmothers and other relatives; another 4% of families showed that the father works with the child (walks, reads books). However, from conversations with respondents, it is clear that the characteristics of children are not taken into account, parents either put forward requirements for the child on a par with normotypic children, or provide overprotection. Families do not know what are the specifics of communicating with children with intellectual disabilities, have not specifically organized play or self-service activities for children in preschool age, and have not encouraged children to interact and play or work together. Cultural and hygienic skills began to be formed after 3, or even 4 years.

Conversations between parents and school-age children relate to school affairs. However, such communication is mostly superficial, parents ask what grades the child received, whether he was hungry. Respondents are not interested in the child's feelings or worries: *"if there was something bad, he would tell me."*

Parents replied that they help their child prepare homework, but it is difficult for them. Thus, 76% of respondents admitted that they tell the child how to complete the task or solve it independently, and then the child rewrites it in a notebook. All parents of children with ID expressed complaints about distance learning and called such difficulties as: inability to organize the child, his absent-mindedness, lack of time because of this, irritability due to the need to additionally study with the child, and so on.

Only 12% of parents of teenagers talked to their children about gender-role aspects of life, creating a future family. However, even these respondents noted that they tried to avoid direct answers about family relationships and sexual aspects of life.

It was found that 80% of families have never talked to their child about their professional implementation, 47% of them said that they do not have enough time for this (Figure 3).

Parents are not set up for employment of the child even in cases when it received a profession at school. Most parents said: *"the child will be at home"*, *"he will not be hired"*, *"he will finish school, help me with the housework"*, *"I am afraid to let the child go somewhere, because he will be offended"*, *"no one will want to take my child to work"*.

All respondents directly or indirectly expressed the opinion that they experienced shame, unpleasant feelings due to intellectual disorders of the child. However, the respondents categorically did not want to discuss such cases.

Conversations with children showed that they do not have enough attention from their parents: *"I want Dad to play with me more"*, *"it's hard for me to do homework, but Mom and Dad are always busy"*, *"parents don't have time, they*

go to work", etc. It was found that 45% of families did not complete homework provided by a correctional teacher or speech therapist. The children replied that their parents were angry when something didn't work out for them, they didn't have time. Only 8% of children invite friends home, the rest answered: *"my friends are at school"*, *"I play with friends in the yard"*, *"no one comes to me, and I don't go to anyone"*. Individual children are involved in household chores by their parents, they have simple household tasks – watering flowers, vacuuming. Most families spend weekends together. However, not all families have joint activities, because the children answered that their parents were doing their own business, and they: *"watch TV"*, *"sit on Instagram"*, *"sleep"*, *"download videos"*, etc. So, 67% of schoolchildren spend their free time with electronic gadgets, chaotically, without having certain interests: *"surf the internet"*, *"to occupy themselves with something"*. They replied that their parents did not know what sites they visited and did not discuss anything with them. And yet, 18% of children answered that they go for walks with their parents on weekends, visit cinemas and cafes.

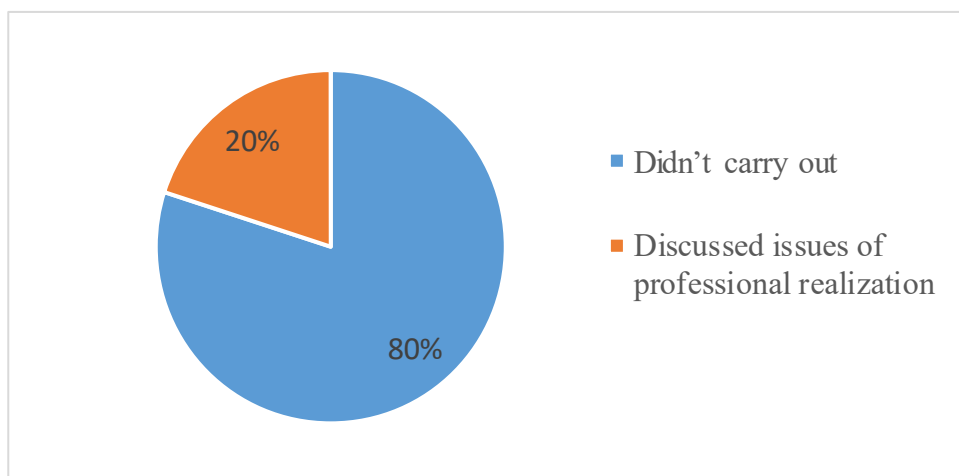


Figure 3. Carrying out career guidance with children by parents

Students would like to discuss their future family with their parents, and they are interested in gender-role relations. However, only 12% of children said that their parents tell them about such relationships, future married life. The rest of the teenagers said that they learn about everything *"from friends"*, *"from movies"*, *"I watch different sites"*.

The teenagers also did not note that their parents discuss future employment with them. Therefore, 44% of schoolchildren expressed unrealistic thoughts

about their profession and future life, for example: *"I will be a nurse"*, *"I will go to work and immediately buy an iPhone"*, *"I want to work as a salesman"*, *"I will live on my retirement benefit"*. However, almost half of the surveyed students (48%) said that their parents help them get information about their future profession.

After a conversation with teachers, we realized that they assess the relationship of students with their parents as positive, although they noted that overprotection or unprotection prevails in families. All teachers are unanimous that the family influences the development of the child, his future fate after graduation. Teachers believe that it is necessary to develop the activities of social services that will provide parents with counseling and psychological assistance, help to support children (especially in case of complex developmental disorders). All teachers complained about the lack of activity of parents in meeting the requirements and recommendations of specialists, they especially clearly found this during distance learning, which teachers consider ineffective for children with intellectual disabilities.

Conclusions and prospects for further research

A general analysis of the results of the study allowed us to draw the following conclusions:

- students who participated in the study are brought up in average families;
- families have a mostly positive atmosphere, but not all parents adequately assess the condition of their children;
- parents of preschool children do not imagine possible problems in school education related to intellectual disabilities of the child;
- parents of schoolchildren almost do not communicate with them on topics related to professions and possible employment after school, do not discuss issues of married life, and avoid problems of sexual and role relations;
- parents do not show any initiatives in cooperation with a correctional teacher, speech therapist, or other specialists of the institution, although they do not refuse to cooperate with them;
- most families formally follow the recommendations for raising a child provided by the institution's specialists, and do not understand the role of the family in the developmental impact on the child. This is especially true for parents of schoolchildren who believe that the school is responsible for the development and socialization of their child;
- in families raising children with intellectual disabilities, especially with complex ones, overprotection prevails, which leads to infantilism of the child, his lack of independence even in adolescence.

The analysis of the results obtained allowed us to formulate factors of family upbringing that negatively affect the development of a child with intellectual disabilities, regardless of their age:

- incorrect forms of communication and interaction with the child, such as formality; excessive or underestimated requirements; overprotection; ignoring problems;
- lack of an adequate subject environment aimed at the development of a child with ID, such as randomness in the selection of toys, books, manuals, lack of control over the sites and videos that the child views;
- lack of purposeful training in household skills, usually performing duties instead of the child;
- lack of an organized daily routine;
- ignoring sensitive periods of development;
- isolation of the child from peers and even relatives;
- lack of purposeful discussion of the problems of a child's adult life: relationships with people, profession, married life, etc.

The existing factors are harmful to the child's development and lead to the fact that objective intellectual impairment caused by organic damage to the central nervous system is socially complicated. In particular, at preschool age, children do not know how to serve themselves, they do not develop an interest in play and cognitive activities; the development of cognitive activity does not correspond to their potential capabilities. Students experience difficulties in establishing contacts with others; they are often dominated by negative emotions, inadequate self-esteem. Parents do not prepare teenagers for independent married and professional life, which is why their social expectations are high and it is difficult for them to integrate into society.

One of the significant problems is the lack of awareness of parents about specialists who provide psychological and pedagogical assistance to children with ID in early and preschool age; seeking only for medical help; stereotypes about intellectual disabilities of children and adults; a clear negative attitude of families to discussing gender-role problems with adolescents. Accordingly, preschoolers and their families do not receive qualified special support that would contribute to the development of the child, harmony of relations in the family. Families of adolescents do not perform their functions of socialization of the child, development of his independence, integration into the system of social relations.

Taking these factors into account will help prevent complications of the child's development, harmonize family relations, and establish partnership with specialists. All this together will contribute to the psychophysical development and successful socialization of people with intellectual disabilities.

NOTES

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