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Features Parental Attitudes to Adolescents with Disabilities

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ABSTRACT

A number of reasons of a social nature are cited to psychological problems in children, their difficulties of adaptation in society, in communication and behavior. The most important of them is family, which ontogenetically the first institution of socialization and preserving its socializing affect on the person throughout his life. The conditions of family upbringing, attitude towards the child can have a negative impact on the formation of a child, especially if it exists for a long time, since birth. Goal of the article lays is to study the parental attitudes to various kinds of violations in the activities of individual functions in adolescents, and on this basis the construction of correctional work family relations. Leading method to the study of this problem was psycho-diagnostic (method of tests and survey questionnaires) and statistical methods. This study allows concluding that the success of the development of the child with disabilities will depend on the adequacy of parent perceptions of the disease, awareness of this disease, from parent attitudes, style, tactics of his upbringing and broad social ties. Remedial and preventive activities with the family should be directed mainly to the destruction of certain plants, perceptions, values, motivations, behaviors and forming new ones with the aim of achieving self-realization in society.

KEYWORDS
Parental attitudes, family relations, adolescents with disabilities, the child with disabilities

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Introduction

Describing problems of "child–invalid", "handicapped child" in psychological and pedagogical literature are increasingly used the concepts "special child", "child with disabilities", "child with special needs", "children with features of psychophysical development", "children with disabilities", "children with disabilities" (Marcinkowskaya, 2000; Dozortseva, 2007; Shneider, 2000; Artamonova, 2008; Kachenko, 2004; Mateichik, 2002; Mamaichuk, 2006; Yalom,

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2006; Petrovsky & Yaroshevsky, 2005; Zakharov, 2004). This suggests that a sick child is seen as a person who from early childhood had to face great challenges and in need of special support and assistance. It is the family that should become the educational environment for this child. Healthy psychological climate is a guarantee of its development and allows to fully disclosing the potential. This is largely dependent on acceptance by parents of information about the disease of the child, the choice of style and tactics of his upbringing, adequate perception of the disease at all stages of child development and preserve respectful relationships between all family members.

From the moment of diagnosis to family life is changed radically. In our country the child's disability is perceived by parents as a personal tragedy. First learned of the illness of the child, which leads to physical or mental illness, the parents are deeply shaken, and for a long time are in "shock" state, live in a chronic stressful situation, emotional (Marcinkowskaya, 2000). From the beginning parents reject the very thought of the possibility of serious illness and that their child is not like everyone else. They often tend to blame each other and close relative in a poor heredity, wrong behavior. The denial of physical defect or disease gives way to the experience of guilt. At the same time parents feel love for their baby and a collapsed sense of pride for him.

Extroverted mothers tend to blame themselves. They fall into despair and show depressive reactions. Their mood is sadness, and in the mind dominates the memory of grief. Over time, mothers become more withdrawn, losing interest in other people, the previous attachment. In the emotional sphere marked touchiness, irritability, lack of restraint of passions, vacillation and tearfulness when talking about children. Introverted mother, by contrast, tend to blame the medical staff in the oversight, poor performance, etc. They do not adequately perceive the child's illness, believing that it is curable – that is the psychological defense mechanism from their traumatic experiences. Over the years, the mothers' mood is undergoing significant changes, there are bouts of despair. Their personal characteristics are changed too. The uncertainty, the shyness give way to perseverance, warmth of affection to loved ones is replaced by pedantry, kindness – a certain callousness (Druzhinin, 2005).

In most cases, due to various physical, emotional and social pressures caused by impaired development in children, mothers suffer and survive is much stronger and sharper than fathers. Some of them have suicidal thoughts. Negative trends in the mental state of the parents (mothers) are characterized by neurotic symptoms: a high level of anxiety, lack of confidence in their own abilities, reduced background mood, low activity, resentment, vulnerability, anxiety. Often there is inappropriate behavior – aggression, irritability, temper, grouchy, unfriendly, and wary. Often there are disorders of somatic – vegetative dystonia, increased susceptibility to respiratory illnesses, functional disorders of the cardio-vascular system and the gastrointestinal tract (Bondarenko, 1999).

Charges the parents themselves and others in the incident, the manifestations of aggression and periods of decline of vitality are interspersed with the daily care of the child. No description of the disease does not give a complete picture of the experiences and difficulties faced by parents raising your baby and providing it with the necessary treatment. Understanding that the process of treatment and special education (in connection with physical or intellectual disabilities) will be lengthy does not come immediately. Awareness

of this fact is the strongest stress for parents and other family members (grandparents, siblings), which is experienced throughout life and is often manifested in the isolation of the family from society (shrinking circle of acquaintances is limited to communication with relatives). Problems and concerns related to illness of the child, to be a barrier to a full life of each family member. Often, the family is a kind of a closed microenvironment with specific dysfunctional system of relationships between relatives.

Often the family is unable to accept the situation. Parents fear for the future of their child. The prospect of own future (plans to parents regarding school, work, friends) is associated with possible changes in the health status of the child. A sick child often becomes the cause of family conflicts and divorces.

As a rule, the child remains with the mother. In a single-parent family forms a closed system, a "child – parent", which functions as a single unit. The effectiveness of rehabilitation measures (medical, psychological, psychotherapeutic, etc.) largely depends on the participation of mothers and child. The stress single mothers hinder to perceive and correctly assess the whole situation of the development of the disabled child, its hidden resources and opportunities for their implementation. Left alone with a sick child, without the support of a wife, a mother tries to compensate for the absence of the father increased attention and care for your baby.

The unity of all family members, respect each other, the existence of common goals and a shared value system, a desire to discover and realize their own capabilities, to help our families – all this allows to predict the most optimal and efficient way to build an active position in life of a sick child.

Harmonious development of a child depends on parenting style followed by parents (Marcinkowskaya, 2000; Firsov & Shapiro, 2010). In families with children suffering from cerebral palsy, the predominant type of education is the hyperprotection. It manifests itself in excessive attention parents, in an effort to prevent the wishes of the patient ("the idol of the family"). Often a sick child with the mother becomes symbiotic. In such families, parents forced to reduce their labour and social activity, to spend more time with the child, to help him "maximize" to be treated. This leads to the fact that the child is focusing all the attention on the disease and painful sensations. The presence of the disease justifies and reinforces the concern of parents, especially mothers. The uncertainty and anxiety of the mother provokes the child's fear that accentuates and aggravates his condition. So there is a vicious cycle that cannot be broken without outside interference. The "neurotic" structure of the family is made. All life revolves around the child, he brings the whole family. Hospitalization or admission to a special educational institution (kindergarten, school) are the most powerful stress factor for the child, symbiotic attached to her mother. Emotional experiences of separation cause a negative behavior, all affect the course of mental development of the child.

In some cases parents, trying to protect the child from unpleasant experiences, ignore the speech and motor defects in your baby, and accustoming him to it. And if preschoolers are not always aware of the difficulties caused by the disease, already in primary school age children face challenges. The school often found their failure in a particular plan, they periodically experienced due to their defects displeasure, resentment, etc. The older children often develop fears, depression, dysphoria. As they grow up the son or daughter

hyperprotection is increased. Parents try to satisfy all requests of the child and not to punish him. In addition, increases their fear for the child. Parents continue to see him as a kid, even when he grew up, and it's time to revise parent-child relationships, to expand the scope of self-reliance. They exert pressure on the teenager and in terms of worldview.

In some cases the opposite trend is observed – mother's position is transformed as the child grows from acceptance to rejection. As noted by O. L. Romanova: "If the first three years of a child's life due to the protective feelings of defect and incomplete understanding of it maternal position was an acceptance, that over time, most often in the period of early childhood of the patient, it is rebuilt in the direction of rejection. Perhaps this is due to the objectification of ideas about the structure of the defect, the prospects of social development of the patient and with changing emotional relationship to him" (Raigorodsky, 2004).

Except "symbiotic unity" in the analysis of child-parent relationships are "emotional insulation", which manifests itself in the form of implicit or explicit rejection of the sick child in the family. He constantly feels like a hindrance to parents. In the case of hidden emotional rejecting parents understand their negative attitude to the child and try to compensate its emphatic concern. The absence of close emotional contact with the child, sometimes accompanied by increased demands of parents for educational and medical personnel. Often emotional rejection is manifested in the fact that the parents are ashamed for someone to represent your child. Some perceive his defect as evidence of inferiority. The lack of confidence in their parental capabilities is detrimental to all communication with the child. Often parents hide the baby from prying eyes; walk with him in the evening when less visible physical flaws, because the surrounding frankly shows pity and surprise. It turns out that the child is in a situation exacerbated by psychological deprivation, which slows down its development, causes emotional and personal delay, the formation of a passive vital position. Peculiar to children's age-immediacy, emotional brightness, the vivacity is lost. Instead, there is an adult judgment with an eye on the opinions of others, shyness, fear of communicating with people, establishing social contacts, insecurity, passivity.

In families where in addition to the child with disabilities, there are other, normal children, parents have special difficulties. They have to use differing methods of education and behavior with respect to healthy and sick children. From experience we know that the average child of his brother or sister, having any violations, to a great extent depends on the parents' installation. If their behavior is reasonable and clear, it is in healthy children, they will find diligent assistants. And unconscious and unresolved conflicts about a sick child may affect other children adversely. Most often to visit a sick brother or sister the children are not aggressive, but rather detached. Sometimes their behavior regresses; they have emotional breakdowns, develop neurotic state. If the disabled child only in the family, and in this case difficulties arise. T.I. Bondarenko (1999) inclined to believe that many parents give superior value health impacts, but a consistent process of education often substitute for a separate imperative instructions and edifying conversations.

Serious illness of a child impoverishes their parents ' personal a life, as a rule, restricts their professional activity. Mothers (more than fathers) are forced

to give up work, go part-time or work not on a specialty. The parents of sick children are left with free time; they seldom visit theaters and museums; home leisure also minimized. Everyday worries associated with disappointment and setbacks. Even when my child true love, parents are not always able to show it. Often the relationship between them and the sick child is based on the experiences of yesterday and the expectation of trouble in the future. The lack of contact with the child in a situation "here and now" complicates emotional understanding (Kiyashko & Vorobyeva, 2005; Yalom, 2006).

It should be noted that parents are very grieved at the existence of a physical or intellectual defect in children. As they grow older toddler expands understanding of the mother about the consequences of the disease. Parents experience anxiety and uncertainty that can provide the necessary assistance to your child. Moreover, many of them are experiencing moments of despair and feelings of ineffectiveness, all those teaching and medical events, which takes a lot of effort, time and money. The complexity of the situation is compounded by the fact that "the effect of development, the child is prepared for a long time, gradually, hidden from external observation, and it weakens the confidence that the path chosen is right.

Summarizing we can make the following generalizations:

Issues of child development, emotional disorders, behavioral disorders are devoted to numerous special studies of domestic and foreign scientists, a wealth of factual material, allowing to understand the mechanisms and causes of violations. Disorders in child development are associated with adverse events in the childhood of the child, which are family conflicts, lack of emotional warmth, love, sympathy, attachment. An important factor in causing a violation of personal development is character, values, norms, orientations, meanings of the social group, which is part of the child. Social group (family, school) may enhance those traits and behaviors that follow it, and weaken undesirable.

In our work the role of the family, styles of family education were explored in a cycle of theoretical and empirical studies, the installation of mothers in relation to adolescents were identified and characterized in. Theoretical analysis of the concepts shows that there is a universal model for successful relationships between parents and children. The parenting styles are allocated and described: democratic, authoritarian, dictatorship, hyperprotection, hypersociality, permissive, hepaprotective, emotional rejection. The effectiveness of family of choice parenting style and individual approach depends on the welfare of the child development. The successful development of the child with disabilities will depend on the adequacy of parent perceptions of the disease, awareness of this disease, from parent attitudes, style, tactics of his upbringing and broad social ties.

Materials and Methods

In the course of the research we used the following research methods: content analysis of documents, the method of mental experiment, systematization and generalization of facts and concepts, modeling, diagnostic methods, psychological and pedagogical experiment.

Groups of the study were the families with one or more children (up to three), educating adolescents aged 11-17 years. In the psychological study involved 100 people: 30 people – mothers with adolescents with developmental

disabilities (mental retardation), made up the experimental sample; and 30 mothers of adolescents, whose development corresponds to age norms, were included in the control sample; 20 people – fathers who are raising adolescents with developmental disabilities (mental retardation) – an experimental sample; 20 people – fathers raising teenagers, the development of which corresponds to the age regulations – control sample. It should be noted that the sample included women belonging to the category of single mothers, as according to research Dobrotvorskaya T. V. and Shipitsina E. A., 60% of cases, in this category of families, upon the birth of a child with developmental disabilities is the place the divorce process.

The study was conducted in three stages:

- the first stage– the preparatory phase, we analyzed the modern condition of the problem under study in psychological and pedagogical theory and practice; developed the programme methodology of the study;
- at the second stage – the main stage – we had a diagnosis of the relationship of parents to child in two groups: mothers and fathers raising children with developmental disabilities and healthy children; carried out experimental work to test the effectiveness of a correctional program family relationships;
- the third stage – the final stage – we carried out the systematization, interpretation and generalization of research results; refined theoretical insights; was processed and entering the results of the study.

Results

In accordance with the purpose of the study is the identification of parental attitudes towards children-adolescents with disorders in the development was the evaluation of parent relations in two groups of mothers and fathers raising children with developmental disorders and healthy children. Features identified relations are presented in table 1.

Table 1. The distribution of types of parental relationship for mothers, %

№	Parenting styles	experimental	control	$\varphi^*_{кр.}$
1	adoption	0%	47%	-
	rejection	83%	13%	6,013*
2	social desirability	33%	33%	-
	social failure	20%	6%	1,67
3	symbiosis	73%	67%	0,51
	emotional isolation	3%	9%	1,01
4	hypersociality	43%	43%	-
	hepaprotective	0%	23%	-
5	infantilism	50%	3%	4,73*
	age maturity	20%	33%	1,15

Note: $\varphi^*_{кр}$ = {1,64 ($p \le 0,05$) 2,31 ($p \ge 0,01$)}

Let's consider the results sequentially for each scale. We identified that the majority of mothers of the experimental group is characterized by the rejection of their children (83%). Compared with the control sample (13%) this style is used 6.4 times more often. The difference in frequency of choice of this style is

substantial and statistically significant. Mothers of the control group used the style of "acceptance". They accept their children as they are. In the experimental group this style is completely absent (47% and 0%), in this case, the differences are obvious.

On the second scale two groups' differences were observed. In terms of style, "social desirability" parameters are the same (33%). To the style of "social inadequacy" is used in 20% of mothers of the experimental sample and 6% of the control. Mothers raising children with disabilities often perceive their children as insolvent (in 3 times in comparison with the control sample). They have a low opinion of the ability of your child, try to do everything for him, to help the child, don't trust him, and sympathize with him. Mother of healthy children 5 times more likely to choose the style of "co-operation" compared to the choice of style of "social failure": they are interested in the Affairs and plans of the child, Encourage the initiative and independence of a child, trying to be on equal footing with him feels a sense of pride for him. The parent trusts the child tries to stand on his point of view on controversial issues.

On the third scale we obtained similar results for experimental and control samples (73% and 67% in respect of the use of the style "symbiosis"; 3% and 9% - "emotional isolation"). This scale reflects interpersonal distance in communication with the child. Mothers strive to protect their children from the difficulties and troubles of life, they feel anxiety for them, the children they seem small and defenseless. Mothers of the experimental group have resorted to this style in 24 times more often than to the style of "emotional isolation" that mothers often control seven times. Thus, the desire for symbiotic relations with the child is quite strongly expressed in both groups. All mothers of children with special needs to a greater extent feel with a child as a single whole, strives to meet all the needs of the child, and believe that because of the circumstances, independence could not be never presented to the child.

The distribution elections under the fourth scale in terms of style, "hypersociality "are uniform (43% for the experimental and 43% for the control sample). Style "giperprotection" is not used in the experimental sample (0%) and is used approximately twice as often in the control (23%).

On the fifth scale we obtained the following distribution: 50% of mothers of the experimental sample perceive their children infantile, in the control only 3% (higher at 16.6 times). Mothers of the experimental sample this style is used 2.5 times more often than the style of "social age of maturity" (20%). 33% of mothers of the control sample uses the style of "socio-age maturity", and 3% of children perceive infantile. Thus, mothers of the experimental sample to a greater degree tend to infantilizing of the child, to attribute to him the personal and social failure. A parent sees a child younger than real age. The child seems to them not adapted, not successful. Mothers are more likely to experience frustration at its slowness and ineptitude. In this regard, they try to protect them from the pressures of life and strictly control its actions.

A rating of parental relationship on the predominant parenting style that we've done for the two samples indicates the qualitative differences presented styles of parenting for the two groups (table 2).

Table 2. A rating of parental relationship to prevalent parenting style for mothers,%

Rank	experimental	%	control	%
1	rejection	87	symbiosis	67
2	symbiosis	73	the adoption	47
3	infantilism	50	hypersociality	43
4	hypersociality	43	social desirability	33
5	social desirability	33	rejection	13
6	the adoption	0	infantilism	3

For mothers of the experimental group in the first place is the style of "rejection", the second "symbiosis", the third "infantilism", the fourth "hypersociality", and then "social desirability". The style of "acceptance" and "hyperprotection" they are not in use. In the control sample styles are following: "symbiosis", "acceptance", "hypersociality", "social desirability", "rejection", "immaturity". The results show that mothers in the experimental group frequently used styles "rejection" (83%), "symbiosis" (73%), "infantilism" of 50 %. Style "acceptance" does not apply at all 0%. Mothers control and preference in family education give to the style of "symbiosis" (67%). Quite a few respondents (13%) used the style of "rejection". And only (3%) one subject's infant perceives her child.

In accordance with the purpose of the study – identify the characteristics of the attitudes of the fathers towards the children-adolescents with disorders in the development was the evaluation of parent relations in two groups of fathers raising children with developmental disorders and healthy children. Features identified relations are presented in the table 3.

Table 3. The distribution of types of parental relationship for fathers, %

№	Parenting styles	experimental	control	$\varphi^*_{кр.}$
1	adoption	5%	40%	4,28*
	rejection	80%	10%	6,75*
2	social desirability	45%	25%	2,93*
	social failure	20%	30%	1,33
3	symbiosis	15%	10%	1,02
	emotional isolation	80%	50%	3,48*
4	hypersociality	15%	20%	1,04
	hepaprotective	25%	40%	1,53
5	infantilism	10%	50%	4,53*
	age maturity	20%	33%	1,15

Note: $\varphi^*_{кр}$ = {1,64 ($p \leq 0,05$) 2,31 ($p \geq 0,01$)}

Let's consider the results sequentially for each scale. We identified that for the majority of the fathers of the experimental group is characterized by the rejection of their children (80%). Compared with the control sample (10%) this style is used 6.4 times more often. The difference in frequency of choice of this style is substantial and statistically significant. Fathers of the control group used the style of "acceptance". They accept their children as they are. In the experimental group with a particular style 5% of the fathers, in this case, the differences are obvious.

At the second scale for the two comparison groups there are also vary. In terms of style, "social desirability" figures of the fathers of sick children is higher

(45%) compared to the fathers in the control group (25%). To the style of "social inadequacy" is used in 20% of the fathers of the experimental sample and 30% of the control. Fathers raising children with disabilities and fathers of children without disabilities in about the same degree perceive their children as untenable. Approximately ¼ of the sample the fathers of the two groups have a low opinion of the ability of your child, try to do everything for him, to help the child, don't trust him, sympathize with him. Healthy fathers and children with developmental disabilities are approximately equally interested in the Affairs and plans of the child, encourage initiative and independence of the child, try to be on equal footing with him feel a sense of pride for him. Fathers often trusted by the child, try to stand in his point of view on controversial issues.

On the third scale we obtained similar results for experimental and control samples (15% and 10% in respect of the use of the style "symbiosis"), but in terms of style, emotional insulation" there are significant differences; most of the fathers of children with developmental disabilities manifested this style of education (80%). As you know, this scale reflects interpersonal distance in communication with the child. Fathers often do not seek to protect their children from the difficulties and troubles of life; they tend not to feel concern for them, considering that children have to protect themselves. The fathers of the experimental group have resorted to this style more often than to the style of "symbiosis". Thus, the desire for symbiotic relations with the child in both groups of fathers expressed strongly enough. Still mothers, not fathers, are more inclined to feel with a child as a single whole, to strive to meet all the needs of the child.

The distribution elections under the fourth scale in terms of style, "hypersociality" is uniform (15% for the experimental and 20% for the control sample). Style "hyperprotection" really is used in ¼ of the experimental sample (25%) and is used approximately twice as often in the control (40%).

On the fifth scale we obtained the following distribution: 50% of the experimental sample of fathers perceive their children Mature, in control only 0%. The fathers of the experimental sample used this style 2 times more often than the style of "infantilism" (10%). 50% of the fathers of the control sample uses the style of "infantilism", and none of them perceives children socially Mature. Thus, the fathers of the control sample to a greater degree tend to infantilizing of the child, to attribute to him the personal and social failure. A parent sees a child younger than real age. The child seems to them not adapted, not successful. Fathers in the experimental group rarely experience frustration at the slow pace of the child and ineptitude. In this regard, they are not trying to protect it from the pressures of life and strictly control its actions. Knowing that a child with a disability will be difficult to fight, their fathers are trying to teach the child to be independent and achieve success in life.

A rating of parental relationship on the predominant parenting style that we've done for the fathers of the two groups indicates that the qualitative differences presented styles of parenting for the two groups (Table 4).

Table 4. A rating of parental relationship to prevalent parenting style for fathers,%

Rank	experimental	%	control	%
1	rejection	80	symbiosis	50
2	symbiosis	80	the adoption	50
3	infantilism	50	hypersociality	40
4	hypersociality	45	social desirability	40
5	social desirability	25	rejection	30
6	the adoption	5	infantilism	0

For the fathers of the experimental group in the first place is the style of "rejection" and "emotional isolation", the second "age of maturity", the third "social desirability", the fourth – "hyperprotection", the fifth – "acceptance". In the control sample of the styles distributed as follows – "immaturity" and "emotional isolation" in the first place, "acceptance" and "geoprotecta" - at the second, the "social failure" takes the third place, the style of "age of maturity" does not apply them at all. The results show that fathers in the experimental group more often used such styles as a "rejection" (80%), "emotional isolation" (80%), "age of maturity" (50%). The style of "adoption" is used rarely (5%). Fathers in the control group give preference to the style of "infantilism" (50%) and no one uses the style of "age of maturity".

Table 5. The distribution of types of parental attitude to children with developmental disabilities, %

№	Parenting styles	mothers	fathers	$\varphi^*_{кр.}$
1	adoption	0%	5%	-
	rejection	83%	80%	0,97
2	social desirability	33%	45%	1,29
	social failure	20%	20%	-
3	symbiosis	73%	15%	5,86*
	emotional isolation	3%	80%	6,57*
4	hypersociality	43%	15%	2,53
	hepaprotective	0%	25%	-
5	infantilism	50%	10%	4,35*
	age maturity	20%	50%	3,74*

Note: $\varphi^*_{кр} = \{1,64\ (p \leq 0,05)\ 2,31\ (p \geq 0,01)\}$

Mothers raising children with developmental disabilities, is more typical styles of "symbiosis" (73%), "hypersociality (43%) and perception of the child childish, not Mature (50%). Fathers – emotional isolation (80%) and age maturity (50%). Mothers and fathers are more likely to be rejection, not acceptance of the child (83% and 80%).

A rating of parental relationship on the predominant parenting style that we've done for mothers and fathers raising children with developmental disabilities indicates the qualitative differences presented styles of parenting for the two groups (table 6).

Table 6. A rating of parental relationship to prevalent style for fathers and mothers raising children with developmental disabilities,%

Rank	Fathers	%	Mothers	%
1	rejection	80	symbiosis	83
2	symbiosis	80	the adoption	73
3	infantilism	50	hypersociality	50
4	hypersociality	45	social desirability	43
5	social desirability	25	rejection	33
6	the adoption	5	infantilism	0

For fathers raising children with developmental disabilities, in the first place is the style of "rejection" (80%) and "emotional insulation" (80%), followed by "age of maturity" (50%), the third – "social desirability" (45%), followed by "hyperprotection" (25%). The style of "adoption" is used very rarely (5%). For mothers of the experimental group in the first place is the style of "rejection" (83%), followed by "symbiosis" (73%), the third – "infantilism" (50%), fourth – "hypersociality" (43%), followed by "social desirability" (33%). The style of "adoption" is not applicable to them at all.

Discussion of the results of the study is led to the following conclusions. Mothers raising children with developmental disabilities, are more characteristic of emotional isolation and the perception of the child more infantile and mothers of healthy children - adoption; fathers raising children with developmental disabilities, are more characteristic of emotional isolation, and fathers, healthy children – the child's perception more infantile. Mothers raising children with developmental disabilities compared to fathers of this category of children, have more characteristic of symbiosis, hypersociality and perception of the child childish, not Mature. Fathers have emotional isolation and age maturity.

Discussions

The experimental study was aimed at identification of parental attitudes towards their children. Parent settings have their manifestation in the styles of family education and parental relations, which were studied by the methods of A. Ya Varga, V. V. Stolin "Diagnosis of a parental relationship" (Raigorodsky, 2004).

Describing and evaluating the results, we can specify the following:

1. For the group of mothers and fathers raising children with violations in development of the most important installation in the emotional attitude to the child is the emotional rejection, isolation (83%) and (80%). So the diagnostics style "rejection" is in first place in its use, and the style of the "adoption" of these moms is not used at all (0% on a scale of "acceptance"). 40% of fathers of healthy children apply style "acceptance", which according to its preferential selection in the third position.

Results showed that, for most fathers and mothers raising children with disorders characterized by emotional rejection. They do not accept the individuality of their children, perceive them unfit for life, because of the circumstances, perceive they are losers. They are not trying to develop their interests and don't spend a lot of time with them. The lack of emotional contact leads to psychological deprivation, emotional and personal delay, the formation of a passive vital position. A sense of insecurity, inferiority, shyness, fear of communicating with people, establishing social contacts, low self-esteem are lead to neurotic disorders. Peculiar to children's age, immediacy, emotional brightness, the vivacity are lost. A cruelty and selfishness are formed while harsh treatment.

Mothers and fathers of healthy children accept the strengths and weaknesses of their children really assess their actions. Relationships are built on reasonable love, dialogue and cooperation. Emotional intimacy fosters the

development of emotional and personal sphere of the child, forming the active life position. Such children are confident, feeling the support from parents, they are self-motivated, independent, easily enter into contact with people. They are different by emotional brightness and liveliness.

2. In the group of mothers raising children with violations of psychophysical development, second place in importance in the structure of parental relations, is setting on the special needs of the child and keeping him out of difficulties (73%). It is manifested in the family upbringing style "symbiosis". This style reflects a decrease of interpersonal distance in communication with the child. The results indicate that this setting is dominant and mothers, raising healthier children, as 67% of mothers in this group are practicing the style of "symbiosis" in family education and in the ranking of the use of this style it is in the first place. Differences in the frequency of using this style for the two samples are not significant, but in the structure of parental relations this unit takes up a different place.

Mothers of both groups equally feel with a child as a single whole, feels anxiety for the child, the child seems to them small and defenseless, they seek to meet all the needs of children to be protected from any difficulties, depriving the child of independence. Requirements as such do not exist, but there are numerous prohibitions and restrictions. Total control and custody excessive overload the nervous system of the child. Irritation, enhanced by a reaction of protest, appears aggression. Formed lack of initiative, a sense of superiority, inflated self-esteem. Petty care and permissiveness are formed the antisocial traits.

The opposite pole of this scale is represented by the style of "emotional isolation". That is characteristic, the style is almost absent. He is represented in family education 3% of mothers of the experimental and 9% of mothers in the control group. These mothers don't control their children; seldom show the attention of maximum autonomy, not interested in the Affairs and plans of the children. The emotional connection is weak or missing, no requirements. But it should be noted that such parenting styles among mothers is rare.

Emotional isolation is more typical of fathers of children with developmental disabilities and healthy children (80% and 50%). But, in terms of style, emotional insulation" there are significant differences; most of the fathers of children with developmental disabilities manifested this parenting style. Fathers often do not seek to protect their children from the difficulties and troubles of life, they tend not to feel concern for them, considering that children have for themselves to protect.

Regarding the use of the style "symbiosis" obtained similar results for fathers raising children with developmental disabilities and healthy children (15% and 10%). Still mothers, not fathers, are more inclined to feel with a child as a single whole, to strive to meet all the needs of the child.

3. Third place in the structure of parents ' attitudes in the experimental group of mothers is setting on the perception of the child infantile (50%). For the control sample, this setting is found only in 3% of cases. The results are

statistically significant. Thus, it is possible to say that moms of this group attributed their children's personal and social inadequacy, can see their children under the age compared to real age, their interests, thoughts, feelings, mothers seem childish and not serious. The child appears to be open to bad influences, don't trust him. In this regard, trying to protect from the pressures of life and strictly control its actions. Emotional intimacy usually is absent, fixed attention on the shortcomings and imperfections of the child, which creates in the child a sense of inferiority and insecurity. Emotional rejection will slow down the mental development of the child, forms of neurotic disorders. These children have difficulties in establishing contacts, selfish.

Mothers of healthy children in most cases (namely, every second mother) assess adequately the socio-age maturity of their children. Their abilities, give more autonomy, interested in successes and failures, providing psychological support. Emotional contact is close, and the fair and justified claims to the child. This style creates prosperous conditions for the successful development of a child's personality. The child develops a valuable relationship with a high reflection, self-esteem, adequacy of self-esteem and other positive qualities.

50% of men, who are raising children with developmental disabilities, are dominated by setting on the perception of their children Mature and 50% of men who are raising healthy children, the prevailing style of "immaturity". In this regard, the fathers of children with developmental disabilities do not try to protect them from the pressures of life and strictly control its actions, and the fathers of healthy children tend to attribute children's personal and social failure.

4. Installation on authoritarianism with respect to the form and direction control over behavior of the child presented in both groups in 43% of cases. In the structures of the parental relationship this unit is on the fourth largest location for the pilot and the third for the control group. These moms require from the child unconditional obedience, obedience and discipline, not justifying their behavior and requirements of, the act of self-will is regarded as an encroachment on the authority of a senior. The behavior of a child is hard to control, and for not compliance should be punished. Emotional intimacy is most often absent, but not excluded. Tactics dictate from the parent leads to an increased uncertainty or aggression creates affective reactions in children. The constant strain on the nervous system leads to psychological isolation, which causes difficulties in communicating with peers, low self-esteem is formed, the dependence on parents and passivity.

Regarding the use of the style "authoritarian hypersocialization" we obtained similar results for fathers raising children with developmental disabilities and healthy children (15% and 20%). Still mothers, not fathers, have more characteristic of this style.

The opposite pole of the scale – "hyperprotection" in the group of mothers raising children with developmental disabilities are not represented (0%) in the control group is used 2 times less often – in 23% of cases in comparison with the style of hypersociality. These moms, most often because of their employment do

not control their children, very rarely interested in their problems and experiences. These moms are more interested in the outside results. With all this, these children are well-dressed, well-groomed and taught behavior. Requirements for them are virtually absent, emotional intimacy is poorly expressed. These moms are busier with their personal problems. Like their parents they are only interested in their problems. The lack of emotional intimacy leads to slower mental development, and the lack of requirements to hard for upbringing.

Hyperprotection is more characteristic of fathers raising healthy children (40%). They often do not control their children and not interested in their problems and experiences.

5. The scale of "social desirability" reflects the socially desired image of a parental relationship. Its implementation involves building a relationship with the child in confidence in him, faith in his ability, timely assistance, high evaluation of available capacities of the child, the encouragement of initiative and independence. Relationships are built on mutual love, trust, understanding. The requirements for a child are fair justification for the bans. Feeling emotional support from the parent, the child feels confident, making plans for the future, striving to achieve your goals, respects his and others opinion, responsible and independent. In the structure of the parental relationship so set on trusting attitude toward other child less pronounced (33% for the two groups). For the preferential choice of the style this style ranks fifth in the experimental and in fourth place in the control sample.

In terms of style, "social desirability" figures of the fathers of sick children is higher (45%) compared to the fathers in the control group (25%). Fathers of children with developmental disabilities are interested in the Affairs and plans of the child, encourage initiative and independence of the child, try to be on equal footing with him feel a sense of pride for him.

Thus, the results of empirical research showed that mothers raising children with normative development, and mothers who are raising children with disorders in development, differ. Namely, mothers raising children with disabilities often manifest installation on emotional isolation and the perception of the child more infantile than it actually is. Installation to meet the specific needs of the child; to guard him from the difficulties and authoritarian mothers in both groups expressed equally.

Mothers of children with developmental disorders tend to ignore the growing up of children, promote the conservation of such children's qualities as spontaneity, naivety, playfulness. For these mothers a child with developmental disabilities is still small. Considering the child as a "still small", parents mother reduce the level of requirements to the child, creating hyperprotection, thereby stimulating the development of psychic infantilism.

Mothers of children with developmental disorders are characterized by weakness, poor parental feelings. They happen and so that mothers don't want to deal with the child, cannot tolerate his society, demonstrate only a superficial interest in his affairs.

Fathers of children with disabilities are very difficult to accept the child such what it is. It is difficult to accept that the child differs from the others, not like everyone else. Fathers of children with disabilities do not even seek to spend a lot of time with your child and approve of his interests and plans. For them baby is a bad, unfit, unfortunate. They pay little time for the child because they think that the child will not succeed in life because of the limited capacity of small mind, bad habits. For the most part, fathers of children with disabilities experience child-anger, frustration, irritation, resentment.

Most often fathers of children with disabilities seldom interact with children, meet their needs, but try to take the child to be independent. Therefore, fathers are not infantilizing their children. They try to see their children older and independent, serious and skilled. Fathers are not trying to protect child from difficulties of life and try not to control his actions.

Thus, the results of empirical research showed that the installation of fathers raising children with normative development, and fathers who are raising children with disorders in development, differ. Namely, the fathers raising children with disabilities often manifest installation on emotional isolation and the perception of the child more Mature than he really is. In psycho-correction work with fathers who are bringing up children with deviations in development, it is necessary to focus on the installation of the rejection in the education of children.

In children with developmental disabilities and the mother and father in relation to them demonstrate emotional isolation (in control group – only fathers). If the family has favorable conditions of life, the attitude to the child could also be just an emotional rejection. When hard, tense, conflict relations in the family on the child may be irritable-hostile attitude to the child with deviations in development.

Improving parental attitudes is essential for the normal development of children with disabilities, because, first, the family relationships of the teenager covers his relationship with his parents, secondly, the very high dependence of children with disabilities from family, thirdly, the role of the family in the implementation of social control over the behavior of the child with violations in development. Improving the parent plants is to put in front of the mother and father complex requirements. Disorders in the relationship of parents with children are to the source of mental trauma.

From the above we can conclude that remedial and preventive activities should be aimed mainly at the destruction of certain plants, perceptions, values, motivations, behaviors and forming new ones with the aim of achieving self-realization in society. Through remedial and maintenance work required to solve for both sides of the conflict "personality - society", "personality - social environment", "personality - group", "personality - personality". This activity is the destruction of previously established motives, values, attitudes, etc., the ongoing socio-pedagogical and psychological means, which is manifested in their substitution, changing, rethinking, reassessing, correcting the behavior of the

individual in accordance with accepted in the social environment, the society as a whole norms.

Conclusion

The child should grow up in conditions of constant observance of the principle of pedagogical ecology. The relationship between parents, teacher to child should be based on its unconditional acceptance, on pedagogical optimism and trust and deep love and empathy, the respect for human personality, rights and freedoms. This humanistic orientation of parents and teachers involves the development of their own personal resources, updated forms of communication with students. The child in this case is formed a positive image "I", self-confidence, sense of self-worth. This image of "I" contributes to the development of any child; he is constantly creating a situation of success.

Issues of child development, emotional disorders, behavioral disorders devoted numerous special studies of domestic and foreign scientists, a wealth of factual material, allowing to understand the mechanisms and causes of violations.

Disorders in child development are associated with adverse events in the childhood of the child. First of all, family conflicts, lack of emotional warmth, love, sympathy, attachment.

Family relationships are important not only in childhood but also in later periods of life. The lack of communication, violation, strain important relationships of personality, forming an integral system, cause the development of neurotic personality type. These relationships are turning into poverty, the monotony of the environment, its limitations, according to experts, can lead to profound delays in mental development of children, to hinder his intellectual development and cause behavioral disturbances.

An important factor in causing a violation of personal development is character, values, norms, orientations, meanings of the social group, which is part of the child. Social group (family, school) may enhance those traits and behaviors that follow it, and weaken undesirable.

In our work in a cycle of theoretical and empirical studies have explored the role of the family, styles of family education, were identified and characterized in the installation of mothers in relation to adolescents. Theoretical analysis of the concepts shows that there is a universal model for successful relationships between parents and children. Allocated and describes the parenting styles: democratic, authoritarian, dictatorship, hyper, hypersociality, permissive, hyperprotecton, emotional rejection. The effectiveness of family of choice parenting style and individual approach depends on the welfare of the child development. The successful development of the child with disabilities will depend on the adequacy of parent perceptions of the disease, awareness of this disease, from parent attitudes, style, tactics of his upbringing and broad social ties.

The results of the empirical studies have shown differences in the attitudes of the two groups of mothers and fathers. Namely, mothers who are raising

adolescents with developmental disabilities, more often than mothers of healthy children, manifest install on emotional isolation and the perception of the child more infantile than it actually is. Fathers raising children with disabilities often manifest installation on emotional isolation and the perception of the child more mature than he really is.

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