



The effects of familial risk and parental resolution on parenting a child with mild intellectual disability



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ABSTRACT

The current study investigated the manner by which family risk moderates the links between parental state of resolution with a child's diagnosis and both parent–child interaction and parental stress. The sample included 72 families with 4–7-year-old children ($M = 5.53$, $SD = 0.73$) diagnosed with mild intellectual disability. Parents reported on their resolution state and parental stress, and parent–child interactions were videotaped and analyzed. Results indicated that in families where mothers or fathers were unresolved rather than resolved, mother–child interactions were less positive only in the context of high family risk. The father–child interaction was not found to be affected by family risk and parental resolution. Interestingly, mothers in low family risk situations who were resolved reported the lowest level of parental stress, suggesting a “double buffer” effect, whereas fathers with high family risk who were unresolved experienced the highest levels of parental stress, suggesting a “double risk” effect.

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1. Introduction

Mild Intellectual Disability (ID) is a childhood disability that affects about 3.5% of children (Boyle et al., 2011). Mild ID (also known as developmental delay) refers to children with IQ scores that are 1.5–2 standard deviations below the mean, and impaired functioning in at least two of the following skills: expressive language, receptive language, cognitive/visual reception, fine or gross motor and adaptive behavior (Boyd et al., 2010).

Belsky's (1984) determinants of parenting model suggests that parenting is influenced by three levels of risk factors: parent's personal factors, child characteristics and familial factors surrounding the parent–child relationship. In adherence to this model, our research intended to explore how the intrinsic variable of parental state of resolution with a child's diagnosis with mild ID (i.e. parental factor) and the extrinsic familial risk (i.e. familial factor) interact in affecting parent–child interaction and parental stress in families of children with mild ID.

Research pertaining to parenting and stress in the last three decades has investigated mainly disabilities such as ID (i.e. Mental Retardation) and Autism Spectrum Disorder, while research concerning mild ID specifically has been scarce, despite the fact that the impairments of children with mild ID affect not only the child's functioning, but also the family as a whole (Feldman, 2007a). Furthermore, while research in recent years increased emphasis on the father's role in families with children who are typically developed, only few studies examined this issue in families of children with special needs, such as mild ID.

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Two important aspects that have been found to be negatively affected by raising children with disabilities were the parent–child interaction (e.g. Blacher, Baker, & Kaladjian, 2013), and parental stress (e.g. Hauser-Cram et al., 2001; Woolfson & Grant, 2006). Specifically, research revealed that mothers of children with mild ID initiated, directed and dominated the interaction with their children more often compared to mothers of children who are typically developed. They acted more intrusively, gave commands and manipulated the child physically (e.g. Blacher et al., 2013; Okimoto, Bundy, & Hanzlik, 2000). During interactions with the mothers, children with mild ID showed, in general, less eye contact, less vocalization and less independent play than children who are typically developed. They were less attentive and displayed a more limited range of emotions (Okimoto et al., 2000).

As for parental stress, overall, mothers who reported higher levels of stress displayed less positive parenting, and when interacting with their children, tended to be more intrusive and less sensitive (Pianta & Egeland, 1990), more withdrawn (Repetti & Wood, 1997) and more controlling (Moss, Cyr, & Dubois-Comtois, 2004) than mothers with lower levels of stress. The chronic stress involved in parenting a child with mild ID has a prominent negative effect on the physical and mental health of mothers (Feldman, 2007b), and is reflected in the quality of the mother–child relationship (Biringen, Fidler, Barrett, & Kubicek, 2005; Feldman, 2007b).

Contrary to mothers, fathers were less controlling and structuring during interactions with their children (Costigan, Floyd, Harter, & McClintock, 1997; Floyd, Costigan, & Phillippe, 1997). Furthermore, children with mild ID demonstrated more positive behavior in the stimulating and physically challenging interactions with their fathers than in the educationally oriented interactions with their mothers (Costigan et al., 1997; Floyd et al., 1997). Research indicated that, similar to mothers, fathers of children with mild ID displayed higher levels of stress than fathers of children who are typically developed (Goldberg, Marcovitch, MacGregor, & Lojkasek, 1986; Gray, 2003). Yet, when comparing mothers and fathers of children with mild ID, fathers displayed lower levels of parental stress, less symptoms of depression and a higher degree of self-assurance (Goldberg et al., 1986; Gray, 2003). Fathers experienced stress and pressure, but displayed a different coping mechanism (Kersh, Hedvat, Hauser-Cram, & Warfield, 2006; Krauss, 1993).

One of the variables related to parent–child relationship and to parental stress is the parents' reaction to their child's diagnosis (e.g., Kearney, Britner, Farrell, & Robinson, 2011; Lord, Ungerer, & Wastell, 2008). Marvin and Pianta (1996) defined the end of active grieving and a refocus on present and future realities as resolution. Parents who are unresolved display an absence of these processes and a coping style that reflects ongoing consequences of trauma. Examination of links between parent–child interaction and parents' reaction to their child's diagnosis is limited. Some research suggests that mothers who are resolved have better interaction with their children than mothers who are unresolved (e.g. Feniger-Schaal & Oppenheim, 2013; Marvin & Pianta, 1996). Mothers who are resolved were found to be more sensitive to their child's cues (Feniger-Schaal & Oppenheim, 2013), were better at adjusting their reactions to the child, even when the child's responses were inappropriate (Feniger-Schaal & Oppenheim, 2013) and were more attuned to their child's needs (Wachtel & Carter, 2008). The one study examining the links between parental resolution (when having children with Cerebral Palsy) and both mother–child and father–child interactions found no significant associations for neither mothers nor fathers (Olrick, Pianta, & Marvin, 2002). As for the children's reactions to their mothers, Oppenheim, Dolev, Koren-Karie, Sher-Censor, & Salomon (2007) found that low functioning children with Autism Spectrum Disorder reacted in a more responsive and involving manner to mothers who were resolved rather than unresolved. Lack of resolution was found repeatedly as contributing to parental stress symptomology (e.g. Kearney et al., 2011; Marvin & Pianta, 1996). Mothers of children with disabilities (such as Cerebral Palsy, Autism Spectrum Disorder, Phenylketonuria & psychiatric disorders) who were resolved experienced lower levels of parental stress than mothers who were unresolved (Kearney et al., 2011; Lord et al., 2008). Lord et al. (2008) found this also to be true for fathers of children with Phenylketonuria. However, to the best of our knowledge, no research examined the links between parental resolution state, parent–child interaction and parental stress. The reaction to the diagnosis of parents of children with mild ID has, also, not been studied, and the knowledge concerning paternal resolution is lacking.

Parenting takes place within a family. Therefore, parent's reaction to a crisis such as the diagnosis of mild ID in a child could affect, and be affected by contextual familial factors (Cox & Paley, 2003; Minuchin, 1988). As mentioned, following Belsky's (1984) model we have focused on parental resolution, parent–child interaction and contextual familial factors. In his model, Belsky (1984) identified marital relations and social networks as “contextual sources of stress and support” (Belsky, 1984, p. 86) affecting parenting functioning. More recent research has also suggested that having a child with disability creates an adverse effect on *marital relationships* (e.g., Florian & Findler, 2001). Lack of *social support* has been a well-known stressor in families of children with mild ID as well (Wanamaker & Glenwick, 1998). Furthermore, in the last decade, *household chaos* was found to have a substantial effect on general cognitive abilities (Hart, Petrill, Deater-Deckard, & Thompson, 2007) and was associated with parenting behavior (Coldwell, Pike, & Dunn, 2006), parental intelligence and parental stress (Deater-Deckard et al., 2009). Thus we have decided to focus on these three (italicized) factors in order to evaluate the parental perception of contextual familial risk. As mothers and fathers may perceive their familial surroundings in different manners we elected to attend separately to each parent's subjective perception of the cumulative factor of familial risk.

There is extensive research to suggest that risk factors act in a cumulative manner (e.g., Atzaba-Poria, Pike, & Deater-Deckard, 2004; Deater-Deckard, Li, & Bell, 2015). The cumulative model states that assessing the combined effect of adverse variables can strengthen research conclusions as well as their statistical analysis (Deater-Deckard, Dodge, Bates, & Pettit, 1998). That is, the additive effect of the combined contextual familial risk factors is detrimental for parenting behavior,

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