

Psychological Defense Mechanisms And Coping Behavior: Parenting Of Young Children With Psychological Developmental Disorders

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Abstract

The study was carried out to investigate the psychological defense mechanisms and the coping behavior of parents raising children with psychological developmental disorders. 190 parents of children under the age of 3 with psychological developmental disorders participated in the study. Developmental and psychomotor retardation levels in children was confirmed by the result of psycho diagnostic examination which made it possible to determine features of motor, speech, cognitive, socio- emotional spheres and every day adaptation. To investigate the defense mechanism of parents of children with developmental retardation, the following techniques were used: Psychological diagnostics of lifestyle index; Diagnostic methodology of coping behavior in stressful situations; Strategic diagnostics of impunity behavior in conflict situations. The analysis of the results showed that the most typical was the mechanism of psychological defense such as projection for all parents regardless of their children's degree of mental retardation. A comparative analysis made it possible to establish that the parents of children with a high degree of mental retardation were significantly more inherent to use unconsciously such mechanisms of psychological protection like denial, displacement and reaction formation. Parents whose children have a high level of mental retardation were more likely to use coping behavior that reflects orientation towards avoidance

Key words: *Children with Psychological Developmental Disorders, Parenting, Psychological Defense Mechanisms, Coping Behavior.*

Introduction

One of the most current medical-psychological and social problems is the creation of conditions for comprehensive assistance to families parenting children with developmental disorders. This problem becomes especially important because the productivity of the child's mental and personal development depends on the quality of the family care (Picci, Oliva, & Trivelli, 2015). That becomes a traumatic event for them and triggers the complex

processes of experiences such as the use of defense mechanisms. (Syrjala, Kokkonen, & Jarvelin, 2012).

Freud,(1993) indicated that the concept of defense mechanisms allows an individual to protect his or her ego by employing psychic strategies, explaining that a person does not decide to engage in one, rather these happen on an unconscious level.

Repression: Keeping a thought, feeling or memory of an experience out of

unconsciousness. It's the "forget about it approach" things may be the object of repression, including forbidden desires or a painful, emotionally difficult situation.

Denial: Refusing to accept that something existed or happened. Denial can also involve altering the meaning of an event so that its impact is diverted.

Projection: Attributing a threatening urge, impulse or aspect of oneself to someone else. Instead of acknowledging that you're mad at someone, you may accuse him or her of being mad at you.

Rationalization: Creating an acceptable but incorrect explanation of a situation.

Intellectualization: Thinking about something logically or coldly and without emotion.

Reaction formation: Doing the opposite of what you would really like to do. Going out of your way to be nice to someone you really dislike.

Regression: Returning to an earlier or more childlike form of defense. Physical and psychological stress may sometimes lead people to abandon their more mature defense mechanisms.

The degree of severity of child's developmental disorders has a significant impact on the intensity of the experience of parents and the degree of their emotional stress (Folkman, Lazarus, DeLongis, & Gruen, 1983).

The purpose of this work is to determine the Psychological defense mechanisms and coping behavior of parents raising young children, depending on the level of the child's developmental retardation.

Tosveska, Milovancevic, and Gajic, (2010) opines that acquiring and improving knowledge about mental health is a crucial factor in the development of mental health programs. A world health report notes that mental health problems are among the most important contributors to the global burden

of diseases and disability. Mental and behavioral disorders are estimated to account for 12% of disability-adjusted life - years lost globally and 31% of all years lived with disability at all ages and in both sexes, according to year 2000 estimates. Yet more than 40% of countries have no mental health policy, over 90% have no mental health policy that includes children and adolescents, and over 30% have no mental health programs (WHO, 2001). There is need therefore to investigate the connection between the level of developmental retardation in children and their parents individual and psychological characteristics, characterizing their choice of psychological defense mechanisms and coping behavior.

Method:

Participants

The participants of this study were 190 parents of children under the age of three. They were divided into three groups, depending on the degree of children's developmental retardation. The first group consists of 60 parents with children who had a low level of mental retardation. The second group consists of 57 parents having children with moderate level of mental retardation. The third group consists of 73 parents having children with high level of mental retardation. Developmental retardation and psychomotor levels in children was confirmed by the results of psycho-diagnostic examination, which made it possible to determine features of motor, speech, cognitive, socio-emotional spheres' development and everyday adaptation.

Procedure / Categoricalisation of participants' group

A low degree of retardation was determined in case two standard deviations from the normative level in one of the mentioned spheres of development were recorded.

If two standard deviations in two fields, one of which was motor was recorded in the child, it was regarded as the moderate level of mental retardation. If two standard deviations of indicators in three and more spheres, one of which was motor, were detected, then severe retardation in the child's mental development was recorded.

Instrument / method of Analysis

To investigate the parents of children with developmental retardations, the following techniques were used:

- "psychological diagnostics of the life style index",
- "diagnostics methodology of coping-behavior in stressful situations",
- "strategies diagnostics of impunity behavior in conflict situations".

RESULTS:

Table 1: Indicators of psychological defense in parents of children with different levels of mental retardation

Psychological defense	Groups			1-2	2-3	1-3
	1, n =60	2, n = 57	3, n = 73			
Denial	5,10±2,30	5,39±1,78	6,70±2,45	—	0,01	0,01
Repression	3,10±1,37	3,08±1,35	3,83±1,34	—	0,05	0,05
Regression	4,48±1,68	4,86±1,84	5,06±1,36	—	—	—
Compensation	5,65±1,86	4,12±1,75	3,88±1,21	—	—	0,05
Projection	8,20±2,51	7,26±2,20	7,32±2,29	—	—	—
Substitution	3,21±1,94	3,20±1,61	3,43±1,08	—	—	—
Rationalization	4,92±1,20	5,27±1,95	5,62±1,46	—	—	0,05
Reaction formation	3,57±1,38	3,22±1,33	5,02±1,29	—	0,01	0,01

Table 2: Indicators of coping strategies in parents rising children with mental retardation

Coping	Groups of parents			p1-2	p2-3	p1-3
	1, n =60	2, n =57	3, n = 73			
Task-oriented	59,60±19,9	55,87±18,6	60,10±20,3	—	—	—
Emotion-oriented	39,54±13,3	44,61±14,4	42,28±14,2			
Avoidance-oriented	42,07±14,6	41,28±13,9	48,6±15,2		0,05	,005

Table 3: Indicators of behavioral strategies in conflict situations in parents rising children with mental retardation

Strategies	Groups of parents			1-2	2-3	1-3
	1, n = 60	2, n = 57	3, n = 73			
Productive	12,16±4,04	11,86±3,76	10,47±3,52	—	—	0,05
Unproductive	11,14±3,88	12,73±4,16	12,16±4,64	—	—	—
Relatively productive	13,76±4,39	16,24±5,39	17,53±5,14	0,05	—	0,01
Cognitive	16,50±5,96	18,05±5,87	19,67±5,69	—	—	0,05
Emotional	10,56±3,34	10,33±3,28	10,29±3,25	—	—	—
Behavioral	10,86±4,02	12,80±3,65	12,45±2,97	0,05	—	0,05

Discussion, Conclusions and Suggestion

The analysis of the results of indicators of psychological defense in parents of children with different levels of mental retardation showed that the most typical was the mechanism of psychological defense such as projection for all parents, regardless of their children’s degree of mental retardation. The average scores on projection were the highest in the surveyed groups. This testified to the propensity of parents to attribute unconscious and unpleasant feelings, thoughts, and character traits to other people.

As for other mechanisms of psychological defense, they had indicators much lower than the dominant (projection). In particular, in the first group, the second and third places in terms of the degree of defense received regression and denial, and in the second and third, denial and rationalization

At the same time, the average indicators for such a mechanism of psychological protection as compensation were in the third group significantly lower than in the first. Consequently, the parents of children with high levels of mental retardation were less able to restore the disturbed equilibrium of psychic and psycho-physiological processes by creating

an opposite-directed reaction or impulse. They had a less emphasized desire to remove from the consciousness the complex of inferiority through the purposeful development of physical or mental functions that help to feel adequate.

The lowest average scores are recorded in all groups for mechanisms of psychological defense, such as substitution and displacement, which are least characteristic of parents of children with mental retardation.

A comparative analysis made it possible to establish that the parents of children with a high degree of mental retardation were significantly more inherent to use unconsciously such mechanisms of psychological protection like negation, rationalization, displacement, and reactive education.

In conditions of chronic psycho-emotional stress parents of children with a high degree of mental retardation tried to suppress actively the traumatic facts associated with the child, and not enough became aware of their own and child’s problems. It is known that information being denied is immediately blocked and does not fall into the consciousness. A generalized score of the incoming information significance is carried out before it is fixed.

As a result, defense by the type of denial works because of the previous perception and "gross" emotional score, and information about the event is completely eliminated from further processing [1]. This mechanism refers to "perceptual defense," which in perception, acts as a "filter", preventing awareness of the factors causing anxiety. This mechanism explains the "reluctance" to notice developmental disorder in children with a high level of mental retardation by their parents.

The mechanism of "repression" begins to function in that phase of the needs gratification process, which is defined as a "struggle of motives," but more often in an unconscious form.

The motive of anxiety, due to the divergence of internal needs and the system of personality values, is manifested in this case more strongly. Most often, repression obtains a form of forgetting or neglecting. And although repression was not the dominant mechanism of psychological defense in the surveyed groups, yet the tendency to it is more express in parents of children with a high degree of mental development delay. Such psychological defense as rationalization is a defense mechanism that allows traumatic information to get into consciousness, but makes it possible to be interpreted, so to speak, in a "painless" for oneself way. This defense mechanism is connected with the realization and use in the thinking of only that part of the perceived information, whereby the own behavior looks as well controlled and that does not contradict objective circumstances. At the same time, the traumatic, unacceptable part of the situation is removed from the consciousness, changed in a special way and then recognized in a transformed form. Defense is provided by constructing convincing arguments to justify own socially

unacceptable desires, feelings, thoughts and actions.

The main feature of rationalization consists in an attempt to create a harmony between the desired and actual condition post factum and thereby prevent losing self-respect, self-depreciation. It was these particularities that were more peculiar to the parents of children with a high degree of mental retardation. The predominance of reaction formation mechanism in the structure of the psychological defense of parents bringing up children with a high level of mental retardation showed them tending to form such conscious attitudes and behaviors that contradict unconscious, unacceptable desire and feeling. Person's behavior changes to the opposite owing to reaction formation, while the object of desire and the attitude to it remain unchanged. In particular, excessive, too-emphasized feeling may indicate that it is based on feeling with opposite sign.

The results of comparative analysis of indicators of coping behavior in stressful situations of parents of children with different levels of developmental delay are given in Table 2.

In all three surveyed groups, the highest mean scores were recorded for task-oriented coping. (Without any significant differences). This shows that parents in a stressful situation focused primarily on solving the problem, trying to carefully map up time, prioritize and actively act on the basis of past experience.

In Table 2 above, indicators of behavioral strategies in conflict situations among parents raising children with mental retardation shows that Parents whose children have a high level of mental retardation were more likely, in contrast to the other two groups, to use coping behavior that reflects orientation towards avoidance. The average score for this strategy was

significantly higher in the third group, which means that parents tried to avoid contact with the surrounding reality, avoiding problem solving.

Avoidance is one of the leading behavioral strategies in the formation of maladaptive behavior.

The use of this strategy is due to the lack of development of personal and environmental coping resources and skills of active problem solving.

The average scores for emotion-oriented coping are also quite high (without significant differences), which reflects the tendency of parents having children with developmental disorders to blame themselves, to regret, feel nervousness, tension and irritation.

Thus, for parents of children, regardless of the degree of their mental retardation, it was typically to use the task-oriented coping, and for parents of children with a high degree of delay, to use also an avoidance-oriented coping.

Table 3 presents the results of a comparative analysis of strategies for impulsive behavior in conflict situations used by interviewed parents.

The results shows that in all three groups, the highest average scores were obtained from relatively productive strategies of impulsive behavior, which include depression, fatalism, distraction, positive thinking, comparison, and faith, with the degree of expression of these strategies being significantly higher in the second and third groups. At the same time, productive strategies were significantly more peculiar to parents who bring up children with a low level of delay compared with parents of children with a high level of mental retardation.

In parents of the first group a greater tendency for rational acting, seeking for support, calming, self-change was recorded.

There are no clear differences between the groups with regard to non-productive strategies to which remoteness, fantasy, self-reproach, restraint, embarrassment, emotions control, etc. belong. But one can notice that if for the parents of the first group they are the least characteristic, then in the second and third groups, non-productive strategies rank second in terms of its expression degree. It is known that unproductive strategies do not eliminate the stress, and sometimes even contribute to its strengthening.

Concerning the analysis of impulsive strategies in terms of their prominent psychic component, the most characteristic for parents of all three groups was cognitive strategies usage, and by the parents of children with high levels of delay even reliably more. It was they who were more capable of comparison, faith, positive thinking, but at the same time - and to assess their own fault, indecision, negation, overcoming beyond reality. Emotional strategies (abreaction, expressing and control emotions, etc.) were being used in the same way by the parents surveyed, regardless of developmental delay degree in their children, and were least represented in the responses of parents.

Behavioral strategies are significantly more peculiar to the parents of the second and third groups. As you know, productive and relatively productive behavioral strategies include rational and step-by-step actions, search help, perseverance, distraction, and unproductive - retreat. It was these strategies that were recorded as more typical for parents of children with moderate to high levels of mental retardation.

The parents of all surveyed groups were primarily inclined to use in stressful situations relatively productive strategies of impulsive behavior, especially parents of

children with moderate and high levels of retardation.

Productive strategies were more often used by parents of children with a low level of mental retardation. At the same time, the most characteristic was usage of cognitive strategies of impulsive behavior by all parents, and to a greater extent, by the parents of children with high levels of delay. At the same time, the use of behavioral strategies is more common to parents of children with moderate and high levels of mental retardation.

Thus, a link was established between the level of child mental retardation and the individual and psychological characteristics of parents that characterize their psychological defense mechanisms and coping behavior. The obtained data can be used in the formation of psychological support programs for parents raising early children with developmental disorders.

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