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Parents narcissism in front of a disabled child's birth

نرجسية الوالدين أمام ولادة طفل معاق

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Abstract:

Each parent often harbors a dream of having an ideal child who will carry on their legacy and aspirations, but this dream can be shattered when the child is born with a sensory, motor, or mental impairment. This unexpected news can be devastating, not only damaging the parents' self-esteem but also challenging their sense of identity as parents. Parents' responses to this situation vary; some struggle to quickly come to terms with the news, while others may use denial as a coping mechanism to repair their self-esteem. We explored the issue of parental guilt towards their disabled child and the extent to which they accept or reject the disability through a comprehensive analysis of four case studies. Employing a clinical approach that combined case studies, semi-structured interviews, and life narrative techniques, we conducted a content analysis to examine our research hypotheses. Our findings suggest that feelings of guilt are a widespread experience among most parents, manifesting in either pathological or motivating behaviors. Moreover, our research revealed that accepting the disability does not necessarily mean embracing it as a desirable outcome. Rather, it involves acknowledging the circumstances imposed by the disability and integrating it as a new variable in the parents' lives. This acceptance can be a crucial step in overcoming feelings of guilt and moving forward.

Keywords: Disabled child; Ideal child; Image of the child; grief; Child's investment.

ملخص:

يتمنى كل والد أن يكون لديه طفل مثالي يسهم في تحقيق تطلعاته الشخصية. ومع ذلك، يمكن أن يأتي هذا الطفل بإعاقة حسية أو حركية أو ذهنية، مما يسبب صدمة للوالدين ويؤثر سلبًا على نفسيتهم، ويضع تجربة الأبوة لديهم تحت التحدي. تختلف ردود أفعال الآباء تجاه هذا الواقع، حيث يوجد من يتعامل مع الصدمة بصعوبة، وآخرون يلجؤون إلى إنكار الإعاقة كوسيلة للدفاع بهدف ترميم تأثيرها السلبي على نفسية الوالدين. تناولنا أربع حالات صعبة تتعلق بشعور الوالدين بالذنب تجاه أطفالهم الذين يعانون من إعاقات، وكيفية تقبلهم لهذه الإعاقات أو رفضها. باستخدام المنهج العيادي القائم على دراسة الحالة والمقابلة النصف-موجهة، والاعتماد على تقنيتي سرد قصة الحياة وتحليل المحتوى لفحص فرضيات البحث، توصلنا إلى استنتاجات مفادها أن شعور الذنب يعيشه معظم الوالدين، سواء كان ذلك ذا طابع إيجابي يحفز على المزيد من العناية، أو كان مرضياً يتطلب التعامل معه. كما توصلنا أيضاً إلى أن قبول الإعاقة لا يتعلق بقبول الإعاقة ذاتها، و إنّما يتعلق بقبول الظروف التي تفرضها الإعاقة ودمجها كعامل مؤثر في حياة الوالدين.

كلمات مفتاحية: طفل معاق؛ طفل مثالي؛ صورة الطفل؛ حداد؛ استثمار الطفل

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1- Introduction

Winnicott suggests that there is no child who exists independently (Cohen-Solal & Golse, 1999, p. 144). This means that children derive their sense of self and history from their parents, through various stories and narratives, which can be filled with both successes and frustrations to varying degrees. Parents typically have high expectations of having a perfect, healthy child who will fulfill their future ambitions and help them achieve what they could not accomplish in the past. However, the child may be born with a disability or develop one after a certain period of time, which can be a significant departure from their initial expectations. The trauma experienced by parents is evident due to the profound difference between their idealized representations of the imaginary child and the reality of their disabled child. Their reactions can vary between rejection and acceptance, and are often facilitated by the grieving process, which allows them to come to terms with their loss and accept the current situation. In some cases, parents may also hold onto representations that blend the idealized imaginary child with the disabled real child, creating a parallel or imaginary child that they use to cope with the reality of their child's disability.

We have examined the issues of guilt and acceptance of disability through our research, which involved analyzing four case studies using life story and content analysis techniques. Our findings suggest that guilt is a pervasive emotion present in all four cases, linked to each person's perception of fulfilling their responsibilities towards their child or their perceived shortcomings in this regard. In terms of acceptance, we found that it involves accepting the new reality imposed by the arrival of a disabled child and learning to cope with it.

1-1 Statement of the Problem:

Many obstacles and problems can impact the natural life of individuals, leading to a shaking of their mental stability due to the repercussions on various aspects of their life. Parents typically dream of a healthy child, onto whom they project their aspirations and hopes. Consequently, the birth of a child with a disability, whether physical, sensory, or mental, can shatter this dream. Parents eagerly await their child's arrival, expecting them to be perfect and intact, but upon the moment of birth or during the first radiological examinations, a "different" child is announced who does not match the image that the parents had in mind.

According to Geneviève Pierrat (2017), parents of disabled children realize that their life will be a constant struggle, regretting the ideal child they had imagined. The arrival of a disabled or non-disabled child reorganizes the roles within the family. As Rougeul (2003) notes, the birth of a disabled child is a true crisis with significant dimensions and stakes. This implies a reorganization of roles between parents and a difficult adaptation of the social image linked to them, their child, and their family and social environment, both present and future.

Parents of disabled children have specific needs related to seeking information and guidance about their child's disability. They need to express their feelings and find appropriate means of communication with their child, as well as support from their environment to cope with their feelings of powerlessness, worry, and fear of future procreation. Parents find themselves confronted with the obligation to reconcile the ideal imaginary child and the real disabled child, which constitutes a narcissistic wound that can last a lifetime for them (Luc Vanden, 2009, p. 122).

The reactions of parents can vary under the influence of several factors, including internal (psychological) and external (environmental) factors. Susanne Schaub (1997) argues that these reactions undergo different stages, with acceptance being the final stage. The researcher describes these stages as follows: anger, bargaining, depression, and acceptance as the final stage. Her theory is based on the concept of grief and acceptance of death. It is important to note that these stages can overlap.

The transition from one stage to another can be more or less rapid, and it is possible for parents to oscillate between two stages before moving on to another. On one hand, it is possible for parents to stabilize in a specific stage without moving on to another, which makes the process satisfying (Jean-Adolph, 2001). In this atmosphere of negative emotions that parents mainly feel towards their child, towards their future, towards their shattered expectations, parents may consider abortion, abandonment, denial or confrontation, often accompanied by worry and sadness for the ideal imaginary child hiding behind the image of the real child.

Between this and that, parents may feel a deep guilt simply by allowing negative thoughts and emotions towards their child to emerge or by interpreting that they have some responsibility for their child's disability in one way or another (Weil-Barais & Cupa, 2008, p. 152). Based on what has been mentioned and feeling the problem faced by parents of a disabled child, we thought of studying the problem of guilt felt by parents which can exhaust them psychologically if they are not equipped with the necessary psychological skills to deal with the situation.

In addition, there is the problem of their acceptance of the new situation which can impose a new exhausting lifestyle on them as well.

Therefore, we aim to examine these two mentioned problems by attempting to answer the following two questions:

- Do parents of disabled children feel guilty for not doing enough for their child?
- Does overcoming grief for parents of disabled children necessarily mean that they accept their child's disability?

In response to these two questions, we suggest the following two hypotheses:

- The parents of disabled children feel guilty in reaction to their deep sense of neglect towards their child.
- Overcoming grief for parents of disabled children does not necessarily mean that they accept their child's disability.

2- Methods

In order to narrow down our research topic, we conducted an exploratory study between a private psychology office and the local healthcare establishment in the municipality of (Belkaid), in the Oran province. The objective of the study was to accurately define the sample that meets the criteria we will mention later.

We encountered twenty-five cases (21 mothers, one father, and 3 couples) in the psychologist's office of the two mentioned institutions, over a period of three months. Among the twenty-five cases, seven of them had a disabled newborn (sensory, motor, or showing signs of mental retardation or developmental disorders). We were interested in selecting the cases that best met the sample criteria. After this exploratory study, five cases were selected (3 women and one couple).

We have opted for the clinical method of research based on semi-structured interviews, where we relied on direct observation during psychological sessions. In order to examine the hypotheses, we used life narrative techniques as well as content analysis. Our study focuses on the examination of two deep psychological factors: the feeling of guilt and the degree of acceptance of parents towards their child's disability. That is why we deemed the clinical model to be the most appropriate for examining the fulfillment of the research hypotheses.

2-1- Research sample

The research sample selected during the exploratory study included five cases (three mothers and one couple), representing the parents of four children, the youngest being seven months old and the oldest being three years old. They also represent different disabilities, which we will explain in the table below.

2-1-1 - Selection criteria for the sample

To ensure homogeneity of the sample, we have established certain exhaustive criteria, which we summarize in the following points:

- The parents must be the biological parents of the disabled child, not adoptive.
- The parent must be the father or mother (or both) of a child with a significant motor or sensory disability since birth, or a developmental disorder.
- The birth of a disabled child must represent a trauma for the parents.
- The parents must not be separated: to exclude the impact of divorce on the psychological state of one or both parents.
- The disabled child must be the youngest child, in order to exclude the factor of a subsequent child that would be reparative, mitigating the trauma.
- The parents must not have had another disabled child before their current (disabled) child.

Table 1: Information about the child and their parents.

The case	**Parent's age**	**child's age**	**The level of education of parents**	**birth order in the family**	**Child's handicap**
The first (couple)	Fother :38 Mother :33	7 months	University	the only	congenital malformation
The second (the mother)	33	12 months	medium	The second	deafness
The third (mother)	42	2 years	University	the only	Down syndrome
The Fourth (mother)	39	3 years	secondary	the only	.Cerebral palsy

The feeling of guilt is nourished by a deep sense of failure in accomplishing a task or duty that the person takes upon themselves, feeling responsible for its complete execution. The feeling of guilt becomes an obstacle for the person (pathological) if it is characterized by continuity over time. The person's neglect of responsibility can be perceived as real or imaginary, referring in both cases to their principles and conscience.

In our research, we will rely on the duration and degree of accomplishment of parental responsibilities towards the disabled child to diagnose pathological guilt.

As for examining the hypothesis of acceptance of disability by parents, it will be done by examining the quality of the relationship with the child and avoiding the exaggeration of compassion that leads to overcompensation, or to a declared or implicit rejection of the new reality imposed by the arrival of this disabled child.

3- **Results and Discussion**

After the approval of the cases to participate in the sample of our research and after clarifying its objective, we had two interviews with each case at the psychologist's office of the public hospital establishment for the last three cases, as well as two interviews with the couple at the office of the private psychologist. The interviews lasted between 30 and 45 minutes in total.

In the context of the two interviews with the couple, the parents of the only child with a congenital disability, the mother occasionally cries while it is difficult for the father to control his emotions. He gets angry at seeing her cry and instead of reassuring and comforting her, he tries to silence her in a harsh way. When asked about the nature of their relationship as a couple, they both agree on their love for each other. They got married out of love and always hoped that this love (after a wait of about three years) would be manifested in a child who would embody their love and carry their dreams. The father sees the opportunity to have a second child, while the mother clearly expresses her fear of reliving this experience. When asked if they fulfill their role towards the child, the mother responds that she will do everything possible, sacrificing everything she has, to see her child one day become autonomous in managing his life. As for the father, he seems indifferent to this.

Our analysis of the role of each parent towards the child reveals the mother's total commitment in her relationship with the child, in an attempt to repair the extended narcissism between her and her child. Her feeling of guilt is evident through a constant sense of neglect towards her child, despite her taking responsibilities towards him in a satisfactory manner. On the other hand, she also believes that she is responsible for her child's disability due to not having undergone tests and medical consultations before conception. The father keeps a certain distance from his child, delegating the responsibility to the mother, thus implicitly expressing his inability (at least for now) to accept his child's disability. He shows no sense of guilt, considering it as an inevitable fate, while undergoing necessary medical examinations and accompanying the mother.

It should be mentioned that the father's accompaniment of his wife during the child's medical examinations and the counseling sessions we conducted with them does not mean that he is involved, but rather that he does it out of duty as the head of the family.

The two interviews with the second case are conducted without the presence of her husband due to his work. She never expected to have a deaf child, especially since disability, whatever it may be, is not a trait in the family. The child suffers from total deafness. After numerous medical examinations, her condition was diagnosed as deafness. It was a shock for her the mother fueled by her social situation, aware and awareness of the difficulty of taking care of her disabled child, both financially and psychologically.

The case sees that the future of her child is as one of her main priorities, especially that playing, speech, school and education are all aspects that require hearing as an essential function. The case declares: "I cannot repay my debts to my parents, and I have always worked to satisfy them, so I consider the recovery of my son's hearing as something almost impossible... His deafness causes me a lot of suffering..." The case's feeling of guilt is clearly explicit. She was deeply shocked after her son's diagnosis as deaf, and accordingly, she focuses her efforts on creating favorable conditions for her child's future. She sees him as just being merely different from others and. Hence, she prefers not to use the term "disabled" as a form of pity towards him and as a way to overcome the perceived disability, as a form of denial of the disability.

The third case tends to have a certain degree of spirituality, constantly repeating that her child is a gift from God and that she must thank Him for it. However, at the same time, she does not hide her concern about his future. The difference in her child was evident from birth, but she apparently did not accept the idea that her child had Down syndrome until several weeks later. This indicates a shock related to the birth of a disabled child, difficult to represent. Our case recognizes the difference between her responsibility towards her child's disability and her responsibility towards his current life and future. She considers the former to be beyond her control, while the latter is noble but difficult. The feeling of guilt persists, but it is a natural feeling over which she has control. The case asserts that this feeling drives her to make even more efforts for her child's future. She compensates for a deep sense of lack with the feeling of motherhood: "Thank God, I at least had the opportunity to be a mother."

The fourth case, psychologically collapsed, barely able to overcome the shock of her son's diagnosis of cerebral palsy. Her outlook on life changed after the diagnosis. Consequently, she blames herself and her husband for their child's disability due to the conflicts and emotional disturbances she experienced during pregnancy. She is very concerned about her child, whom she describes as innocent, and in months after her child's diagnosis, she still remembers those moments and experiences them emotionally. She compares her child to the children in her family (especially her sisters) and laments the child she had long dreamed of having, as a sign of the frustration she is experiencing.

Through this brief presentation, we conclude that the feeling of guilt is present in all cases (women) except one (the father of the first child). This exception may raise several questions about the feeling of guilt in women or mothers who support the efforts of pregnancy and the expectations placed on the father (the man) who may abandon this childbearing project to seek another opportunity to fulfill his complete fatherhood. One case in our study does not allow us to draw conclusions on this subject.

It should be noted that the feeling of guilt in the four cases is related to the concept of responsibility or commitment, and to what extent the cases feel at fault or fulfill their responsibilities towards the disabled child.

As for the acceptance of the child's disability, during the interviews with the cases, it seemed difficult it seemed difficult during the interviews with the cases. Indeed, accepting a disabled child is difficult due to the impact of the extended narcissism between the parent (father or mother) and the disabled child, as well as the destruction of a project that was looming on the horizon, a project of a child carrying the parents' dreams and fulfilling their aspirations. There are cases where the disability is rejected without disclosure (the spouse of the first case), as well as cases where the disability is rejected while accepting the disabled child, living in an illusion that combines the spectrum of the imaginary ideal child and the reality of a disabled child. This is what we concluded from the interviews with the four cases (the mothers). Thus, acceptance is only the acceptance of the new situation that imposes the redefinition of new roles and not the acceptance of the disability itself.

4- Conclusion

The birth of a child with disabilities, varying in type and origin, can have a profound impact on the family, particularly the parents. The announcement of the disability can be a narcissistic wound that prompts a reevaluation of roles within the family, leading to a redefinition of their identities and relationships. The child's disability at birth sets the stage for a prolonged and complex challenge that tests the parents' emotional resilience, coping abilities, and sense of purpose.

Parents may respond differently to their child's disability, depending on the severity of the disability and their personal representation of the ideal child. Some may struggle to come to terms with their new reality, giving up their dreams of having a healthy child, while others may adapt to the situation by letting go of their expectations and ambitions. However, it is essential to recognize that each parent's response is unique and influenced by their individual experiences, values, and coping mechanisms.

The feeling of guilt can be a significant obstacle in the relationship between parents and their disabled child, hindering their efforts to support their child's maximum psychological and social autonomy. If not managed rationally, this feeling can lead to destructive behaviors, such as overprotection or excessive self-blame. Instead, parents should strive to develop a sense of acceptance and understanding towards their child's disability, recognizing that it is an inherent part of their child's identity.

The feeling of guilt that parents experience towards their disabled child is closely tied to their acceptance of the disability. This drives them to make efforts to adapt to the new situation, in the hope of creating a better future for their child. Accepting the disability does not mean accepting it as a personal failing or failure on their part, but rather acknowledging its reality and integrating it into daily life as part of their relationship with their child.

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