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Peculiarities of raising a child in a family depending on the severity of the type of minimal brain dysfunction

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Abstract

The article discusses the main distinctive features of raising a child in a family, depending on the severity of various types of MMD. A connection is established between the child's health status (a group of healthy children and a group of children with a neurological diagnosis), the type of severity of MMD and the type of parental relationship. Based on the results of the study, conclusions are drawn that the reactive, asthenic and rigid types of MMD are characterized by a high level of severity of mental disorders. Parents and children of these groups are characterized by an authoritarian type of upbringing and attitude.

The relevance of research

The role of raising a child in a family is difficult to overestimate, especially if the child has problems mastering the educational program and has a low level of learning ability. The increase in the number of primary schoolchildren with MMD actualizes the task of coordinated interaction between family and school in the field of cognitive development and correction of emotional disorders of such children.

Purpose of the study

to study the features of raising a child in a family depending on the severity of the type of minimal brain dysfunction.

Sampling and methodological research tools

The study involved 53 primary school students (14 girls and 39 boys) and 53 parents.

Methodological tools

- Toulouse-Pieron test
- method for determining the level of mental development of children 7-12 years old E.F. Zambitsevičene
- questionnaire for assessing the level of school motivation N.G. Luskanova
- Methodology for diagnosing parental relationships (ORD) A.Ya. Varga and V.V. Stolin
- questionnaire “Psychological type of parent” V.V. Tkachev.

Research results

First stage

Two groups of students have been identified.

The first group: 23 children (13% girls and 87% boys) who had neurotic diagnoses, including MMD, in their medical reports based on the results of an examination by a neurologist.
Second group: healthy children of 30 people (37% girls and 63% boys).

According to the Toulouse-Pieron method, five groups of students were established depending on the severity of MMD:

- **rigid type** – 22 students (including 7 girls (32%) and 15 boys (68%)).
- **asthenic type** – 12 students (including 4 girls (33%) and 8 boys (67%)).
- **reactive type** – 11 students (including 10 boys (91%) and 1 girl (9%)).
- **active type** – 5 male students (100%).
- **subnormal** – 3 students (including 2 girls (67%) and 1 boy (33%)).

The results of a survey of parents using two methods (methodology for diagnosing parental relationships and the “Psychological type of parent” questionnaire) were also analyzed and collected together.

Research results

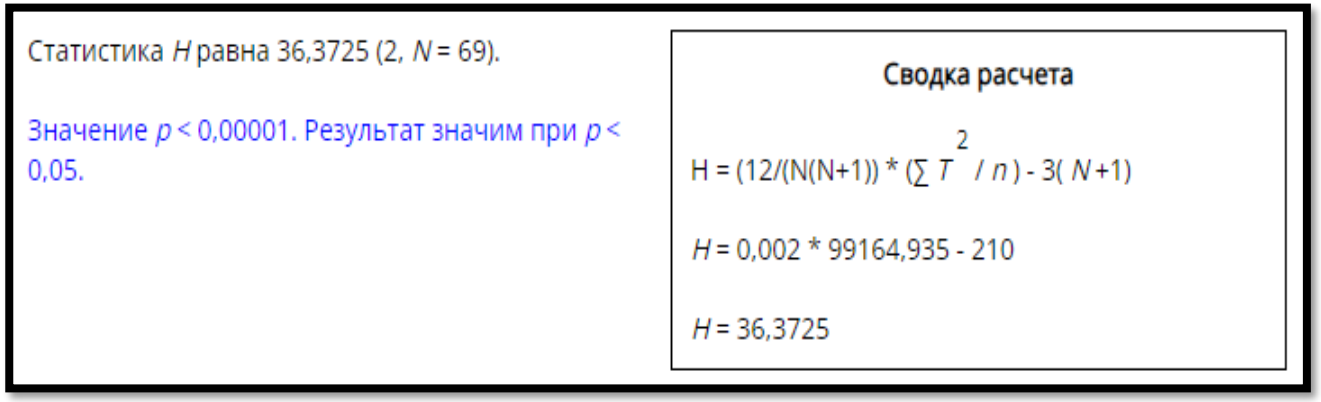
Second stage

The goal is to determine the presence/absence of a relationship between the child's health status (a group of healthy children and a group of children with a neurological diagnosis), the type of parent and the type of parental relationship.

It was decided to establish the relationship between these indicators using the nonparametric Kruskal-Wallis test, which is intended to compare three or more independent samples on a quantitative or ordinal basis.

Research results

Second stage



Calculation of the Kruskal-Wallis criterion in determining the presence/absence of a relationship between the child's health status, type of parent and type of parental relationship (group of children with a neurological diagnosis).

The results of the calculation helped to reveal the presence of a relationship between the studied indicators, consisting in the following: the higher the level of severity of MMD in the group of children with a neurological status, the more authoritarian the type of parent is and the more authoritarian type of upbringing the parents adhere to. Let us note that the authoritarian psychological style of upbringing can be characterized by the presence of an active life position and the desire to be guided by one's own beliefs in the process of raising a child.

Research results

Второй этап

Статистика H равна 60,5067 (2, N = 90).

Значение p < 0,00001. Результат значим при p < 0,05.

Сводка расчета

$H = (12/(N(N+1)) * (\sum T^2 / n) - 3(N+1)$

$H = 0,001 * 227618,317 - 273$

$H = 60,5067$

Calculation of the Kruskal-Wallis criterion in determining the presence/absence of a relationship between the child's health status, the type of parent and the type of parental relationship (group of healthy children).

The results of the calculation helped to reveal the presence of a relationship between the studied indicators, consisting in the following: the higher the level of severity of MMD in the group of healthy children, the more authoritarian the type of parent is and the more cooperative the type of upbringing the parents adhere to. This type of parenting can be characterized by a desire to overcome the child's problems and a desire to facilitate learning tasks.

Research results

Second stage

The second stage made it possible to establish not only the presence of a direct relationship between the studied indicators, but also significant differences in the types of parental relationships.It was found that in the group of children with a neurological diagnosis, an authoritarian style of raising children predominates, while in the group of healthy children, the desire to help the child in all his affairs, including education, prevails.

Despite the difference in the health status of the subjects (a group of children with a neurological diagnosis and a group of healthy children), it was found that both groups were characterized by an authoritarian type of parent, but, on the other hand, a tendency to different types of upbringing was determined. It is important to understand that both an authoritarian parenting style and a style aimed at comprehensively helping the child have a negative impact on the child’s cognitive and emotional development. This is very important to take into account when creating a list of techniques and methods for teaching a child with MMD.

Research results

Third stage. Target

To determine the presence/absence of a relationship between the type of expression of MMD in subjects, the type of parent and the type of parental relationship. The relationship between these indicators was also established using the nonparametric Kruskal-Wallis test.

Research results

Third stage

Статистика *H* равна 12,1035 (2, *N* = 33).

Значение *p* составляет 0,00235. Результат значим при *p* < 0,05.

Сводка расчета

$H = (12/(N(N+1)) * (\sum T^2 / n) - 3(N+1)$

$H = 0{,}011 * 10668{,}682 - 102$

$H = 12{,}1035$

Calculation of the Kruskal-Wallis test in determining the presence/absence of a relationship between the type of MMD (reactive type), type of parent and parental relationship.

The calculated value of the Kruskal-Wallis test is significant at $p<0.05$, which indicates the presence of a direct relationship between the studied indicators: the more pronounced the reactive type of MMD is in a child (the lower the speed and accuracy of information processing is characteristic of him), the more authoritarian he is. the type of parent and the more authoritarian the parental relationship is. Note that high scores on the “Authoritarian Hypersocialization” scale indicate that the adult behaves too authoritarian towards the child, demanding unconditional obedience from him and setting strict disciplinary boundaries. In almost everything, he imposes his will on the child.

Research results

Third stage

Статистика H равна 42,0311 (2, N = 66).

Значение p < 0,00001. Результат значим при p < 0,05.

Сводка расчета

$H = (12/(N(N+1)) * (\sum T^2 / n) - 3(N+1)$

$H = 0,003 * 89556,955 - 201$

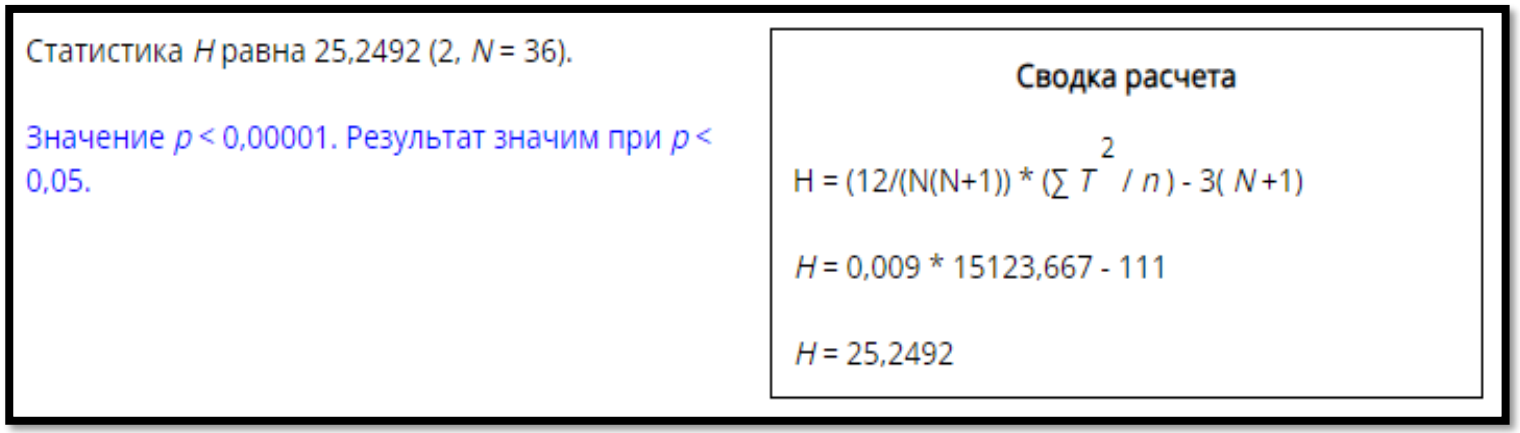
$H = 42,0311$

Calculation of the Kruskal-Wallis test in determining the presence/absence of a relationship between the type of MMD (rigid type), type of parent and parental relationship.

The calculated value of the Kruskal-Wallis test is also significant at $p<0.05$, which indicates the presence of a direct relationship between the indicators, which is as follows: the more pronounced the rigid type of MMD is in a child, the more authoritarian the type of parent is and the more authoritarian the parents are relationship.

Research results

Third stage



Calculation of the Kruskal-Wallis criterion in determining the presence/absence of a relationship between the type of MMD (asthenic type), the type of parent and parental relationship.

The calculated value of the Kruskal-Wallis test is significant at $p<0.05$, which indicates the presence of a direct relationship between the studied indicators, consisting of the following: the higher the level of expression of the asthenic type of MMD in the subjects, the more pronounced the authoritarian type of parent and the authoritarian psychological style of education child.

We see that having determined the presence of a direct relationship between indicators of the type of MMD, the type of parent and the type of parental relationship in three groups of subjects (reactive, rigid and asthenic type of MMD), no significant differences in parenting style were established - all parents are more likely to have an authoritarian type parent and authoritarian type of upbringing.

Research results

Third stage

Статистика H равна 12,02 (2, N = 15).

Значение p составляет 0,00245. Результат значим при $p < 0,05$.

Сводка расчета

$$H = (12/(N(N+1)) * (\sum T^2 / n) - 3(N+1)$$

$H = 0,05 * 1200,4 - 48$

$H = 12,02$

Calculation of the Kruskal-Wallis test in determining the presence/absence of a relationship between the type of MMD (active type), type of parent and parental relationship.

The calculated value of the Kruskal-Wallis test is significant at p<0.05, which indicates the presence of a direct relationship between the studied indicators, which consists of the following: the higher the level of expression of the active type of MMD in the subject, the more pronounced the authoritarian type of parent and the cooperative psychological style of education child. The “Cooperation” parenting style is characterized by the fact that the adult shows a sincere interest in what interests the child, highly evaluates the child’s abilities, encourages independence and initiative, and tries to be on an equal footing with the child.

Conclusions

1) Groups of children with reactive, rigid and asthenic types of MMD are characterized by an authoritarian type of parent and an authoritarian type of parental relationship, and the more pronounced these types of MMD are, the more authoritarian they are.

2) Groups of children with active and subnormal types of MMD are characterized by an authoritarian type of parent and a cooperative style of parental relationships, and the more pronounced these types of MMD are, the more characteristic the parent is of a cooperative style of parenting, based on supporting his child.

3) No significant differences were found between the five groups of children with varying degrees of MMD in terms of the type of parent - the vast majority of parents can be characterized as an authoritarian type.

4) Significant differences were established in terms of the type of parental relationship. The first three groups (reactive, rigid and asthenic type of MMD) are characterized by an authoritarian psychological type of upbringing; the last groups of subjects (active and subnormal type of MMD) are characterized by a cooperative style of upbringing.

Conclusions

We believe it is correct to associate the identified significant differences in the style of education with the fact that the highest level of severity of mental disorders is inherent in the reactive, asthenic and rigid types of MMD severity. The parents of the children of these three groups of subjects are characterized to the same extent by an authoritarian type of parent (they are characterized by a persistent desire to find a way out of the current situation, both for themselves and for their child), as well as an authoritarian type of relationship, in which they require complete obedience and do not accept even the slightest violation of the disciplinary framework. They put pressure on their children, force them to be obedient and demand excellent academic performance from them, often not realizing that the child, due to his incomplete cognitive and/or emotional development, simply cannot give what is required of him. Active and subnormal types of expression of MMD are equated to practically healthy children, from here we see a symbiosis of an authoritarian type of parent (seeking to find the most effective solution to the problem) and a cooperative style of education, in which parents tend to overcome the child’s problems, and the desire to help their child in everything and make it easier its learning objectives.

These parenting styles negatively affect both the cognitive and emotional development of the child.

Conclusions

Thus, based on the analysis of the relationship between the type of severity of MMD in the context of five selected groups, types of parents and parental relationships, we can draw the main conclusion - the more pronounced mental disorders in a child, the more negative and authoritarian the parent’s attitude towards his child.

A child with MMD requires the selection of special techniques in training and development.

Thus, the family plays an important role in the cognitive development of a child of primary school age.

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Thank you for attention