

# Research Journal of Pharmaceutical, Biological and Chemical Sciences

## Peculiarities of Interactions within Sibling Subsystem of a Family Raising a Child with Disabilities.

Tatyana Ivanovna Bonkalo\*, Svetlana Vasilievna Shmeleva, Olga Olegovna Zavarzina, Yekaterina Igorevna Dubrovinskaya, and Yulia Leonidovna Orlova.

Russian State Social University, 4,1, V.Pika, Moscow, 129226, Russia.

### ABSTRACT

The article considers the peculiarities of sibling interactions in a family raising a child with disabilities. The results of the empirical research enable the authors to reveal family dependent factors of development of a child with various forms of dysontogenesis. The authors have done a generally analytical piece of research that shows the extent to which the problem has been studied and helps to formulate a hypothesis. The hypothesis was verified through empirical research targeted at finding out the peculiarities and psychological patterns of sibling interactions in families raising children with disabilities. With the help of diagnostic tools selected the interactions of siblings are studied: the specificity of the way children perceive each other, the evaluation of their importance to parents and to their family in general, the understanding of their parents' attitude to them, the degree of being accepted by the parents and of being emotionally close to them. The results of the research conducted give the authors grounds to emphasize the necessity of incorporating the programs of psychological support and development of sibling interactions within a family into the programs of complex rehabilitation of children with disabilities.

**Keywords:** siblings, family relationships, children with disabilities, parents' attitude, sibling interactions, rehabilitation potential of a family.

*\*Corresponding author*

## INTRODUCTION

### Problem Statement

The influence of the family on the formation of the child's personality is common knowledge. It is the family along with interpersonal relationships established in it that plays an essential role in the psychic, physical, and social development of a child, in the moulding of his/her mind, activity, and consciousness. Moreover, family relationships cannot be limited only to relationships within conjugal and child-parent subsystems. A very important factor of socialization and child's personality formation is the nature of the child's relationships with his/her brothers and sisters – relationships formed in the sibling subsystem of a family.

The relationships established between brothers and sisters are extremely peculiar and dynamic. They differ both from child-parent relationships and from relationships with peers. They have their own peculiarities, their own specificity and are often the source of those emotions, feelings and worries that determine psychological health of each sibling.

As a result, in a family raising a child with disabilities these relationships acquire great importance. The birth of such a child in a family leads to the transformation of the family system as a whole and affects its parameters: hierarchy, unity, outer and inner borders, customs, traditions, and interaction patterns of all family members (Baker and Varga, 2008; Bogdanova, 2002; Bonkalo, 2011; Mishina, 2011; Spivakovskaya, 1999; Tkacheva, 2009; Zakharov, 1988 et al.). The lingering stress experienced by parents results in increased irritability, reciprocal reproaches, development of dysfunctional interaction in general (Charova and Savina, 1999; Mihee et al., 2014; Tkacheva and Poroshrova, 2008).

The present-day works in the sphere of psychology and pedagogy of families with a special needs child prove the possibility of various kinds of dysfunctional dynamics caused by the birth of such a child in a family. In this respect, special attention is paid either to problems of conjugal interaction in conditions when the family experiences the strongest stress (Dobrovolskaya and Shabalin, 1993; Mamaychuk, 2001; Martynov, 1996; Myager, 1976; Eidemiller, 2010 et al.) or to problems of parents' (mostly mother's) attitude to the special needs child. It is necessary to emphasize that the latter problem is considered mostly from two perspectives: revealing parents' attitude and its influence on the development of an abnormal child (Akotov, 2004; Antonov and Makhov, 2014; Tkacheva and Shabalina, 2008 et al.) and estimating how much parents' attitude depends on their psychological state, on the so called parents' stress caused by the birth of an abnormal child (Charova and Savina, 1999; Chigintseva, 2005; Dobrovol'skaya and Shabalin, 1993; Ilyin and Kondratiev, 2013; Mishina, 2011; Eidemiller, 2010 et al).

However, interactions between siblings', one of whom is a special needs child, are unreasonably taken no notice of. Up to now researchers have ignored other members of the family, paid almost no attention to their role in the development of a special needs child and to their attitude to him/her. Brothers and sisters (siblings) of this special needs child are among those members (Cuzzocrea et al., 2014).

However, due to this special needs child's forced isolation and social deprivation, his/her communication with a brother or a sister can be the only possible experience of peer interaction. That is why it is so important to make this experience wholesome to his/her psychosocial development.

Moreover, the abnormality of a younger or elder sibling can lead to serious problems in the development of a normal child, i.e. problems connected with his/her social adaptation and mental development. Therefore, it is important to know the development peculiarities of sibling interactions in a family raising a child with disabilities, as well as factors affecting these interactions. All this can assist in building up a system of actual help to the family, developing methods of preventing a failure of sibling interactions, creating techniques of improving these relationships and family's rehabilitation ability.

### Hypothesis and research management

The analysis of scientific psychological and social-psychological works makes it possible to assume that specially organized activities aimed both at decreasing anxiety, proneness to conflict and aggressiveness of

normally developing children who have brothers or sisters with disabilities and at improving parents' attitude to their children facilitate normalization of sibling interactions in a family raising a child with disabilities.

Our research studies personal emotional relationships between siblings one of whom has special needs and the other one is a pupil of a secondary school or of a pre-school educational institution.

In planning our empirical research we assumed that the nature of sibling interactions depends on:

- Type and severity of dysontogenesis of the special needs child;
- The birth order of the special needs child (junior or senior) as well as age disparity between siblings;
- Parents' attitude to their children;
- Peculiarities of perceiving the "family situation" by each sibling.

According to the assumptions outlined above the following test groups were organized:

1. Special needs children. The total number of 320 children with three types of developmental disability: 1) 120 children at the age of 7-14 who have general stable underdevelopment (mental deficiency); - 70 – children at the age of 7-9 – junior siblings; - 50 – children at the age of 10-14 – senior siblings. 2) 70 children of pre-school age (junior brothers) diagnosed with early autism. 3) 130 children who have infantile cerebral paralysis (high and medium severity level). Among them there are: - 70 – children at the age of 6-8 – junior siblings; - 60 – children at the age of 9-14 – senior brothers and sisters.
2. 320 normally developing teenagers. Among them there are: - 110 – children at the age of 3-7 – junior siblings; - 210 – children at the age of 8-14 – senior siblings.
3. 320 parents: 290 – mothers, 30 – fathers.

In total, the research involved 320 two-parent families raising two children, one of whom has special needs.

## METHODS

In the research the following mix of psychodiagnostic methods was used:

1. "Kinetic family drawing" (KFD). This projective drawing technique made it possible to reveal the attitude both of the normally developing child and of the special needs child to the family members, the children's perception of the father, mother, brother or sister as well as their own place in the family system as a whole. In interpreting the results attention was paid to the following aspects: analysis of the family drawing structure, analysis of the drawing peculiarities of individual family members, analysis of the drawing process. After the family drawing had been completed, children were subjected to a diagnostic conversation. For quantitative evaluation of interfamily relationships "Symptom complex analysis of the kinetic family drawing" suggested by I.A. Furmanov was used.
2. René Gille's test adapted by D.Ya. Raygorodskiy. R. Gille's traditional drawings and questionnaires were used. In interpreting the results special attention was paid to the nature of relationships between a child and his/her family environment, friends, or important adults as well as to the characteristics of the child him-/herself (desire for dominance, estrangement, and social behavior adequacy). The child's attitude to a person is expressed through the number of choices depending on the maximum number of questions as well as through the distance at which the child positions a certain family member.
3. «Diagnosing emotional relationships within family" (E. Bene and D. Antonia, adaptation by A.G. Liderev and I.V. Anisimova). This method revealed the position of each sibling in family, feelings the child experiences towards brothers and sisters as well as the child's perception of their attitude to him-/herself. The method enabled qualitative and quantitative evaluation of the two ways the child's feelings can be directed: whether the feelings come from the child to a sibling or the child feels

he/she is an object to whom his/her brothers' and sisters' feelings are directed. This method was used to study parents' indulgence and excessive care concerning all their children. It also helped to find out children's attitude to such behavior of their parents.

## RESULTS

### Results of the symptom complex analysis of the family drawing

In the first test subgroup only 170 children were able to draw their family, the remaining 150 children failed to do the task given. Many drawings did not depict people which can be explained by the peculiarities of the special needs children's mental development and mainly children with disorders of autistic type. As far as other drawings are concerned, their interpretation allowed us to single out the following facts:

All special needs children (SNC), *junior siblings*, portrayed their elder brothers and sisters in their family drawing which can prove the importance of senior siblings, their authority and special role in the life of the sick child.

However, the details of these drawings lead to a conclusion that junior siblings are not completely satisfied with communication with their elder brothers and sisters. Disproportionally big figures of their elder brothers and sisters, prevalence of one or two colours, certain sketchiness of portraying (in some cases – hatching), absence of some details in comparison with portraying him-/herself and other family members prove that there are problems or even conflicts in sibling interaction and that junior brothers and sisters with disabilities see their elder siblings as “offenders” or even “aggressors”.

Thus, interesting are the drawings in which elder brothers are depicted with disproportionately long arms or with long fingers. It points out that a special needs child feels the aggressiveness of his/her elder brother. The same conclusion can be made due to some other findings: in one drawing the elder sister's mouth and teeth are highlighted, in the other one an elder brother has no arms at all (a girl with general stable underdevelopment). We can assume that in such a way the girl symbolically restricts her teenage brother's activity and aggressiveness.

The most typical sign of mentally-ill children's perception of senior siblings as “offenders” is the fact that in all the drawings the figures of senior siblings were at a considerable distance from the figures of themselves. Moreover, in some cases there were inanimate objects depicted between siblings (a table, a wall, a vase with flowers etc.). It should be noted, though, that in most cases junior siblings portrayed their elder brothers and sisters among the first (instantly after the figure of their mother). Senior children with disabilities, however, started to draw their younger brothers and sisters after all the others, constantly erasing something and pausing all the way.

However, it is necessary to mention the fact that attitude to a sibling and perception of oneself in the sibling subsystem are different among older children with mental deficiency and children with infantile cerebral paralysis (ICP).

Thus, it is typical of children with ICP to emphasize their feeling of inadequacy in the drawing: disproportionately small figures of themselves, absence of colour variety in portraying themselves. In one case a child with ICP portrayed himself with his hands raised that can indicate his desire to make up for his deficiency and weakness, his desire to be strong and in control of others. The portrayal of younger brothers and sisters by children with ICP is characterized by sketchiness and absence of details in comparison with portrayal of themselves and their parents.

Mentally deficient children, on the contrary, make more efforts to decorate figures of their younger brothers and sisters. However, when doing so they often stopped drawing them and switched to picturing other objects and details which can prove either emotional ambivalence of mentally deficient children towards their younger brothers and sisters or negative emotions connected with the birth of another child in their family.

The results of diagnosing sibling interactions in the second test group (normally developing children (NDC)) show that they have quite serious worries about their brothers' and sisters' deficiencies.

The absence of all family members in the drawing (there was no drawing of this kind in the first subgroup), substitution of animals for them, refusal to draw brothers and sisters, placing them close to the mother and far from oneself, sketchiness of their portrayal, concentration on picturing inanimate objects, including peripheral family members, friends, and pets into the family circle indicate instability in the family, children's anxiety, deep feelings and strong emotions concerning the peculiarities of their family relationships.

The symptom complex analysis of the family drawings allows us to say that anxiety, proneness to conflict, and aggressiveness prevail in families raising a child with disabilities (Sh. 1).

Sheet 1: Results of the symptom complex analysis of the family drawing

| Participants | Wholesome family situation | Anxiety in family | Proneness to conflict in family | Feeling of inadequacy | Aggressiveness in family |
|--------------|----------------------------|-------------------|---------------------------------|-----------------------|--------------------------|
| SNC (junior) | 0.22 ± 0.01                | 0.32 ± 0.02       | 0.46 ± 0.02                     | 0.24 ± 0.01           | 0.26 ± 0.02              |
| SNC (senior) | 0.20 ± 0.01                | 0.34 ± 0.02       | 0.48 ± 0.03                     | 0.64 ± 0.03           | 0.34 ± 0.02              |
| NDC (junior) | 0.34 ± 0.02                | 0.22 ± 0.01       | 0.56 ± 0.01                     | 0.22 ± 0.02           | 0.28 ± 0.03              |
| NDC (senior) | 0.16 ± 0.01                | 0.42 ± 0.02       | 0.68 ± 0.04                     | 0.26 ± 0.05           | 0.46 ± 0.04              |

Therefore, children with developmental deficiency typically reveal the following things through their family drawings: 1) junior siblings – anxiety and proneness to conflict; 2) seniors – proneness to conflict and feeling of inadequacy. For normally developing children: 1) junior siblings – proneness to conflict; 2) seniors – anxiety, proneness to conflict, and aggressiveness.

**Results of the study of psychological distance between older and younger siblings**

The results of the study of intersibling relations using the technique of Gilles R. (Sh. 2) show tension, conflict and disunity of these relations.

Testees of both the first (SNC) and second (NDC) group rarely made their choice in favor of a sibling. At the same time children with disabilities, the youngest in the family, chose in test situations usually near family environment while their peers in the second group DNP gave their preference to the peripheral members of the family: grandmother, grandfather, cousin, aunt.

Sheet 2: The results of the study of intersibling relations using the Gilles R methods.

| testees      | Average indexes of family relations |                   |                                       |   |
|--------------|-------------------------------------|-------------------|---------------------------------------|---|
|              | % choice of sibling                 | % parental choice | % choice of peripheral family members | % choice of a friend or significant adult |
| SNC (junior) | 16,3                                | 68,8              | 12,8                                  | 3,1                                       |
| SNC (senior) | 27,5                                | 35,2              | 3,4                                   | 33,8                                      |
| NDC (junior) | 22,8                                | 21,6              | 53,2                                  | 1,4                                       |
| NDC (senior) | 11,0                                | 14,2              | 16,3                                  | 58,5                                      |

Older children as well those with disabilities as those normally developing in most cases chose to communicate with a friend or significant adult (for example, a teacher or a coach (SNC), social worker, or neighbor (NDC)).

The absence of emotional closeness between siblings, the difficulties and complexities of their relationship is evidenced by a sufficiently large distance which is chosen by brothers and sisters to each other. If one point is considered as one test position, the distance between the siblings takes a quantitative

assessment that will analyze the relationship between brothers and sisters from the point of view of their closeness and emotional contact. Defining their place among the people suggested by the test, any special children demonstrated a desire to be closer to their parents and farther away from their brother or sister (Sh.3).

Thus, the results of the study of relations between brothers and sisters by the procedure R. Gilles suggest the absence of them in them of propinquity, emotional contact and common interests.

**Sheet 3: The results of measuring the distance between the members of the family**

| testees      | Average indexes of distance between family members |                       |                                       |                                     |
|--------------|--|-----------------------|---------------------------------------|-------------------------------------|
|              | With a sibling                                     | With mother or father | With peripheral members of the family | With a friend or significant adults |
| SNC (junior) | 2,1 ± 0,2  | 2,2 ± 0,3             | 5,8 ± 0,3                             | 6,4 ± 0,2                           |
| SNC (senior) | 4,8 ± 0,4  | 5,4 ± 0,2             | 7,6 ± 0,2                             | 2,4 ± 0,3                           |
| NDC (junior) | 5,8 ± 0,3  | 3,8 ± 0,2             | 1,8 ± 0,3                             | 6,2 ± 0,5                           |
| NDC (senior) | 7,8 ± 0,2  | 6,7 ± 0,5             | 2,4 ± 0,4                             | 1,3 ± 0,2                           |

The results of the study of emotional relationships between siblings, one of whom – is a child with disabilities

Feelings which were experienced by each of the examined children in relation to their brothers and sisters, their emotions and features perception of intersibling relations have been studied using the technique "Diagnosis of emotional relations in the family."

In particular, were revealed

- Relative psychological significance for testee child of different family members, that is, the degree of involvement in the relationship with them
- The self-centeredness of children, the level of love or self-hatred;
- The presence or absence of feelings of ambivalence between and sisters;
- Feelings outgoing from the child and response to them.

We came to the following conclusions in accordance with the directions of the study outlined above.

With an overall low level of involvement of the testees in the relationship with their brothers and sisters, identified in the previous phase of the study and confirmed in the study of emotional relations in the family, it is required to identify the following facts (Sh. 4):

- Firstly, the group of normally developing children on average was found a shift in the distribution of the child's feelings from inner circle to the peripheral members of the family;
- Secondly, among older normally developing children were found protective mechanisms, such as "failure" when they gave the most positive and negative points of the figure;

**Sheet 4: The results of the study of the degree of involvement of children in relations with different members of the family**

| testees      | Average distance of indicators of degree`s involvement |            |           |                                  |            |
|--------------|--|------------|-----------|----------------------------------|------------|
|              | Mother   | Father     | Sibling   | Peripheral members of the family | I          |
| SNC (junior) | 12,8 ± 0,9   | 2,4 ± 1,1  | 7,8 ± 0,9 | 1,2 ± 0,2                        | 4,2 ± 0,2  |
| SNC (senior) | 5,6 ± 0,7  | 3,7 ± 0,6  | 3,2 ± 0,2 | 2,6 ± 0,3                        | 18,5 ± 1,1 |
| NDC (junior) | 9,8 ± 1,1  | 4,3 ± 0,8  | 3,7 ± 0,3 | 13,6 ± 1,1                       | 6,4 ± 0,4  |
| NDC (senior) | 3,2 ± 1,4  | 11,3 ± 1,2 | 1,8 ± 0,2 | 12,1 ± 0,8                       | 4,3 ± 0,3  |

- Thirdly, in the group of children with disabilities is seen exaggerated negative reaction to their father and grandparents, while on the contrary a positive response to these family members was registered in the group of normally developing children;
- Fourthly, the sum of all the statements addressed to oneself, in a group of older children with disabilities is much higher than an identical score in the group of older children with normal development ( $t = 2,33; p < 0,001$ );
- Fifthly, the lowest level of involvement in intersibling relationship was identified in a group of normally developing children, the eldest in the family.

The results of the study of emotional relationships between brothers and sisters (Sh. 5) allow specifying and describing the feelings that are sent by siblings to each other. Feelings the source of which is a child make him loving, ambivalent or hating. As a rule these feelings determine the behavior of the child, his actions directed to the object of their feelings. In this regard primary results of the study indicate the presence of siblings' ambivalent feelings towards their younger brothers and sisters.

**Sheet 5: The results of the study of emotional relationships between brothers and sisters**

| testees      | Average indexes (feelings of children) |                   |                   |                   |
|--------------|--|-------------------|-------------------|-------------------|
|              | Outgoing positive                      | Outgoing negative | Received positive | Received negative |
| SNC (junior) | 6,2 ± 0,4                              | 1,4 ± 0,1         | 1,8 ± 0,2         | 5,9 ± 0,4         |
| SNC (senior) | 1,5 ± 0,1                              | 1,7 ± 0,2         | 1,4 ± 0,1         | 1,3 ± 0,1         |
| NDC (junior) | 1,2 ± 0,1                              | 2,5 ± 0,3         | 2,1 ± 0,2         | 2,3 ± 0,3         |
| NDC (senior) | 0,8 ± 0,02                             | 1,1 ± 0,1         | 1,2 ± 0,1         | 0,8 ± 0,02        |

In the group of older children with disabilities the number of negative points towards their younger brothers and sisters does not exceed the number of positive points. Received ambivalent proportion was not significantly different from the proportion of positive and negative feelings in the outgoing group of older children with normal development. As for the younger brothers and sisters, there were obtained somewhat different results. Thus, in the group of younger children with disabilities the number of positive feelings towards their siblings is significantly larger than the negative, that indicates that the desire of young sick child to be closer to its sibling, the desire to win his attention and location. Normally developing children, the youngest in the family, on the contrary addressed their siblings more negative than positive points. As a rule the emotions that children are send to others closely correlated with feelings which, as they believe, are addressed directly to them. Therefore in most cases received feelings match with coming from the child's feelings. However an inconsistency was found in the group of younger children with disabilities in the family, the number of outgoing positive emotions vastly outnumbered received positive feelings. Positive feelings outgoing from the child about his/her sibling and negative feelings receive from him or her may indicate the real presence of hostility outgoing from older normally developing siblings or such subjective, painful perception of the nature of the relationship to itself, the presence of child's obsessive fears related to features intersibling relations. More detailed information about the psychological condition of children in the family with a specific child can give a comparative analysis of feelings experienced by children to itself (Sh. 6).

The results of this analysis suggest the following conclusions:

- Firstly, a rather high level of rejection itself was recorded in a group of children with disabilities, elders in the family that may indicate either that these children have the status rejected, unloved in the family, or the presence of the children of this group feeling of inferiority, guilt and shame;

**Sheet 6: The results of the study of the feelings which children feel to themselves**

| testees      | Average indexes               |                               |
|--------------|-------------------------------|-------------------------------|
|              | Positive feelings to yourself | Negative feelings to yourself |
| SNC (junior) | 2,4 ± 0,3                     | 2,2 ± 0,1                     |
| SNC (senior) | 0,6 ± 0,08                    | 4,8 ± 0,2                     |
| NDC (junior) | 5,4 ± 0,4                     | 0,4 ± 0,02                    |
| NDC (senior) | 3,5 ± 0,2                     | 1,4 ± 0,2                     |



- Secondly, there was revealed a positive attitude toward themselves for the younger children with normal development, indicating their privileged position in the family.

**The results of the study of features of children`s perception of parents attitude towards them**

One of the priority ideas in the psychology of the family is the representation of the dependence of the nature of the intersibling relationship of the relationships with parents.

So psychoanalytic theories consider fraternal relations as a compound of rivalry, jealousy, conflict, the source of which is to fight for the love and attention of parents.

In our study, children`s representations were studied in connection with the direction of the positive feelings of the parents (Sh. 7), which made it possible to correlate features of intersibling relations with representations of children about the presence or absence of parental love to them, care and attention. Results of the study indicate the presence of oppression in intersibling relations caused by their conflict and hostility.

**Sheet 7: The results of the study of representations of children about the direction of parental love and care**

| testees      | Average indexes (feelings of children) |            |                         |            |
|--------------|--|------------|-------------------------|------------|
|              | Maternal overprotection                |            | Paternal overprotection |            |
|              | To yourself                            | To sibling | To yourself             | To sibling |
| SNC (junior) | 5,4                                    | 6,2        | 0                       | 2,4        |
| SNC (senior) | 2,3                                    | 7,6        | 0,8                     | 3,2        |
| NDC (junior) | 4,5                                    | 3,8        | 4,5                     | 0          |
| NDC (senior) | 0,4                                    | 9,6        | 3,4                     | 0          |

It was found that in the surveyed families relationship between brothers and sisters are based on feelings of jealousy, rivalry, the desire to win parental love and care.

Characteristically older normally developing children do not feel mother's love. In their view all mother`s care and attention goes to her younger sick child: On the 21 item scale "Parent overprotection", only 0.4 was given to older children with normal development of the figure, indicating themselves.

We can assume that the feeling of guilt was felt by mother in association with the birth of a sick child, it determines attitude to parenthood: "Now her whole life is devoted to the care of this child, and the elder one does not need her participation: firstly, he grew up, and secondly, it is already happier to be his brother or sister."

**DISCUSSION**

These feelings caused by mother`s actions and deeds are apparently the source of resentment and jealousy older normally developing children. As we know jealousy creates the need to attract attention. In turn this need reveals a certain hostility of child to his/her brother or sister, his / her hostility and at the same pity and compassion. Hostile reactions caused by such ambivalent feelings can be very different intensity, depending on the individual properties of the individual child and the specific situation. (Vinogradova at al., 2014) Hostility of older normally developing child in relation to his sick sibling can be enhanced and the corresponding attitude of peers whose opinion is particularly important during adolescence, especially in opposition to the family situation. The younger sick children can't feel hostility of older brother or sister, in their lives older siblings occupy a central place. Being the object of repetitive (explicit or implicit) negative actions on the part of meaningful for him older brother or sister, a child with developmental disabilities can experience anxiety and a sense of his "badness", causing him reciprocal feelings of alienation and aggression.

**CONCLUSIONS**

The results of our empirical study on a sufficiently representative sample of subjects confirmed its working hypotheses. Intersibling relationship in family, raising a disabled child, depending on the attitude of the parents to the fact of their child's illness, become an additional source of blocking or stimulating deviations



in psychosocial development as a disabled child, and healthy brother or sister. In this regard, it is reasonable to create a comprehensive program containing specially organized sessions which are aimed at both the removal of anxiety, conflict and hostility of normally developing children who have siblings with disabilities, and the correction of parental attitudes towards their children, which will help normalization of intersibling relations in the family and therefore the implementation of its rehabilitation potential. The development of such specialized programs should be based on evidence-based information about the laws prevailing in the family relationship between brothers and sisters, one of whom - a child with disabilities. Further research involving children with different nosology whose families are brought up as children with disabilities and healthy children is very promising.

#### REFERENCES

- [1] Akatov, L.I. (2004) Children with disabilities in the system of family relations. Social rehabilitation of children with disabilities, 5, 256-288
- [2] Antonov, A. A., Makhov A. S. (2014). Factor structure requirements of persons with hearing impairment to organize classes on rink-bandy (mini hockey). *Teoriya i Praktika Fizicheskoy Kultury*, 5, 27-31
- [3] Baker, K Varga, A.J. (2008) The theory of Murray Bowen's family systems: basic concepts, methods, and clinical practice. - M.: "Cogito Center"
- [4] Bogdanova, T.G. (2002) *Surdopsychology: Proc. Guide for students* – M.: Academy
- [5] Bonkalo, T.I. (2010) Social and psychological assistance to the family in the educational institution: monograph. – Kolomna
- [6] Charova, O.B. & Savina, E.A. (1999) Features of the parent-child relationship to with intellectual underdevelopment. *Defectology*. 5, 34-39
- [7] Chigintseva, E.G. (2005) Typology of families in the matter of raising a child with developmental disabilities *Practical psychology and speech therapy*, 5-6, 74-80
- [8] Cuzzocrea, Francesca, Larcan, Rosalba, Costa, Sebastiano et al. (2014). Parents' competence and social skills in siblings of disabled children. *Scientific Journal Publishers.*, 45-57
- [9] Dobrovolskaya, T.A. & Shabalin, N.B. (1993) Social and psychological characteristics of persons with disabilities and healthy relationship. *Sociological Research*, 1, 67- 73
- [10] Eidemiller, E.G. (2010) *Workshop on family therapy. Current models and methods.* - SPb.: Speech
- [11] Ilyin, V.A. & Kondratiev, M.Y (2013) Impact and influence as a socio-psychological position interpersonal interaction: conceptual and terminological aspect. *Social Psychology and Society*, 4, 46 - 58
- [12] Mamaychuk, I.I. (2001) *Psychological care for children with developmental problems.* - SPb.: Speech
- [13] Martynov, V.L. (1996) Analysis of medical and social problems of families with disabled children. *Health*, 3, 13-23
- [14] Mihee, An., Robert, J. Palisano (2014). Family-professional collaboration in pediatric rehabilitation: a practice model. Department of Physical Therapy and Rehabilitation Sciences, College of Nursing and Health Professions, Drexel University, Philadelphia, PA, USA., 434-440
- [15] Mishina, G.A. (2011) Preverbal period in theoretical and experimental researches. *Special Education*, 4 (23), 58-68
- [16] Myager, V.K (1976) *Diencephalic disorders and neuroses.* - L. Medicine
- [17] Spivakovskaya, A.S. (1999) *Psychotherapy: game, childhood, family.* – Moscow
- [18] Tkacheva, V.V. & Poroshrova, E.L. (2008) From experience providing psychological assistance to the family of a child with speech disorders. *Special psychology*, 3, 15-24.
- [19] Tkacheva, V.V. (2009) Psychological characteristics of parents of children with cerebral palsy. *Special psychology*, 1, 53-62
- [20] Vinogradova, M.V., Kryukova, E.M., Kulyamina, O.S., Vapnyarskaya, O.I., Sokolova, A.P. (2014) Approaches to the study of the status and trends of drug abuse, rehabilitation and reintegration of drug users // *Biosciences Biotechnology Research Asia*. 2014. Vol. 11(3), 1505-1514
- [21] Zakharov, A.I. (1988) *Neuroses in children and adolescents: history, etiology and pathogenesis.* – SPb.: Medicine