

## **Behavior and Attitudes of Parents with Children Diagnosed with Autism**

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**Abstract:** Autism is a developmental disorder, considered by researchers to be one of the most widespread and serious neuropsychiatric disorders of childhood, with the most implications in all spheres of development. The sooner the parents discover the condition and accept it as part of their new life, the more likely the child is to recover. Each parent wants a peaceful, successful life for his child, and the autistic child appears to be trapped in a trap of isolation, of incapacity, in which the probability of any success is almost nil. The diagnosis of autism spectrum disorder affects each family member differently. Parents need to focus all their attention on helping the child with autism, which can be stressful and can affect marriage, other couple's children, work, savings, interpersonal relationships and responsibilities.

**Keywords:** autism; family; recovery; behaviors; child; difficulties; socializing, education; integration

Autism is a developmental disorder, considered by researchers to be one of the most widespread and serious neuropsychiatric disorders of childhood, with the most implications in all spheres of development. This not only affects thinking or language, but also behavior, affectivity, imagination, motor skills and social component. Socially, emotionally and mentally, not only is the child diagnosed with autism spectrum disorder, but with him and his parents, brothers or sisters,

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grandparents, if they are involved in raising the child. As with typical children, the attitude and behavior of parents is reflected in the attitude and evolution of children with autism. The sooner the parents discover the condition and accept it as part of their new life, the more likely the child is to recover.

The more the parent is ignorant to the symptomatology illustrated by the child, the more he sinks into the isolation characteristic of the outside world and the therapeutic intervention will be much more difficult, the child starting late in the recovery program. The stereotypes will be learned and naturalized in the conduct, so that the hours of recovery therapy in which they are removed will double or triple. At the time of diagnosis or before this time, when parents notice the first symptoms, they begin to develop certain feelings and attitudes toward their troubled child. Slowly but surely their world takes on another form, dreams and hopes of having an ideal family begin to wane, disappear and disappointment occurs.

Everything they had planned from the moment of conception for their child, from the very first words, the practice of a sport, all the normal stages for a child, and until the moment he becomes an independent adult, to take care of himself, he disappears and is replaced by uncertainty and fear. Parents can be disappointed with the child and their own people, leading them to an inappropriate attitude and considering the little one a problem, an impediment in creating the perfect family they had in the plan.

The feeling of shame comes, most of the times, from the fact that the stereotypes make the children stand out, they no longer have a normal behavior, according to the norms of the society, but being completely different from most of the children. But what is harder for adults to understand is that these children did not want to be this way, did not want to suffer from autism, could not establish social contact, be hyperkinetic, did not understand the world in which they did not have chosen to be born.

The fear of the autistic child begins when all the methods of understanding him and his behavior have been exhausted. This fear is exacerbated in adolescence, due to the hormonal changes that occur, as with all other children. They can become aggressive and have inappropriate actions in public. However, they take much of the behavior of those around them, parents, sisters, brothers, grandparents, therapists, colleagues, supporters.

Thus, through systematic and rigorous therapy, the affections of those around and education of children and adolescents can grow and pass through these stages without major problems.

Parental disappointment with children can occur, especially when the child is aggressive and hostile, embarrassing, destructive and difficult to control. Each parent wants a peaceful, successful life for his child, and the autistic child appears to be trapped in a trap of isolation, of incapacity, in which the probability of any success is almost nil. The social life of the little one, his chances of later working, integrating actively and establishing a family are affected by the symptoms of the disorder, the lack of interest, the difficulty of communication and establishing an adequate social contact.

When it comes to recovery, parents need to have realistic expectations when setting their goals for child development. By forcing him to do much beyond his abilities, they risk giving birth to both them and children the feeling of frustration that can lead to negative behavior and opposition to any kind of pregnancy, which will only aggravate the associated symptoms. disorder and to slow or stall the recovery process.

The autistic child is considered by the family to be a burden, and any child feels this.

The child will be affected by the messages that are sent to him or her unconsciously, intentionally or unintentionally.

The reactions to this attitude will be an accentuation of the isolation state, self-aggressive and hetero-aggressive behaviors and multiple and increasingly harmful stereotypes. When it becomes aware that the child is affected and the adult's behavior worsens the condition of the child with autism, it is recommended to take appropriate measures to introduce a change in the negative attitude with the help of a specialist.

When the parent is diagnosed with autism, a series of experiences resembling a period of bereavement are established, even after they have passed these stages, there is the possibility of experiencing the same emotions from time to time.

### **The Stages Associated with Pain**

Elizabeth Kübler-Ross noted the five phases of pain after diagnosis. So it is likely to go from one stage to another, to return to an earlier stage, to walk them in a random order, to skip one of the stages or to block in another.

#### **The Five Stages are:**

- The shock is the stage that appears immediately after the diagnosis in which the parent feels confused and overwhelmed. The parent is not prepared to accept the reality, initially being able to ignore it, will seek other doctors and question the correctness of the diagnosis;
- The sadness or grief in which adults suffer after losing some hopes and dreams they had for children. Most times people confuse this sadness with depression, but depression leads to the inability of man to move on, while sadness leaves the possibility of man to evolve. The parent should consult a specialist at a time when sadness affects the ability to cope with the situation or when depression occurs, such as weight loss, social exile, suicidal thoughts, sleep disorders, loss of self-confidence, loss interest in daily activities;
- Anger is born of sadness as a natural and natural part of the process, this being directed to the close ones, child, spouse, friends. It is a normal reaction to the feeling of loss and pressure. They need to vent their anger to release the accumulated tension. It is an attempt to tell others that there is suffering and that he is upset by the fact that his child was suffering from this condition.
- Denial is the phase when the parent refuses to believe what is happening to his child. This reaction is not conscious and may lead to the inability to accumulate real diagnostic information. Denial is a way of coping with the situation, it can be a solution to get out of a particularly difficult situation. This stage, however, must be made aware so as not to affect the way the preparations for therapy or even the therapy itself are conducted;
- Loneliness is an isolation phase. This feeling may arise because the adult has no time to spend with friends and family. There is a belief that other people would not understand and support when they were asked for help;
- A final step is acceptance where the family begins to understand the impact on relationships and on the members.

The diagnosis of autism spectrum disorder affects each family member differently. Parents need to focus all their attention on helping the child with autism, which can be stressful and can affect marriage, other couple's children, work, savings, interpersonal relationships and responsibilities. Parents should spend a significant amount of time and money on treatments and therapies, excluding other priorities. The needs of these children complicate family relationships, especially with the couple's other children. Brothers and sisters need to be informed about what the disorder is and what the affected person is facing.

Together with the extended family, they can form a support group based on trust and help.

Stress is a phenomenon that any parent in general faces.

There is the physical stress caused by meal preparation, bath time, homework, shopping, trips and more. To these factors are added mental stressors such as quarrels between parents and children, limited time for fulfilling responsibilities, concern for the well-being of children. Unique stressors are added to a family with a child suffering from autism spectrum disorder.

A child with autism cannot express his / her basic needs and needs in a regular way, which is why parents play a game of luck. When parents are unable to determine the child's need, both parties begin to be frustrated. The child's frustration may lead to aggression or injury to their own person who may threaten his or her family or other family members' safety.

Stereotypical and compulsive behavior worries parents from the moment of their appearance until they affect the normal functioning and the acquisition of new knowledge.

If the child has deficiencies in social skills, such as lack of adequate play, family stress can be increased, because they require constant attention and supervision or changes in the home environment.

Many families struggle with the challenges of making their children sleep or eat a wider variety of foods. All of these attempts are exhausting for the family both physically and mentally. For families of children with autism is a difficult challenge, the meal program may not be effective because of the child's inability to stay in one place for a long time, the bedtime routine may be interrupted by sleep difficulties. Inappropriate behavior can prevent family members from attending events together.

By not being able to do things as a single family, a spousal relationship can be affected. Most of the time, spouses cannot spend time alone because of the needs of the child and because of the lack of qualified personnel who can supervise a child with autism in their absence.

When such a family comes out, parents have a source of stress because people forget, comment or fail in trying to understand atypical mistakes or behaviors.

Most times the family feels uncomfortable taking their children with autism on a visit to friends and relatives. Holidays are especially difficult for such families.

They feel they cannot socialize or interact with others, experiencing isolation from friends, family and community.

Raising a child with autism brings with it many demands for parents, individually and for the whole family. The first deficient thing is the lack of sufficient hours in a day to satisfy desires. Specifically, the time spent caring for a member with autism may reduce the time parents of other children in the family could spend. There is a permanent tension between the needs of typical children and those of children with autism in a family.

Parents try to meet first the needs of the child with autism, and then the family as a whole. Even if they put their own life on hold and the couple shares the understanding of the need to make sacrifices by sharing between the children, few of them manage to offer the same attention and care to both parties. The research claims that the majority of siblings do well with the experience of having a brother with autism, but that does not mean that they do not, however, encounter difficulties in trying to learn how to deal with a brother suffering from autism spectrum disorders.

Problems with diarrhea include jealousy over the parent's time with autism, frustration with the inability to give or receive a response from the sibling, the fact that they are the target of aggressive behaviors, that they try to mask the brother's deficiencies, the worry about the stress and the pain of the parents and the concern about the role he will have in the future in the assistance and care of the brother.

As the brothers get older, the worries do not disappear, but they take a different form.

For the young adult, the questions are gathered around their own plans for the future, of having a child. The greatest fear is related to the genetic component that may exist in the transmission of the disorder. In some cases, the young adult feels responsible

for the brother with autism and has difficulty in forming an independent life and leaving the parent's home.

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