


## Family and development disorder, emotional and learning challenge



Melissa Teherán Suarez   
Universidad Simón Bolívar

**EDITORIAL**  
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**Correspondence authors:**  
Mteheran@unisimonbolivar.  
edu.co

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To start a medical, psychological, psychiatric, nutritional or any other effective treatment involved on the improvement of a child's body and mental conditions, an important and impacting variable called family, is required. Authors such as Gimeno (1984), whose researches focuses on behaviour, body and human brain study, consider family as a key element in this treatment, asserting that it is also, a primary support help:

The family is the natural environment in which the child begins his life, and begins his basic learning through a series of stimuli and experiences that will deeply condition him throughout his life. The affective climate of the family's internal relations, as well as the cultural level, powerfully determine the receptivity and adaptation of the child in the process of schooling. Stability and balance in the union of their parents and relationships between family members define the affective climate, the basis of the child's socialization process.

For this reason, we consider relevant to argue the benefits which imply the efficacy of the family support, when a disorder in a child development is diagnosed. Based on readings and studies whose results and theoretical proposal and argues related to family dynamic show the advantages which we can get from a joint family work with both patient and professional support. It is important to take into account that our starting point is the family as a support point for a patient diagnosed with a development disorder.

The family plays an important role during child identification and pre-diagnostic processes, it might be because of the interaction of the child with a group of people who live under the same roof, share a same degree of consanguinity and also, introjection and the assimilation of common values, behaviours and ideas social adjustment. That is why, family members might

be receptive when one of its members show any untypical symptom or behaviour as a wake-up call that something is not going well. Nevertheless, there is an advantage when a child is in a family group, because it is this family group which can make possible an early care, even in those cases where the child' neurodevelopment might have positive implications on central nervous system, which let child learn and mould himself in order to improve his or her conditions due to an early attention.

As per [Perpiñan Guerras \(2009\)](#), a late pre-diagnostic might happen as a result of fear and afraid to reconfirm the suspicion of the diagnostic to be confirmed . In most of the cases is the extended family which confirms the possible suspicion .

Another aspect to consider the family group plays an important role is not only in the diagnostic confirmation but also for the contribution on the effectiveness of a child development, taking into account that in those situations where involutions, chronicle and critical situations can cause child's sure death, a family group role might be different according to its own specific situation.

Nevertheless, according to a bibliographical revision, most of the times, irregularities are detected by the mother and extended family tends to give an opinion which must be given by the nuclear family, maybe as omission or fear mechanism to accept that something is not going well. As per [Navarro Gongora, 2002, cited by Perpiñan Guerras 2009](#), the mother is considered as the First caregiver , who is the primary human source involved on child's attention, affection, and well-being. Mothers' role is important because make possible for a child to feel support in relation with his/her appropriated emotional and affective state, based on the condition shown. The father is an emotional support for the first caregiver. Being the father who supply emotional stability at home, and also who might become a protective figure at home. Probably, the child perceive an unconditional support with any prejudice in relation with his/her emotional, social and personal development in a balanced manner without any anxious and stressful conditions.

Based on personal perceptions, for children with development disorder, siblings are the first peers to get in touch with, making possible social interaction, to play, enjoy, share, communicate without anxiety, and feel emotions related to love and happiness. For a child with development disorder, siblings' role show the advantage of making social closing relationships without attri-

butions systems, which do not imply that those ones would not be felt by him/her, because of his/her condition; acceptance of society due to social stigmas would be a permanent challenge which can be conducted by a professional (Pineda-Alhucema, 2011)

In case of extended families, members such as uncles, cousins and grandparents who live close to the patient, play an important role on his/her treatment and evolution process, because sometimes they become patterns for acceptance of a child with development disorder; these members are who take care of his/her children's emotional health and also they are able to supply others children's emotional needs who sometimes take a second place because of the child with development disorder care.

This situation can vary depending on how is handled and also taking into account adults' reaction. When a member of a family is able to distribute attention among children taking care of a child with development disorder specially who need more time and attention consuming, parents establish an stronger affective relationship with the child. It reaffirms that the advantage of having a family support, offers a child a healthy and peace environment, in an identical manner as the nuclear family with children without any development disorder.

As per Turchetti Iturrieta (2014), based on a study with a child who suffers cerebral palsy where a child development is closed related to central nervous system maturing process (CNS), involving psychomotor functions, show that motor and cognitive functions must be given evidencing an affection bond with the child with CD, in order to establish a trust climate which let child to work with a psychologist for his/her development considering a family as a first climate of trust generator.

To have a child with development disorder impact on the family, because it tends to change the family dynamics, adjusting their life style to the new circumstances in order to attend the child; changes such as modifications on their home, discovery of early support and attention centers, active participation of parents, to build new relationships with similar condition, changes of traditional role at and outside home, changes related to behaviors of the family members. This adjustment on the family life is evident when an assertive management is handled, in order to help child to feel comfortable

inside her/his family environment, with an added value, making possible that everything be going well.

It is important to identify some emotions lived in different moments which can change as follows : according to level of stress, when there is a development delay disorder, sensorial levels is low than normal level, and levels of stress according to the chronicle or severe diagnostic where a higher attention is required generating a higher level of stress and anxiety; being these ones different situations, depending on the way the family assume the issue although the variable of the disorder's intensity and presentation affect it. Handling levels of anxiety show strong predictors such as : patient autonomy, stopping in a routine stage or severe crisis (Escudero-Cabarcas, 2016)

Emotions, rationalizations and behaviors such as : fear, rejection, guilt, anxiety, cognitive reactions related to attribution system , sadness, hope, protection attitude, rage, anger, panic, depression, acceptance, assumption, frustration, confidence, safety, learning of new abilities and strategies are some of the emotions lived in a family which has a child with development disorder. It is important then to identify these emotions because they can let us to carry an appropriated emotional treatment not only for the child but also for the family (Pineda-Alhucema, Escudero-Cabarcas y Vasquez-De la Hoz, 2015).

Sometimes, a family group through developed abilities, might detect resilient behaviors which were not evident but a detonating factor let them be evident, the perception of everything around tend to change and materials are placed in a second stage, prioritize aspect as life, health and stable physical conditions. To have in a family group a member with development disorder means a life with a lot of emotional challenges and learning. To have a professional expert help and a balanced family support might be an experience with a lot of knowledge and learning.

The family can develop and learn how to observe or perceive with a clinical point of view, to apply and develop techniques for earlier stimulation, facilitating the neuron plasticity in order to get a better diagnostic for a child with development disorder; sometimes the patient could have resilient behaviors, and in times of crisis to learn about basic needs for the patient.

Possibly, a child with development disorder will have a better diagnostic with a more careful and dynamic family support, where the empathy plays an important role for the balance of the family

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