Handicapped Children: Emotional Development and Role of Therapist


G. Straker, Ph.D. (Witwatersrand)

SUMMARY

The development of trust, pride and autonomy, initiative and industry in the first ten years of childhood is described. The problems encountered by the handicapped child and his parents are pointed out. The role the therapist can play and the self-knowledge necessary for this role are briefly discussed.

This paper is aimed at promoting an understanding of the emotional world and the developmental tasks facing the physically handicapped child. A discussion of this nature is necessary for the following reasons:

Firstly, there is a consistent finding in the literature that a child's emotional development, behaviour and reaction to his handicap are not dependent upon the extent of the handicap itself, but upon his emotional adjustment to it (Freeman, 1967).

Secondly, the authors are of the opinion that, during the early months after the diagnosis of the handicap, it is of considerable importance for both mother and father to have ongoing emotional as well as medical support. The physiotherapist who has contact with the child may find herself in a position where she has to help the mother contain her feelings of uncertainty, insecurity and the unsureness at each stage of the child's maturation. In order to do this, a physiotherapist must have an ability to empathise with the plight of the parents, without becoming 'sucked' into the family system, as well as a basic knowledge of the emotional tasks the child must negotiate.

DEVELOPMENTAL TASKS

Any child is part of two simultaneously functioning worlds; the world of adults and that of his peers. The physically handicapped child is necessarily dependent upon adults for a period of time that far exceeds that of his normal counterpart. The primary focus of this paper will be on the relevant aspects of normal development that occur within the adult world of the child. Special reference will be made to the part including therapists, must deal with the fact that he is neither healthy nor totally normal. Bearing this in mind, let us now examine the possible vulnerable areas in the emotional development of the handicapped child.

The framework adopted for this discussion of development from birth to ten years is that of Erik Erikson. Although in his book Childhood and Society (1955) Erikson dealt extensively with developmental crises from birth through to old age, it is beyond the scope of the present paper either to discuss all these stages or to deal with them comprehensively. Thus, only a brief outline of the stages from birth to ten years of age will be mentioned below.

The four basic developmental tasks of childhood are the development of basic trust, pride and autonomy, initiative and industry (Erikson, 1955). Within the first year of life the mother creates a sense of trust in the child by sensitively and consistently caring for and responding to the baby's physical and emotional needs. Parents must not only have ways of satisfying the child, but also convey to the child a conviction that they "know" how to handle and care for their new-born baby. In the case of the physically handicapped child, the parents may not be able to cater for the child in this way. This may be because the handicapped child may show alterations of development that may be confusing and frightening for the parent e.g. opisthotonus or feeding problems. The mother of the handicapped child may therefore not be as sensitive or as sure in the handling of her child. The child may begin to experience the world as painful, chaotic and insecure. The ability to trust the world and particularly significant adults may therefore be impaired in the physically handicapped child and the end result may be a child who is mistrustful of people and
The handicapped child may develop multiple and persistent fears which are heavily imbued with anxiety. This anxiety may manifest itself in dreams and nightmares with central themes of persecution, abandonment and mutilation which indicate the impact of the handicap not only upon the child's inter- and intra-personal life but also upon his body image. Caught in these fantasies, the child may try to make sense of his handicap by constructing fantasies, often based on his own wrong doing. The importance of referral for psychological help cannot be understated in situations such as these.

By the time the normal child reaches primary school, he should have established trusting relationships, have a sense of autonomy and demonstrate initiative and interest in his environment. This developmental task which the child must accomplish at this age is that of establishing a sense of adequacy and industry. The sense of industry is usually cultivated within the milieu of formal schooling. Formal schooling also re-
queries that less allowance be made for the individual child who must now fit into group activities and obey group rules. In other words, the child must be aware of and respect the wishes of others. This cannot be accomplished without previous peer participation which provides a child with opportunities to learn the consequences of his own actions. As already mentioned, the handicapped child may not have interacted adequately with his peers and thus adjustment to formal schooling may be difficult. The choice of ordinary or special school is a particularly stressful decision for many parents of handicapped children. The major issue that needs evaluation is that the child be placed in a situation where he will experience reasonable success and acceptance from his peers. The other psychological sequelae of physical handicap, viz. learning problems and difficulties with abstract thought have been well documented elsewhere (Rutter, Graham & Yule, 1970).

To summarise, the emotional development of any handicapped child is especially vulnerable. It is important that all professional workers dealing with the child view him as a whole dynamic individual. There are some salient factors which commonly prevent therapists from viewing the child objectively. What follows is based on many years of experience of the senior author as a physiotherapist. If the therapist is unaware of her own feelings, she may do the child and family a great disservice by projecting them onto a particular therapist or institution. The therapist must understand the dynamics involved, refrain from retaliation, and accept that anger is a very natural emotion.

In conclusion, it is clear that the therapist plays a crucial role in aiding the family of a handicapped child in the successful negotiation of the many emotional hazards facing the child. The present paper has attempted to provide therapists with a working guide to the problems which may beset a handicapped child and his family. In order to assist any family to accept and deal with the child, the therapist must be aware not only of the problems facing the child, but also of herself.

References

PLAY IN INFANCY AND APPLICATION IN TREATMENT*

D. COURLANDER, B.Sc. (Physiotherapy) Rand

SUMMARY

The theoretical principles of play according to Piaget are described. Six stages of play up to two years of age are detailed, whilst play relevant to the transition from infancy to childhood is mentioned. The application of play in assessment, parent counselling and treatment is discussed.

The Developmental Assessment Clinic at the Red Cross War Memorial Children's Hospital in Cape Town, deals with children who are physically or mentally handicapped as well as those who are socially disadvantaged. Some who are considered to be 'at risk' in infancy continue to undergo comprehensive periodic assessment during their pre-school years.

In order to make the assessment procedure pleasurableable a play situation, which served as a preliminary to more formal assessment, was created within the clinic setting. During these observations it was found that

helped gently to see reality — not to hope for the impossible.

Therapists also need to recognise that feelings of anger and disgust may be problems not only for the parents of the handicapped child but also for themselves. In our culture these feelings are regarded as unacceptable but they are just as natural as positive feelings. Often these angry feelings may be transferred onto a particular therapist or institution. The therapist must understand the dynamics involved, refrain from retaliation, and accept that anger is a very natural emotion.

In conclusion, it is clear that the therapist plays a crucial role in aiding the family of a handicapped child in the successful negotiation of the many emotional hazards facing the child. The present paper has attempted to provide therapists with a working guide to the problems which may beset a handicapped child and his family. In order to assist any family to accept and deal with the child, the therapist must be aware not only of the problems facing the child, but also of herself.

References

OPSOMMING

Die teoretiese beginsels van speel volgens Piaget word beskryf. Ses stadia van speel tot op twee jaar word opsom. terwyl speel met betrekking tot die oorgang van kleinkind tot kind (na twee jaar) genoem word. Die toepassing van speel in evaluering, raad aan ouers en behandeling, word bespreek.

play could provide an alternative form of assessment in its own right and, moreover, serve a useful guide in planning treatment and for parent counselling. There are many ways in which play may be defined. Children, adults and animals play, and different cultures have their own forms of play. Sheridan's definition, 'Play is the eager engagement in pleasurable physical or mental effort to obtain emotional satisfaction', is appropriate to the observations that will be discussed. Observation of child development used as instruments for observation and diagnosis reflect the maturation of patterns of behaviour in infancy and the integrity of the neuro-motor system. These provide a yardstick with which to measure progress and a guide for treatment, but deal very little with play as a natural and spontaneous function.