

Psychological Mechanisms of Motor Disability Effect in Children and Family Emotional Dynamics: A Case Study in Burkina Faso

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Abstract: The presence of a child with a mental or physical disability causes psychological suffering in the parents, tending to disrupt the normal course of their existence and that of family life. This study examines the repercussions of the motor handicap of the child on the family affective dynamics in Ouagadougou in Burkina Faso. As such, she carries out a semi-directive clinical interview with the parents and siblings of three families. The application of the content analysis method to the collected data reveals significant facts. On the one hand, the disability of one of their children is a source of communication conflicts between parents: reciprocal accusation about the fate of the child, feeling of guilt, interruption of exchanges. On the other hand, children do better by maintaining emotional ties favorable to their development and the well-being of their motor-impaired brother. This research underlines the need for psychological help to the parents of the motor handicapped child. This can take the form of assistance to the latter's father and mother for the necessary follow-up or support that will enable them to keep their balance and tutoring to be provided to the children for the maintenance and reinforcement of a favorable affective climate between them and beneficial to their disinherited brother.

Keywords: Child, Motor Disability, Affective Dynamics, Family

1. Introduction

Throughout history and all over the world, the child has occupied a prominent place in individual and social interests and emotional balances. The primary attention paid to children is due to their role as the driving force of the family and society. On the one hand, the child is the foundation of the marital couple, whose rationale and cohesion he or she ensures. On the other hand, the child perpetuates the family entity and the overall social system. To play these expected roles fully, the child must be physically whole, psychologically balanced and socially fulfilled. But since total harmony is not of this world, a child may be disadvantaged. He or she is then born mentally retarded or physically deficient, affecting his or her daily and future life. The same will be true of the family environment in which the child was born or lives.

Indeed, the presence of a mentally or physically disabled child causes psychological suffering for the parents, tending

to disrupt the normal course of their lives and that of family life.

This situation leads to several questions:

- 1) doesn't the disability induce representations in family members to make sense of the situation?
- 2) is such a situation not likely to have a singular impact on the parents and children of the family entity, to the extent of being the basis of new or specific attitudes and behaviours that affect the relationships between its members?

These are the core concerns of this research. It aims to examine the effect of the existence of a disabled child on family emotional dynamics.

The child has occupied a central place in the couple life. He/she is at the core of intense emotional family interactions. On the one hand, the child is considered by the parents like their love being, reinforcing the family links. On the other hand, the child needs parents and a healthy home

environment for his or her harmonious development and full blooming.

Therefore, the presence of a child with a motor disability in the family is not without consequences on the relationships within the whole family. Such a child may be seen as different from the others, strange, as "not like the others". The anomaly or disability that the child has is likely to affect the family relations, affective participation within the household, and the representations and roles of each party in relation to the others. That is why Ciccone [4] said that meeting such a person produces a certain number of traumatic effects, including the break of the filial bond and the change in the way the young person is viewed. As a result, the fundamental bonds between the child and his or her parents and brothers are shaken to an extent of sometimes suggesting a disaster in the family. The suffering first invades the child and then spreads to the other members of the family.

According to Guyard [8]; Gargiulo and Scelles [6], one parent may reject the disabled child while the other tends to overprotect him or her. Intense tensions are likely to arise. So, Lamarche [12] points out that siblings may feel left out or distanced if their disabled member is privileged in his/her family treatment. They would then be jealous of him or her and would tend to feel guilty. This is the case when parents find it difficult to invest in a child who is not like the others, to elaborate their representations about the disability and to control their attitudes towards each member of the family.

Such a change in family climate related to the child with a disability can be explained in Epstein et al [5] MacMaster's theoretical model of family functioning. The author identifies six explanatory dimensions of family functioning: problem solving, communication, role allocation, response, emotional involvement and behaviour control. These factors, Epstein points out, can have a beneficial impact in promoting the emotional and physical health of family members or a negative impact in leading to psychological pathologies at home.

This perspective is supported by various scientific studies. These highlight factors in the child's disability that can have a traumatic impact on the family.

Thus, Scelles [15] and Ciccone [2] refer, first of all, to the nature of this disability and the representations that people have of it. They then incriminate the prognosis of the disability depending on whether the carrier is reducible or not, the reduction of the latter autonomy of movement, the state of dependence linked to this disability as well as the restriction of his/her social participation in activities.

This viewpoint is similar to that of other authors. For Korff-Sausse [11], the disability of one of their children upsets the emotional and educational reference points of some parents. In this regards, Joselin [10] provides details on the obvious tendencies. On the one hand, some mothers who are satisfied with their parenting experience positive emotions such as joy, less sadness and feelings of guilt. On the other hand, others, perceiving negative consequences of their child's disability on their family life, tend to show less positive emotions when thinking about or living with their child.

Grasso [7] has the same viewpoint. He notes that some parents have difficulty managing their emotions and show a lack of symbolization of traumatic events in their parental responses to their child's disability. Similarly, other parents are unable to make affective or precisely emotional sense of the flow of sensory information that reaches them from external reality. Finally, Grasso reports that several factors are involved in the expectation of fathering an abnormal child. Some contribute to the separation of father and child in terms of mutual presence. Others lead to the abandonment of the father's symbolic role.

On the basis of these observations, we are right in considering that the characteristics of the family, of the disabled child and of his or her disability give a new meaning to family life to which they confer specificities. Besides, we have a twofold specific objective in carrying out the present study. On the one hand, it aims to reveal that the facets of the child's disability negatively affect the dynamics of relations between members of the family unit. On the other hand, it aims to uncover the elements likely to shed light on the psychological mechanisms included in this dynamic to the extent of giving it a particular configuration related to the disability of one of the children in the family unit.

Achieving such objectives requires fieldwork to collect the necessary information. It prescribes a qualitative methodological approach.

2. Methodology

The methodological approach adopted in this research is qualitative, because it has a comprehensive aim in that it is oriented towards the search for meanings, constructions of meaning. It focuses on three main points: the participants interviewed, the study material, and the way the data were used.

2.1. Participants

In a study like ours, it is less about sample of subjects suitable for quantitative research than of the selection of participants in small numbers but qualitatively representative of the original entity individuals.

Moreover, our choice of interviewees focused on a few families with a motor disability child.

The 3rd district of Ouagadougou municipality is used as a study setting. The families selected for the study are two-parent households with siblings. They allowed us to choose 15 participants from 3 families meeting the following criteria: be a parent and sibling of a child with a motor disability, from a two-parent nuclear family with no more than five members.

To select the participants, we used the random sampling technique. This technique called Nda [13], is a non-probabilistic procedure allowing a random choice of subjects to be interviewed without any claim of representativeness or exhaustiveness. It is implemented here with the help of an NGO of disabled people, *Handicap Solidarity Burkina*. This organization is responsible for making disabled people active

in order to obtain their participation in the socio-economic development of the country. They connected us with our target populations, from which we selected three families made up of a father, a mother, and 4 to 5 children, one of whom with a motor disability. From these 3 families, we selected 15 members, including 5 members per family unit, comprising the 2 parents and 3 siblings.

The study material used is applied to these participants.

2.2. *Semi-structured Clinical Interview*

The technique used in this research for data collection is neither the questionnaire suitable for quantitative studies nor observation, which does not allow access to subjective and/or internal data of the individual personality.

Therefore, it is the interview, since it is dictated by our research objectives (see page 2) which require a clinical approach. More precisely, we use a semi-directive clinical interview. On the one hand, it is appropriate for the examination of the life history, representations, feelings and emotions as well as the idiosyncratic experiences of the subject. On the other hand, it sets up a dynamic exchange between the participant and the researcher, who is given a certain amount of latitude to exhaust the questions relating to his or her concerns, while at the same time allowing the researcher to return to the points in the subject's discourse that seem unclear or equivocal.

The semi-structured interview is used for two categories of participants: the parents and the siblings. The guide for the father and mother focuses on collecting information on the following main areas: personal characteristics of the participant (age, family type, household characteristics, siblings, etc.); motor disability of the child (general motor function, fine motor skills of both hands, life habits: behaviour and attitude); relationship with the child with a motor disability (representations of the motor disability, meanings attributed to the disability situation, description of the attitudes and behaviour of the child with a motor disability); socio-emotional family life (attitude and behaviour towards other family members, emotional communication between family members, expression and reaction towards the disabled child, effects of the motor disability on the relationships between family members, representation of the emotional and social climate).

The interview with the participants took place in the family setting on an individual basis and lasted about 40 minutes with each subject. At our request, a place was set up for us to interview them away from the glare of others and the atmosphere or family life. In so doing, we intend to avoid interference (physical, verbal, etc.) in the conduct of the survey. As a result, the information collected seems to us to be free of major distortions to the extent of allowing us to draw relatively credible conclusions.

2.3. *Interview Content Analysis*

The method of content analysis is the most appropriate for the exploitation of our qualitative data obtained in similar

research. It is used in its thematic form in order to allow us to identify the various topics or central ideas contained in the speeches produced by the three subjects at the core of our case study.

The major advantage of content analysis is that it gives an account of the latent or manifest content of the discourse while minimising the risks of distortions. In that way, it reduces the risks of subjectivity and habitual impressions that may taint the discourse produced (verbal production).

Three units of analysis govern the application of this method here: the unit of context used is the paragraph or subparagraph around which the verbal material collected by the interviewee is structured. The unit of content chosen is the word or group of words whose meaning refers to the same precise idea. The unit of recording or information chosen is the previously defined idea frequency of evocation.

The use of thematic content analysis allowed us to go beyond the original meaning of the participants' words. It revealed significant facts that need to be examined.

3. Analysis of the Results

The results obtained from the field survey and the content analysis will be considered from a double perspective: individual and collective.

The individual analysis will highlight the essential characteristics of the discourse of each member of the three families interviewed. This will be followed by an examination of the lessons learnt about each of these three families considered together through their synthesis.

3.1. *Characterizations of Family Relationships*

The perceptions that the interviewees developed about the relationships between family members of children with motor disabilities are apparent from the discourse produced. They are organised around a number of characteristic elements highlighted in the semi-structured interview. These elements are presented schematically according to each case.

a) Case 1: "B.M." Family

The "B.M." family reveals the following major facts about the family's emotional dynamics in their story:

- 1) accusation by the father, who blames the mother for the child's disability;
- 2) denunciation by the mother of the father's guilty refusal of a financial allowance for fear that it would be used to consult soothsayers about the origin of the child's disability;
- 3) denunciation by the mother of the father's refusal of traditional care for the disabled child;
- 4) conflicts between the parents: the mother challenges the father's apparent sadness about the child's disability;
- 5) the wife's pain of not being listened to by her husband;
- 6) temporary interruption of communication between parents: father finds annoying the mother's repeated request for the disabled child's traditional care.

b) Case 2: "S.Y." family

The emotional family relationships described by the "S.Y." family are gathered around the following main points:

- 1) the father's discouragement or feelings of powerlessness due to the lack of improvement or change in the child's disability;
- 2) paternal indifference to the child's disability;
- 3) escape or avoidance of the child's disability by the father 'embarrassed' by the disabled child's crises;
- 4) incrimination by the mother of the father's lack of cooperation;
- 5) discreet income-generating activities by the mother, unknown to the father, to supplement the family's resources, which are essentially intended for general living expenses (rent, various bills, food, etc.) for the care of the disabled child;
- 6) the mother's self-blame for a father who is of little use to the disabled child;
- 7) intention to abandon the marital home by the mother because of the distressing situation and the experienced sadness;
- 8) temporary interruption of communication between parents;
- 9) refusal by the father to provide clothing for the disabled child during celebrations.

c) Case 3: "F.A." family

The family emotional dynamics as seen by the "F.A." family are based on the following key facts:

- 1) lack of real communication with the husband;
- 2) children being the only interlocutors of the mother who substitutes the eldest for her husband;
- 3) the father's guilty indifference to the disabled child's problems;
- 4) marital flutter;
- 5) lack of father-child communication;
- 6) wife's wish to see her husband live happily by becoming a bigamist (2nd wife).

The key events in family life reported by each interviewee provide information on the emotional dynamics between parents. Considered in a global synthesis for the three cases examined, they outline the family configuration marked by the presence of the disabled child. They make it possible to define characteristics common to the three families concerned in terms of the psychological mechanisms involved in them.

3.2. Psychological Mechanisms of the Affective Family Dynamics Related to the Presence of the Disabled Child

The characteristics of the family dynamics defined from the content analysis of the story of some members of the three interviewed families with disabled children provide significant information. They shed light on various facets of this family dynamic, clearly revealing the psychological mechanisms involved.

These psychic mechanisms are structured in 3 points: they concern the siblings, the relationship between the siblings

and the parents, and the relationships within the marital couple.

The best that can be said is that the emotional dynamics within the siblings are positive, because the relationships between brothers and/or sisters in each of the studied families are harmonious. There are no (major) clashes between the subjects. Their attitudes towards each other are positive. Therefore, the prevailing emotional climate between them is favourable.

On closer inspection, one may wonder whether the motor disability of one of their brothers and/or sisters has anything to do with it, not to say that it creates a certain cohesion within the siblings. On the one hand, normal children seem to 'stick together' to help one of their own, who is disabled, to better cope with his or her situation. Knowing that he or she has effective fraternal support, the disabled person feels psychologically relieved of the physical and psychological suffering imposed by his or her condition. The disabled child then manages to cope with it. It is as if the normal children of the family know that they have an interest in maintaining cohesion among themselves in order to give life to one of their own, a disabled whose fate calls for pity and compassion on their part since they know that he or she has not deserved it. From this point of view, the presence of a disabled child positively affects the family dynamic. The latter is not negatively indexed by the siblings who get together to make him feel like them, i.e. normal. This support is a powerful stimulant for the disabled person, who knows he or she is loved and helped.

Such a picture is not applicable to the married couple, which is the core of the family unit.

Here, the relationship between the two parents is strongly affected by the motor disability of their child. These relationships are degraded when they are not conflictual or practically interrupted. This is true of the affective dynamics involved in the 3 families of the clinical cases examined.

On the other hand, the child's motor disability is the reason of divergent representations between the father and the mother, particularly with regard to the origin or the author of the disability. Thus, in "B.M." family, the father accuses the mother of being the cause of the child's fate. The same applies to the "S.Y." family in which, faced with the father's indifference towards the child's disability, the mother ends up indulging in frequent self-blame by endlessly questioning her husband's attitude.

In these conditions, the disability appears to have a human cause (a spell cast on the disabled subject) or a curse from occult forces to punish one of the parents for their misdeeds. Besides, the divergent representations of disability generate equally divergent attitudes between parents. These are expressed in the form of indifference, avoidance, distancing or refusal of care or assistance to the disabled child. Thus, in the 'B.M.' family, the mother denounces the father's refusal to allocate financial resources for the disabled child, for fear that this would be used to consult occult forces on the child's fate. Faced with such a refusal, she is ready to discreetly carry out, unknown to the father, income-generating

activities to supplement the few resources intended to support the whole family, in order to integrate the care of the motor disabled child into them. The mother also denounces and condemns the father's refusal of traditional care for the disabled child.

Likewise, in the "S.Y." family, the father's attitudes are no different from those of his counterpart in the first family. Here, the father is indifferent to his child's disability, when he does not avoid the latter as the child periodically experiencing the crises of the disability, or does not refrain from managing his or her clothing. The (guilty) indifference towards the child's motor disability also characterises the father of the third family, the "F.A." case. It results in a lack of communication between these two family partners, i.e. the father and his disabled child.

Another impact of the divergent representations between parents on family relations is the lack of involvement, generally, of the father in the traditional care of the disabled child for his eventual "cure" or, failing that, to improve his or her feeling of well-being. The father, in fact, does not opt for the choice of treatment and functional rehabilitation models for the person with a motor disability.

Such intra-family events lead to specific behaviours that are sometimes antagonistic on three levels: marital couple, father-child relationships, mother-child relationships.

Firstly, the child's motor disability and the way each family member experiences it leads to communication blockages between the father and mother. They come to a temporary interruption in communication between them. That is what the mother of "B.M." family expressed as follows: "There is no longer any communication like that between us".

These words are exactly the same as those of the mother of "S.Y." family when she says "after this episode, there was still a time when my husband and I did not communicate for at least a month".

This situation is also experienced in the third case, the "F.A." family. Here, the mother admits to a real lack of communication with her husband because of the disabled child.

In short, the motor disability of one of the children in the family home negatively affects the emotional relationship between the spouses. They experience a real instability in their relationship. Thus, in the first family interviewed, there was a total interruption of exchanges within the marital couple due to the husband's annoyance at the persistent demands for therapeutic care for the disabled child. Similarly, the mother feels immense sorrow at not being listened to by her husband and contests the seeming sadness that he seems to display about the fate of his disabled child, which she does not consider sincere.

The interruption in communication between the parents is also present in the second family (B.M. case). In this case, the mother even considers abandoning the marital home because of the difficulty of the situation and the sadness experienced. This intention also animates the spouse of the third family (F.A. case) who, faced with the heavy emotional

climate of the family related to the disability of a child in the family, wishes to authorise her husband to become a polygamist by giving himself a second wife to help him bloom.

Another expression of the negative impact of the motor disability of one of the children on the family's emotional dynamics is related to the parent-child relationship. Indeed, the interruption or absence of communication between spouses compels the wife to have only her children as family interlocutors. This is the case with "F. A." family, in which the mother, exchanging only with her offspring, goes so far as to substitute her eldest son for her husband. That is what she expresses when she says: "There is no dialogue like that. I talk to my children. When the eldest comes from leave, he becomes like my husband. I talk to him or her, I express my difficulties".

In short, the family's emotional dynamics are generally held hostage by the disability of one of the children in the household. It offers a three (3) degree relational package:

- a) a certain harmony within the siblings, who seem to stick together to help their motor disabled member feel good about himself and the family unit;
- b) disturbances in communication between spouses, sometimes leading to a rather reduced sex life;
- c) a reshaping of relational networks which means that the father rarely interacts with his children who become the mother's privileged interlocutors.

In this emotional family dynamic, there are two key contrasting facts. On the one hand, the offspring has a positive role that can favourably influence the motor disabled person, while the parents, who as mature people and as authors of the procreation, should make provisions for a healthy family climate, have attitudes and behaviours that can affect the experience of the relationship with the disabled child.

On the other hand, the mother is the dominant figure in the marital home, in which she plays a highly positive role for her children, without forgetting her husband, for whom she has positive intentions, and to whom she pleads for full care (therapeutic, clothing, financial) of the disabled child, even if she does not share or understand his indifference or lack of genuine involvement with the latter. Doesn't such behaviour on her part illustrate perfectly the saying *the mother gives life?*

4. Results Discussion

The aim of this study is to examine the deployment of family affective relationships related to the presence of a child with a motor disability. The results obtained show that, while the siblings of the disabled person maintain harmonious relationships with each other in order to enable their disabled brother or sister to "cope", i.e. to experience well-being, the same cannot be said of the parents. The latter develop divergent representations of their child's disability on the origin or their responsibility. These representations lead to antagonistic attitudes and behaviours that are detrimental to family cohesion. Communication conflicts between

spouses, the absence of any real exchange between the father and the children, the fact that the latter become the sole interlocutors of their mother are direct manifestations of this. However, we must not forget a positive point revealed by this study concerning family relations: the "harmony" among the siblings of the disabled person.

This last finding is corroborated by the conclusions of Haddad [9]. Examining this aspect of family affective dynamics, this author highlights the existence of quality intra-family communication in families of children with cerebral palsy. Specifically, she emphasises the good social-emotional climate between the other children in the family and their disabled brother. She comes to the idea that empathy among the siblings allows them to be resilient (in relation to the disability of one of their own) and to solve the practical problems encountered.

One of our results on intra-family communication conflicts related to a child's disability is also confirmed by scientific works. Thus, Guyard [8] reports family distress related to dysfunction due to a lack of cohesion and communication between household members. The author goes even further in his analysis to point out that the motor severity of the child with such a pathology strongly affects all dimensions of the family's emotional dynamics. He concludes that the family climate has less to do with the quantitative importance of the problems related to motor disability than with the ability of the members of the household to cope with the difficulties encountered and to maintain good family functioning.

Our results on the lack of real communication between the parents of a child with a motor disability are in line with those of Grasso [7]. This author reports the father's distancing behaviour towards his child with a motor disability as well as the marital difficulties related to this condition. For him, these intra-family difficulties can be explained by the divergent views of the father and mother on the treatment of the disabled child, i.e. the care and rehabilitation he or she will receive. He even indicates that the father sometimes abandons the marital home, his wife and the children. However, our study reports marital conflicts resulting from divergent representations of the child's motor disability. Even if it does not report any abandonment of the family home, it underlines that the perception of disability is a source of negative emotional state denoting on the relations between spouses.

This point of view is supported by the conclusions of Scelles [16, 18], Ciccone [3, 4], Bolomey et al [1]. These authors point out that the discovery of a motor disability in their children causes shame and guilt in parents, forcing them to silence their emotions and deny their affects.

However, there are aspects of our results that need to be relativized. The emotional dynamics of the family are not always negatively influenced by the disability of one of the children. It can also be positively invested. Joselin [10] reports an optimistic view of the child's disability among the parents. They live without negative affect from their child's disability. By doing so, they make their child's situation bearable while protecting their siblings from hostile or

negative emotions related to the disabled conditions. Such parents maintain harmonious communication with each other, combine their efforts for the well-being of their disabled.

These positive emotional relationships within the family of the motor disabled child are also observed by Scelles [14, 16, 17]. For this author, the painful enigma of the child's motor disability can be emotionally sublimated by the parents. They therefore make it their duty to protect their offspring from the painful experience of one of their members' disability. They also show their concern for preserving a positive family dynamic by preventing any split between the latter and the former by over-investing in the latter.

Likewise, the harmony that one of our findings establishes between siblings does not always seem to be the case. This is what Missonnier [2] maintains when he states that, in certain cases, children feel personally involved in the pathology of their disabled brother or sister. In such cases, they may feel a sense of guilt and shame.

This means that, however useful our research results may be, they need to be extended, expanded or deepened in order to gain a more comprehensive understanding of the reality study. Then, all the facets of the phenomenon complexity of a child's disability in its relationship with family affective relations will be better known.

5. Conclusion

This study has double objectives: situate the negative or painful impact of a child on affective relations within the family by specifying the configurations of the family situation through the psychological mechanisms used. The field information collected is exploited by means of content analysis. The results confirm our views. On the one hand, the child's motor disability has an unfavourable impact on the emotional relationships between household members. On the other hand, the psychological mechanisms that govern these relationships are made up of guilt or self-blame by the parents, reciprocal accusations between them about the origin of the disability, denial or indifference of the father, conflictual communications between the latter and the mother.

Such findings are relevant to the scope of our research. They clearly indicate that motor disability is a painful experience for the parents of such disability. But paradoxically, it is better supported by the siblings. It is important that this last aspect of our study be explored further in future scientific works. They will elucidate a paradox: how to explain that within the family, the youngest (the children) manage to cope with the situation of their brother or sister and guarantee his or her well-being, while the eldest (their parents) engage in hushed or open confrontations.

In all cases, our research findings underline the need for psychological support for the parents of the child with motor disability. This can take the form of assistance to the father and mother of the latter for a necessary follow-up or support that will allow them to keep their balance and tutoring to be given to the children to maintain and reinforce a favourable

emotional climate between them and beneficial to their disadvantaged brother or sister.

To this end, the public authorities would set up psychosocial assistance units in town halls to serve citizens who need them and in central schools for pupils from families where one of the children has a disability. In other words, psychosocial or clinical assistance could be beneficial both to the individual and to the group to which he or she belongs for harmonious social development, since it does not exclude anyone, regardless of their condition or fate.

References

- [1] Bolomey, L., Habersaat, S., Peter, C., Borghini, A., Pierrehumbert, B., Despars, J. et Hohlfeld, J. (2013). Shame and guilt: birth of a child with a facial malformation. Paris: University Press of France.
- [2] Ciccone, A. (2007). Psychic transmission under trial of disability, in Ciccone, A., S. Korff-Sausse, S. Missonnier, R. Scelles (dirs.), *Clinic for the disabled*. Toulouse : Eres.
- [3] Ciccone, A. (2012). Ghost and transmission fantasy. Toulouse: Eres.
- [4] Ciccone, A. (2014). Psychic transmission and transmission fantasy. Parenthood on trial. *Clinical Psychology Workbook*, 2 (43), 59-79.
- [5] Epstein, N. B., Baldwin, L. M. et Bishop, D. S. (1983). The McMaster family assessment device. *Journal of marital and family therapy*. 9 (2), 171-180.
- [6] Gargiulo, M. et Scelles, R. (2013). Family and disability: changing practices. Toulouse: Eres.
- [7] Grasso, F. (2012). Post-traumatic effects of disability on the perceptual system and on the psyche of parents: analysis and new proposal for supporting difficult parenthood. Paris: University Press of France.
- [8] Guyard, A. (2012). Impact of the child's disability on the family (PhD thesis, University of Grenoble).
- [9] Haddad, T. (2013). The resilience of families with cerebral palsy child (unpublished master's thesis, Abderrahmane Mira University of Bejaia).
- [10] Joselin, L. (2010). Image of the family with the disabled child in children's literature. *Dialogue*, 2 (188), 109-121.
- [11] Korff-Sausse, S. (2007). The impact of disability on parenting processes. *Reliance*, 4 (26), 22-29.
- [12] Lamarche, L. (1985). The Parents of a disabled child. *Mental health in Quebec*, 10 (1), 36-45.
- [13] Nda, P. (2002). Research methodology, from problems to discussion of results, how to write a thesis in Social Science and in Education. Abidjan: EDUCI.
- [14] Scelles, R. (2002). Think of the breach in the relation to the other. Toulouse : Eres.
- [15] Scelles, R. (2007). Family and disability: considering the specificities of each individual's trauma. Dans Ciccone, A., S. Korff-Sausse, S. Missonnier, R. Scelles (dirs.), *Clinic for the disabled*. Toulouse: Eres.
- [16] Scelles, R. (2008). To say or not to say in family: process of subjectivation of disability within siblings. Paris: University Press France.
- [17] Scelles, R. (2010). Fraternal links and disability. From childhood to adulthood, suffering and resources. Toulouse: Eres.
- [18] Scelles, R. (2013). Family, culture and disability. Toulouse: Eres.