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Fathers and Their Disabled Children: Playing and Innate Intersubjectivity

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Abstract: This study aimed to observe interactions between fathers and their disabled children during playing situations, based on the Theory of Innate Intersubjectivity. Two disabled children, aged 1 and 1-and-a-half-year-old and their fathers were selected and filmed in their homes, during playtime, for a 30-minute period. Based in the assertion that the child has the ability to affective and adequately respond to, and synchronically interact with others, observed behaviors were divided into two main categories: negotiatory and emotional. Playing was analyzed according to the child's ability to maintain them. Results showed that interactions between father and child occurred, although they were frequently broken in synchrony (even with the presence of irritation in one of the children), showing their ability of creating and sustaining a game, despite their limitations, with their fathers' help.

Keywords: Father-Child Relations, Disability, Intersubjectivity, Play

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I. INTRODUCTION

Contrary to common assertion, infants are not chaotic beings responding only by way of reflexes but have the ability to communicate with others since birth. The theory of Innate Intersubjectivity postulates human mental development as a fundamentally innate process of intersubjective interactions and asserts that newborns are already organized as psychological subjects, searching for regulated interactions with the subjective processes of other human beings[1,2,3,45,6]. Therefore, interactions between parents and their children are important birth, as infants are born motivated for intersubjective exchanges with sympathetic others. The infant's self is organized to engage in interactions with others[7]. Fiamenghi-Jr[1,2] explains that interactions between infants seem to be regulated by the sympathetic exchange of emotions, with no qualitative differences in motivation for interactions between two infants and interactions between adults and infants.

Research with 18- to 24-month-old deaf children and their parents showed the importance of interacting with fathers for the development of children's intersubjective relations and their effect in future relationships[8]. Social behavior coordination in family contexts will serve as a foundation for the child's experiences in social contexts[9]. Researchers observed fathers facing more difficulties in adjusting to their children's chronic illnesses due to physical limitations of the disease and reported more stress in work environment as well as an increasing sense of responsibility in supporting the mothers when dealing with the child[10]. There are also changes in fathers' routines and activities concerning extensive areas of their lives, particularly financial hindrances, limitation in social activities, and worries about future, while experiencing having a child with chronic illness[11].

Occupational therapists are unique in their perspective of recreation as an occupation[12]. Recreation is used as a tool to generate therapeutic situations for patients to experiment new behaviors and abilities, lowering the possibility of risks and failures of daily life. The definition of recreation and the properties of playing activities have been studied, aiming to develop testing and assessment using games that make it possible to investigate the relation between recreation and other abilities, focusing on human beings' competence to adapt and solve problems[13]. Playing behavior is flexible, offering new areas to children's development and adaptation[14]. As it allows for a pressure free environment, where complex behavioral capacities demanded to adult life may be combined in different ways, without worrying about results, children are free to attend to the means of behaviors, not to their ends. Child's play is a behavioral manifestation of intrinsic motivation and turns into a critical area for the development of competences. Playing is a means for learning, involving child's actions towards an object or person (feeling, perceiving, thinking about), and depending on the nature and place of playing, it might incentive or inhibit player's behavior[15]. If recreation and work are viewed as contexts for control, acquisition and adaptation, playing is a fundamental medium for the cultivation of capacities, abilities,

interests, competence, and cooperation habits required for a successful adult life[13,16]. High level of positive emotions constructed between parents and children during daily playing activities increases children's maturation of relational abilities and provides essential environmental inputs to self-regulation and social adequacy[17].

For many disabled children playing may be difficult or may change into an unpleasant situation. Various pathologies can be followed by sensory integration dysfunction. Gravity for example, exerts an excessive restriction to children whose muscle tonus, or postural responses are not adequate to oppose to it. Similarly, complex toys may inhibit a child whose motor planning ability is poor[18].

Besides, there are children who refuse playing with their fathers because they are movement intolerant; others prefer playing alone due to tactile or hearing defense; others keep the same repertoire for years, due to poor proprioceptive and body awareness.

Studies on empathy and communication are focused on mothers and children, despite the importance of fathers in child development and their role in family structure. Thus, the main objective of this research was to observe interactions between fathers and their disabled children, during a playing situation.

II. MATERIAL AND METHODS

This was a qualitative research, based in two case studies. Although 50 families were contacted, only two agreed in participating of this research. Families justified their negatives explaining the employers, and even friends, did not know that there was a disabled child in the families.

Participants: Two fathers and their disabled daughters were participants of this descriptive qualitative research. Dyad 1 was composed by father and 1-year-7-month-old daughter (Ann) and dyad 2 was composed by father and 2-year-3-month-old daughter (Mary). Children's names were changed to ensure privacy. Type of disability was not an exclusion criterion.

First child, Ann, presented a global motor disability, due to prematurity (28 weeks), and routinely attended child neurology and speech therapy clinics. Family structure was composed by father, mother, a 12-year-old brother and Ann.

Second child, Mary, was diagnosed with cerebral palsy, presenting left side hemiplegia and attended child neurologist and physiotherapist clinics since birth. Family was composed by father, mother, three older sisters and Mary.

Procedures: Observations were conducted in the participants' homes, in a 30-minute recording session, during playing activities. Fathers were asked to play with their daughters the way they were used to, while interactions were recorded with a digital camera. Research was approved by the University's Ethic Committee (CAAE - 0074.0.272.000-07).

DVDS were extensively watched and analyzed frame by frame, and behaviors were categorized adapted from previous studies[1,2]being divided into negotiatory and emotional categories. Negotiatory were coded as:

1. Interaction: coded when a complete play with beginning, middle and end occurred, with participation both from the father and the daughter.
2. Invitation: coded when father or daughter initiated the play, calling the other to participate on, using verbal or body expressions, or simply starting the activity, waiting for the other to join in.
3. Imitation: when the child imitated the father or vice-versa, in the manner of manipulating the toys, as well as imitating sounds and gestures.
4. Emotional categories were coded as:

1. Curiosity: observed by the interest of the child in a play or object, through own exploration or the father's demonstration.
2. Sympathy: observed when the father kissed, hugged or touched the child and vice-versa.
3. Indifference: occurred when the child or the father showed no interest in playing, moving in another direction, initiating a new activity or simply when started to playing alone, without interacting with the other.
4. Irritation: observed in the way the child or the father reacted to the other in a negative or brisk way.scussion will be presented in a descriptive way, based upon the analysis of each dyad.

III. RESULTS AND DISCUSSION

Dyad 1 (father and Ann, 1 year-7-month old)

Eight playing activities were developed between Ann and her father, within the 30 minutes' recording. During that period of time, it could be observed how difficult it was for the father to choose activities that would call his daughter's attention, keeping her involved from the beginning to the end.

From the very beginning, while taking toys from a trunk, the father showed anxiety in choosing something that could motivate Ann and she waited beside the father, without showing preference for any specific toy. During this first moment, there was no synchrony between father and daughter. Father was anxious and wasn't able to wait for the daughter to choose a toy answering to his first invitations. The father did not seem to know his daughter's timing and understood her lack of initiative as a denial to invitations, thus initiating other activities in a way that the child was not able to answer to any of them[2,3].

It is important to remember that turn-taking is a condition for interactions to be satisfactory[19]. Every time the daughter did not answer to his invitations or, apparently, his playing ideas were short, the father searched for help from others, such as the mother and the dog, which lead us to believe that playing with his daughter is not part of his weekly routine[10]. At the end of the recordings, sweating a lot, he said: "That was tiring!"

It's not implied, however, that the father does not like to play with his daughter, but that he is not used to do it in a frequent basis. During their activities, there were many affectionate expressions as well as many positive interactions, for example, playing with the ball, playing with the motorbike, and with the teddy bear. Every time the father invited and respected the timing for the child to answer, there was an interaction and a complete play[2]. Accordingly, when the child invited the father and he answered, her ability to create and maintain playing activities was confirmed[18]. Therefore, the statement of intersubjectivity as an ability to recognize and communicate to the other's psychological states was clearly observed[1,5].

This analysis produced two important results: first, there were interactions between father and daughter, although playing together is not a routine in their lives; second, despite her physical limitations, the child is able to play. (10)

Dyad 2 (father and Mary, 2 year-3-month old)

Mary's father showed anxiety and discomfort as soon as he knew that he should play for 30 minutes with his daughter. As previous contact was made with his wife, he said he had no information that the recording would be so lengthy. After confirmation of the procedure, he looked at his wife ostensibly asking for help, but she went out the house with Mary's sisters and he was left alone with the child. This confirms Goble's assumption that fathers normally undertake a secondary role in raising children, leaving mothers with the majority of responsibilities[11].

In an attempt to reduce his anxiety, the father was reassured that there was not a specific way of playing and that no activity was going to be therapeutically assessed, but the focus was in his interaction with his daughter during play. The father chose some toys and left them nearby, beginning the first play, talking on the toy phone. The invitation was promptly accepted by the daughter, but soon turned into a solitary play, as the child held the toy phone with her shoulder, without talking while searching for other toys. Being unsuccessful during this play, the father invited the child to play with stacking blocks and she immediately accepted. The dyad showed interactions with gaze exchanges, questions and answers and displayed synchrony, respecting each other's rhythms, behavioral repertoire, and interacted with turn taking, co-action and timing[1,2,19]. When that activity was finished, the father invited Mary to play with a lorry full of sorting blocks and again this play presented interactive elements, such as the previous one. Nevertheless, Mary showed irritation, due to her father's insistence on her holding the blocks with her right hand, which is impaired by her disability. This might indicate that fathers are more resistant to adjust to their children's disabilities, due to their physical limitations[10].

After finishing that play, the father invited Mary to look for an object for them to play together, and Mary found a toy and invited her dad to join her. The play consisted in pushing, pressing, or pulling buttons and little animals appeared, and many intersubjective interactive situations could be observed: imitation, sympathy, curiosity[2]. The richness of categories presented during play confirms the assumption that children at Mary's age are able to engage in interactive sequences of mental involvement, exchanging linguistic meanings with their peers[2,5,6,8].

When the child lost interest in that activity, she started another one by herself, stacking objects to the top of the toy box. Although moments of interactions and sympathy could be observed, the child played alone most of the time. Playing must be a recreational and flexible activity, executed in a pressure free environment. The child must know that there is freedom to choose how to play, for it to be real and motivational[11,18].

The father then invited the child to assemble a house with the same parts that she was using before. The invitation was accepted and they interacted for some minutes, and then the child lost interest in the activity. From this moment on, there were episodes of laughing and interaction, but at the end, the father forced Mary to use her right hand again, arousing irritation in the child, and she abandoned the activity. The father, then, sits the daughter in his lap and creates a new game, 'little finger' that consisted of inserting a round block in the child's finger. Mary sympathetically interacted with her father, but his insistence in the use of the right hand by the child ended up in her losing the interest and moving away. Playing depends on nature and place, that may encourage or inhibit the player's behavior[15]. A sequence of invitations and new games happened, none showing continuity, due to the father's inability to perceive his daughter's affective states, rhythm and behaviors[9].

This analysis clearly showed the father's discomfort with the child's disability. His anxiety in improving her behavior interfered with the way the child developed her playing, causing her to show signs of irritation and disrupting synchrony.

IV. CONCLUSIONS

Some of the questions that led to this research could be answered after the analysis. First of all, the fact that many fathers refused to be recorded because they do not have time to participate on their disabled children's routines still show that mothers are responsible for spending most of the time with the children. The recordings showed that both fathers were not used to spending half an hour playing with their daughters.

Secondly, interaction between father and child could be observed, in episodes of joy, care, talks and even irritation. Children's disability was not a hindrance for interaction and both children were able to create and sustain playing activities. There was a very disturbing reality, not at all expected: the fact that there are parents still hiding their children due to disabilitynowadays.

Therefore, although results cannot be generalized due to the small number of participants, they can be a starting point for discussion and incentive to other studies, providing professional staff working with children and families (psychologists, occupational therapists, physiotherapists, teachers, and so) with information that could help developing strategies of intervention and awareness with this population.

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