



Sense of Coherence and Parenting Representation among Parents of Adolescents with Type 1 Diabetes



Dr. Alon Goldberg, Ph.D^{a,*}, Prof. Miri Scharf, Ph.D^b, Prof. Hadas Wiseman, Ph.D^b

^a Tel-Hai College, Department of Education, Upper Galilee 12210, Israel

^b University of Haifa, Faculty of Education, Department of Counseling and Human Development, Haifa, Israel

ARTICLE INFO

Article history:

Received 4 November 2016

Revised 29 January 2017

Accepted 29 January 2017

Available online xxxx

Keywords:

Type 1 diabetes

Adolescents

Sense of coherence

Parent–child relationships

Parenting representation

ABSTRACT

Introduction: This study examines the association between parental sense of coherence (SOC) and maternal and paternal representations of parents of adolescents diagnosed with type 1 diabetes (IDDM).

Method: Seventy five mothers and fathers of adolescents (age 13–18) diagnosed with IDDM, were recruited. Data were gathered from a demographic and SOC questionnaires, and the Parenting Representations Interview (PRI-A).

Results: A significant association was found between mothers' and fathers' SOC and a more balanced description of parenting, and positive correlations between mothers' and fathers' SOC and their representations of the self as parent, representations of the adolescent, and relationships representations. Furthermore, a negative correlation was found between parents' SOC and less differentiated relationships.

Conclusions: SOC may promote well-being in spite of exposure to challenging circumstances as parenting an adolescent with IDDM. It appears that fathers and mothers need to and can be addressed as significant caregivers in any treatment or clinical intervention, as they have a relative involvement in taking care of children and therefore sharing the caregiving responsibilities and functioning as co-primary caregivers.

© 2017 Elsevier Inc. All rights reserved.

Introduction

The diagnosis of a chronic disease in a child necessitates reorganizing the everyday lives of the individual and the family, including distributing the roles in the family, coping with functional and emotional overload, and adjustment to changes in the family's financial situation (Melamed, 2008). Parents of children with chronic diseases perceiving their child as vulnerable, experiencing extreme anxiety and stress around the child's health and possibility of early death, and characterizing by high parental overprotectiveness of and low autonomy toward their children (Anthony, Gil, & Schanberg, 2003; Baker-Ericzen, Brookman-Frazer, & Stahmer, 2005; Brobst, Clopton, & Hendrick, 2009; Cooper, Fearn, Willetts, Seabrook, & Parkinson, 2006; Holmbeck et al., 2002; Power, Dahlquist, Thompson, & Warren, 2003; Thomasgard & Metz, 1997). These behaviors might be seen frequently among parents of adolescents diagnosed with diabetes mellitus type 1.

Diabetes mellitus type 1 (also known as type 1 diabetes, IDDM, or juvenile diabetes; hereafter IDDM) is one of the most common chronic diseases among children; 15,000 children are diagnosed each year in the United States (Juvenile Diabetes Research Foundation, 2013). The

disease is caused by autoimmune destruction of insulin-producing beta cells of the pancreas, leading to insufficient insulin production, which renders the body unable to control the amount of sugar in the blood. Total dependence on an outside source of insulin has short-term and long-term implications, including cardiovascular disease; problems with limbs, blindness, kidney failure, and coma; and even death (Compas, Jaser, Dunn, & Rodriguez, 2012). The complex treatment and new lifetime regime affect the routines of both child and parents, confronting the parents also with the behavioral and emotional challenges of adolescence. Communication about disease management can bring additional and unique sources of conflicts that can influence the adolescent's metabolic control (Ingerski, Anderson, Dolan, & Hood, 2010). An adolescent with IDDM is at risk for the complications of diabetes, which can be exacerbated by his or her need for individualization and independence (Silverstein et al., 2005). Therefore, in spite of the negative emotionality that may characterize this period, the ability of parents to maintain positive relationships, based on trust and positive communication with their child, is important in preventing the acceleration of conflict about disease management and the promotion of metabolic control (Ivey, Wright, & Dashiff, 2009). Hence, from the time of receiving the child's diagnosis, parents seem to be at risk for emotional morbidity, characterized by depression, anxiety, and posttraumatic responses (Landolt, Vollrath, Laimbacher, Gnehm, & Sennhauser, 2005), which may lead them to view the caregiving as a burden

* Corresponding author.

E-mail address: goldbergim@gmail.com (A. Goldberg).

(Cunningham, Vesco, Dolan, & Hood, 2010). Therefore, it is not surprising that the sparse research on parents of adolescents with IDDM focused mainly on the negative outcomes of the disease. In the current research we adopt the Salutogenic paradigm (Antonovsky, 1979), focusing on the factors that might promote individuals' health and well-being despite diseases and other stress factors (Seligman & Csikszentmihalyi, 2000).

Salutogenesis—A Paradigm for Health Promotion

According to the pathogenic approach, individuals belong to one of two polar categories—"ill" or "sick". Instead, Antonovsky (1979), who developed the salutogenic approach, argued that a high incidence of illness and stress in an individual's life forms the basis for assuming that the human system has a built-in disability, is subject to unavoidable entropic processes (an inevitable and steady deterioration of a system or society), and ends in death. Hence, the focus on risk factors fails to explain how individuals can progress toward health. He suggested that individuals should be considered as situated along a continuum with "ease" at one extreme and "dis-ease" at the other. He coined the term sense of coherence (SOC) to refer to a resource that promotes individual health. A SOC involves a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (a) the stimuli from one's internal and external environments in the course of living are structured, predictable, and explicable; (b) the resources are available to one to meet the demands posed by these stimuli; and (c) these demands are challenges, worthy of investment and engagement. (Antonovsky, 1987). Antonovsky (1998) claimed that individual, familial, social, and cultural factors; personality structure; early parent-child relationship; social support; and religious beliefs all shape an individual's subjective perceptions of the world, and that these perceptions are relatively stable over the life span. Research shows that SOC of parents of children having chronic diseases or disabilities serves as a resource that enables them to cope better with their situation, to view it as less threatening, to experience better quality of life and less depression and anxiety (Al-Yagon, 2008; Hintermair, 2004; Margalit, Al-Yagon, & Kleitman, 2006; Olsson & Hwang, 2002; Svavarsdottir & Rayens, 2003), and to better accept their child's disease (Goldberg, 2015). Furthermore, parents' SOC was found to be a resource for the health and emotional and behavioral adjustment of the child who has the disease (Goldberg & Wiseman, 2014).

A SOC thus serves as a buffer, facilitates moving people toward optimal outcomes in challenging situations, and helps to reduce negative controllable events (Hochwalder, 2015). Parenting adolescents entails challenges to parents and adolescents (Scharf & Shulman, 2006; Steinberg & Silk, 2002) and might be especially taxing when adolescents have a chronic disease.

Parenting Representations

Bowlby (1980, 1982), the founder of attachment theory, referred to two complementary and distinct behavioral systems: the attachment system, and the caregiving system that aims to give care and protection to one's child. Bowlby (1980, 1982) claimed that the behavioral system is governed by higher processes, namely representations and, with regard to the caregiving behavioral system, "parenting representations". Parenting representations reflect the individual's own experiences of being cared for and are related to attachment representations (George & Solomon, 2008) but are also influenced by other sources, such as a parent's relationship with his or her spouse, the history and the current quality of parents' relationships with their child (George & Solomon, 2008; Scharf, Mayseless, & Kivenson-Baron, 2015), and the child's health.

Parenting representations include representations of the child, of the self as a caregiver, of parental goals expressed verbally and nonverbally (Bretherton & Munholland, 1999), and of the parent-child

relationship. Parents perceive and interpret their children through these representations, which also guide the parents in their parenting practices and regulate their responses to and behavior with respect to different parenting situations (George & Solomon, 2008; Mayseless, 2006). Hence, these representations are essential elements in any interventions developed and implemented with parents of children and adolescents (Scharf et al., 2015), especially for parents of children who have a disease.

Researchers have frequently examined mothers' representations, without examining fathers' perspectives. When raising a child who has a chronic disease, it is important to explore both parents, because their involvement is especially required. Although there has been a growth in understanding mothers' caregiving of adolescents with IDDM (e.g., Martz & Livneh, 2007), research on the experience of fathers is sparse. A potential bias exists in the preponderance of studies on mothers' experience of and role in raising a child with IDDM; results tend to attribute outcomes to mothers, whereas fathers remain unaddressed.

SOC might help parents to cope successfully with the challenges of raising adolescents who have a chronic disease. Therefore, we hypothesize that parents who have a higher SOC are better able to view adolescents more realistically in a balanced manner, not only as individuals with disease but also as youngsters having developmental needs. Parents who have a higher SOC are expected to perceive parental and adolescent capabilities properly and realistically, and to express a balanced view of the negative and positive elements in caring for the child, of their child, and of their relationships compared with parents having lower levels of SOC.

Method

Participants

The participants included mothers and fathers of adolescents with IDDM.

Mothers

Mothers ($n = 64$) ranged in age from 31 to 54 years, with an average age of 44.75 ($SD = 4.79$). Of them, 68% were born in Israel, 12% were born in the former Soviet Union, and 20% were born in other countries (e.g., Spain, England, and France). Their educational level was heterogenic: 28% had a high school education, 18% had a post-high school education, 20% had bachelor's degrees, 18% had master's degrees, and 10% had doctoral degrees (6% had a different education level). Most of the mothers (75.8%) declared their income to be average, 22.7% stated that their income was above average, and only 1.5% indicated that their income was below average.

Fathers

Fathers ($n = 42$) ranged in age from 38 to 65 years, with an average age of 48.42 ($SD = 5.67$). Of them, 64% were born in Israel, 6% were born in countries in the former Soviet Union, and 30% were born in other countries (e.g., Morocco and Argentina). Their education level was heterogenic: 36% had a high school education, 24% had a post-high school education, 18% had bachelor's degrees, 12% had master's degrees, and 8% had doctoral degrees (2% had a different educational level). Most of the fathers (48%) declared their income to be average, 43% stated that their income was above average, and only 9% indicated that their income was below average.

All families were intact. Sixty-seven percent of the participating families defined themselves as religiously secular, 24% indicated that they were traditional, and 9% indicated that they were religious. The average number of children per family was 1.92 ($SD = 0.94$).

Download English Version:

<https://daneshyari.com/en/article/5570097>

Download Persian Version:

<https://daneshyari.com/article/5570097>

[Daneshyari.com](https://daneshyari.com)