

Mother-Child Communication in Situation of Congenital Blindness and the Construction of Body Image

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Abstract:- The aim of this study was to analyze mother-child communication and the construction of body image in children with congenital blindness. Children with congenital blindness have difficulties establishing satisfactory interactions with their mothers because the lack of visual contact disturbs the communication that can be established between mother and child. Similarly, these disturbed early interactions often go hand in hand with behavioral and developmental abnormalities. It is therefore necessary for the mother to organize herself psychologically to cope with this situation in order to facilitate the construction of the child's body image and personal identity. Simple linear regression analysis of our sample of 6 congenitally blind children using the attachment inventory and self-esteem tests showed that communication has a positive and significant effect on the general construction of body image, meaning that the quality of mother-child communication contributes to the construction of body image in congenitally blind children. This result shows the need to take care of the mother-child as soon as the diagnosis of blindness is announced, given the psychological suffering of the mother confronted with her child's congenital blindness.

Keywords:- Communication, Body Image, Congenital Blindness, Self-Esteem.

I. INTRODUCTION

The birth of a child is, for any family, an experience of major change and crisis, because this birth can induce a major psychological regression, which is essential for welcoming the infant. Fustier (2011) describes this situation as the mother-baby bond, seen as the first stage in the child's psychological development. However, when the child has a disability such as congenital blindness, the first links with the mother will be a source of insecurity and anxiety because the relational tuning may be difficult since the child with congenital blindness has a low reactivity or uncontrollable hyper excitability, which may be an obstacle to the establishment of the primary attachment. As a result,

instead of shared pleasure, worries and anxieties will mark the encounter with the child, who may be seen as strange, even foreign, in the way he or she functions (Fustier, 2011).

For Dolto (1984) the blind child is a victim of his parents' narcissistic wounds because of his disability. As a result, this child will not be loved as he is as a person, as long as his blindness is not recognized, spoken of or accepted, insofar as he is rejected by his family. However, some people who are blind become university professors, musicians and painters, and Dolto (1984) says that this is only possible if they are loved and supported in the means they have left, in their exchanges with others. In addition, the non-structuring of the body image is due to the mother's lack of communication with her child. Thus, the disorientated child, having no response to his requests, will no longer try to communicate with his mother, and will abandon his humanization (Dolto, 1984).

Research by Thompson and colleagues (2003) shows that mother-child conversations act as mediators in the link between the behaviors and attachment representations of the children being assessed. Mother-child discourse represents a co-construction in which the mother guides and supports her child in exploring his internal states and helps him to organize his emotional experiences in a coherent and reassuring way. According to Thompson et al (2003), affective conversations between mother and child mediate the link between children's secure attachment behaviors and representations.

Bretherton (1999) suggests that when children perceive their parents as sensitive and appropriate, they will be free to express their needs and discuss all their emotional experiences with them without resorting to defensive processes. In support of this hypothesis, several studies have observed a link between secure attachment behaviors in children and positive, relaxed mother-child conversations. Indeed, Cyr et al (2008) observed that, during a period of free discussion, securely attached mothers and children had conversations that were more conducive to sharing and

supporting their emotional experiences and developing interpersonal relationships than insecurely attached mothers and children.

Moreover, the conversations of these dyads are more fluid, elaborate and focused on emotional sharing during a structured task than those of other dyads (Etzion-Carasso & Oppenheim, 2000 ; Fivush & Vasudeva, 2002 ; Laible, 2004 ; Laible & Thompson, 2000 ; Main et al., 1985 ; Newcombe & Reese, 2004). On the other hand, Ontai and Thompson (2002) found no link between the child's security of attachment and the mother's narrative style in their exchanges. Studies that have evaluated the link between children's attachment representations and mother-child exchanges have shown that conversations that are more coherent and focused on compromise and less focused on negative emotions are associated with more positive and coherent attachment representations in children (Laible, 2004; Laible & Thompson, 2002; Leibowitz et al., 2002; Main & al., 1985; Oppenheim et al., 1997). Genevois (1990) has shown in his research that blind babies born to depressed mothers develop autistic pathology.

In fact, what can make a child suffering from blindness poorly socialized, with an unhealthy body image that cannot be castrated in relation to his mother, leaving him dependent on his mother, "is that his mother never wanted to talk to him about his infirmity, even though he observes the difference between his body and that of other children" (Dolto 1984, p.16). Furthermore, the healthy development of a blind child, symbolized by a non-crippled body image, will depend on his mother's emotional relationship with him, and on the fact that he is given truthful information, in words, at a very early age, concerning his physical condition as a cripple (Dolto 1984). Consequently, the mother of a congenitally blind child will have to communicate to her child about his visual handicap. These exchanges, described by Dolto (1984) as humanizing or dehumanizing, depend, according to Dolto, on whether or not the child's disability is accepted. Some of these parents feel guilty or anxious about their child's disability.

According to attachment theories (Ainsworth, Bowlby, Bretherton), verbal expression of affect within the dyad should be more open in a secure attachment relationship than in an insecure one (Ainsworth, 1990; Bowlby, 1988; Bretherton, 1990). According to Thompson et al (2003), the information omitted by the mother can have a major influence on the way in which the child represents its experiences. In fact, when the parent provides a spurious explanation and denigrates or prevents certain events from being discussed, the child's emotions remain uninterpreted or unmatched in external reality (Grossmann, 1999).

According to Bowlby (1980), when the mother's testimony conflicts with the child's own experience, the child will adopt the mother's position and defensively exclude information from his or her own experience. Bretherton & Munholland (1999) maintain that difficulties in mother-child communication and the presence of defensive exclusion lead children to develop an insecure

attachment relationship with their mothers. Depending on the quality of this response, the child slowly begins to create an image of itself and its environment (Lamas & Guedeny, 2006; Miljkovitch & Cohin, 2007; Slater, 2007). The mother's response to the child plays a major role in the development of attachment patterns. Our aim in this study is to show that mother-child communication contributes to the construction of an appropriate body image in children with congenital blindness.

II. METHODOLOGY

The study was facilitated by the PROMHANDICAM (Yaoundé) and Foyer Père Monti (Mfou) care center for children with disabilities.

➤ *The Participants*

The sample for this study consisted of 6 children, aged between 12 and 15 years, of both sexes, who were congenitally blind. The average age of the participants was 13. We surveyed as many men (50%) as women. Over 83% of the participants had a primary education, and 16.7% of them had at least reached the sixth form. The sample was obtained using a random sampling technique, based on informed consent. As inclusion factors, the participant had to be blind from birth, attend an inclusive school in Yaoundé, and be aged between 12 and 15. As exclusion factors, we excluded from the scope of the survey acquired blindness, the visually impaired, subjects with psychopathological disorders (schizophrenia, paranoia), subjects with disorders related to blindness, and autistic subjects.

➤ *Data Collection Tool*

The technique used to collect the data was testing. Data was collected using two tests to evaluate mother-child communication and the construction of body image in children with congenital blindness.

➤ *Procedure*

The tests were mainly used to collect quantitative data. Participants were assessed at their respective schools, at Promhandicam and at the Foyer Father Monti, and at home, with appointments made in advance with the directors after parents had signed informed consent forms.

➤ *Taking the Tests*

The instruments used to measure the mother-child relationship and the construction of body image were:

- *IPP A Scale (Interview of Parent and Peer Attachment)* created by Armsden and Greenberg in 1987 and Coppersmith's Self-Esteem Inventory (1967). The IPP A consists of two scales whose scores are analyzed separately: the 28-item parental scale and the 25-item peer scale, but only the parental scale is taken into account and only the mother. Each scale includes items corresponding to three domains reflecting the quality of attachment.

• *Coopersmith Self-Esteem Inventory (1967)*

Coppersmith’s inventory consists of 58 items describing feelings, opinions or reactions of an individual nature, to which the subject must respond by ticking a box. These items are divided into five scales, but for the purposes of this article, only the general self-esteem scale is considered. Body image and self-esteem are two very similar concepts in terms of definition. They could therefore be understood in the same way, albeit with certain differences. For this reason, in order to measure body image in children with blindness, we chose to draw on existing tools for measuring self-esteem, in particular the Coopersmith questionnaire. In this article, body image is seen as the adolescent's perception of himself. So, from an

affective point of view, body image is close to the self-esteem that adolescents have not only of themselves, but also of their bodies.

➤ *Statistical Analysis Tools*

Once the data had been collected, we set up a statistical processing procedure. For the purposes of this study, we chose correlation analysis because it enables us to verify the link between two quantitative variables. These correlations were followed by regressions. This statistical processing of the data was carried out using SPSS software. In this study, we used simple linear regression analysis. We chose these tests because our data correspond to a numerical scale.

III. THE RESULTS

Analysis of the data collected from our 6 participants using the tests enabled us to organize the results according to the two objectives of this article, namely to show that the quality of mother-child communication plays a part in the construction of body image in children with congenital blindness, and to show that alienation (feelings of abandonment) plays a negative part in the construction of body image in children with congenital blindness.

A. Results of Data from IPPA (Interview of Parent and Peers Attachment)

Table 1 Summary of the Scores Obtained by each Participant

Participants	Communication	Level	Alienation	Level
Annie	14	Low	35	High
Jeanne	33	High	13	Low
Boris	14	Low	35	High
Paul	14	Low	35	High
Rachel	12	Low	36	High
Joseph	36	High	14	Low

Source: Field data

In **Table 1** we used the procedure suggested by Armsden & Greenberg (1987). The distributions of the scores for each of the subscales (communication and alienation) are divided into three: low, medium and high. Our results show that participants with a low score in communication have a high score in alienation, whereas participants with a high score in communication with their mother have a low score in alienation. According to the procedure suggested by Armsden & Greenberg (1987), participants with average or low alienation scores and average or high communication scores are classified in the "secure" attachment type. Participants with low communication scores and medium or high alienation scores are classified as having an "insecure" attachment type.

B. Results from Coopersmith Self-Esteem Data

Table 2 Summary of the Distribution of Scores Obtained by each Participant

Participants	General self Esteem	Level
Annie	11	Low
Jeanne	18	High
Boris	9	Low
Paul	12	Low
Rachel	14	Medium
Joseph	18	High

Source: Field data

In **Table 2** our results show that the scores are related to the level of self-esteem of our participants. This means that the participants who obtained low scores in the self-esteem test have a low level of self-esteem and the participants with high scores have a high level of self-esteem. As for the participants with average scores, they are ambivalent.

Table 3 Summary of Results on the Mother-Child Relationship and Construction of Body Image

Participants	Communication	Alienation	Self esteem	Body image	Attachment
Annie	Low	High	Low	Inadequate	Insecure
Jeanne	High	Low	High	Adequate	Secure
Boris	Low	High	Low	Inadequate	Insecure
Paul	Low	High	Low	Inadequate	Insecure
Rachel	Low	High	Medium	Inadequate	Insecure
Joseph	High	Low	High	Adequate	Secure

Source: Field data

Table 3 shows that participants who communicate well with their mothers have good self-esteem and secure attachment, and have therefore developed a healthy and appropriate body image, whereas participants who have difficulty communicating with their mothers have low self-esteem, high abandonment (alienation), and insecure attachment to their mothers, and have therefore been unable to develop an appropriate body image

Table 4 Results of Communication Assessment and Body Image Construction Summary of Models

Model	R	R-two	Adjusted R-two	standard error of the estimate		
1	,846 ^a	,716	,645	,11939		
a. Predictors : (Constant), Communication						
Model		No standardized Coefficients		Coefficients standardized		
		B	Standard error	Beta	T	Sig.
1	(Constant)	,228	,110		2,074	,107
	Communication	,123	,039	,846	3,176	,034
a. Dependent variable : General Self –esteem						

Source: Field data

The aim of **Table 4** is to show that mother-child communication plays a part in the construction of body image. As the two variables (communication and body image) were measured using numerical scales, the data collected are in the form of continuous scores. We logically chose to use the statistical technique of simple linear least squares regression to carry out this test. The results show that communication has a statistically significant and positive influence on self-esteem and contributes to the construction of body image ($\beta = 0.85$; $p = 0.034$).

Communication tends to increase self-esteem in children with blindness, and thus contributes to the construction of their body image. The contribution of mother-child communication to the construction of body image in blind children was nearly 64.5% (R2aj). This observation is in line with our hypothesis. The hypothesis that mother-child communication contributes to the construction of body image in children with congenital blindness is logically confirmed.

Table 5 Results of Alienation Assessment and Body Image Construction Summary of Model

Model	R	R-two	Adjusted R-two	standard error of the estimate		
1	,860 ^a	,740	,674	,11434		
a. Predictors : (Constant), Alienation						
Model		non standardized Coefficients		Standardized coefficients		
		B	Standard error	Beta	t	Sig.
1	(Constant)	,961	,133		7,208	,002
	Alienation	-,118	,035	-,860	-3,370	,028
a. Variable dependent : Self-esteem						

Source: Field data

The aim of **Table 5** is to show that alienation reduces self-esteem and plays a negative role in the construction of body image in children with congenital blindness. As both variables (alienation and self-esteem) were measured using numerical scales, the data collected are in the form of continuous scores. We logically chose to use the statistical technique of simple linear least squares regression to carry out this test. The results show that alienation has a statistically significant and negative influence on self-esteem in children with blindness ($\beta = -.860$; $p = .028$). As alienation increases, self-esteem decreases in blind children.

Alienation disrupts the construction of body image in blind children by almost 67.4% (R2aj). This observation logically confirms our hypothesis that alienation or feelings of abandonment play a negative role in the construction of body image in children with congenital blindness.

IV. DISCUSSION

The aim of this study was to show, on the one hand, that mother-child communication in a situation of blindness plays a part in the construction of body image and, on the other hand, to show that alienation or the child's feeling of abandonment prevents the construction of body image. Our results show that when the child communicates well with his mother, he acquires a good self-esteem and builds a secure attachment and an adequate body image. On the other hand, when mother-child communication is absent or poor, the child feels rejected and develops an insecure attachment and, as a result, an inappropriate body image. Our results show that alienation, which is also the feeling of abandonment experienced by the child, diminishes or prevents the construction of the body image. Our results show that when alienation increases, mother-child communication diminishes, as does self-esteem in the blind child. Alienation thus plays a negative role in the construction of body image in the blind child.

Our results show that a more open mother-child conversation in a situation of disability presupposes that emotions, both positive and negative, are expressed freely and appropriately. In attachment theory, Bowlby (1988) proposed that what the mother, the main attachment figure, says or neglects to say to her child as part of their emotional exchanges shapes the child's internal operating models. Bretherton (1990) built on Bowlby's ideas by suggesting that the internal models of children with secure attachment patterns arise from open and frank sharing of feelings and perspectives within the parent-child dyad and that, in contrast, restricted or misguided emotional sharing, particularly when negative or painful feelings are involved, characterizes insecure attachment.

Thompson et al, (2003) and Thompson and Raikes (2003) added that the mother's ability to elaborate on her child's experiences would help the child to better understand the reactions of others as well as his own reactions and would lead him to consolidate or modify his attachment representations according to his new understanding of events. In other words, when mothers are able to clarify their thoughts and emotions and encourage reflection in their children, they help them to make sense of and integrate their experiences (Cyr et al, 2008). In addition, a trend in family research has examined parent-adolescent conversations in relation to the child's psychosocial competence. Relational constructs such as individuality and connectedness (Grotevant and Cooper, 1985, 1986) and autonomy and bonding (Allen et al., 1994; Hauser et al., 1987; Hauser et al., 1991) have thus been incorporated into family communication models.

The results of these studies suggest that family communication models involving high levels of support, pooling of individual perspectives and encouragement to assert one's ideas within the family are linked to favorable adaptation in young people. In addition, the conversations of dyads including a child with a secure attachment are more fluid, balanced, diversified and emotionally open than those

of dyads including a child with an insecure attachment (Cyr et al., 2008; Dubois-Comtois et al., 2008; Etzion-Carasso et al, 2000; Farrar et al., 1997; Fivush and Vasudeva, 2002; Main et al., 1985). Conversely, conversations in dyads including a blind child whose attachment is disorganized would be difficult to follow, as they would be marked by incoherent speech, false starts and a lack of synchrony; they would also be marked by hostile speech that arouses fear or shows powerlessness, or speech that is controlling or that combines with aggressive or escapist behavior (Cyr et al., 2008; Dubois-Comtois et al., 2008; Main et al., 1985).

These studies are in line with our research because our results clearly show that children with a feeling of alienation who do not communicate with their mother have an inappropriate body image with externalized and/or externalized behaviors, since these children feel rejected by their mother. Other studies have considered a set of behaviors in mothers and children that characterize their interactional dynamics. Thus, as our results show, a mother of a blind child who listens to her child's needs is likely to adopt behaviors that will enable her child's development and communication strategies that will help her child to find ways of solving the problems he faces. Conversely, when mother-child communication with a visually impaired child is disrupted, the mother's goals will be much more focused on herself. In addition, her contribution to promoting social behavior and regulating inappropriate behavior in her child will be limited.

V. CONCLUSION

The aim of this study was to analyze mother-child communication and the construction of body image in children with congenital blindness. Our results showed that mother-child communication is essential for the construction of body image in children with congenital blindness, because when children see that their attachment figure, their mother, can respond adequately to their needs, they deploy primary strategies, which are directly underpinned by their behavioral attachment system. In this way, children feel secure. However, when a child realizes that communication is lacking and that these strategies are having no effect, they fear that they will not be able to make contact with their attachment figure, and this will cause anxiety in the child, who is then insecure (Miljkovitch & Cohin, 2007).

Furthermore, when a child has a disability, it is essential that the handicap is explained to the child, so that the child understands the difference between him and other children; in a language that is specific to the child, between mimics and speech. This will enable the child to express and fantasize about his desires, which may or may not be realized according to this infirm body schema Dolto (1984). In addition, children develop a secure attachment model when their mother is regularly available, sensitive and receptive to their distress signals. In this way, the child benefits from a perceived psychological state of "security". Conversely, if the child's mother is inconsistent or unavailable, the child develops insecure attachment patterns that may influence future relationships, because if children

receive enough loving words from their mother, these words will help them to enter the symbolic world. Words are essential to symbolization" (Dolto and Nasio 2002, p. 78). The mother's words, or their substitute, are said to be an organizing element that enables the body schema and body image to intersect.

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