

Parents' Personality as Social Withdrawal Agent of a Child and Presentation of Reflexive Methods of "Mother's Diary"

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Abstract: In the article an integrated view is given toward understanding of etiology of autistic spectrum disorders which summaries 3 methods: clinical, psychoanalytic, and psychosocial. Using of given methods let to look more widely at causes of autism occurrence. Generalized comparative of characteristics of the parents' personalities who raise the children with autistic spectrum disorders and parents who raise neurotypical children are given. For comparative analysis of parents' personalities specificity in its structure thank to theoretical search and practical work with families, psychological aspects were separated out: autistic features, systematization, personal anxiety, depression neuroticism and psychoticism with the help of which comparative analysis of the parents of adducted groups was carried out. Specific characters of parents' personality who raise the child with autistic spectrum disorder can be the one which influences interaction with the child and the environment which can lead to social withdrawal. In reference to the question of social withdrawal generalization of the views is done in the article. Fragmentarily of ideas of the notion is adduced in scientific periodicals. And comparison of its definition with the notion "autism" and consideration it in the connection of social and secondary social withdrawal. Generalization of the relatively explanation social withdrawal allowed to clarify and complete specific notion and discover the conditions which can influence social withdrawal occurrence. Reflexive methods "Mother's diary", the aim of which is to prevent negative psychological and medical conditions among women during pregnancy and the first year after giving a birth for improvement her interaction with the child and prevention further social withdrawal, are presented in the article.


1 INTRODUCTION


Toward the paradigm of steady progression regarding not only the environment but social justice (1), we suppose it is essential to open up a discussion about parents who raise the children with autistic spectrum disorder. Both for Ukraine and other countries one of the main questions before the pandemic was the question of autistic disorder spread and involving the autistic children to inclusive school environment.

The task of modern Ukrainian school is providing of appropriate conditions for educating of all children of all categories of students. So the main participants of educating process are children, teachers and parents. Their interaction should be built on the basis of partnership and social equality. The success of involving a child into inclusive programs depends on it. (Kalinichenko, 2012), (Kolupaieva

& Taranchenko, 2018), (Miroshnyk & Davoian, 2021), (Ostrovska and Savchenko, 2010), (Saiko, 2018.).

Parents of the children with specific educating problems and with autism in particular, as we mentioned, are ones of the educating process participants their personal particularities can play both supportive and prevent a child from socialization by the process of through the school environment. (Bondar, 2019). The personal practical experience and theoretic generalization which we are going to mention below showed us urgency of the issue of the parent psychological particularity studying and their influence on child and family social withdrawal in general. It can happen due to specific perception of the families, who raise the children with specific educating needs, by society, which can influence adverse event of parent personality and social

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inequality of its social group toward others which leads to closeness of these families.

In sum, psychological aid to the families who raise the autistic children, preventing work toward child social withdrawal is an urgent issue, which relates to both personality steady progression and school inclusive environment, which only accepts general tendencies in Ukraine.

The aim of the article is theoretical generalization of child social withdrawal issue and potential influence on this process of certain parent personal particularities. Presentation of preventing method of potential child social withdrawal "Mother's diary".

2 BACKGROUNDS

2.1 Autism Etiology Issue

Autistic spectrum disorder has started to be studied since 19 century. Since then, the development of neuroscience, psychology and contiguous science directions has supported the widening of the criteria which help to diagnose presence of autistic disorders and understanding but not total, the reasons, which can have influence on autism occurrence. Theoretical research allowed separating out three main, in our opinion, methods in etiology of autistic spectrum disorders: clinical, psycho-analytical and social-psychological.

Clinical methods can see the etiology of autism in genetic: inheritance of vulnerability to pathology, in phenomenon of assertive breeding, Down syndrome, double Y chromosome, frangible X chromosome (Lebedinskaya, 1991), (Mikadze, 2013), (Baron-Cohe, 2012), (Baron-Cohe, 2013), (Miroshnyk, Davoian, 2021); inborn metabolic profiles, influence of Vitamin D on the amount of testosterone in delivery waters during the pregnancy (Ali, 2020), (Lee 2019); phenylektonuria, histidinemia (Lebedinskaya, 1991), (Mikadze, 2013); organic disorders in central nervous system: dysfunction of mirror neurons (Kosonogov, 2009), (Mikadze, 2013), (Chernigovskaya, 2006), dysfunction of TPO zone (Davoian, 2014).

Psychoanalytical method connects etiology of autism with mother to child adaptation disorder, which can be seen in destructive reactions to child's attempts to interact (not reacting on crying, pushing out etc. ,overwhelming and specific behavior during pregnancy, mother's feeling of insecurity and inability to feel support from father of a child; lack of supportive environment; negative conditions of baby feeding, which can be seen in specific mother's

inability to interpret baby's actions (to give them sense);in mother's depression; objectivation of a baby to which refers non-inclusion of a baby to language environment, symbiosis, which doesn't give a child opportunity to subject though formation of her/his own desires and putting a child in a position of an object for adult wish fugue, perception of a child through a handicap disease (Winnikott, 1998), (Battelheim, 2013), (Grin, 2005), (Dolto, 2018), (Davoian, 2014), (Davoian, 2015), (Mykhailenko & Davoian, 2020).

Social-psychological method understands etiology of autistic spectrum disorders not in forming of the activity subject; mother depressive conditions; parent personal particularities; child autism can be as systematic roll-based compensation from the perspective of the system which the child belongs to (family); mother hostility to her child (attempt of abortion); disorder of communication between a child and a father. (Shulzhenko, 2010), (Syrotkin, 2018), (Khomulenko, 2020), (Asperger, 2010).

Therefore, considering etiology of autistic spectrum disorders from several positions (clinical, psychoanalytical, psycho-social) we have opportunity to look at issues, which can become agent of this disorder and understand that role, which parents may have during etiology issue research more systematically.

3 OUR CONTRIBUTION

3.1 Parent Personality

Certain psychological personal peculiarities of the parents who raise autistic children were discussed by S. Baron-Coen (Baron-Cohen, 2012), (Baron-Cohen, 2013), (Baron-Cohen, 2006), (S. Baron-Cohen, 2003), P.B. Hannushkin (Gannushkin, 2017), F.B. Berezin (Berezin, 2011), N. Mc. Williams (Williams, 2015), S. Falstein, M. Rutter M, D. Piven, M. Murphy (Murphy, 2000). Among the main particularities the following ones are emphasized: personal anxiety, depression, autistic features, systematization which appears through professional direction, neuritis and psychoticism.

The diagnostic the mentioned psychological particularities of parent personalities, who raise the autistic children and neuro-typical children who we mentioned in our publication, was done by us. (Z. Miroshnyk, Y. Davoian, 2021). We are going to look at the generalization of the results of the comparative research conducted by us more circumstantial. Comparison of psychological personal particularities

of both groups was done by comparative analyzing of the created personality constellations and profiles. Therefore, analyzing of the Pleiades allowed talking about differences in appearing of the psychological personal particularities (autistic features, systematization, which can appear throughout professional direction, personal anxiety, depression, neuroticism and psychoticism) of the parents who raise the autistic children (group A, n = 110) and children who raise neuro-typical children (group B, n = 122). Psychological particularities of the parents of the group A were divided into three emphasized Pleiades which mentioned above were divided into other five ones. Strong bonds predominated in the Pleiades, which makes her visual performance similar to a closed circle. Regarding the Pleiades of the parent psychological particularities of the group B we were watching one emphasized pleiad consisted of four other ones. In the pleiad of the parents of group B mild bonds predominated, which makes her visual performance be more opened and less strong (close). Therefore the leading role of the parents of group A is in their personal particularities: autistic features, systematization, psychoticism, personal anxiety, depression, techno and science direction. The parents from group B have personal anxiety, depression, neuroticism and psychoticism as their leading role. Autistic features, systematization and techno-science direction is apart from the main pleiad. We concede specific of the Pleiades parent personality of group A such as are able to influence on their interaction with the child leading to social withdrawal of a child and a family in general, which is mentioned below.

Regarding profiles of parent personalities of both groups we saw that the female and male profiles of group A were similar, mathematically significant difference we were watching in depression performance. Regarding the profiles of the parents of group B we saw that the male and female profiles were similar too, the difference was seen in systematization data. The difference between the parent profiles of both groups was seen in autistic features and systematization data. They were higher in the personal parent profile of group A. the female profiles had more differences in signification dynamic of systematization, depression and autistic features, which were higher among the female parents of group A. Therefore, we can suppose that specific of the parents of group A (combining of male and female parents with the mentioned personal characteristics) can lead to influence of their personality on the child social withdrawal.

3.2. Social Withdrawal

As L. E. Smith, Jr Grinberg and M. P. Mailik have mentioned in their research "Family context of autistic spectrum disorder: influence on behavioral phenotype and living standards" (Smith, 2014) family environment can have great influence on behavior (improvement or decline) of pathological patterns of autistic teenagers. The authors think that warmth (sincerity, sociability) acceptance in parental relationships with an autistic teenager relieves behavior of autistic patterns, on the other hand, criticism, parental excessive emotional engagement, their self-sacrificing attitude can cause child depression and provoke more dynamic demonstration of autistic patterns. (Smith, 2014). Everything mentioned above by the scientists is considered to be characterized as the process of "social withdrawal".

We come across the term "social withdrawal" in a big amount of Ukrainian and Russian speaking periodicals but we cannot find its detailed and full description. The term "social withdrawal" is considered as weakening of the contacts in the "Dictionary of complex rehabilitation of the disabled (Bronnikov, 2010, p. 52), which doesn't differ it from the definition of "autism" as mental health in our opinion. We do not come across the mentioned term in English speaking periodicals at all, except the description of certain conditions which can influence on "improvement" or "decline" of child autistic patterns.

M.K. Bardyshevska, I.B. Baryl'nik, D.A. Shultina, N.V. Filippovata and others consider the notion "social withdrawal" in tight connection with the notion of social and secondary withdrawal.

The authors D Sulgina, N.V. Filipova, I.B. Baryl'nik (Sulgina, 2014) emphasize the feeling of stress in autistic child upbringing and necessity of psychological intervention for preventive of destructive family rebuilding and occurrence of secondary family social withdrawal. D.A. Shulgina, N.V. Filippova, I.B. Baryl'nik describe the demonstration of secondary social withdrawal, which occur in : weakness of the contacts with close people; decline of emotional ground; new stereotypy occurrence which is connected with psychological condition of parents and child environment; members of the family take over child's behavior, which can be seen as closedness from society; showing up the demonstration of excessive exigency from the parents of the autistic child to family members(they demand more standard attitude to their child and to themselves);both mother and child can have the coalition which can influence on unconscious

unwilling of a child to get over autism, after all the child can support his mother's attitude to the world, especially distrust to the world. (Shultina, 2014). Also, secondary social withdrawal as family closedness phenomenon can occur as certain answer to the environment, which can transmit negative emotions to the family (Shultina, 2014). The mentioned thing can influence on the feeling of social inequality of families (who suffer from secondary social withdrawal) toward others. It is expressed through the complication of social interactions and the absence of the preventing measures for the families who raise the children with autistic spectrum disorder.

Talking about isolation as a specific disorder in autistic children's psychological connections M.K. Bardyshevskaya considers "confusion" – child inability to differentiate their own psychological functions from mother psychological functions. The scientist can see another reason in premature splitting of the early affective-behavioral complexes which appears as a part of close communication with the mother naturally (Bardyshevskaya, 2015). M.K. Bardyshevskaya's description can be defined as the term "separation". The author describes complications which occur and lead to isolation through mother's and child's inability to separate from each other which is considered as one of the agents of social withdrawal.

Both G.A. Evlampieva (Evlampieva, 2017) and M.K. Bardyshevskaya emphasize the necessity of separation in mother and child relationships, which contributes successful child socialization. Symbiotic connection between a child and a mother can be an obstacle for child socialization. The socialization of the baby with autistic disorder will depend on the ability to build the contact with the child and mother's attitudes. In a worse case secondary social withdrawal can occur, which the scientist writes about.

L.S. Pechnikova, G.A. Krupnik research (Krupnik, 2020) and V. Osiodlo's research shows up the ability of the birth order regarding parent attitude to the children; the specific of the interaction of the parents and the child with autistic spectrum disorders if there are neurotypical siblings. Parents are more demanding to the first children, they have higher level of expectance to them. Parents tend to show micromanagement to the middle children, importunity (they can infantilize the child). L.S. Pechnikova concluded that the mother who raise an only child may accept his/her peculiarities with higher possibility rather than the mothers who raise several children. If there is a neurotypical sibling(s) can influence on mother's complications to change

behavioral styles, which is directed on the autistic child. It can strengthen pushing out the autistic child and cause secondary social withdrawal (Pechnikova, 2011).

V. Osiodlo and L.C. Pechnikova emphasizes importance of sibling relationship and the birth order - the birth order and interaction between siblings can influence on personality development and establishment (Osiodlo, 2017). In our opinion, the mentioned above can have more severe character in the families who raise an autistic child, which can be one of the agents of social withdrawal of a child.

The scientist O.M. Svintsova and O.V. Karanievskaya describe the condition which parents have when they find out their child diagnosis and emphasize that this condition is similar to "loss" of a child. In our opinion feeling of loss can influence the relationships between parents and child, be an agent of social withdrawal of a family alike the people isolation in mourning. The authors say when the family faces the complication with the child behavior, it starts losing social contacts, shorten the contacts with others and it ends up feeling stronger fear of being in society, secondary social withdrawal of the whole family starts to develop (Svintsova, 2020).

Social-psychological coordinates of social withdrawal which according to S.F. Sirotkina and M.L. Melnikova, is a phenomenon of psychological disengagement and tendency to being introverted (Sirotkin, 2018). The scientists think that social withdrawal can occur as the reflection of the trauma of the generation (Sirotkin, 2018). The agents of social withdrawal are thought to be social fears, generation disappointment during social crises, and protective response to inflated ego danger. The result of it is giving a birth to children from the generation, which is characterized by social and psychological immaturity.

O.S. Nikolska, E.R. Baenska, M.M. Libling, I.E. Moreva, T.V. Sirotkina raise the issue of inadequate attitude to an autistic child by the environment. The authors say about the attitude to an autistic child by the environment as a misbehaved one. This attitude can lead to family's unwilling to visit public places, which leads to closedness and shrinking of the contacts with the environment and causes social withdrawal (Nikolskaia, 2007). The mentioned above confirms the emergency of the topic and shows social inequality which is caused by social and secondary withdrawal.

Generalizing everything that was mentioned above we conclude that social withdrawal is understood as the process of separating the family from society, over focusing of the family on their own

problems, breaking the contacts with others, occurrence of the public place fear and the feeling of danger from the environment, which may not have right attitude to their child and themselves. Regarding secondary social withdrawal, in most cases, the agents are the same that for social withdrawal, but in secondary social withdrawal bigger accent is in interaction of the parents and the child. A child has deepening of destructive processes during secondary social withdrawal as a result of interaction disorder with parents (especially with mother): disorder of communication or symbiotic relationships, which prevent a child from socialization the notion "social withdrawal" is understood as painful separation from the world, severe breaking of contacts.

The analysis of theoretical sources, practical experience gave have given an opportunity to clarify and complete the notion "social withdrawal" and to perform it as certain process of progress, which is accompanied with showing up of child behavioral autistic features due to the certain conditions of his/her development, which can lead to autistic conditions and further autism.

Based on the theoretical analysis and practical work with the families, we have concluded that parent personality can be classified into two groups. As the basis of our classification we took the personality classification which was made by S.B. Baley (Rybalka, 2015). He divided personalities into harmonic and disharmonic. Therefore, we place the individuals who have adequate somatic and psychological condition to the harmonic type of parents taking into account those personal particularities which had been described above. Point Index of this particularities discovery is suitable to average index. Those who have unsatisfactory somatic and psychological condition are placed to the disharmonic type of parent personalities taking into account mentioned psychological particularities. The index of these particularities deviates from the average index. We suppose that the parents of the disharmonic group can be influenced by social withdrawal and they influence on second child and family social withdrawal occurrence to a considerable degree, which leads to the feeling of social inequality.

Therefore, we can see that those conditions, which influence on occurrence of social withdrawal, are shown in periodic fragmentarily, that is why basing on the mentioned above, we separate the following conditions of social withdrawal:

- Social injustice which can be expressed through misunderstanding and imperceptions (blaming of parents) the families, who raise the children with autistic spectrum disorders;

- Peculiarities of the parent interaction with the child, specifically: absence of warmth and acceptance of the child; criticizing of the child; over demanding; excessive emotional parent involvement; parent self-sacrifice; parent perception of the environmental influence as a negative one, which leads to shortening of the contacts; behavioral autistic pattern copying, which leads to shortening of the contacts; symbiotic relationships with the child; communication disorder; rigid parent behavioral patterns; excessive care; sibling relationships (existence of siblings);

- Special nature of parent peculiarities (disharmonic features).

3.3 Mother's Diary

Analyzing of theoretical sources and personal practical experience showed us the importance of the work with parents during pregnancy period and the first year after giving a birth for preventing social withdrawal. It is important for the family (especially the mother and the child) during pregnancy period feeling good somatically and psychologically. Feeling healthy will help to prevent different illnesses, especially early social withdrawal, during pregnancy and the first year after giving a birth, in our opinion. Consequently, an important task of psychological work of different directions is quality support of parents during pregnancy and the first year after giving a birth. Mentioned generalization comes out of our practical experience of the work with parents of both categories. With those, who raise a child of autistic spectrum disorder and those, who have a neurotypical child. Let us give you one of the examples of the practical work with a young mother, who suffered from certain period of crisis both before and after the pregnancy. Her own portrait, the portrait of her husband and the family are suitable for the portraits of the parents from group A (Miroshnyk & Davoian, 2021). But in comparison with group A there was quite early psychological work with the parent couple. The child of this family does not have autistic spectrum disorders (without social withdrawal). That experience the first months after their daughter's birth which were described by her mother can be experienced by anybody, in our opinion. And without early aid this specific nature of such experience may be the agent of social withdrawal. As we have mentioned before, any woman can have such experience of the family (especially the mother of the child), mentioned below. But the public stereotype about the pregnancy, emotional condition, which the mother must have

during her pregnancy and the first year after giving a birth, the stereotypes about what feelings she should have, that women are not allowed feeling tiredness or negativity, or nagging feelings which is connected with their anxiety. The mentioned above becomes the reason why women can hesitate asking for help. The women who were not worked with (especially the mentioned case, were talking about non-admission of their anxiety as something serious by the doctors and close people. The mentioned became the reason why women asked for help so much later and in cases when women raise their children with autistic spectrum disorders, the women began to work with their own fears of their pregnancy and the first year of giving a birth only when the child was diagnosed (3-5 years old) and the baby began to attend a psychologist. The mentioned sharing became possible only within parents' meetings.

The structuring of the case which was described below is based on the method of watching and interviewing. Therefore, it is a report of the case L.

The characteristic of the family (members of the family, the age of the child, sex, parents' education and job direction):

- The family consists of a mother, a father and a child (a girl, 2,5 years old, the first child). Parents' parents are included to the family.

- The parents' parents are mentioned all the time. There is a child in the husband's family (his sister), which has special educational needs (the diagnose is infantile cerebral paralysis and sacred disease).

- The mother, who was worked with, has social-behavioral educational direction, during our experiment she was in a maternity leave. The father has higher technical metallurgy education. The grandparents from the mother's side have higher pedagogical science education, they are entrepreneurs. The grandmother from the husband's side has education in the humanities (Art subject), she does not work due to the care of the disabled child. The observation has been held for a year.

Mother's personal peculiarities (the case, the finding):

- Un expected pregnancy, the mother was worried about economics ability to facilitate high quality life for the child. She had strong feeling of guilt because of this.

- The woman was constantly worried about her health of the child-to-be due to her husband's sister's condition, she was afraid that her child will inherit this condition.

- Before the pregnancy the woman had had depression that was diagnosed with the help of her

hypochondria condition. During her pregnancy the depression declined and the hypochondria became a obsessive neurosis about "cleanliness" and "sicknesses".

- She has romanticized a lot about her child-to-be and that she will love it immediately.

- When they found out the sex of their child, she chose a name and started to call her baby-to-be by name and finally accepted her pregnancy.

- She had strong offence to her husband's mother but did not tell her about that.

- The delivery was on time, cesarean section was made.

- When she first saw a child, it seemed that it was not her child (not the child she had born and "the right child had been replaced"), she understood she felt nothing to her child.

- First weeks after the childbirth she was very tired and angry with the baby, because the girl was crying all the time (the first week the baby had high temperature, she felt disgust to herself because she still did not feel anything to her child.

- The postnatal depression has started, during which it was difficult for the woman to look at her baby, to feed it.

- She felt anger to the father of the child, because he didn't help due to being busy at work. The wife felt it as abandoning and loneliness.

- After an unpleasant accident during the breast feeding (she shouted at her child because she didn't want to take the breast and she was crying), she understood that she needed to ask for some professional help (psychologist) and for her parents' help.

- Sometimes when the child starts to express her negative feelings, her mother prohibits her to do it, using the phrase that her daughter wouldn't do it. It points to that fact that it is difficult for the mother to accept her negative emotions and that she did not accept her daughter as her "right" child unconsciously.

- The child started speaking when she was two, some negative points had been about her language and psychological development, the child started attending development center, and also the mother started teaching her child at home, which corrected the child development. It became possible thanks to that fact that the mother asked for psychological help due to her emotional condition and during the sessions she understood what to do.

- After the work with the psychologist and some help from her husband's parents, her emotional condition became steady, the feeling of love to her child started to occur, but in combination with a great

feeling of guilt, which expresses in inability to reject her daughter's wishes and buying the toys constantly. The feeling of being mother has appeared.

Father's personal peculiarities (the case, the findings):

– The father is a busy man, who supports both his family and his mother and sister financially. That is why he cannot pay enough attention to his wife and daughter.

– He had to change his job during his wife pregnancy, which became rather big stress, but the husband did not show it, using his humor as defense activity. Anxiety and stress were expressed through excessive fastening of the speech, talkativeness and certain hyperactivity.

– When the daughter was born and he had to change the job again and this new job started to bring good money, the husband's speech changed, the speech became slower, and the movements became less sharp.

– He didn't know about his wife anxiety during her pregnancy, because she didn't talk about that, because her husband wouldn't understand and accept as something serious.

– Angry and humor behavior due to his wife obsessive neurosis are infantile expression of her husband.

– For the family safety and improvement of interpersonal understanding, the husband agreed to visit the psychologist together with his wife. During the session they found out that the hidden motive of the visiting the psychologist was curiosity in understanding the interaction with the psychologist, which also shows the husband's infantilism.

The father shows big love to his daughter, but his care has more demonstrative character, which can be seen in the obvious instructions to his wife about care after their daughter, which are directed to the third person (the psychologist as an observer). Indeed, the husband becomes tired very fast from the child. He is ready to play with her but not to take care, he is ready to pay everything necessary, but not to take part in it (to find development centers, to take his child there, to continue visit the psychologist with his wife).

3.3.1 «Mother's Diary» – Preventing Measure

To conclude, we can see necessity to prevent some parent personal demonstration to some crisis point (diagnosing of a child), which can influence on social withdrawal. It challenged us to create an additional methodology of discursive analyzing "Mother's diary", Mothers can fill it during their pregnancy and

first months after it. Women can discuss the changes which happen in their psychological and somatic condition with their doctor or psychologist with the help of "Mother's diary". Studying women's notices, doctors will be able to find the decline or improvement in psychological and somatic condition of a woman-mother and her child.

Implementation schedule of "Mother's diary" as an additional methodology of discursive analysis:

Implemental: "Mother's diary".

Participants: the women who felt the need for their own psychological and somatic condition, child's condition during their pregnancy or the first year after it for preventing of disorders the interaction with the child; professional psychologists, family psychologists, pre-natal psychologists.

The terms: during pregnancy – 9 months or starting with certain pre-natal period; the first year after the childbirth.

Topics (request): preventing of depressive conditions and anxiety of the mother; preventing of interaction decline with the child.

Stages of implementing: diagnosing /preparing: the woman herself or according to the specialist's recommendation takes a decision of necessity to use an additional reflexive methodology "Mother's diary"; the main one is filling "Mother's diary"; calculating of the quantitative result; quality analysis of the results; further psychological work according to the results; final: the woman herself or with professional psychologist takes a decision about stopping of the used methodology.

General result: steady emotional condition; neurotypical interaction with the child and the other members of the family.

The diary consists of two parts: the first one is directed to display the period of pregnancy; the other one is directed to display the period after the childbirth.

"The questions", which have the character of unfinished sentences (on an example of projective methodologies), have been formed by us. And we were ruled by the main rule of psychoanalysis, such as: in the manual the woman was recommended to write everything, which comes to her mind (Z. Freud 1998). We did it for the woman to be easier using of "Mother's diary", it did not take a lot of time, it did not bother her with narrow-formulated questions (terms), it gave her an opportunity to express herself and to display her feelings and emotions, to tell more, to avoid the defense mechanisms, which can occur answering direct questions.

During the work with "Mother's diary" it is necessary to pay attention to a positive or negative

connotation of the woman's narration, repeating of certain words, which can express existence of the main topic, which worries her. Insufficient complete of the answers, their briefness or absence of the answer at all can say about certain problems, which deals with the group of questions the woman cannot find "the right words". For instance: the woman does not write about her husband at all. It can be connected with the fact that they have tensed relationships; the woman invalidated her husband's participation in their family and child's life for some reasons. The mentioned has to be talked in the office to work out the questions of relationships of the parents-children for avoiding negative relationships with the husband, which can be reflected to the child in the future. And vice versa, excessive description of some category in comparison with the others can point to the anxiety demonstration or uncoscientious wish to turn their attention from the important to something "seemed" important. Slips of the pen in the narration can say about the breakthrough of the uncoscientious into the conscientious and find out that really worries the woman. It is necessary to stop on it more carefully and to analyze according to the other text.

For easier analyzing of the other "notebook", we designed the scale of the emotional narration intensive grades for every unfinished statement where:

2 – maximally, clearly, strongly positive emotional characteristic, description, attitude in continuation of the statement;

1 – positive attitude;

0 – indifferent attitude to something is talked about, absence of cleanliness of any emotions, laconic nature;

-1 – negative attitude;

-2 – maximally, clearly expressed, rather negative emotional characteristic, description, attitude in continuation of the statement.

The statements mentioned above are united into 2 groups. The statements in the pregnancy period applied to the first group according to the logic of the "notebook". The statements after the childbirth are applied to the second group.

The first group of the statements:

1. Woman health (the first statement).
2. Child health (the second statement).
3. Dreaming about the child (the third statement).
4. Child's father (the fourth statement).
5. Wife's parents (the fifth statement with the added).
6. Husbands' parents (the sixth statement with the added).
7. The woman's work (the seventh statement).

Maximum number of the points, which can be received in this group is 14, minimal number of the points is -14, which will reflect negative condition of the woman. Middle number of the points is 7. It shows that certain moments have to be discussed additionally not to leave aside bad health.

The second group consists of the statements of the period after the pregnancy:

1. Woman health (the first statement).
2. Child health (the second and the fifth statement).
3. Self-attitude (the third and the ninth statement).
4. The interaction during the breastfeeding (the fourth statement).
5. Wife's parents (the sixth statement with the added).
6. Wife's parents (the seventh statement with the added).
7. Husband's parents (the eighth statement).

Maximum number of the points, which can be received in this group is 14, minimal number of the points is -14, which will reflect negative condition of the woman. Middle number of the points is 7. It shows that certain moments have to be discussed additionally not to leave aside bad health.

For the work with the diary, psychologists must have experience with projective methodologies.

Let's come to the description of the "Mother's diary" itself.

The diary begins with the suggestion to the mother to write down her name. Then there is the manual with the greetings. The greetings, explanation and instructions of the appealing to the woman is done in the informal way. This conscientious step was done for preventing of the anxiety and separation, which can occur during filling in the materials where appealing is formal (documents, health bills etc.). Formal appealing can recall the "right answer" but we try to avoid this.

The first part "Pregnancy" begins after the introduction. It contains of the seven unfinished sentences and the suggestion of the free associations. The instruction to the unfinished sentence has the following form: "Please, continue the sentence without thinking for long time". Till the last suggestion about free associations the following instruction is:

"Please, write everything that comes to your mind; the first thoughts (or images), which occur, even if they seem strange or "wrong" in some way."

First two sentences are about the condition of the mother and the child-to-be: "I feel myself...", "I think my child feels ...". We can find out about her body

and mind condition through the mother's narration, which will continue unfinished sentences. Appealing to the child's health in care can help the woman and the specialists to find out about the beginning of psychological processes on time. The questions about the child's health will draw mother's attention to monitoring of child conditions antenatal.

The next unfinished sentence is about mother's dreams of the child-to-be (Zalewska, 2017): "I imagine that my child will be... in the future". The discourse about the future child will help the mother and the specialists to find out excessive expectations to the child, to articulate them, to form images about both "perfect child" and "imperfect child".

An unfinished sentence about the father of the child "Today the father ..." let us understand in what way the woman feels support and involvement of the father, if she has feeling of independence and to try finding out open or hidden conflicts with the husband, which can lead to excessive stress. The opportunity of working out the conflicts, which have been found out, will appear for parents-to-be. The opportunity to repair the relations will occur, which will decrease stress level and possible woman's feeling of being abandoned.

The next one is a group of unfinished sentences about the families of the husband and wife: "Today me and my parents (mum/dad)...", "My parents...", "My husband's parents...". Woman's discourse about all these unfinished sentences let us understand what relationships the woman has with her own family and her child's father's family, what attitude the family have to her, if she feels support and help, if there are the conflicts which need to be solved.

The last unfinished sentence in the part "Pregnancy" is about the woman's work. "Today at work..." – the woman's narration about this point can help the dynamic, which happens at her working place and the way it changes during the pregnancy.

After all the unfinished sentences we suggest women writing down their free associations, which will allow relieving their free association, which the woman did not write in the unfinished sentences. The aim of the course is to create the image about the main issue, which can worry the mother-to-be, but she does not realize it for some reason, and it prevents to work it out during work with the psychologist/psychiatrist or with the doctor who leads the woman during her pregnancy.

The second part is about the period after the childbirth. The part begins from the unfinished sentence about the mother's health. Further unfinished sentences are about the child and her/his interaction with the mother: "I can see that the

baby...", "The baby can see me percept...", "When I'm breastfeeding ...", "The baby...this week". The mentioned unfinished sentences are directed to open the understanding baby's health by the mother and the understanding how much the mother adapted to the baby (perception of the mother by the baby), perception of the child by the mother and the interaction with mother and the child, her dreams about the child's perception to her as the mother, co-ordination of the breastfeeding process and communication with the child (during the breastfeeding). The last unfinished sentence of the block will help the mother and the specialists to watch the changes of the baby's development and to notice the progress on time.

"Today the child's father..." is the unfinished sentence which is about the father and the child. The text about this unfinished sentence can help the specialist to understand the perception of the father by the mother in their relationships with the child and the involvement the husband into the relationships with the child in the dyad "mother-child".

Next, there is a group of unfinished sentences, which are about the parents' parents. They will help to understand the grandparents' involvement in the help to the mother with childcare, if there are any conflicts.

The last unfinished sentence is about the perception of herself as the mother: "I am the mother..." Mother's narration about this point will help the specialists to see how much women can see herself in the maternity role.

The structure of the diary and the unfinished sentences are given below.

Greetings and the instructions:

"Hello! This is mother's-to-be diary". It can help you to watch your health and your child's health. Also, you can take it as the notes for communication with your doctor and your psychologist in case of necessity.

During the rereading of your notes, pay attention to what way you write more often (positive or negative), if there is any repeating of certain topic or words in your notes, which relate to certain topic or question. Also pay attention to slips of pen, do not correct them, they can be the key to understanding that fact what worries you most of all. If you have noticed that your text became more negative in relation with your health or your child's health, if you have understood that there is the topic that is worrying you very much, talk to your doctor about this or psychologist. They will help you to solve all the problems!"

This is the diary: _____

The first part of the “Mother’s diary” “Pregnancy”:

1. Please, continue the sentence and do not think too long. Today I feel ... (more than 4 answers).

2. Please, continue the sentence and do not think too long. I think my child feels... (more than 4 answers).

3. Please, continue the sentence and do not think too long. I imagine that my child in the future.

4. Please, continue the sentence and do not think too long. Today the child’s father.

5. Please, continue the sentence and do not think too long. Today me and my parents (mum/dad).

My parents.

6. Please, continue the sentence and do not think too long. Today my husband’s parents (mum/dad).

My husband’s parents (mum/dad).

7. Please, continue the sentence and do not think too long. Today at work.

8. Please, write down everything that comes to your mind; first thoughts (or images), which come, even if you think they are strange or “wrong” in some way, continue to write, do not stop.

The second part of the “Mother’s diary” “The period after the childbirth”:

1. Please, continue the sentence and do not think too long. Today I feel... (more than 4 answers).

2. Please, continue the sentence and do not think too long. I can see that my baby... (more than 4 answers).

3. Please, continue the sentence and do not think too long. The baby can see me/percept.

4. Please, continue the sentence and do not think too long. When I breastfeed.

5. Please, continue the sentence and do not think too long. The baby...this week.

6. Please, continue the sentence and do not think too long. Today the baby’s father...

7. Please, continue the sentence and do not think too long. Today me and my parents (mum/dad).

My parents.

8. Please, continue the sentence and do not think too long. Today my husband’s parents (mum/dad). Husband’s parents (mum/dad).

9. Please, continue the sentence and do not think too long. I am the mother.

10. Please, write down everything that comes to your mind; first thoughts (or images), which come, even if you think they are strange or “wrong” in some way, continue to write, do not stop.

Using the scale for the calculation is given above.

4 CONCLUSIONS

On the basis of the theoretical generalization, the theoretical relevant to the outlined topic, we observe that:

The etiology of autistic spectrum disorders should be considered from the point of the integral approach, which unites several views on this question in our opinion, specifically from the point of view of the clinical, psychoanalytical and social-psychological methods. The mentioned will allow studying the phenomenon of autistic spectrum disorders.

Personal psychological peculiarities of the parents who raise the children with autistic spectrum disorders and the parents who have a neurotypical child, have differences in such characteristics: autistic features, systematization (which appears through professional direction), personal anxiety, depression, neuroticism and psychotocism. These personal psychological peculiarities can influence on interaction of the parents and the child and the feeling of social injustice.

One of the agents which lead to social and secondary withdrawal may be social injustice, which is expressed through not understanding and imperceptions (blaming of parents) of the families, which raise the children with autistic spectrum disorders. The other agent of social withdrawal can be parent personality and the specific of their interaction with the child. Also, the specific of the psychological peculiarities of the parents can influence on the interaction with the society, (professionals, teachers, practicing and school psychologists, who work with the child, other adults); it can be the obstacle for involving the child to inclusive studying environment and cause the feeling of social injustice of the parents relevant to the family and the child in particular.

“Mother’s diary” (as an additional methodology to reflex) can become a tool for preventing of social withdrawal of the child and the family; to prevent the feeling of social inequality due to inability to find out certain psychological and somatic conditions of the mother during her pregnancy and the first year after the childbirth, to help correcting relationships with the baby and family.

We plan to continue the research relevant to implementation of “Mother’s diary as preventing measure of social withdrawal.”

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