



The Quality Of The Relationship Between Mother And Child And Its Impact On The Child's Adaptation To His Illness - A Clinical Study Of Five Cases Of Kidney Failure

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Abstract:

This study aims to reveal the quality of the relationship with the mother of a child and its impact on the child suffering from renal failure facing his illness. The researcher applied the clinical approach to the case study, relying on the clinical interview, clinical observation, and the life narration technique on five cases of mothers with their children suffering from terminal renal failure. The research hypothesis was tested. Which states that the quality of the relationship with the mother of a child affects the confrontation of a child with renal failure who is undergoing blood filtration for his disease. The results of the study found that the methods of mothers dealing with their children with renal failure ranged between flexibility, severity, and neglect. In contrast, all the children's strategies in general were based on Irritability and avoidance. In light of these results, we suggested that there be a positive and effective way to announce the illness to the mother and follow up with her psychologically through psychological support sessions and direct her on how to deal with her infected child, which would benefit the mother-child duo and allow the mother to adopt a coping style that allows the child to confront his illness positively and accept it.

Keywords: Quality of relationship with mother and child; confrontation ; renal failure.

Introduction:

The quality of the relationship with the mother of a child is considered one of the important topics worthy of study and research, especially if it is coupled with its impact on the child suffering from kidney failure facing his illness, as there are matters that should be taken into consideration related to the child with the chronic disease and his mother, if the normal child needs constant monitoring and follow-up. Closely, what is the situation like for a child with a chronic illness, especially in the pre-adolescent age, when the personality is in a stage of preparation and preparing for a difficult and critical stage in the individual's life, which is adolescence, in addition to the complications of chronic illness, taking into account the solidity and fragility of the personality and the extent of its maturity and development, Consequently,

the capabilities and possibilities of confrontation differ, as well as the degree of seriousness of the disease, which sometimes requires undergoing surgical operations such as transplanting a specific organ, etc., in addition to the pain resulting from this disease and greater exposure to the risk of death, not to mention the limits and obligations imposed by the disease. In this type of chronic disease, people have The child, especially kidney failure, poses several embarrassing problems related to this disease and requires continuous close monitoring by the mother. Among them we mention the problem of diet. Failure to respect this diet puts the child's health condition in danger, and leads him to other long hospitalizations, which requires the patient to He adheres to the diet in order to avoid pain during the blood filtering process, and some other serious complications. There is also an intervention of psychological factors for both parties in shaping the quality of the relationship with the mother of the child, or rather in determining the pattern and method adopted by the mother, including the mother's relational past with her parents, her relationship With the husband, her psychological support during pregnancy and childbirth, as the child's illness is likely to be among the factors that can affect the family as a whole and thus the mother's dealing style. Many studies that focused on the psychological aspect of families of sick and disabled children have indicated that most of them may be exposed to For severe psychological pressure, it indicates that the presence of a disabled child in the family, whether physical, mental, or sensory, is considered a strong shock to the family in general, especially the mother in particular. (Al-Dahimat and Ahmed Yahya, 2008: 37), especially chronic and serious illness such as kidney failure, which can affect the exchanges between the mother and her child and sometimes lead to a deviation from the correct path and lead the mother to adopt an inappropriate way of dealing with her child, as this mother has been The moment her child's chronic illness is announced, she is subject, according to many studies, to emotional processes that would change the possibilities of caring for and following up on her child and the way she deals with him. By that, we mean feelings of guilt, anxiety, and pre-mourning as a reaction, as well as narcissistic wounds, and failure to adapt to this situation, which is what... It is consistent with what was indicated by researcher Rice Nariman, who found the presence of the following feelings in the mother of a disabled child, which are as follows: feelings of guilt, social embarrassment, intense tension and anxiety, fluctuating self-image, feelings of helplessness and inferiority, and an imbalance in confronting oneself and facing reality. (Rais Nariman, 2024: p. 334), in addition to other factors related to renal failure in the child, and here we mean the obligations and rules that the child is subject to, as he must not play like the rest of his peers and be in a state of dependence on certain diets and continuous periodic medical monitoring. And that his life is linked to the blood filtration process and he must undergo a kidney transplant as the best solution for recovery, which makes us question the reality of the way the mother deals with her child in this situation in light of these psychological pressures and the way she reacts in exchange for these obligations imposed by this child's illness, which He lives in a critical and dangerous period of his life instead of taking the plunge into life and thinking about a promising future, from which we pose the following questions:

Does the quality of the relationship affect the mother of a child in dealing with a child with kidney failure who is undergoing blood filtration for his disease?

- What is the nature of maternal coping methods in the case of a child with renal failure who is undergoing hemodialysis?

- What are the most important coping strategies for a child with terminal renal failure?

Hypotheses:

The quality of the relationship with the mother of a child affects the way a child with kidney failure confronts his illness.

The nature of the ways mothers deal with their children with kidney failure is evident in: strictness, flexibility, and neglect.

-The child's coping strategies are based on emotion and avoidance.

Motives and reasons for choosing the topic:

-A special motivation related to the inclination and desire to research this type of study that is concerned with the mother-child relationship and its impact on the coping strategies of a child with a chronic illness.

-Contacting this group closely and feeling their suffering in order to provide the necessary and possible solutions.

-Shedding light on maternal coping methods and how a child confronts his illness by experiencing it in the field.

-Satisfying scientific curiosity about this group of society that requires special care and attention.

-The seriousness of kidney failure and its impact on the child's future.

-Knowing the extent of the impact of a child's chronic illness on the psyche of the mother and the child, especially since in most cases we see that both of them realize that there is no future, and that this child lives to filter the blood, meaning that they are in the stage before death even though he is in the prime of life, and thus knowing How to deal with his chronic illness.

-Helping parents adopt positive treatment methods so that the child with kidney failure can adapt to his illness.

Research importance:

-It consists in revealing the quality of the mother's dealings with the child and the extent of his adaptation to his chronic illness and its impact on his life and future.

-It lies in the seriousness of kidney failure and its impact on the child's psyche, since he is in the latency stage, that is, he is at an age that allows him to know the extent of its impact on his future, especially since his life is always linked to the blood filtering system, and sometimes the solution is to transplant a kidney as the only and only solution so that he can continue his life and carry out his role in society normally.

The importance of the study lies in getting to know closely the personality of the mother and the personality of the child with kidney failure.

The research also has scientific importance through conducting a field study and applying the clinical approach to case studies.

Research aims:

-Confirming that the quality of the relationship with the mother of the child has an impact on the coping strategies of children with kidney failure.

-Supporting and assisting children with kidney failure to express their feelings and hopes and motivating them to overcome the effects of the disease and thus adapt to the disease and face it positively. This is through conducting clinical interviews and recording direct clinical observations.

-Giving these children a positive outlook towards the future and helping them adapt to their illness.

- Helping parents adopt an acceptable approach to dealing with the health status of their children.

Basic terms in the research and their procedural definitions:

-The quality of the relationship with the mother and child: What is meant by the maternal coping methods in this study is the method followed by the mother in dealing with her child who suffers from kidney failure, whether it is characterized by severity and cruelty, or by flexibility such as neglect, leniency, or excessive protection.

-Confrontation: This refers to coping strategies, or what is known as coping, that is, the strategies used by a child with kidney failure who is undergoing blood filtration to confront his disease.

-Renal failure: It is a disorder that occurs in the renal function related to a defect affecting this organ. These disorders are complex and multiple due to the multiplicity of kidney functions, or it is the end of renal function as a result of increased pressure due to severe inflammation of the nephrons or as a result of periodic kidney injuries in the child.

The theoretical side:

1-Definition of the maternal dealing style: According to the researcher Al-Hashemi Ahmed, it is the method followed by the mother in dealing with the child, whether it is characterized by flexibility, severity, or neglect. The methods of dealing are many and different, from neglect and indifference to punishment, beating, cruelty, strictness, and deprivation, including what is characterized by softness, encouragement, motivation, reward, and tolerance. Caution: Which of the methods is characterized by flexibility, which belong to the flexible style, and which is characterized by severity, which is the methods adopted in the strict style, and which of which belongs to the neglected style" (Al-Hashemi Ahmed, 2003, p. 36). We conclude, based on the above, that the style of dealing Maternal treatment or behavior that comes from the mother

towards her child in various situations that bring them together in daily life and the purpose of which is to raise him. The mother's style of dealing is affected by a group of elements related to her personality, including the cultural values she holds and how she expects and perceives the educational process. The treatment that the mother received in her childhood and the style Her parents' care for her greatly affects her awareness of the educational process, and thus affects the mother's awareness of the task entrusted to her towards her sick child and the responsibilities it requires. These are among the reasons that prompted us to choose the life narration technique in this study, especially since this technique is concerned with the development of the personality. The individual since his childhood, as soon as the child's chronic illness is announced, that hope of an ideal child in whom parents want to achieve what they have not achieved in their lives is shattered. Every mother has her own style of dealing with her child and her convictions about that, despite the fact that each style is different from the other, but if it comes to a style of dealing My father is with a sick child who suffers from a chronic disease, or rather is living in a period before death, and is related to the blood filtration machine. This constitutes additional psychological pressure on the mother and leads to adding a special advantage to the way she deals with her sick child, as the study of both "Ollie William" and the study of "Ansi and Sis" indicated. (1986) indicated that mothers of sick and disabled children suffer from high levels of psychological pressure (Walid Al-Sayyid Khalifa, Murad Ali Issa Saad 2008), which results in emotional processes resulting from that pressure, such as feelings of guilt and narcissistic wounds, which were previously mentioned, which would That affects the way she deals with him, and this is what gives an important specificity to this study.

2-The concept of confrontation or coping strategies:

Coping is an English word translated as "coping." It is a psychological term that finds its roots in the study of defense mechanisms. It is considered a new way to describe behavior, specifically knowledge, as Lazarus et Folkman 1984 defined it as follows: "Coping is the sum of cognitive efforts." And the ever-changing behavioral approach that aims to manage and control the special internal or external requirements that have been evaluated by the person himself as exhausting and annoying to his resources (Bruchon Schweitzer Marilou, 2002, p356), and it is divided into coping strategies based on the problem and others based on emotion. By influencing the process of primary and secondary evaluation, as well as the total perceptions that the child receives from his parents about the meaning given to the disease, and by using his adaptive abilities to overcome the obstacles that it presents to him to confront his disease, the occurrence of terminal renal failure requires the affected person to perform the process of filtering the blood permanently, and here we see that the first The reaction of the sick child is to not accept and reject treatment because it makes him constantly dependent on the blood filtering process, and this makes him lose his independence, as this affects several areas, including his physical integrity, his family and social role, and he finds himself threatened with death. (Colette Perichi, 1999, p. 24-25).

-Practical aspect:

-Methodological procedures for the study:

-Research framework:

-Location of the study: We chose the Pediatric Hospital in Oran Kunsthal as a field to conduct the applied aspect of the study, and the study was conducted specifically in the Department of Kidney Diseases and Organ Transplantation.

Study cases:

We review the most important characteristics of the cases as shown in the following table:

Table No. 1: Shows the most important characteristics of the cases representative of the study sample

Study cases	mother's	Sex	Child's age	Maternal age	arrangement of the child among the siblings	The child's educational level	Mother's educational level	mother's job	Father profession	Age of discovery of the disease
First case		male	12 years	43 years old	3 of 6 brothers, 4 girls and 2 boys	4 primary	She never went to school	Staying at home	merchant	4 years
The second case		male	12 years	48 years old	4 and the last one were female and 3 were male	8 essential	third year in high school	Staying at home	Literal	Year and a half
The third case		male	13 years	47 years old	3 out of 4 brothers, two girls and two boys	The second is average	First primary school	First primary school	not working	6 years
Fourth case		male	08 years	39 years old	3 in 3 brothers, two daughters	Second primary school	third year in high school	Staying at home	Professional worker	7 years

Fifth case	feminine	10 years	36 years old	3 out of 6 siblings, 4 boys and 2 girls	First year	First average	Staying at home without working	not working	10 years
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Source: Prepared by researchers

We note from Table No. (1) that the cases representative of the study sample were mothers who were in the hospital with their children suffering from renal failure. The study was conducted on five cases, where the ages of the mothers ranged from 36 to 49 years, while the ages of the children ranged between 8 and 13 years. They belong to the category of late childhood. They all suffer from terminal chronic kidney failure and are subject to the process of blood filtration. Here we can say: "The scientific knowledge in the clinical approach is not specifically related to the number of cases studied. For the clinical approach, one case is sufficient. We also say that what each case carries is Individual idiosyncrasies are only used for proof and to explain knowledge, and the results gained from the case are sufficient for study" (Minkowsky E, 1966, p352), (Eugene). Gender is also a non-essential variable in our research, as the basic study was conducted on five cases of mothers with their children, including four males and one female. One, according to the cases available in the department. We also note that all cases fall into the third, fourth, or last rank in the family arrangement, and there is no case that falls into the first rank, as the fifth case came in the ranking after a brother of hers who died due to the same disease as well, i.e. deficiency. The kidneys, as this factor clearly affected the mother-child duo and the family in a way that we clearly noticed through the clinical interviews. We also notice from the table that the age of the sick children does not match the academic level and this is due to the permanent connection to the blood filter machine and the emergency hospitalizations to which the child is exposed. His presence in the hospital every three days and the difficulty of the health situation prevent his adaptation and social academic integration. Even the educational level of the mothers ranges from primary and intermediate to the third year of secondary school. They all stay at home and are not working, which allows them to be constantly present with their children, whether at home or in the hospital, and this is what is appropriate. With our study, it allows us to find out how they actually deal with their children, and it is also clearly evident from the fathers' professions that the cases belong to an economic level from weak to medium. We also notice from the table that the age of discovery of the disease in children ranged from one and a half to ten years, as the earlier the age of discovery of the disease, the more it impedes the child's psychological development. This is what we observed in the five cases in general, as we observed a slight delay in sensory-motor development and acquisition. The situations in the second case, while physical growth was somewhat slow compared to the other cases, especially the fifth case, in which the age of discovery of the disease was 10 years, in addition to the impact of the disease on the cognitive aspect and academic achievement, which seemed clear through our study of the cases in general.

-Research methodology: In this study, we relied on the clinical approach that enables us to study the case in depth, through the case study as it is a valuable tool that enables us to reveal the facts of the life of the mother/child duo, to find out the truth about the mother's dealings with her child from birth until the present moments in order to reach To a comprehensive understanding of the mother and her relationships, her past and present in her social environment, which is likely to affect the child with renal failure coping with his disease, especially since we relied on the technique of narrating life with mothers. "The case study is the method that is usually chosen in clinical psychology, as it studies the individual." By himself in his relationships with others, specifically with his multi-form surroundings, outside of any functional comparison, the focus is on the individualities and peculiarities of each case" (Hocine, 2006, p. 236).

-Study tools:

-The clinical interview: It is a dynamic relationship and face-to-face verbal exchange in a psychological atmosphere where mutual trust prevails between the two parties. The importance of the interview lies in that it is a field for expressing emotions, feelings, and trends aimed at revealing what is behind normal behavior. For Symonds P.S.: "The interview is a method It aims to collect data during an individual or group examination of the subject, who narrates his history, gives his point of view and interpretation of the phenomena, or responds to the questions asked related to the study or ongoing research ((Charles Nahoum, 1975, p. 11). We applied this tool to the mother-child couple, whom we relied on in our research. This semi-interview is directed to gathering as much information as possible about the way the mother deals with her sick child inside and outside the hospital, at home, and in the different positions that bring them together while eating and doing some household duties, as well as with the aim of granting greater freedom to the mother to express her feelings and attitude towards her child, and starting from Given that the child with kidney failure has a completely disturbed relationship with society, this interview allows us to get to know the mother's feelings and the extent of her awareness of the difficulty of this situation with the child, and to determine the psychological pressure resulting from it, and also to know the extent of the child's awareness of his illness and his awareness of his future, and thus determine the coping strategies he takes towards it. His illness, during which we relied on specific axes that helped us obtain the desired data.

Regarding the topics that we addressed in the clinical interview through which we applied the life narration technique, we mention:

- The mother's awareness of the sick child's behavior at home.
- Addressing the shock resulting from the moment the chronic illness was announced.
- Relationship mother/child/blood filtration machine.
- Addressing the problem of kidney transplantation.
- Addressing diet and nutrition.
- Relationship with peers.
- Quality of the parent/child relationship.
- The type of treatment between husband and wife.

- The child's status with school.
- Addressing the child's future outlook.
- Addressing the idea of death.

-Clinical observation: These are unbiased examinations of the behaviors that come from the subject without interference in the circumstances guiding these behaviors (Arnoff and Wittig, 1994, 29). Thus, observation is based on behaviors that are generally an expression of psychological aspects, social phenomena, or individual tendencies (Muhammad Muslim, 2001, 38), and the observation addresses several aspects of the child's personality, including: physical appearance, dress, speech style, motor and emotional response, facial features, gestures, attachment to the mother, and dealing with the medical and paramedical team during the blood filtering process. As for the mother, to identify the most important clinical indicators and signs that accompany the mother's letters, which indicate the presence of a painful psychological experience and emotional psychological processes such as feelings of guilt and narcissistic wounds, and the presence of psychological suffering resulting from severe psychological pressure as a result of her relationship with her afflicted child, which would affect On the way she dealt with him.

-Life narration technique: In our research, we relied on the life narration technique because it enables us to understand how a personality is built and formed, in addition to identifying the quality of education that mothers received in their childhood because the quality of education that mothers receive in childhood greatly affects the way they deal with their children. This is on the one hand, and on the other hand, we see when the child's illness appears, how the mother confronts her child's illness and the way she deals with him. The mother's confrontation with her son's illness or the way she deals with him is always related to the quality of education she received in her childhood and the way her parents deal with her, and the child's confrontation with his illness is always hers. A relationship with the structure of the mother's personality. Once the mother narrates her life and addresses childhood memories, the quality of her relationship with her parents and the extent of her awareness of the parental treatment style that she underwent in her childhood, which she will transfer to her children, becomes clear. This technique also allows for the narration of private daily events with her sick son (the history of his illness, Its beginning is the position of the sick child in the family and at home, since his illness will make him closer to her and more dependent, and this is through listing the many different situations that bring them together at home or in the hospital during the hospital period. These are the situations that will largely determine for us the way the mother deals with her child the patient.

Presentation and discussion of the results of the study in light of the research hypotheses:

- The study hypotheses indicate that: The quality of the relationship with the mother of a child affects the child with kidney failure's response to his disease.

-The nature of the ways mothers deal with their children with kidney failure is manifested in strictness, flexibility, and neglect.

We expect the child's confrontation to be based on emotion and avoidance.

Through our field study and the application of the clinical approach to case studies, we achieved these hypotheses, as it became clear to us in general that the methods of mothers dealing with their children with kidney failure differ from one mother to another, and thus the coping strategies used by the child in confronting this chronic disease differ, and it became clear to us The impact of the quality of the mother-child relationship on their children's confrontation with their illness, which we will detail below by briefly discussing each case and its outcome separately:

- Regarding the first case, we noticed, through our field study and the application of the clinical approach to the case study, that the mother's style is characterized by coldness and lack of emotionality, that is, it is a lenient and neglectful style characterized by leaving the child freedom in what he does. We noticed, through the clinical interview, a relationship of mutual distancing between the mother/child duo, where the mother took a position of pre-mourning, knowing that she declared that he was an unwanted child, as she stated that he was a child who reminded her of all that was suffering, guilt, and lack of social appreciation. We also noticed through clinical observation that he was excessively mobile and difficult to follow and monitor. Some researchers described Mothers of sick children with disabilities are mothers who are characterized by being withdrawn into themselves, emotionally cold, isolated from their disturbed children, and socially withdrawn (Nour El-Din Jabali, 2015: 69), which is largely true of this case, and this is due to the terrible psychological pressure that the mother is experiencing as a result of the problems. Related to her sick son's illness and the emotional processes resulting from it, which affects the way she deals with him. On the other hand, we noticed through the clinical interviews that the child internalized and entered into confronting the mother and faced his illness with her, so he also took a position of distancing himself from the mother. The illness usually strengthens and strengthens the relationship of dependency between the child and the mother. But what we noticed through clinical observation in this case was that the illness made him more independent and was an opportunity to prove himself, as he fought and fought against the disease on the one hand, and against his mother on the other hand, without forgetting the secondary gain from the illness, which is uttering obscene words, in addition to Excessive motor activity, which was like a pathological relationship, especially with the medical and paramedical team within the department. In addition to all of this, the child has a developed awareness of his illness, according to what was stated in the medical report. He knows very well that he is walking on the path to death and that his life depends on undergoing the blood filtration process three times. Weekly, according to what he stated in clinical interviews, and what we noticed is that his confrontation with the disease was based on emotion and avoidance, as what was mentioned above is considered a coping strategy against the seriousness of the disease and its obstruction of his social integration.

-Regarding the second case, we noticed through our field study and the application of the clinical approach to the case study that the mother's style was strict and was characterized by attention and concern for her child. She lives in constant concern for her child and forces him to adhere to the obligations and duties that the disease imposes on him in view of the

psychological pressure that she is experiencing, as the muscle study indicated. 2012, which he conducted on parents of sick and disabled children, the result of which was that the level of psychological stress was high among mothers of disabled children (Nour El-Din Jabali, 2015: 85). This stress resulted from her daily psychological experience with the child, the narcissistic wound, the feeling of guilt towards her child's illness, and the lack of social appreciation, as we noticed that The child faces the mother's decisions on the one hand, and the obligations of the disease on the other hand, to the point that he begins to protest and complain about this method of treatment and shows opposition to it. The mother's adoption of this strict method may be due to her suffering from a chronic illness as well, at the level of the heart, and this means confronting her illness. On the one hand, and the child's illness on the other hand, while we find that the child's confrontation was based on emotion, as suicidal thoughts appeared in him as a way to confront the illness and the horror of what is coming in the future in light of the lack of solutions and the weak possibility of recovery except in the case of a transplant, which remains out of reach, according to the mother. We also noticed the emergence of obsessive symptoms resulting from the problem of diet and the necessity of adhering to the diet, and the child also entered into confrontation with the mother and faced his illness with her as well, as we noticed in the clinical interview that the child senses and senses the mother's care and attention towards him, and this is what drives him to be closer to her, as He stated that while he was playing, he always came to check on her every time to relieve her anxiety and fear for him. The child also resorted to denial as a defense mechanism to alleviate the difficulty and harshness of the living reality, as the child appeared in strong thoughts and self-esteem, and other depressive thoughts were associated with suicidal thoughts, as well as the outlook. Self-negativity because of peer persecution.

-Regarding the third case, we find that the mother's style was characterized by overprotection, and that there is a strong mother/child relationship that is evident in the desire of each of them to remain close to the other, as we find that the child's confrontation with his illness was based on emotion as he fell under the influence of shock, and this was evident through Loss of consciousness, as well as stupor and distraction when using the blood filter machine for the first time in a child, exploiting the effect of the previous shock and its symptoms as secondary gains from the disease, as everything related to the hospital and what it contains has become traumatic for him. We also noticed that the mother was affected by traditional medicine, as she preferred ruqyah. On modern medicine, this is due to religious, social, and cultural beliefs. We also find that the child naturally entered into this confrontation, as he loves reading the Qur'an and the stories of the prophets. The mother is an important role model in shaping the child's personality, and we also noticed how the mother fell into an emotional contradiction. She stated in clinical interviews that she loves her child and considers him the best of her children, and at the same time she wishes for his death so that he does not suffer in this life, in reference to the severe pressures she is exposed to as a result of her child's illness. In this regard, the study of "Riyad Yaqoub Melkosho" and "Khawla Yahya" indicated that (1995) stated that the level of psychological stress among parents of sick and disabled children is high (Rice-Nariman, 2024: 362), and this, according to our belief, justifies the mother's dealing style, which was characterized by excessive protection.

As for the fourth case, we find that the mother's style is characterized by strictness, while we find that the child's confrontation was based on emotion, as the illness made him more childish and regressive. We also distinguished in our analysis of this case between the parental dealing style at the moment of separation and announcing the shock because it is a circumstantial moment, so the matter It relates to using a blood filtration machine for the first time, and the mother's way of dealing with her daily livelihood at home, as we noticed that the mother prefers daughters, i.e. his sisters, over the ill child in their daily livelihood at home despite his suffering from a chronic and fatal illness, so he took pampering as a secondary gain from the illness and became More dependent, and the mother increased in her strictness, strictness, and inclination towards her daughters, while the child's illness imposed itself forcefully, which made him protest and oppose with rebellion. We also noticed a significant obstruction to the child's psychological development in all sectors of development. The situation is that he does not have in his concerns any desire to grow up and become of a position in the world. Society is well aware that his life is about filtering blood, taking the blood filtering machine as an object of love, as we sensed in the mother/child duo through clinical interviews a desire and hope for life despite this living reality, and we noticed that the disease has disintegrated the entire family. The mother could not bear this situation, which made her adopt this strict method of dealing. Many studies that focused on the psychological aspect of families of disabled people have indicated that most of them may be exposed to severe psychological pressure, as they indicate that the presence of a disabled child or a chronically ill person in the family, whether A physical, mental, or sensory disability is considered a strong shock to the family in general and to the mother in particular (Al-Dahimat and Ahmed Yahya, 2008: p. 37), and this gives an explanation for the mother's strict style in dealing with her child.

- Regarding the fifth case, we noticed that the mother's dealing style was characterized by flexibility. She was lenient with her daughter to the point that the child insulted her mother and sometimes hit her without any reaction from the mother. In the study of "Ollie and Liam" and the study of "Ansi and Sis" (1986), who dealt with psychological pressures among mothers. Children with disabilities, and she pointed out that mothers suffer from high levels of stress (Walid Al-Sayyid Khalifa, Murad Ali Issa Saad, 2008), and this, we believe, may provide an explanation for her flexible and indifferent approach to her child, and what distinguishes this child's case from other cases is that she came in Arrangement after a brother of hers who died with the same disease. This means for the mother that she is following the path of her brother who came before her. The only difference between them is the use of the blood filtration machine, as her brother died before he reached the stage of using the blood filtration machine. As we noticed in the case, she was very shy and ashamed. She speaks little, is very silent, and is quick to complain about adults, whether the mother or the medical and paramedical team, especially since she was subjected to numerous surgical operations resulting from medical errors that increased her suffering and pain, as she developed suicidal thoughts due to her inability to bear this situation, and in the following table we show the result. What we arrived at is as follows:

Table No. (2): shows the results of the study reached by presenting parental coping methods and the type of confrontation with children with kidney failure:

Study cases	Maternal dealing style	The quality of the child's confrontation
First case	The mother's dealing style is unemotional, lenient and neglectful	Trying to be independent, letting go of pain, and fighting against illness. As a strategy against the danger of illness and death
The second case	The mother's treatment style is strict (very attentive and careful)	The emergence of suicidal thoughts and a negative view of oneself
The third case	The mother's dealing style is overprotective	Failure to respond and fall under the influence of shock (stupor, fugue)
Fourth case	The mother's dealing style is strict and controlling	Dependency and recidivism
Fifth case	The mother's dealing style is flexible (tolerant)	Avoid shyness, avoid suicidal thoughts.

Source: Prepared by researchers

It is noted from Table No. (2) that all confrontations of children with renal failure are based on emotion and avoidance. We also note that the maternal dealing methods that we have found are: non-emotional and permissive style, strict style (very attentive and careful), and excessive protection style. A flexible and tolerant style of dealing, and almost all of them are classified within the flexible style, except for the two styles of the second and fourth cases, which were characterized by strictness. What makes these styles different from the parental dealing styles in the case of a normal child is that kidney failure in the child causes psychological pressure in the mother. Which makes her confused about his burdens and problems, as she cannot make plans for the future and that her son cannot face life with his limited capabilities, so the mother lives in a state of distress and tension that she tries to get out of through an outlet outside the family environment, but she is confronted with the fact that her son is unusual and cannot He lives his life like other normal children, which increases her suffering, and this leads to the emergence of psychological disturbances and processes that occur in the mother's psyche since the announcement of the chronic illness, which is always traumatic for the child/mother duo, and the shock varies in severity from one case to another. "The first reaction is To announce the disease to the parents, without a doubt, is: "Stupation and distraction, as if they were never waiting for what would happen, and did not understand anything, as if nothing had been said to them, is a real paralysis of the cognitive and delusional psychological life at the same time, evidence of the failure of the parents' usual and familiar defenses." The second type of reaction is always secondary, represented by projection and irritation. Some parents enter into a spiral of anger" (Graindorge Catherine, 2005, p147), says one of the mothers of our study sample at the moment the illness was announced and the first blood-filtration session was conducted, which is the third case that distinguishes her style. With excessive protection: "I wish we were

crying, I didn't know how this was, if we knew how it was like this, I swear we wouldn't forget it and we wouldn't go back to the one who blocked his kidneys, they would treat him and manage their heads." She adds the fourth case, which is characterized by her style of strictness: "I saw myself sane because he said the kidneys were being blocked directly." They took him to the machine, and when the doctor told me, "Don't sit with him, I don't know what happened to me. I wanted to go crazy. I thought I was fine with him that day, what can we tell you?" I wanted Nahabal. You know what I wanted Nahabal? I was hugging him in the hospital for 4 days. They couldn't separate me from him. We sat walking and banged my head against the wall. We notice here how the two cases expressed their psychological state at that crucial moment with these phrases: "I wish we would cry" and "I wanted to go crazy" and "I hit my head against the wall," which all indicate revolution, commotion, and rejection of the traumatic reality. She adds the second case, which also characterizes her style by being strict: "I have not forgotten this robe," meaning that it was a great shock for her to the point that she did not forget it and remained Engraved in her memory because it is a psychological earthquake¹. And a reversal and failure of the delusional life, because what was announced at that moment is a chronic and fatal disease that will last a lifetime, and it can be said here: "All mothers live with the question: Why should we and our child in particular? Where there is rebellion and revolution, a feeling of guilt, that begins as soon as the announcement continues throughout life, as the mother continues to search for what sin she is suffering now, and that there is a real reason in the past for which she is now paying the price. She sees that there is no smoke without fire, and that the real reason for what is happening is that she is concerned with this catastrophe that was just announced. All parents, when they can or have the opportunity to talk about the moment of the announcement, describe it as a painful and harmful experience, and there is a strong question that arises: Why did this child reach this difficult situation, since he entrusted them with all their total strength to protect him, and here the child becomes like a strange being for several titles? "Catherine Graindorge, 2005, p. 159. The child explicitly enters into a struggle and a real confrontation with death instead of turning to life and building the future. This is because when death approaches, the truth suddenly comes to strike and destroy the protection mechanisms. This period always results in disturbed behavior. Note when learning the diagnosis. Emotional exhaustion may harm parents who, until that moment, have been able to maintain some balance, as we observe reactions of abandonment and open or latent and hidden indifference. Some are unable to stay with the sick child at all and see him suffer (Ajurriaguerra, 1974, p951). The second case adds this. In this regard: "We don't want to see my hands on her, so we go and sit in the garden." In this regard, the study of Professor Badra Moatasem Maimouni (2021) and her collaborators in the framework of an international research group on parental psychological burnout indicates that they translated and designed the parental psychological burnout scale designed by (Roskan). et al, 2018) The study concluded that women are more susceptible to psychological burnout, especially mothers of sick children and people with disabilities. The result also showed that mothers are more vulnerable to burnout than fathers because they are exposed to great pressure (Rice Nariman, 2023: p. 327), and this is what we observed in the cases through Clinical interviews: When the coming death is announced,

¹ - This term describes the power of the shock and how things will suddenly change completely at the moment of the announcement, and nothing will ever be as it was, because what was just announced is a chronic disease that will last a lifetime and end in death.

everyone fluctuates and fluctuates, nothing becomes the same as it was before, the sick child becomes a completely different child, he excites those close to him, his parents become in contradiction in distances, that is, between ebbs and flows, where they must find union and emotional unity. Before, in preparation for the final separation, the matter here is related to a fatal disease, which leads to one path, which is death, and makes his life linked to the machine for filtering blood. Therefore, the mother, at the moment of the announcement, is required to review past and present accounts, in front of the horror of the new narcissistic wound that is still bleeding, in front of her hope for an ideal child. She wants to fulfill her hopes and all that she did not achieve in her childhood, which raises feelings of guilt, a renewal of parental fragility, and lack of social appreciation (Graindorge Catherine, 2005, p. 157), especially if the mother also suffers from a chronic disease, such as the second case, as the parents are considered the first. Who bears responsibility for what happens to this child in their eyes, and of course in the eyes of the social environment, and this is what we observed through our field study. Finally, we confirm that the research hypotheses have been fulfilled, as the quality of the relationship with the mother of a child affects the child suffering from kidney failure's confrontation with his disease, as the nature of the parental coping methods was manifested as strictness, flexibility, and neglect, while the child's coping strategies were based on emotion and avoidance.

Conclusion:

After a field clinical study of five cases at the hospital institution specializing in pediatrics in Oran Kenstal, through which the clinical approach was applied to the case study, relying on the clinical interview, clinical observation, and the life narration technique for the purpose of knowing the effect of the parental approach in confronting the child with kidney failure for his illness, we arrived at the investigation of a hypothesis. The study states that parental dealing methods affect the confrontation of a child with kidney failure who is undergoing the process of filtering blood for the disease, as the nature of these methods ranged between severity, flexibility, and neglect, as we observed in the first case, whose style was characterized by leniency and neglect, as well as the third and fifth cases, that is, the protective style. The excessive and tolerant style, respectively, as well as the strict style, as we observed in the second and fourth cases. On the other hand, all of the children's strategies were based on emotion and avoidance. In the end, we initially suggest that there be a positive and effective way to announce the illness to the mother and follow up with her psychologically through psychological support sessions and direct her how to Dealing with her injured child is done on a weekly basis in coordination with pediatricians supervising the child's treatment, psychologists, and parents, which benefits the mother-child duo and allows the mother to adopt a coping style that allows the child to face his illness positively and accept it, as well as helping the mother to accept her child as he is. In addition to that, improving schooling conditions in the hospital, taking into account the child's health condition, including conducting exams and assignments inside the hospital for school adjustment. We also point out the necessity of conducting future studies related to parental coping methods for children with chronic and incurable diseases, given the lack of studies in this regard, as far as we know. We also suggest enriching the daily program for the sick child in the hospital with recreational, entertaining and

educational activities that enable the child to accept his illness and adapt to it, including allocating a special ward for games in the Department of Kidney Diseases and Organ Transplantation at the Pediatric Hospital in Oran Kunsthal. We also stress the necessity of consolidating the culture of kidney transplantation. Providing it and sensitizing public opinion and officials in charge of the health sector in particular to facilitate kidney transplantation procedures in our country so as to give hope and a chance to live longer and aspiration for a better future for this group of children at the national level, concluding with the necessity of exchanging experiences with developed countries in this field and being aware of the latest developments and The latest in this regard.

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