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The Psychological Impact of Announcing a Child's Disability or Illness on Parents from the Perspective of Psychologists

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Abstract:

The present study, entitled *" The Psychological Impact of Announcing a Child's Disability or Illness on Parents from the Perspective of Psychologists,"* aims to explore the level of psychological effects and reactions resulting from informing parents of their child's illness or disability. This event is considered a painful experience that may cause profound psychological trauma and distress. The study also examines these effects from the perspective of psychological specialists.

In addition, the study seeks to identify the level of psychological, medical, and social care needed by parents, as perceived by specialists. It further highlights the importance of the manner in which the diagnosis is communicated, as well as the role of the medical team in delivering the news in a humane and gradual way, providing psychological support, and accompanying parents to help them overcome the shock and reach a stage of acceptance and adaptation to their child's condition.

A descriptive method was adopted through the use of a questionnaire assessing the psychological effects of announcing a child's illness or disability, administered to a sample of (32) psychological specialists. The results indicated a high level of primary shock-related psychological effects among parents, as well as a high level of need for psychological, medical, and social care from the perspective of the specialists.

Finally, the findings were discussed in light of the theoretical and field data of the study.

Keywords: Psychological effects, announcement of a child's illness or disability, child, parents, psychological specialists.

Problematic:

Learning that one's child has a disability or illness is an extremely difficult experience, during which parents feel a sense of helplessness regarding their own abilities and emotional resilience. The manner in which the news is delivered and the pace at which information is conveyed play a significant role in shaping parents' reactions; this can either lessen the impact of the shock on them or intensify it.

Common initial reactions among parents include shock, a general sense of numbness, disbelief at what is happening, an inability to express any feelings, an inability to comprehend the information and a need for it to be repeated, and difficulty discussing the condition with family and friends, and, at times, a need to discuss the subject repeatedly due to an inability to come to terms with it. They may also experience sadness, anxiety and fear of the future, psychological stress and depression, as well as feelings of guilt: 'Am I responsible, and therefore to blame, for the onset of this disability or illness? Will I be able to help? How will this change our current family life? Will we be able to cope?' (Debroca, 2011, p. 18), as well as feelings of hostility from others, and resorting to violent behaviour, addiction and suicide.

Parents may experience severe psychological trauma immediately upon receiving the news that their child has a disability or a serious illness, resulting in reactions ranging from panic to denial: "Everything will be fine; the doctors are wrong; the child is ill, but will recover." This denial is sometimes linked to feelings of shame at having a child with special needs, leading to internal escape (the delusion that nothing has happened), physical withdrawal (where the father often leaves the family), or social withdrawal (such as avoiding appearing in public with the child and not discussing their disability with others, whether within or outside the family) (Zinschitz, 2007, p. 89).

Parents' reactions range from denial ("He doesn't have a disability; he's just a bit behind in his development") to repressing feelings of loss ("The parents strive to set a good example in his upbringing"), and downplaying the situation; they try to reassure themselves and put things into perspective: 'He understands everything; he's just like any other child', and seeking reassurance by frequently visiting specialists in the hope of finding a more suitable treatment, or even seeking compensation by having another child (Gardou, 1996, p. 19).

Upon receiving the diagnosis, the idealised and imagined image that the parents had formed of their child collapses, and they experience a sense of unreality, as well as psychological pain characterised by deep despair and helplessness in the face of the disability or illness, and a mixture of emotions such as shame and guilt, which may even extend to hatred towards the doctor who delivered the news, alongside psychological withdrawal and a diminished interest in the outside world. This is followed by a stage of readjustment, during which the parents begin to accept the pain, sever the imagined bonds with the expected child, and start to downplay the matter and minimise the gravity of the situation, adopting behaviours more suited to the new circumstances, They compel themselves to be perfect (sublimation of destructive impulses); however, the emergence of certain reactions such as denial cannot be ruled out, whereby the parents refuse to acknowledge their child's disability or illness. (Perier, 2019, p. 10)

Furthermore, symptoms of post-traumatic stress disorder (PTSD) manifest in both parents following the diagnosis of their child's disability or illness in a more distressing and painful manner, characterised by a deterioration in everyday memory, sleep disturbances, intrusive memories and obsessive thoughts, and the re-experiencing of the traumatic event in the form of flashbacks and disturbing dreams, hyperarousal and avoidance of triggers associated with the event, not to mention the latency period preceding this disorder, which can extend for a

long time—potentially up to several months—and the distressing symptoms that this period also entails (Djebbar, 2025, pp. 1–2).

The announcement of a diagnosis of a child's disability or illness is, for parents, a genuine trauma in the psychoanalytic sense of the word; it is an extremely sudden and unexpected event that causes a rupture in the psychological system, affecting its functions and shattering the parents' usual defence mechanisms, leading to the emergence of more complex pathological defence mechanisms. They suffer a deep narcissistic wound that affects their identity and equilibrium. The child's disability or illness triggers unconscious representations in the parents and the family linked to an image of 'disturbing strangeness' and the accompanying fantasies of illegitimate parentage or forbidden conception, deformed or monstrous sex, as well as inevitable questions about origins and heredity, and feelings of shame, frustration, guilt and sadness at the loss of the image of 'normality' (Kroff, 2012, pp. 24–25).

Illnesses represent a psychological ordeal and an existential challenge for patients and those around them, given the threat they pose and the risk they present to life; consequently, they limit patients' emotional, cognitive and behavioural responses. Furthermore, the announcement of a diagnosis causes psychological trauma, the severity of which varies depending on the timing and nature of the information. The disclosure of the illness is a gruelling and unbearable experience during which the patient and their family feel that their psychological capacities and potential are overwhelmed; psychological support helps them to face life's difficulties and achieve psychological equilibrium (Djebbar, Meherzi, 2024, pp. 824–826).

Telling parents that their child has a serious illness immediately conjures up an image of death in their minds, alongside a preconceived image of the unbearable suffering caused by the illness and its treatments; for the shocking and incomprehensible diagnosis simultaneously causes a sudden existential rupture and triggers immediate defence mechanisms, beginning with denial—the most common of these. However, Ferenczi —a pupil of Freud—discussed in 1932, in his 'Reflections on Trauma', the anaesthetising effect of trauma, which causes a suspension of thought and a state of passivity, and generates survival strategies; it also brings about a narcissistic splitting of the ego, as if the patient were divided into two selves, in a way that alleviates their suffering. (Zucker, 2007, pp. 15–16)

To mitigate the effects of informing parents of their child's illness, the doctor should, from the very first consultation, make it clear to the parents that the chances of recovery far outweigh the likelihood of failure, and that progress and new solutions will continue to emerge throughout the course of treatment.

Among the studies that have addressed the psychological effects on parents of the disclosure of a child's disability or illness is the study by Hedderly et al. (2003), which examined parents' reactions to the disclosure of their child's disability, It highlighted the lasting psychological effects resulting from the manner and circumstances in which the diagnosis was disclosed, and shed light on how parents adapt to the situation, as well as the various resources and strategies they rely on in doing so, emphasising the need to reorganise and coordinate the services provided to them, and the development of public policies to alleviate the economic and psychological pressures they face (Hedderly et al. 2003).

Study by Song et al. (Song et al. 2018): This study sought to investigate the experience of social stigma as a source of chronic stress faced by parents of children with developmental or mental health disorders, as well as to examine the impact of this stigma on their health indicators and outcomes, It was based on data from the Midlife in the United States (MIDUS 2 and 3) study and included 128 parents of children with developmental disorders, including autism spectrum disorder, cerebral palsy, Down's syndrome, epilepsy, attention-deficit/hyperactivity disorder (ADHD) or mental health disorders, as well as 2,256 parents of children without any illness or disability. The results showed that parents whose children had developmental or mental health disorders reported higher levels of social stigma, These included feelings of embarrassment and shame, a lower self-assessment of their health status and a higher number of chronic conditions from which they suffer, as well as experiencing higher levels of discrimination in daily life, compared with parents of children who do not have any illness or disability (Song et al. 2018, p. 2).

Thus, parents' responsibility for providing long-term care and support to their children with developmental or mental health disorders has a negative impact on their own mental health due to their constant and cumulative exposure to stress.

A study by Sarah Perier (2019), which aimed to understand the impact of disability-related issues on personal and parenting dimensions and examined the construction of the parental role in coping with disability (from the moment of diagnosis to the management of daily life), It addressed psychopathological aspects, particularly the concepts of psychological distress and parental burnout, and the various key factors causing them, with explanations regarding parents' personal resources, the different types of formal support available, and parents' potential expectations of these systems. (Perier, 2019, p. 1)

Consequently, this study showed that having a child with a disability leads to symptoms of anxiety, depression and stress that may escalate to parental burnout, despite the availability of resources and social and psychological support that could alleviate this suffering. The findings also showed that the difficulties faced by parents vary from one stage to another and depending on the nature of the disability, and that the severity of distress is linked to the burden of daily tasks, the frequency of appointments and organisational responsibilities, as well as constant preoccupation with the child's care.

The study by Scherer et al. (2019), which aimed to conduct a systematic review and meta-analysis of nineteen (19) epidemiological studies to explore the relationship between raising a child with an intellectual and developmental disability (under 18 years of age) and the incidence of depression and anxiety among parents, found a statistically significant positive association between caring for these children and higher levels of depression and anxiety among parents; with the prevalence rates of depression and anxiety being on average 31 per cent for both, compared with 7 per cent for depression and 14 per cent for anxiety among parents of healthy children (Scherer et al., 2019, pp. 1–2).

Depression and anxiety are among the most prominent psychological effects experienced by parents caring for children with intellectual disabilities or developmental disorders.

To the best of our knowledge, most previous studies have addressed the psychological effects of a child's disability or illness being disclosed to parents in a generalised manner. The present

study aimed to investigate the extent of the psychological effects of disclosing a child's disability or illness to parents, particularly from the perspective of mental health professionals, and sought to answer the following questions:

- What is the extent of the psychological effects of the initial shock on parents from the perspective of mental health professionals?
- What level of psychological and social care do parents require from the perspective of mental health professionals?

2. Objectives and significance of the study:

Our current study aims to shed light on the various psychological effects and initial reactions experienced by parents following the disclosure of their child's disability or illness from the perspective of psychologists, the psychological stages parents go through to adapt to the current situation, to identify factors associated with the disclosure process, to identify individual differences between parents in their psychological response to the diagnosis of an illness or disability, to highlight the role of the psychologist in supporting the family and alleviating the resulting trauma, and to outline the various therapeutic techniques employed in this regard.

The significance of the study lies in the fact that it is one of a number of studies seeking to improve the quality of the process of informing parents about their child's disability or illness, to help prevent the various psychological effects that may result from this process, to help boost parents' morale and reduce their anxiety, to help them achieve inner balance, and to promote positive family adaptation.

3. Operational definitions of the study's concepts:

1.3. Psychological effects: these are the various responses and reactions triggered in parents by the diagnosis of their child's illness or disability, and include panic and denial, grief, anxiety and fear of the future, psychological stress and depression, feelings of guilt, symptoms of the latency phase, and post-traumatic stress symptoms.

2.3. Disclosure of a child's disability or illness: the process whereby a doctor informs the parents and discloses to them the diagnosis of their child's disability or serious illness.

3.3. Mental health professionals: These are specialists who apply the principles and techniques of psychology to understand and assist others, and who practise within public and private healthcare institutions and various organisations concerned with individual and community health.

4. Theoretical Framework of the Study:

1.4. The child's disability or illness:

1.1.4 The child's disability:

There are numerous known and unknown causes of disability; these may be incidental (before or after birth) or congenital (brain malformation, metabolic disorder, chromosomal abnormality, hereditary disease). In most cases, the cause of the disability can be quickly identified, whilst in some instances medical teams require further investigations; 30 per cent of cases of disability remain of unknown cause (Unapei, 2007, p. 7).

A child with a disability is a child who is unable to engage in the normal activities and interactions appropriate to their age group. A disability may be single in nature, such as a motor, sensory, motor or psychological, or it may be multiple (Le pluri handicap), in which two significant disorders co-occur whilst intellectual abilities remain sufficient to allow at least basic learning; examples include cerebral palsy accompanied by congenital absence (Agénésie) of a limb, and hearing impairment accompanied by clubfoot (Le Pied Bot).

Added to this is compound disability (Le sur Handicap), in which the primary disability is accompanied by other problems that exacerbate its severity and complicate its effects. These manifest as cognitive or relational disorders linked to unsuitable environmental conditions (such as school, the family or care institutions), leading to autistic withdrawal, passivity and learning difficulties.

In such cases, severe behavioural disorders are compounded by the child's intellectual disability, and individuals with visual impairment suffer from psychological isolation and communication difficulties.

2.1.4 Severe multiple disability (Polyhandicap):

This is a severe disability with multiple manifestations, combining a physical disability with a severe intellectual disability, resulting in a severe limitation of independence, as well as significant limitations in cognitive, expressive and communicative abilities, The term 'severe multiple disability' has replaced the previously adopted term 'encephalopathy' (BERARD, 2009).

2.4 Childhood Illness:

Among the most prominent health problems affecting children are: physical, psychological or emotional disorders that affect a child's ability to attend school regularly and carry out their daily activities; these require ongoing medical care and the regular use of specific medication or medical devices. Asthma and obesity are among the most common chronic conditions in children, whilst paediatric chronic pain, cystic fibrosis and congenital heart disease (CHD) are less prevalent among children but are associated with significant health and economic burdens, given the increased demand for healthcare services, the high costs of treatment, and their clear impact on the functional performance and quality of life of both children and their parents (Wright et al., 2022, p. 52).

This is in addition to cancer, diabetes and infectious diseases—such as viral or bacterial hepatitis—as well as immunodeficiency disorders and various functional disorders.

3.4 Informing parents of their child's disability or illness:

Informing parents that their child has a disability or a chronic illness is always a shock, even if other family members are affected, regardless of the child's physical condition. Both parents' personalities are affected; their sense of self is shaken, and mechanisms for coping with this psychological trauma begin to emerge, These vary according to each parent's history and experience; furthermore, the circumstances in which the news is received and the manner in which the condition is disclosed trigger associations and thoughts that compound those caused

by the realisation that their child is unwell. The fears felt by the parents often persist, sometimes for several years. The phrases used at the time of diagnosis give rise to specific attitudes towards the illness and treatment, and the words used by medical teams are of great significance in this regard (CRMERC, 2010)

1.3.4. Ways of informing parents about their child's disability or illness:

There are two possible scenarios for disclosure: expected disclosure and unexpected disclosure. We will now discuss the ways in which parents are informed about their child's disability or illness in some detail:

1.1.3.4. Anticipatory disclosure:

In this situation, the family will already have undergone genetic counselling, and these initial counselling sessions are of paramount importance to the subsequent disclosure. This aspect of disclosing the diagnosis must be addressed during these initial sessions, as a possibility to be considered from the moment testing begins, This enables the parents and their child to anticipate this confrontation with a reality that is sometimes irreversible. The period whilst awaiting the results is difficult and requires the ability to discuss it elsewhere, particularly with a psychologist, where the parents can discuss topics such as how to explain the situation to their affected child or their siblings. As for the child, this enables them to address their fears, which often centre on what they perceive as their parents' anxiety. In this case, a relationship of trust is established before the diagnosis is announced, and the period whilst awaiting the results should be a time for reflection during which the parents and their child can consult doctors and psychologists if they so wish.

The waiting period allows a timeframe to be established for the result, and all of this should be part of a well-considered process. When the doctor is almost certain of the diagnosis and is awaiting confirmation from the test results, they may have already discussed certain aspects of the condition and given it a name. However, where there is even the slightest doubt about the diagnosis, it is best not to provide details of a diagnosis that may not be confirmed.

2.1.3.4. Unexpected diagnosis:

These are rare instances in which parents and children, following an acute medical problem, are faced with a sudden and unexpected diagnosis. This is always a sensitive situation, as the patient and their parents are suddenly transported to a hospital environment, where they may have no prior point of reference and may therefore be meeting the medical team for the first time. During this consultation, the doctor and their team will need to set aside sufficient time to build as much trust as possible, in a context that may not be ideal for such a meeting. The time allocated to this consultation is crucial, as it will always be necessary to arrange a further appointment; in this case, the timing of the disclosure is critical, as is the period that follows it (ANDDI – RARES, 2010, pp. 3–4).

2.3.4. Technical aspects of disclosing a child's disability or illness:

To minimise the negative impact of disclosing a serious illness or severe disability in a child, medical and psychological teams follow specific steps and technical considerations. These

include scheduling an appointment with both parents to ensure their attendance, switching off mobile phones during the meeting, meeting with the parents individually or as a team (doctor and nurse, together with a psychologist) selecting a quiet and comfortable room; ensuring full familiarity with the condition and the family dynamics; allowing sufficient time for the parents to understand and process the information; encouraging them to ask questions; and respecting moments of silence; facilitating understanding through rephrasing, ensuring that parents leave only after a follow-up appointment has been scheduled, without concealing the problem or downplaying its significance. (Debroca, 2011, p. 18).

3.3.4. The psychological implications for parents of being told that their child has an illness or disability:

The psychological implications for parents of being told that their child has an illness or disability take various forms, and their severity and duration vary depending on the parents' individual personalities and their readiness to cope with such shocking news, Among the most significant of these is a sense of helplessness; the traumatic event is intense and sudden, leading to a sense of helplessness and undermining the individual's ability to cope with and manage life and new situations. This is accompanied by feelings of guilt and a resistance to the sense of injustice, manifested through blaming oneself for what has happened: 'If only I had done such-and-such / if only I hadn't done such-and-such, this wouldn't have happened to me', 'It's my fault; I'm the one who…', as well as a disruption of the sense of belonging. (Romano, 2010, pp. 627)

5. Methodological procedures of the study: To achieve the study's objective, a descriptive approach was adopted as it was deemed most appropriate for its subject matter and purpose.

1.5. Timeframe of the study: The present study was conducted on a group of psychological professionals with the aim of identifying their perspectives on the subject of the study. It was carried out by sending questionnaires to the professionals to complete; this took place between 25 March 2026 and 31 March 2026.

2.5. Characteristics of the study sample: The study sample consisted of 32 psychologists selected using a convenience (incidental) sampling method.

Table (1): Shows the characteristics of the study sample by gender

Gender	**Frequency**	**Percentage**
Male	19	60%
Female	13	40%
Total	**32**	**100%**

We can see from the table that the number of male specialists exceeds that of female specialists, with 19 males (60 per cent) and 13 females (40 per cent).

3.5. Research tool:

Scale measuring the psychological effects on parents of disclosing a child's disability or illness, from the perspective of mental health professionals:

The questionnaire on the psychological effects of disclosing a child's disability or illness to parents from the perspective of mental health professionals was adopted. This questionnaire consists of 16 items, divided into two sections. The first section comprises eight (08) items relating to the psychological effects of the initial shock on parents, whilst the eight (08) items in the second section relate to the psychological and social care of the parents. It contains three response options, graded from 1 to 3, as follows: Agree = 3, Neutral = 2, Disagree = 1.

4.5. Psychometric properties of the study instrument:

Criterion-related validity (discriminant validity):

Table (2): The Difference Between Low-Scoring and High-Scoring Groups in Questionnaire Scores

Questionnaire	Group	N	Mean	Std. Deviation	t-Value	Sig. Level
First Dimension	Low-Scoring	9	17.56	2.50	6.78	Significant at 0.01
	High-Scoring	9	23.33	0.50		
Second Dimension	Low-Scoring	9	19.67	2.00	6.02	Significant at 0.01
	High-Scoring	9	23.78	0.44		
Total Score	Low-Scoring	9	38.22	2.53	9.30	Significant at 0.01
	High-Scoring	9	46.56	0.88		

The table above illustrates the differences between the low-scoring and high-scoring groups across the sub-scores of the dimensions, as well as in the total score of the questionnaire. The calculated t-test value for the overall score was **t = 9.30**, which is statistically significant at the 0.01 level. This result indicates that the questionnaire demonstrates high discriminant validity.

• **Reliability:** Reliability was evaluated using the internal consistency method via Cronbach's Alpha coefficient, as detailed in the subsequent table.

Table (3): Questionnaire Reliability Coefficients

Dimensions / Subscales	Cronbach's Alpha Coefficient
First Dimension	0.66
Second Dimension	0.63
Total Score	**0.68**

We note that the Cronbach's alpha coefficients for both the questionnaire dimensions and the overall score generally ranged between 0.63 and 0.68; these are moderate and acceptable values indicating the reliability of the questionnaire.

6. Presentation and Discussion of Results:

1.6. Presentation and Discussion of the Results for the First Research Question: This was carried out as follows:

The first research question was formulated as follows: 'What is the level of psychological effects of the initial trauma among parents?'

To answer this question, we employed a number of statistical methods, which are illustrated in the following table:

Table (4): Level of Psychological Effects of Initial Shock/Trauma Among Parents

Item	Mean	Theoretical Mean	Standard Deviation	T-Test Value	Significance Level
Psychological effects of initial shock/trauma among parents	21.03	16	2.67	10.66	Significant at 0.01

The theoretical or hypothetical mean was calculated as follows: the sum of the weights of the alternatives × the total number of items / the number of alternatives

or the sum of the weights of the alternatives / the number of alternatives × the total number of items.

Or (highest score across the alternatives × number of items) + (lowest score across the alternatives × number of items) / 2.

We can see from the table that the arithmetic mean of the psychological effects of the initial trauma among parents, estimated at 21.03, is greater than the theoretical mean, which was estimated at 16, The t-test value was 10.66, which is significant at the 0.01 level; therefore, it can be concluded that the sample of parents suffers from a high level of psychological effects of primary trauma from the perspective of psychological specialists.

The researchers believe that this finding can be attributed to the force, violence and intensity with which the child's disability or illness was disclosed to the parents; as the disclosure of the diagnosis triggers an existential crisis comparable to a death sentence (Weisman & Worden, 1976), and causes feelings of fear, anxiety, depression, helplessness, loneliness, despair and pessimism, as well as the emergence of suicidal behaviours, withdrawal or abandonment (Mikolajczak, 2013).

According to Helen Romano (Romano, 2010), the disclosure of the diagnosis, given its intensity and severity, constitutes a traumatic event characterised by an inability to respond appropriately, and may lead to persistent psychological disturbances and effects that affect the individual's psychological regulation, thereby impacting the course of their life and their patterns of interaction with their environment. The traumatic impact of the diagnosis manifests on two levels: an immediate, primary shock resulting from the fear of pain, disability and death;

and a subsequent, secondary shock linked to family history, which reactivates and brings to mind previous painful experiences such as loss, illness and marital disputes (Romano, 2010, pp. 626–630).

The announcement of a child's disability or illness is a traumatic event, like other traumatic events that carry with them a degree of psychological arousal exceeding the individual's capacity to cope, leading to significant disruption in the use of psychical energy, according to psychoanalytic theory on psychological trauma from an economic perspective (Djebbar, 2025, p.185).

This is without overlooking the fact that these and other factors may well have shaped the difference, and contributed in one way or another to the result reached by the present study.

2.6. Presentation and Discussion of the Results of the Second Question

This was carried out as follows:

The second question was formulated as follows: "What level of psychological and social medical care do parents need?"

To answer this question, we used a number of statistical methods, which are illustrated in the following table:

Table (5): Level of Psychological and Social Medical Care for Parents

Item	Mean	Theoretical Mean	Standard Deviation	T-Test Value	Significance Level
Psychological and social medical care for parents	22.03	16	1.94	17.56	Significant at 0.01

The theoretical (hypothetical) mean was calculated as follows: sum of the weights of the response alternatives × total number of items / number of alternatives; or sum of the weights of the alternatives / number of alternatives × total number of items; or (highest alternative score × number of items) + (lowest alternative score × number of items) / 2.

It can be seen from the table that the mean for parents' psychological and social medical care, estimated at 22.03, is higher than the theoretical mean, which was estimated at 16. The T-Test value reached 17.56, which is significant at the 0.01 level. Accordingly, it can be said that there is a high level of psychological and social medical care needed by parents, from the perspective of psychological specialists.

The two researchers consider that this result can be attributed to the need for close attention to the psychological state of the parents and for helping them come to terms with reality, which facilitates their acceptance of the problem.

Attention should not be limited to informing the parents of the illness or disability and its consequences alone; it must also include facilitating the building of a relationship with them and providing them with psychological support. The shock is often so severe that they are unable to absorb everything the doctor tells them the first time, so it is necessary to be prepared to patiently repeat the same information over the following weeks, and to accept that they may

hold on to the hope that it was merely a mistake and that everything will turn out fine in the end. (Zinschitz, 2007, pp. 83-86)

Gardou (1996) holds that parents need support and reassurance when told of their child's disability or illness, and notes that what they most often remember from the initial meeting is the diagnosis and the atmosphere of the relationship between them and the medical team; this meeting should be followed by several further meetings (Gardou, 1996, p.14).

Kübler-Ross (1969) likewise stresses the need to allow sufficient time for the initial interview(s), noting that denial of the disability or illness is attributable, in the first instance, to the shock of the diagnosis, and also to the medical team's own wish to bring the interview announcing the child's disability or illness to a close quickly (Kübler-Ross, 1969).

Among the most important attitudes to adopt with parents are empathy and understanding: attempting to grasp their inner state. "To be empathic in order to understand means listening deeply to the words, the ideas, the tone of voice, and what they mean to the speaker, and even to the meaning underlying their intention" (Rogers, cited in Ducroux-Biass, 1999, p.4).
These factors, among others, are likely to have shaped the difference and to have contributed, in one way or another, to the result reached by the present study.

Conclusion

The present study addressed one of the important topics that can affect the child and the parents in general, namely the psychological effects of the announcement of a child's illness or disability.
The study was based on the following two questions:

- What is the level of the psychological effects of the initial shock among parents, from the perspective of psychological specialists?
- What is the level of psychological and social medical care needed by parents, from the perspective of psychological specialists?

The study adopted the descriptive method using an exploratory approach, given its suitability for this type of study and its usefulness in achieving the study's objectives. A questionnaire on the psychological effects of the initial shock among parents was adopted and administered to a sample of 32 psychological specialists.
On the basis of the theoretical and field-based aspects, the results reached were discussed, and were stated as follows:

- The level of the psychological effects of the initial shock among parents is high; in other words, parents suffer from a high level of psychological effects from the initial shock.
- There is a high level of psychological and social medical care needed by parents, from the perspective of psychological specialists.

The two researchers accordingly recommend that due attention be given to the stage of announcing a child's illness or disability, since this announcement represents a genuine shock for the parents and a decisive moment in the process of caring for their child. It depends on listening, and must be conducted with precision and carefully chosen words; the information provided must be accessible to the parents and formulated in clear, simple language so as to enable them to take part in the treatment plan. It is also essential to create a climate of trust

between the physician making the announcement and the parents, allowing them sufficient time to express what they feel, and enabling them to take in the diagnosis of the disability or illness, the demanding treatments involved, and the changes these will bring to their daily life. This should be accompanied by proposing further appointments, offering opportunities to discuss the matter again at a later time, and opening a window onto the hope offered by the proposed treatment and the fact that chances of recovery remain.

It is also essential to help parents, after the announcement of their child's illness or disability, to take effective charge of the situation, and to recognize their competence in making decisions that serve their child's best interests. To this end, medical teams must create a suitable environment and a cooperative relationship with the parents, treating them as essential partners in their child's care.

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