1. Introduction

According to industry statistics in Ukraine, the prevalence of cerebral palsy reaches 2.56 per 1000; worldwide, there is a trend towards an increase in the number of disabled children. In Ukraine, the frequency of childhood disability has doubled in the last decade [1]. The psychology of motherhood is a relevant area of scientific knowledge, the formation of which is associated with the study of such scientists as S. Freud, A. Freud, K. Horn, E. Erickson, D. Winicott, J. Ainsworth and others.

Attachment as one of the forms of human relations that underlies any family, it is traditionally relevant in both medical and applied psychology. Numerous studies have shown intergenerational transmission of the socio-ecological context [2]. In this aspect, researchers are trying to find out the patterns of emergence and change in relationships, the adequacy of communications, the impact of different types of relationships on the quality of a child’s development.

Cerebral palsy (CP) is a term that refers to a range of chronic, non-progressive symptoms of movement disorders secondary to perinatal (postpartum) lesions or brain abnormalities [1]. When forming rehabilitation programs for a child, it must be borne in mind, that personality development occurs throughout life under the influence of internal and external factors – genetic, physiological, family, socio-economic.

The aim of the study was to study the characteristics of all periods of the life of a woman, raising a child with cerebral palsy, the style of attachment with her own mother, relationships with her close environment at different periods of life.

2. Materials and methods

Knowledge of the family system will help to find the most effective strategies for the rehabilitation of the child. To achieve the set goals, we used the technique "Ontogeny of the Maternal Sphere" (G. G. Filippova) [3], thanks to which we studied the quality of attachment in relation to their relatives in women, raising a child with cerebral palsy. Their relationship with their own mother in different periods of life, features of separation and socialization.

The sample of subjects is represented by 102 women, raising children with cerebral palsy. The studies were carried out on the basis of the Odessa Children’s Rehabilitation Center named after Boris Litvak during 2010–2019, in accordance with the Code of Ethics of the World Medical Association (Declaration of Helsinki) and with the consent of the administration of the Center and all participants in the study. According to the results of the structured interview, certain patterns of attachment of the studied women and their mothers were revealed. Statistical processing of the obtained results using the EXCEL program and Pearson’s test (r) showed the normal nature of the distribution of random variables, used in this work.

3. Results

The attachment that was formed between a child and a parent at the very beginning of life had an impact on the social brain [4]. The distribution of the quality of attachment in the dyad "mother-grandmother of a child with cerebral palsy": reliable in 46.3 % of the subjects, anxious in 30.5 %, avoiding in 10 %, ambivalent in 13.5 %.

From the results obtained, it was found, that 44 % of the subjects demonstrated anxious-ambivalent attachment. Some of the self-reported responses of securely attached women appeared to be inconsistent when compared to subsequent results. We observe a certain inconsistent picture of past experience, bias and confusion, which continue to influence the current mental state of the subjects.

Insecurely attached children are at greater risk for psychopathologies, such as internalizing problems (Colonnesi et al. 2011; Groh et al. 2017; Hoeve et al. 2012; Madigan et al. 2016). Maternal depressive symptoms have been identified as an important predictor of insecure attachment relationships with a child (Graffi et al., 2016) [5]. In the style of mothers’ attitude, the most prominent was the anxious style 35 %, adequate 29 %, ambivalent 22 % and regulating 9 %. Separation features revealed 41.5 % of incomplete separation with persistence of dependence, 22 % of women with incomplete separation with dependence resistance, and 36.5 % with adequate separation.

At first let’s demonstrate the features of relationships from early childhood, which are created in the system of reliable attachment "mother-grandmother of a child with cerebral palsy", which forms the emotional basis of a confident personality. When such a woman gives birth to a child with cerebral palsy, there is an opportunity to create better conditions for the child for adaptation and rehabilitation measures.

So, they did not have early separations from their mother. The girls started going to the kindergarten from the age of 3, when they had a brother or sister and the first meetings with the baby were at this age (r=0.233, p<0.05). The girls had a warm relationship with their mother, the mother's trust extended to their games with babies in childhood (r=0.281, p<0.01). A good
interaction is one, in which the sensitive mother regulates her behavior to bring it into line with the behavior of the child. Adults were calm about their communication with babies ($r = 0.220, p < 0.05$), girls fed them, rolled them, dressed them, played ($r = 0.228, p < 0.05$). It was reliably found, that they did not have postpartum depression ($r = 0.288, p < 0.05$). Mothers participated in girls’ games with dolls ($r = 0.244, p < 0.05$) and then the girl did not have nightmares ($r = 0.310, p < 0.01$). Girls did not get sick in childhood if they played with dolls with their mother ($r = 0.362, p < 0.01$) and rarely got sick in childhood if they liked to play with dolls themselves ($r = 0.236, p < 0.05$). After they themselves became mothers, they began to understand their child quite early, 2–3 weeks after birth, and were satisfied with the attitude towards themselves and their child from their relatives ($r = 0.239, p < 0.05$). It is known, that the mother’s ability to understand the mental state of her baby is influenced by her own experience of early attachment (D. Bowlby, 1969). If girls liked to play with dolls in childhood, then they did not have postpartum depression ($r = 0.223, p < 0.05$). In childhood, this group of girls had support and assistance from adults, when interacting with the baby and being a mother, they enjoyed the attitude of close people to themselves and the child ($r = 0.303, p < 0.01$).

Next, consider the correlations between events in the life of a woman, raising a child with cerebral palsy that formed an insecure attachment with her own mother. If girls only looked at the baby in childhood, then they played more static games ($r = 0.225, p < 0.05$), and those girls who provided the main care for the child played more dynamic games ($r = 0.245, p < 0.05$), and if the girls remembered that they held babies in their arms, then they liked to play with dolls more ($r = 0.215, p < 0.05$). In the case of a close relationship with their mother ($r = 0.291, p < 0.01$), women respond that they are not satisfied with the attitude towards themselves and the child, the father of their child ($r = 0.297, p < 0.01$) and the relationship with other relatives ($r = 0.216, p < 0.05$). Women who, from 2 to 4 weeks after their birth, were separated from their mother, after the birth of a child, are dissatisfied with the attitude towards themselves and their child in general ($r = 0.385, p < 0.01$) and the attitude towards them their loved ones ($r = 0.314, p < 0.01$). Recent studies have found that fear of change mediated the association between attachment anxiety and relationship commitment, and that fear of being alone was a consistent mediator of the association of attachment anxiety along with fear of change [9].

4. Discussion

Playing with dolls is a definite marker of the formation of early attachment and, possibly, the development of female identity. Bion [10] writes: “dreams are a state of mind open to accepting another object from a beloved object.” J. Bowlby [7] notes that similar components of anxious attachment are the fear of losing the nature of attachment, the desire for intimacy and the protest of separation. We determined that in the studied dyad “mother-grandmother” anxious-ambivalent attachment dominates. Studies by D. Nordahl et al showed that the relationship between adult attachment style and childhood attachment was mediated by parental stress [11]. In 64 % of the women studied, in relation to their own mothers, there is a separation with dependence or with resistance to dependence. In a classic study by Hazan and Shaver, 56 % of respondents were securely attached, 25 % avoidant, and 19 % ambivalent/anxious [1], which differs from our rates.

Should note that anxiously attached people perceive others as less supportive, less loyal, and trustworthy than securely attached people (Collins and Read, 1990; Feeny and Noller, 1992; Holtzworth-Munroe, Stuart, and Hutchinson, 1997). Some theoretical models suggest that insecure attachment and inadequate parental care are strongly associated with chronic pain [12], Cassidy and Berlin also found that observational studies consistently associated ambivalent attachment with low maternal availability. With it, an ambivalent attitude towards parents is formed – closeness-rejection [1]. The family of a sick child often lives in isolation. Parents usually limit communication with their friends, relatives, completely locking themselves in their grief. It is possible, that the previously formed style of anxious-ambivalent attachment plays an important role in such behavior.

5. Conclusions

In children with cerebral palsy, deficient physiological disorders are primarily observed, and inappropriate patterns of insecure attachment can lead to secondary developmental disorders. In our study of mothers and grandmothers of children with cerebral palsy, the dominance of anxious-ambivalent attachment was shown. A significant impact on their relationship with their own child may be the lack of adequate separation from their own mothers. The anxious experience of the parental figure, preserved in the transgenerational transmission of the anxious state, can again form the internal operational model of the child’s attachment in the third generation, creating a pathological mother-child attachment with cerebral palsy.
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References


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