Study of the genesis of families, having a child with cerebral problems

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Article info

Accepted 30.11.2020

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Questions of attachment, in particular family relationships are traditionally relevant, both in scientific and applied psychology. A special interest of the author was attracted by the problem of attachment in families with children suffering from cerebral palsy, because of organic disorders, attachment here takes the form of “absolute attachment” and the child to mother and mother to the child.

In the article psychological features of child-parent relations in families with children with cerebral palsy are considered. The relationship between a mother-child dyad in 1m and 2m generations, specificity, and patterns of development of dependent relationships are considered in detail. Intergenerational mechanisms of transmission of violations of the family system related to separation, self-identification, controlling upbringing and attachment are explained. A profile of the personality of a woman who has a risk of giving birth to a child with a developmental disability is indicated. The temporal orientation of the woman’s personality and the unconscious strategy of the pre-depressive position in which they are. A model is developed that demonstrates the psychological structure of family relations, the place and role of the child’s father in this structure. Based on a study that points to the presence of moral and masochistic moms and a tendency to unconscious confrontation of physical activity, recommendations are suggested in the work.

Key words: maternity onogenesis; attachment dynamics; separation disorders; oedipal conflict; self-identification; family; children with cerebral palsy.

“In reality, the “ideal child” is a child who has been cruelly fooled”. Jeanine Chasseguet-Smirgel.

Introduction

Attachment issues, family relationships are traditionally actual in scientific as well as in applied psychology (psychotechnics). The problem of attachment in families with children with cerebral palsy is subject of special author’s interest since attachment in such cases becomes child-mother and mother-child “absolute attachment” because of organic disorders.

The conclusions and observations, invoked by the author in this article, are the results of more the 15 years practical work with families having special children (cerebral palsy, autism, cognitive disorders, etc) at the Boris Litvack’s Children Rehabilitation Centre in Odessa.

This allowed the author to find out some patterns of between-generation translation of family system deteriorations and to determine the fact that such a dynamic extends to a wide range of children organic pathologies.

154 families took part in the research, including 102 families with children having cerebral palsy and 52 families raising children with normal health status. We made the stress on the relationship in the dyad “woman and her mother” leading to the pathological connection in the second dyad of the mother and her child with the cerebral palsy.
We studied parts of girl’s rearing (the mother of the child with cerebral palsy) including family relationship specifics and the family structure till the quality of attachment in families, adolescence, and characteristics of separation from her own mother. The formation of the feminine identity, readiness for motherhood, the period of pregnancy, women’s personal profiles, etc. were investigated too.

The article is primarily concerned with the characteristics, specifics and mechanisms causing formation and functioning of the parent-child relationship between the mother of the child with cerebral palsy and her own mother. The recommendations on the prevention and remedial work are advised. We strongly recommend paying attention to working with such children mothers (which is not a traditional practice), it can perfectly help with the child’s rehabilitation.

“All that is hidden in the first generation is revealed in the second generation has in its body”. This quote of F. Dolto reflects the main idea of this article where we describe the dynamics of family relationships development from the symbiotic connection in the dyad “woman and her mother” to the absolute attachment in the second dyad “mother with her child with the cerebral palsy”, we see how the attachment of the woman to her mother proves to be a pathological relationship of the woman with such child in the projective transference.

Maternity is a complex, biological, psychological, personal, social, cultural phenomenon which should create the environment not only for development of the child’s personality, but also for the development of the mother’s personality as well as for the family development and changing of the family and social relationship structure in total. Healthy maternity is possible under conditions of psychological maturity, good health, and psychological woman readiness to give a birth to her child – the whole period of the ontogenesis of the future mother should be considered.

Some its aspects and the specific moments of disorders in the context of our research will be shown below.

As a complex psychological phenomenon, maternity is a systemic part of women’s psychic. Psychic of a girl is oriented on the giving rise to a new life from the early childhood, because it is her greatest mission. [1] The girl is taking traditional perceptions regarding the image of mother mainly from her parents and then from the social environment. The personal features she will need to perform her maternity functions are developed under those conditions. This process is very complicated, because the adolescent girl is not always witnessing the adequate perceptions that can help to develop healthy maternal instincts. She is involved in a complex and sometimes ambiguous family relationship system, which usually subconsciously creates the personal profile like a mirror of the environment.[2]

Thanks to our professional activity we frequently observed the internal structure of relationships in families with children suffering from the cerebral palsy, we were able to trace processes in their most pathological form. During our research of women psychological features, who gave birth to a sick child, we found there a lot in common.

The profile of the women who give birth to a sick child exists! There is evidence that not the common problem – illness of the child – makes these women similar, but in contrary, their same psychological characteristics lead to giving birth to a sick child.

One of the most important common features of these women is lack of their separation with mothers. When they were children, they seemed having perfect relationship with mothers – friendly, close, harmonized. However, in closer inspection, the mother’s hyper control could be fixed as well as her total leading role, and, respectively, the total absence of daughter’s initiative and even absence of the girl’s individual opinion.

During adolescence separation of growing children should be a result of ontogenetic pattern, from the second side this age is sensitive for creating of girl’s feminine identity. But in the cases considered, such normative processes do not exist, often as a result of mother’ personal problems, for example, her may-be loneliness. On the contrary, the closeness and attachment between mother and daughter becomes confluent per se with all its negative effects.

Instead of integrating all (often controversial) features of mother’s image girl creates one-side, idealized and, as a result, non-realistic self-image as a mother in the future. She is forced to make an opinion that she has no right to make a mistake and must be “the ideal mother” as her mother did not delegate the girl a right to see her mother’s negative characteristics or to disagree with her. Such women were afraid to give a birth to a sick child long before the birth of their children.

Materials and Methods

According to results of research, which were made by using the questionnaire of G.G. Philippova “Ontogenesis of Maternity”, they visualized such pictures in their imagination and went through this huge obsession with the pictures. Is that accidentally that this is the sort of thing you see in the real life? Probably the sick child is the transmittance those “sick” submissions into real life. Those submissions were formed under the affect of intricately connected dyad “mother-daughter”.

It is important that such women having their own families, husbands and a child still have their mothers as the person who manages their lives. The sick child in such families is a “reason” or “explanation” for exceptional mother (i.e grandmother’, mother-in-law’) role in life in the young spouses family life: “I have a sick child, so I cannot manage the problem without my mother’s help.” This situation might be described otherwise: the child must be sick to save the confluent woman connection with her mother, they both cannot live without this connection. Having such a scheme of family relations a husband also has a “secondary role”, as the wife transfers to him all her negative emotions, viewing him as a root of all the evil – “...he doesn’t help, this is his fault, he left me alone with the sick child. Only my mother supports me.”

Doing so, women try to solve the problem which appears thanks to their infantilized personal profile – how to behave to win her mother’s approval. This problem cannot
be solved because the reason of this connection is the mother’s discontent: the daughter makes endless attempts to win applause, but the mother remains unsatisfied and criticizing. If mother approves daughter’s actions it will mean that their connection is broken – the daughter should manage the situation by herself and the mother must live her own life, but she just cannot do it.

This specific kind of inter family relations proves that it’s so significant for a woman to involve in her personality all features of complex and sometimes controversial image of her mother for the optimal identification herself as a mother. It is possible only if the adolescent daughter separates from the mother in due time.

Results

Some statistical differences between the answers of mothers having children with cerebral palsy (MD) and mothers having healthy children from the control group (MK).

1. Attachment quality of mothers (MD) to their own mothers – 46%-strong, 32%-anxiety, 50% of respondents – the separation was not finished with as addiction remains; adequate – 35%. The mothers were “very caring” in the respondent’s childhood.

2. The value of a child for 50% Mother MD – increased, 26%-adequate.

3. Action dislike: mothers (MD) less than mothers (MK) play dynamic games ($\chi^2 = 0.213683$). The girls are obedient, they like to play with dolls. Probably the obedience may have been brought up for mother.

4. In this case they played with dolls almost alone, there was less communication with mothers ($\chi^2 = 0.267414$), than (MK) group, it proves that some detachment exists in the relationship and when becoming mothers these girls will compensate this drawback communicating with their sick children.

5. The question: “When did you see the baby in your childhood for the first time and what did you do??”. The mothers from (MD) group did not give accurately less answers that they looked at the baby ($\chi^2 = 0.222222$), but for sure, they fed babies more of time. Avoidance might have been formed in a complex transfer and identification has been created since childhood. 97% of the mothers from (MD) group told that mothers always looked into their eyes during contacts, while talking heart-to-heart, finding out the truth, punishing or showing her discontent. Looking straight into the eyes while communicating creature looking into eyes is a leader, watching and controlling. For some girls, such a mother glance with truth, punishing or showing her discontent. Looking straight during contacts, while talking heart-to-heart, finding out the truth, punishing or showing her discontent.

6. Comparing with the control group, mothers of children with cerebral palsy feel less support in their childhood ($\chi^2 = 0.2007$) as well as help ($\chi^2 = 0.144516$) of their mothers.

7. There were reliably less answers “not” in the (MD) group on the question about “nightmares”. So, girls who in future gave births to sick children felt more in children’s problems.

8. Also, there is a difference in understanding of emotional condition of the child during the period of maternity – (MD) group shows less understanding. They gave reliably less answers “at once” ($\chi^2 = 0.203460$) on the question: “From what age did you start to understand your child condition?”. The most part of (MD) respondents answered, “It was hard”.

9. Postpartum depression is more prevalent in (MD) group of respondents.

10. Health of the child and fear to lost is a great concern. Mothers of the (MD) group gave reliably less answers “was not afraid of anything” ($\chi^2 = 0.438230$), and also, oddly enough, they gave reliably less answers “I have a fear to lose my child” ($\chi^2 = 0.266872$) in comparison with mothers of healthy children. It is very revealing that the special group of answers appeared in the (MD) group feeling of fear to give a birth to sick child”, i.e., those women most of all were afraid to have a sick child well before they are due to delivery. High reliable answers with negative correlation coefficient “nothing disturb” tell us that healthy children mother show greater tranquility than mothers from (MD) group.

Consequences repressed material of the problem

Children with the cerebral palsy in the projective identification accumulates mother’s fears and is offended with her because the distance between them. It’s very emotionally hard for mother to approach to the part of her problem that she “placed” in her child. She feels good, she has facilitated her destiny when something that was not appropriate for her, was projected on her child. After that she usually distances herself from the child. However, keeping this distance, she evaluates her child positively as appropriate for her, was projected on her child. It is very revealing that the special group of answers appeared in the (MD) group feeling of fear to give a birth to sick child”, i.e., those women most of all were afraid to have a sick child well before they are due to delivery. High reliable answers with negative correlation coefficient “nothing disturb” tell us that healthy children mother show greater tranquility than mothers from (MD) group.
the child is not exactly mother-friendly but sticks up for her and requires her. Mother in fact is friendly to her child but keeps emotional distance and resists this convergence. She reaches to the past because her problems with mother are not solved.

Women will overcome their fear of rejection when they realize their right to have polar emotions to their mothers and children. They need to realize that right to show initiative was rejected to save relationship with mother and this right is necessary to overcome their infantilism.

The most part of mothers grows children their selves not only because of father’s weakness and narcissism, but also actually there is no place for him in objective relations. The father simply plays role of a container for negative emotions of woman – the conflict is repressed and needs a balance. And if during the pregnancy and the first year of life, when mother and child have, according to Winnicott, "one psyche for two" [5], a child can save psychic condition of mother taking her problems if she cannot manage her fears and psychotic multiple personality. It is incredibly significant to save reproductive woman evolutionarily and the child becomes the hostage of mother’s problem.

Characteristics of the psycho-correction work with mothers of children with cerebral palsy in first should be based on objection as to what they are in a good condition with no problems and only the child has problems. This allegation predetermines strategy of work with such mothers.

Some psychological defences as denial and reactive formations occur. Patients reject danger situation and displace it with some imaginary safe one when we determine denial. This is just "escape" to fantasy or into a tale that is inherent in childhood. "One should believe in miracle" – each time there is inevitable collapse when it does not happen.

Reactive formations reflected in situations when mothers hate those who they love and offend those whom they are grateful. Reactive formation could be a kind of defence when aggressive feelings appear, but the danger of this was shown before, during earlier contacts of mother and daughter. Reality is ignored during the work with the woman.

Patients are in a pre-depressive position not allowing emergence of anxiety and awareness of their ambivalence. [6] Mothers of children with cerebral palsy tend to ignore own values and wishes, to experience some disruptions of separation from their own mothers and improper formation of their feminine identity. Images of "good" and "bad" mother are not integrated in her mind; she does not understand how to be "a good mother enough" for her child. [5] A woman existing under pressure of her mother and implementing her will undoubtedly acts by the same way as her mother in relationship with her child. She behaves autocratically, she is over-protective without leaving child the right for initiative and own wishes (this is taking "natural forms of realization" with looking after the child with cerebral palsy). [3]

Mothers of children with cerebral palsy have tendency to be under condition of existential crisis, their time orientation predominantly directed to past, however, they are internally passive and there is no motivation to changes. They demonstrate indecisive behaviour under pressure and are increasingly becoming willing to copy problem-oriented actions. Mother who could comprehend and work out problems had qualitative changes in child rehabilitation (the contacting activity increased, emotional and physical cooperation improved, parents took pride in that).

Psychological characteristics of mothers indicate that there occurs so called moral-masochism. The therapy of the patient with such structure of personality is extremely hard, the mother should save the great resource for positive changes and find power for formation of strong image of herself.

Discussion

Considering all shown above, it is possible to recommend:

At the beginning of the work with mothers we propose physical activities as a therapy. Even more, it will also help in child’s rehabilitation, often mother dislikes physical activities from the childhood unconsciously ignores them, so if mother involves in exercising her physical strength will be provided and she will be included in the process of child’s treatment.

Studying of emotional level of children with cerebral palsy proved that they have a strong attachment to their mothers and at the same time have much negative feelings to them, which they cannot express. Also, sick children experience lack of motivation to develop, to grow up, to separate, to individualize.

In that case the main principles of the psych correction of mothers are:

To help mother to see difference between the content of the problem and her own psychophysical condition and to separate from the close object.

We see a trend towards shifting the responsibility of work with children on professionals and decreasing own initiative. Understanding of being ashamed and afraid to take the lead will help mother to be more responsible in her work with the child.

Research on mother-daughter relationship sometime gives a misleading picture of the true situation of the girl and her confidence: the relations with mother could be warm and close or she wanted to imagine them by such a way.

Possibly, she herself protected her mother. Thus, a projective identification mechanism, which formed by the woman in her relationship with her mother, is used as systemic mechanism of psychological defence, acting transcendentally from generation to generation. Obviously, this task most often is beyond psychical capacity of a child and leads to tremorgenic event. The child somehow takes the responsibility for the complicate psychic problem that mother failed to manage.

According to the cultural traditions of many nationalities a woman after marriage moves to the husband’s family. It helps her to separate from mother, and there may not be any ground for the confrontation with her husband due to help of mother-in-law. Thus, it is quite possible that strong attachment with husband creates.

In traditional medicine the main and sometimes the only object is the sick child not the mother. Thus, treatment is directed to the consequence of the psychic disorder, the reason is not treated. But interpersonal approach gives more
variants of treatment and much more hope to compensate the disorder.

**Conclusions**

The theoretical and empirical research proves that the root of the problem in families having children with cerebral palsy is in symbiotic connection of child’s mother with her own mother. In her life comprehension is not the place for the child’s personality and for the husband, the father of the child. She exists under the power of her mother, which had blocked and still blocking her initiative, her opinions her right for the choice.

A woman is expected to cooperate productively with her child, but she lacks initiative as she has not experienced this stage of her life. Thus, proposed psych correction program is aimed to work with women, assisting them to eliminate their long-lasting conflict with herself caused by her relationship with her mother.

**References**