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The Mental State of Parents in Diseases of Young Children

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Objectives. Children's illnesses negatively affect their mental and physical development, causing anxiety and psychological discomfort to parents, since increased demands are placed on parental care. In turn, the discomfort of the parents increases the risk for the normal development of the child. In the Yaroslavl region, about 7% of all younger aged children are hospitalized annually. Of these, 97% are initial, 8% are in serious condition. Researchers describe relatively stable psychological characteristics of parents of sick children. In order to psychologically optimize the treatment process, the previously undescribed psychological state of mothers of infants hospitalized with their children in the Yaroslavl Oblast Children's Clinical Hospital health care institution was investigated.
Methods. The sample consisted of 34 women hospitalized with their children under 3 years of age. Using the "Layout of the mental state" method by A.O. Prokhorov, three mental states were assessed: the actual state at the time of the research, the habitual state and the state at the onset of the child's disease. The state of health of the child was also assessed by the respondents on a scale from 0 to 10. The data covering the period of 2019—2023 hospitalizations of the children of early age were used.
Results. The actual mental states reported by respondents were significantly worse than their habitual ones, according to descriptor groups Psychic Processes and Feeling. The actual mental states were better than the ones at the onset of disease, according to descriptor groups Psychic Processes, Physiological Reactions, Feeling and Behavior. The evaluation of a child's health is associated only with a change in the state of the group of Mental processes descriptors (Kendall's Tau 0.30; z = 2.4; p-value = 0.02).
Conclusions. Two opposite changes in the mental state of mothers during hospitalization of children were revealed: the worsening compared with the usual state, improvement in the mental state compared to the onset of the child's disease. Changes in mental state in seven of the eight groups of descriptors are independent of the parents' assessment of the child's health at the time of the examination. A small sample implies a special assessment of the sustainability of the results.

Keywords: young children; hospitalization; parents; awareness of child's illness; mental state; actual state; psychological discomfort; anxiety

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Психическое состояние родителей при заболеваниях детей раннего возраста

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Актуальность и цель. Болезни детей негативно влияют на их психическое и физическое развитие, вызывая тревогу и психологический дискомфорт родителей, поскольку к родительской заботе предъявляются повышенные требования. В свою очередь, дискомфорт родителей усиливает риск для нормального развития ребенка. В Ярославском регионе ежегодно госпитализируется около 7% всех детей раннего возраста. Из них 97% первично, 8% в тяжелом состоянии. Исследователи описывают относительно устойчивые психологические характеристики родителей болеющих детей. С целью психологической оптимизации лечебного процесса исследовалось не описанное ранее психическое состояние матерей детей раннего возраста, госпитализированных с детьми в учреждение здравоохранения Ярославской области «Областная детская клиническая больница».
Методы и методики. В исследовании участвовали 34 женщины, госпитализированные с детьми в возрасте до 3-х лет. По методике «Рельеф психического состояния» А.О. Прохорова оценивались три состояния: актуальное на момент исследования, обычное и состояние на момент начала болезни ребенка. Кроме своего психического состояния, испытуемые оценивали состояние здоровья ребенка на момент исследования по шкале от 0 до 10. Также обрабатывались документальные данные о госпитализации детей раннего возраста за 2019–2023 годы.
Результаты. Актуальное на момент госпитализации ребенка состояние переживается матерями как статистически значимо худшее, чем обычное, — по группам дескрипторов Психические процессы и Переживание. Актуальное состояние оценивается как лучшее, чем состояние на момент начала заболевания, — по группам дескрипторов Психические процессы, Физиологические реакции, Переживание, Поведение. С оценкой здоровья ребенка связано только изменение состояния матерей по группе дескрипторов Психические процессы (Тау Кендалла 0,30; z = 2,4; p-value = 0,02).
Выводы. Выявлены два противоположные изменения психического состояния матерей при госпитализации детей: ухудшение по сравнению с обычным состоянием и улучшение состояния по сравнению с началом заболевания ребенка. Изменения психического состояния по семи из восьми групп дескрипторов не зависят от оценки родителями здоровья ребенка на момент обследования. Малая выборка предполагает в дальнейшем работу по специальной оценке устойчивости результатов.

Ключевые слова: дети раннего возраста; госпитализация; родители; осознание болезни ребёнка; психическое состояние; актуальное состояние; психологический дискомфорт; тревога

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Introduction

Children are ill quite often in early childhood. Authoritative manuals on developmental psychology emphasize the direct negative impact of illness on the child [4; 7], and modern research shows a very complex interaction of biological, social, and psychological factors affecting their development. According to our study, the age up to 3 years is the period of the maximum sensitivity of the system of mental development to negative influences [9].

An explicitly psychological factor — the disruption of the mother's relationship with her partner — Y.E. Shmatova et al. refer to parental risk factors for children's health [11]. V.K. Yuryev et al. describe the reasons for mothers' refusal to breastfeed, which, in our opinion, have an exclusively psychological basis: the child's refusal to breastfeed and the mother's reluctance

[12]. Y.F. Lakhvich and O.O. Leonovich show that frequently ill children more often than healthy children develop insecure types of attachment to their mothers [6]. T.D. Vasilenko et al., on the contrary, show an increase in the risk of psychosomatic disorders in children with insecure attachments to the child on the part of the mother [1]. The data of T.D. Vasilenko et al. correlates with the data of T.V. Drobysheva and M.A. Romanovskaya about the difficulty of empathy in children raised at an early age by a nanny [3]. Anxiety, guilt, and wariness were revealed by A.O. Velmatova and N.D. Semenova in mothers of frequently ill children [2]. Anxiety and depression are described by E.G.M. Aizlewood et al. in parents of children with gastroesophageal reflux [13].

The negative experiences of parents are not only the psychological consequences of children's disease. According to M.N. Bishop et al., a child's illness creates increased demands on parental care, so the strong negative experiences of parents can be considered an additional risk factor for the child [14]. A direct connection of parents' mental well-being with overcoming the consequences of neonatal brain damage [17] and congenital heart disease [16] in children has been shown. According to T.G. Kuznetsova and E.A. Rodina [5], parents' self-regulation of experiences related to the child's illness may be hampered by the inconsistency of parental perceptions of child development.

A.O. Prokhorov's research shows that the mental state performs the functions of subject's self-regulation and behavior regulation [8]. The mental state is much more dynamic than the listed type of attachment, empathy, anxiety. The state is more closely connected with the actual situation and is more accessible to self-regulation.

The subject of our study was the mental state of parents of young children in a situation of the child's illness. The work was conducted in the Yaroslavl Regional Children's Clinical Hospital (RCCH) on the basis of the informed voluntary consent of the subjects and with the approval of the ethical committee of the P.G. Demidov Yaroslavl State University.

Methods

34 women hospitalized in RCCH with children under 3 years of age participated in the study. The age of the subjects was from 18 to 45 years old. The mean age is 28.5; standard deviation 5.9. The educational level of the subjects: basic general education — 1 person; secondary education — 11 persons; higher education — 23 persons. The median age of the children of the subjects was 2.5 months; boys — 20 persons; girls — 14 persons.

A.O. Prokhorov's "Layout of Mental State" method was used to assess the mental state of mothers [8]. The method contains 40 descriptors of the mental state, divided into four groups of 10 indicators: mental processes, physiological reactions, experiences, and behavior. Each indicator has 11 levels of expression.

Subjects were asked to evaluate three mental states:

1. Current state at the time of the study.
2. Normal (background) mental state.
3. The state at the moment of onset of the child's illness.

It was also offered to rate the child's state of health on a scale from "0 = extremely ill" to "10 = completely healthy".

In addition to a sample study of the mental state of the subjects who are with their children on inpatient treatment, the statistics of the hospitalization of children in 2019–2023 were analyzed according to the data of the electronic system of medical records of RCCH.

Results and Discussion

Having evaluated the distribution of hospitalization data in the R software package [15] using the one-sample Wilcoxon test, we obtained the following values of our indicators of interest:

An average of 2174 young children are hospitalized annually in RCCH, representing about 7% of all young children in the region. Of these, 97% are hospitalized initially and 8% are hospitalized in serious condition.

In other words, early childhood hospitalization is a fairly common factor affecting mental development.

Assessments of mothers' mental states, according to the scheme of the author of the "Layout of Mental State" method [8], were summarized by four groups of descriptors; the average score was calculated. Then, for each subject, two characteristics of the change in state were calculated separately: estimates of the normal (background) state were subtracted from the estimates of the current state; estimates of the state at the time of the onset of the disease were subtracted from the estimates of the current state.

We chose this processing scheme because mental state does not imply a common reference point for all subjects. The range of mental states experienced in connection with a child's health is very wide and varied, which makes it difficult to recognize them in comparison with states of other origins [10]. Therefore, generalized assessments of each of the three states are in themselves less informative than the nature of their changes. In the "Layout of Mental State" method, subjectively positive state characteristics are presented at the right pole of the scale. An increase in scores for each of the four groups of descriptors indicates a positive change in state, and a decrease — a negative one.

The distributions of state score differences were evaluated statistically using the Wilcoxon test for related samples in the R software package [15]. The results are summarized in Table 1.

Table 1

Differences in Mental States of Parents in a Situation of Child's Illness

Comparable States, Decreasing – Subtracting	State Descriptor Group	Point Estimate of the Median of Differences	Wilcoxon Test Value, Achieved Level of Significance
Current – Normal (Background)	Mental Processes	–0,85	V = 97, p = 0,002
	Physiological Reactions	–0,15	V = 222, p = 0,44
	Experience	–1,20	V = 147, p = 0,01
	Behavior	–0,70	V = 150, p = 0,03
Current – State at the Onset of the Illness	Mental Processes	1,65	V = 584, p < 0,001
	Physiological Reactions	1,65	V = 566, p < 0,001
	Experience	2,40	V = 578, p < 0,001
	Behavior	1,50	V = 537, p < 0,001

Quartiles of the distribution of child health assessments: 25% of the sample – up to 3; 50% of the sample – up to 7; 75% – up to 9. This distribution generally corresponds to the statistics of hospitalizations and indicates a fairly adequate assessment of children's health by their parents.

The relationship between changes in the mental state of mothers and their assessment of child health was assessed using the Kendall rank correlation coefficient. Of the eight possible relationships (two changes in four descriptor groups), only one was statistically significant. The current mental state according to the Mental processes descriptor group is as positive as the state at the onset of the disease as the child's health at the time of the examination is rated higher: Kendall's Tau 0.30; z = 2.4; p-value = 0.02.

The results show that the current state experienced by the subjects in a situation of hospitalization with young children differs quite significantly both from their normal (background) state and from the state at the moment of the onset of the illness. And these differences are opposite.

The current state is experienced by the subjects as subjectively worse than the normal state. But the median changes in three of the four groups of state descriptors are statistically significantly different from zero. With the Bonferroni correction for multiple comparisons, we can speak of only two significant differences (mental processes and experience).

Compared to the state at the onset of the disease, the current state of the subjects is significantly more positive. For all four groups of state descriptors, the median changes are statistically significantly greater in modulus than the change in the current state compared to the background.

The results show that mothers' state changes are related to both a situation of inpatient treatment and the awareness of the child's illness. The awareness of the child's illness more strongly changes the mental state of the subjects than a treatment situation. At the same time, changes in the mental state of mothers are not related to their assessments of the child's health at the time of examination, which creates psychological prerequisites for difficulties in the interaction between parents and medical personnel. A negative change of the state itself creates difficulties in interaction. And the lack of connection of the state with health assessment hinders the evaluation of the work of medical personnel aimed at improving health.

Let us illustrate the practical significance of the results with a hypothetical example. A young child, crawling around the house, receives an injury that requires hospitalization. Inpatient treatment is objectively favorable, the child is discharged for outpatient rehabilitation, which is also successful. Restrictions of the child's motor activity, inevitable at the stages of inpatient treatment and rehabilitation, are removed. But parents, who deeply and severely experience their child's trauma out of connection with the assessment of his or her health, may, firstly, distort or not follow the recommendations of medical professionals under the influence of a negative state. Second, parents may "prophylactically" restrict their child's motor activity after treatment is completed.

In such a situation, we can talk about difficulties in the course of treatment and the long-term consequences of the trauma. Consequences that arise under the influence of psychological factors, but which in some cases manifest themselves physically. How can this be avoided? In our opinion, the psychological optimization and psychological support of the treatment process is required.

Negative mental states experienced by parents are natural and, in many respects, functionally necessary, as are medical restrictions of the child's activity. The issue is different – the correspondence of the parents' state to what is acceptable and useful for the child in a particular situation. In most situations, it is possible to achieve that the parents' condition does not worsen the child's condition, and that the parents do not block the child's spontaneous options for the compensation of negative experiences.

Limitation of the Study

The main limitation of the presented study is the small sample size: 1.5% of the total number of annually hospitalized young children.

Conclusions

The study revealed two opposite changes in the mental state of parents (mothers) during the hospitalization of young children: worsening compared to the normal state, improvement compared to the onset of the disease. Changes in mental state in seven out of eight groups of descriptors were independent of the parents' assessment of the child's health at the time of the examination.

The limitation of the conducted study requires a special assessment of the stability of the obtained results. In case that the stability of the results is confirmed, research in several directions is possible: the identification of the parameters of the states associated with psychological problems during treatment; the assessment of the nosological specificity of the parents' states; the description of the nature of the relationship between the parent's and the child's state.

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