

Neurotic States of Women and the Features of the Attitude Towards the Newborn in the Situation of “Burdened” Motherhood

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Objectives. The growing number of children with mental health needs leads to an increase in the need for research on this issue. The subjective phenomenon of “burdened” motherhood is considered as an environmental risk factor for child mental health disorders. The article presents the results that allow us to consider the attitude to the newborn and the pronounced neurotic states of the mother among the unfavorable factors in the formation of the “mother-child” dyad.

Methods. A total of 228 women participated in the study. Comparison groups of 173 respondents were formed. The unifying criterion of the groups is the special conditions for the formation of the “mother-child” system in the situation of “burdened” motherhood. 55 women with preserved reproductive function, whose pregnancy ended with the birth of a healthy child, are classified as “conditional norm”. The Pregnant Woman’s Attitude Test by I.V. Dobryakov, the Clinical Questionnaire of Neurotic States by K.K. Yakhin and D.M. Mendelevich, the method of semi-structured interview, the methods of statistical processing of empirical data Mann-Whitney U-test and Spearman’s rank correlation coefficient were used.

Results. Women in a situation of “burdened” motherhood are more likely to transmit an anxious attitude towards the newborn ($U = 210.0$; $p = 0.004235$). Positive correlations between anxious and depressive attitudes towards the newborn and indicators on the asthenia scale of the Neurotic States Questionnaire ($r = 0.39$; <0.05) are described. Empirical data have confirmed the presence of pronounced neurotic states in women in the situation of “burdened” motherhood on the following scales: “anxiety”, “hysterical type of reaction”, “obsessive-phobic disorders” and “vegetative disorders”.

Conclusions. The obtained data indicate that the features of the attitude towards the newborn and the level of severity of neurotic states in women in the situation of “burdened” motherhood, can be considered among the risk factors for mental health disorders in infancy and young age.

Keywords: “burdened” motherhood; “mother-child” system; attitude towards the newborn; neurotic states; risk factors; anxiety; asthenia; neurotic depression

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Невротические состояния женщин и особенности отношения к новорожденному в ситуации «отягощенного» материнства

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Актуальность и цель. Рост числа детей с особенностями психического здоровья ведет к увеличению потребности в их раннем выявлении и в исследованиях для последующего лечения. Рассматривается субъективный феномен «отягощенного» материнства как средовой фактор риска нарушения психического здоровья ребенка. Исследованы особенности отношения к новорожденному в диаде «мать — дитя» и выраженность невротических состояний у женщин при желанной беременности, но в ситуации рождения ребенка с заболеванием.

Методы и методики. В исследовании приняли участие 228 женщин. Основная группа — 173 респондентки, объединенные критерием особых условий формирования системы «мать — дитя» в ситуации «отягощенного» материнства. 55 женщин с сохранной репродуктивной функцией, беременность которых завершилась рождением здорового ребенка, отнесены в категорию условной нормы. Применялись Тест отношения беременной И.В. Добрякова; Клинический опросник невротических состояний К.К. Яхина и Д.М. Менделевича; метод полуструктурированного интервью; методы статистической обработки эмпирических данных U-критерий Манна-Уитни и коэффициент ранговой корреляции Спирмена.

Результаты. Женщины, находящиеся в ситуации «отягощенного» материнства, чаще транслируют тревожное отношение к новорожденному ($U = 210,0$; $p = 0,004235$). Описаны положительные корреляции между тревожным и депрессивным отношением к новорожденному и показателями по шкале «астения» Клинического опросника невротических состояний ($r = 0,39$; $<0,05$). Эмпирическими данными подтверждено наличие выраженных невротических состояний у женщин в ситуации «отягощенного» материнства по шкалам: «тревога», «истерический тип реагирования», «обсессивно-фобические нарушения» и «вегетативные нарушения».

Выводы. Полученные результаты свидетельствуют о том, что особенности отношения к новорожденному и уровень выраженности невротических состояний у женщин в ситуации «отягощенного» материнства возможно рассматривать в числе факторов риска нарушения психического здоровья детей в младенческом и раннем возрасте.

Ключевые слова: «отягощенное» материнство; система «мать — дитя»; отношение к новорожденному; невротические состояния; факторы риска; тревога; астения; невротическая депрессия

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Introduction

In the conditions of demographic instability, the falling birth rate and the situation of the transformation of family values, the need to protect the mental health of young children acquires special social significance. The interest towards this problem is due to the growth of mental disorders among children and the search for solutions, including through preventive measures. The relevance of the study is also due to the fact that education, correction and the treatment of children at an early age has a much greater effect.

One of the leading roles in the etiology and pathogenesis of mental disorders is played by the environmental factor, namely, personality-oriented interaction in

the newly formed “mother-child” system. According to a number of researchers, “unintended pregnancy poses a high risk for the health of young children, being prenatal deprivation” [3, p.11-12]. When describing neuroses as a psychogenic disease, A.I. Zakharov draws attention to the mutual influence of the nervous state of parents and their children [7].

The purpose of our study is to identify the features of the attitude towards the newborn and the severity of neurotic states in women with a desired pregnancy, but in a situation of giving birth to a child with a disease.

Terminologically, we define “burdened motherhood” as a subjective phenomenon manifested through the attitude towards a newborn with a disease, and having

psychological consequences for women in the form of an altered psycho-emotional state (pronounced neurotic), which is reflected in the formation of the "mother-child" system in the early postpartum period.

This phenomenon is observed:

1. At the birth of a child with a disease in women with a preserved and impaired reproductive function;
2. At the birth of a child with a disease as a result of premature labor, including with an extremely low birth weight.

A characteristic sign for women in a situation of "burdened motherhood" is an unstable emotional state. The cause of this state is determined by the frustrating situation of uncertainty about the future for the woman herself and for the newborn. The semantic fixation of the situation redirects the expenditure of the main resources in the situation of the accepting of the role of a mother, to maintain their own optimal functional state. Foreign psychologists state that "Parental stress is associated with the deterioration of health and well-being of parents and infants, as well as with an increase in psychological stress" [18, p. 6].

Methods and Design of the Study

The study involved women who were transferred together with their child for treatment to the neonatal intensive care unit on the 3rd – 11th day after delivery due to the unstable condition of their children. The main group of 173 respondents (average age – 34.5 years) was divided into 3 subgroups:

- Subgroup 1 – 78 women whose pregnancy ended with the birth of a child with a disease in the newborn period, including children with extremely low body weight, with a history of perinatal losses;
- Subgroup 2 – 63 women, without experience of perinatal losses, whose pregnancy ended with the birth of a child with a disease in the newborn period;
- Subgroup 3 – 32 women with impaired reproductive function whose pregnancy was induced by in vitro fertilization and ended with the birth of a child with a disease in the newborn period.

The control group consisted of 55 women (average age – 30 years), with preserved reproductive function, who gave birth to a healthy child and who represented the "conditional norm".

Thus, the main criterion for selecting women for inclusion in the main group was the birth of a child with a disease in the newborn period.

At the present stage, there is an acute shortage of valid methods aimed at studying the features of attitudes towards the newborn in women in the early postpartum period. Therefore, a modified version of the Pregnancy Attitude Test (PAT) by I.V. Dobryakov [5], the Clinical Questionnaire for the Identification and Assessment

of Neurotic States by K.K. Yakhin and D.M. Mendeleevich [13] were used for this study, as well as, the method of the semi-structured interview, the purpose of which was to achieve maximum constructive compliance. The Mann-Whitney U-test and Spearman's rank correlation coefficient was used for the statistical processing of empirical data.

Results of the Study

1. The study revealed significant differences in women in the main and control groups in their attitudes toward the newborn.

Women in the control group, with preserved reproductive function, predominantly demonstrate an optimal attitude toward the newborn ($U = 238.5$; $p = 0.022610^*$). Anxious attitudes toward the newborn were more common in women with impaired reproductive function whose pregnancy ended with the birth of a child with a disease in the newborn period without a history of perinatal losses ($U = 210$; $p = 0.004235^{**}$) and in women whose pregnancy was uneventful but who had a history of perinatal losses and gave birth to a child with a disease ($U = 245.5$; $p = 0.007393^{**}$). For women with impaired reproductive function with a history of perinatal losses, a euphoric attitude toward the child is more characteristic ($U = 199.5$; $p = 0.001285^{**}$) [10, p. 225].

A woman's attitude to the "mother-child" system, which is formed during the nine months of pregnancy, undergoes changes at the birth of a child with a disease. The image of a "healthy child" is destroyed, and the birth of a child with a disease is accepted. Any non-standard situation, including the transfer from a maternity hospital to a neonatal intensive care unit and a prolonged stay in a hospital, does not allow a woman to experience the joy of the "I am a mother" state and affects the formation of the "mother-child" system.

The adoption of the "maternal role" takes place in a difficult stressful situation, which significantly reduces the woman's resources and becomes an additional challenge for her. The woman is in a constant state of unproductive anxiety. "The changing requirements of reality associated with the emergence of a newborn and the individual characteristics of the acceptance of the "mother" role status can lead to the mental and emotional overload of a woman in the postnatal period and catalyze the formation of dysfunctional dyadic relationships in the "mother-child" system, which can affect the mental health of the child in the future" [9, c. 140]. We can consider the features of the attitude towards the newborn among the risk factors for the mental health disorders of children in early childhood and infancy.

2. At the time of the study, the somatic condition of children is described as severe and moderate. The diseases of newborns according to ICD-10 were categorized

into 4 large groups: congenital disorders, malformations, deformities and chromosomal disorders (Q00-Q99); respiratory and cardiovascular disorders specific to the perinatal period (P 20-P29); infection specific to the perinatal period (P 35-P39) and other specified brain disorders in the newborn (perinatal CNS damage, oppression syndrome). The study revealed the reaction of response to such different diseases in the early postpartum period as typical, independent of the nosological form and fitting into the clinical manifestations of neurotic conditions, which are unresourceful for the situation of formation of the “mother-child” system. This reflects the results obtained in the study and description of the identified syndromes of neurotic states in women in the situation of “burdened motherhood” on the scales: “anxiety” ($U = 157.5$; $p = 0.000910^{***}$), “hysterical type of response” ($U = 116$; $p = 0.000056^{***}$), “obsessive-phobic disorders” ($U = 367.5$; $p = 0.002009^{**}$) and “vegetative disorders” ($U = 320.5$; $p = 0.000293^{***}$) (Table).

The results of the study indicate significant differences in the painful nature of the detected neurotic manifestations (less than -1.28), on the “neurotic depression” scale ($U = 133.5$; $p = 0.000192$), and on the “asthenia” scale ($U = 79.5$; $p = 0.000003$) in women with impaired reproductive function. “A long waiting time for pregnancy due to reproductive difficulties” [8, p. 98], the birth of a sick child and the destruction of hopes for the future, causes and supports the above-mentioned conditions.

3. Also, stable correlations between the psycho-emotional state and the attitude towards the newborn in women of the main group were revealed.

Positive correlations between anxious and depressive attitudes towards the newborn and indicators on the “asthenia” scale in women with reproductive problems and in women with a history of perinatal losses, whose pregnancy ended with the birth of a child with a disease in the newborn period ($r = 0.39$; <0.05), indicate an altered psycho-emotional state of the mother. “The higher the level of the depletion of the physical and psychological resources of a woman, which is manifested by asthenic state” [10, p. 230], the more anxious, and, in some cases, depressive is the attitude towards the newborn that she shows.

The more often women with experience of perinatal losses with impaired reproductive function and in the

situation of giving birth to a child with a disease demonstrate a euphoric attitude towards the newborn, the higher the scores on the “obsessive-phobic disorders” scale is ($r = 0.41$; <0.05). This may be explained by the dominant ideas of pregnancy, i.e. a woman’s acute desire to have a child formed against the background of a traumatic experience. Obsessive-phobic disorders are obsessive states caused by real or imaginary fears, which most often concern the realization of undesirable events associated with the situation of “burdened” motherhood.

Women with impaired reproductive function are characterized by opposite emotional states — euphoria and anxiety. “The former are accompanied by a feeling of relaxation and occur if the goal is achieved” [6]. Secondary states of anxiety and neurotic depression, arise due to prolonged exposure to stressors. The danger of the development of such neurotic states lies in the potential possibility of their outgrowth into chronic depression or obsessive-compulsive disorder, as well the development of post-traumatic stress disorder. The consequences of these neurotic states are a general asthenization and vegetative disorders. The absence of positive emotions for a long time and the inability to recover resources supports the unproductive emotional state of the woman and is reflected in the attitude towards the newborn. The psychological well-being of the newborn is conditioned by the psycho-emotional state of its mother. This conclusion is reflected in the “Diagnostic classification of mental health and developmental disorders of infancy and early childhood”, which includes in the list of nosologies “a specific disorder of relationships in infancy and early childhood, implying the development and manifestation of symptoms of the disorder in the context of relationships with a particular adult” [1; 12, c. 121; 14].

4. According to the results of the study, women with experience of perinatal losses are more often characterized by a high level of the hysterical type of reaction ($U = 245.5$; $p = 0.0073$) to any “non-standard” situation than representatives of the “conventional” norm”. This neurotic state is quite understandable. The woman found happiness in having a child after the negative experience of perinatal loss, but fear and uncertainty for the future of this child, cause a hysterical emotional reaction as a protest, as a disagreement with the real-life situation, which can “weaken primarily those resources that are already

Table

Results of the Comparative Analysis of Neurotic States in Women in the Situation of “Burdened” Motherhood and in Women Presenting a Conditional Norm According to the Mann-Whitney U-test

	Control Group	Main Group	U	Z	p
Anxiety	4,44	1,34	157,5	3,32	0,000910***
Hysterical Type of Response	3,29	-0,82	116	4,03	0,000056***
Obsessive-Phobic Disorders	3,38	1,77	367,5	3,09	0,002009**
Vegetative Disorders	6,06	4,11	320,5	3,62	0,000293***

Note: ** – differences at the significance level $p < 0.01$.

relatively scarce" [11, c. 113]. According to the statistics given in foreign publications, approximately, every fifth pregnancy ends in perinatal loss [16; 17]. Negative experience of perinatal loss certainly affects the emotional state of a woman. Changes in emotional state can be one of the unfavorable factors affecting the mental development of children of early childhood and infancy.

Conclusions

1. Thus, we have for the first time terminologically described the subjective phenomenon of "burdened motherhood", manifested through the category of attitude towards the newborn and the emotional state of a woman at the stage of accepting the role of a mother in the early postpartum period, at the birth of a child with a disease.

2. Based on the results of the study, we can consider the painful nature of the detected neurotic manifestations (less than -1.28) on the "anxiety", "neurotic depression", "hysterical type of reaction", "obsessive-phobic disorders" and "vegetative disorders" scales in women in the situation of "burdened motherhood" as factors in the formation of a nonoptimal attitude towards the newborn. The positive correlation between the neurotic state of women whose pregnancy ended with the birth of a child with a disease and the anxious, depressive or euphoric attitude towards the newborn is convincingly proven. The

results described by us confirm the data of domestic and foreign researchers, who claim "that women who gave birth to premature babies more often experience depressive symptoms and anxiety than mothers of full-term babies" [2, p. 59; 15], and the emotional state of women raising children with developmental disorders is characterized by a "pronounced destructiveness, in the form of chronic mental tension" [4, p. 207].

3. The study is longitudinal in nature. The prospects of the study are focused on the consideration of the dynamic manifestations of neurotic states of women and the influence of the psycho-emotional state of the mother on the mental health of the child, in infancy and early childhood. In the context of this article, we draw the attention of multidisciplinary specialists to the fact that the formation of the "mother-child" system in the conditions of the long-term hospitalization of the mother and child in the neonatal intensive care unit begins in the difficult conditions of the unstable emotional state of the mother.

4. In order to reduce the influence of environmental risk factors on the child's development in early childhood and infancy, the necessary condition is social and psychological support, which has "significant direct effects — respectively increasing and decreasing stress and role strain" [18; 19]. The nature of the detected neurotic states and the features of attitude towards the newborn can become the basis for the formation of an individual program of psychological support for women in the early postpartum period. ■

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