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MOTHER-CHILD RELATIONSHIP DIAGNOSTICS AND ASSESSMENT*

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The images presented in this work clearly illustrate the variety of experiences of motherhood.

The material in this article supplements the existing epistemological ideas about the problem of determining the norms and deviations in psychological studies of motherhood.

The author presents a system of diagnostic criteria and assessment of the mother-child relationship. The article explains the term “deviant motherhood” and indicates various degrees of severity of behavioral disorders. There are four main modes of the functioning of the “mother-child” system, reflecting the main variants of motherhood: normative and relatively normative motherhood, deviant mother-child relationship, pathological motherhood (antisocial form), and pathological motherhood (prosocial form).

Keywords: *science, psychology, methodology, system, psyche, personality, woman, motherhood, mother, child, relationship, assessment, norm, deviation, pathology.*

Relevance of the research topic. The problem of deviant motherhood is one of the most socially significant areas of research in psychology. The term “deviant motherhood” is understood as a deviation of the mother’s behavior, which becomes a factor for the destabilization of parent-child relations.

The antisocial form of deviant motherhood poses a particular danger to society and the state. These behavioral disorders have varying degrees of severity:

- formal, situational communication with the child;
- ignoring their responsibilities in providing holistic care for the child;
- unwillingness to take part in the child’s upbringing;
- deviations in mother-child relationships, which are reasons for a decrease in the child’s emotional well-being and deviations in his or her mental development;
- legal abandonment of the child;
- manifestation of open neglect and violence towards the child;
- provoking accidents (latent infanticide);
- the deliberate murder of a child.

Latent infanticide includes:

- insufficient child care;
- neglect of the child needs;
- deprivation of custody and guardianship;
- failure to provide medical and other types of assistance;
- provoking accidents leading to the death of a child.

In Europe and the USA, the bulk of scientific research devoted to the problem of deviant forms of maternal behavior is reflected in the works of Barnett D., Manly J.T., Cicchetti D., 1993;

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Singer P., 1993; Bonnet S. 1995; Spinelli M. G., 2002; Holt S., Buckley H., Whelan S., 2008; Dedel K., 2010; Finkelhor D., Turner H., Ormrod R., Hamby S., 2010; Leventhal J.M., Martin K.D., Gaither J.R., 2012; Chiang W.L., Huang Y. T., Feng J.Y., Lu T.H., 2012; Devakumar D., Osrin D., 2016; Crouch J.L., Irwin L.M., Milner J. S., 2017.

Before the collapse of the USSR in 1991, statistical reports did not have any data on deviant forms of maternal behavior. In modern Russia, the main objects of scientific research are the abandonment of a child by their mother and latent infanticide (V.I., Radionova M.S., 1997; Brutman V.I., Varga A.Ya., Khamitova I.Y. et al., 2000; Filippova G.G., 2000–2003, 2006; Ayvazyan E.B., Arina G.A., Nikolaeva V.V., 2002; Ayvazyan E. B., 2005; Mikhel D.V. 2007; Gelimkhanova N.V., Pashkova M.V., Revina Ya.S., 2009; Shelekhov I.L., Urazaev A.M., 2009; Zhiginas N.V., Semke V.Ya., 2013; Zakharova E.I., 2015) [1–4].

The research basis: The study was carried out voluntarily according to a unified diagnostic program from 2002 till 2020 in the following organizations:

- obstetric clinics of the Siberian State Medical University;
- consultations office at N. A. Semashko Maternity Hospital (Tomsk);
- Faculty of Psychological, Pedagogical and Special Education, Tomsk State Pedagogical University;
- at the places of study and work of the participants.

The study included 1123 women aged 18–37.

Evaluation of motherhood. Determining the norm and an objective assessment of motherhood is a rather difficult task due to the lack of unambiguous diagnostic criteria. Practice shows that to determine the norm, one should use one criterion and a set of features that reflect the whole multifaceted nature of mother-child relationships [5–7].

As the criteria for normal motherhood, data from our research were taken, an analysis of psychological literary sources (Bonnet S., 1995; Eidemiller E.G., 1996; Brutman V.I., Radionova M.S., 1997; Brutman V.I., Varga A.Ya., Khamitova I.Y. et al., 2000; Filippova G.G., 2002),

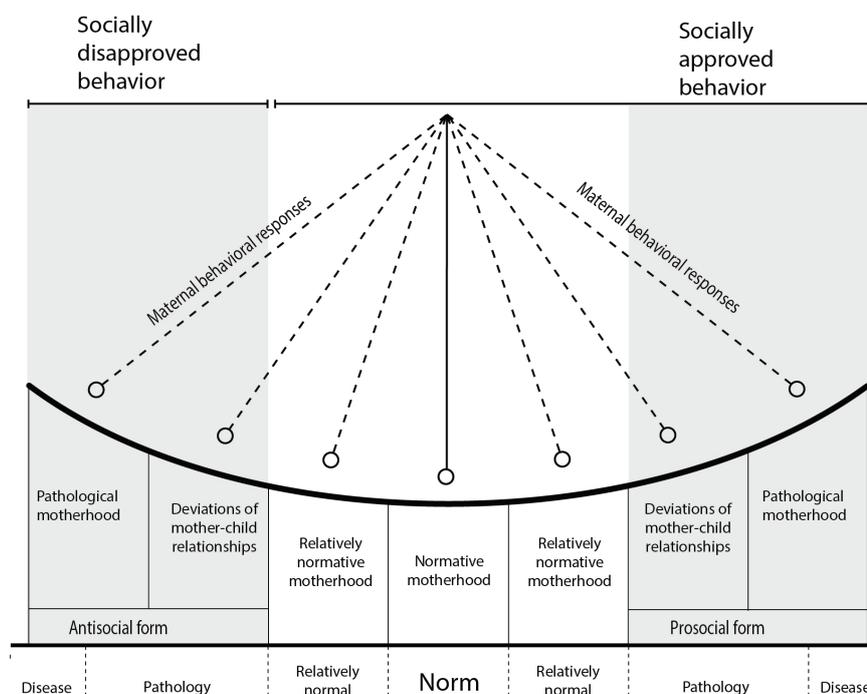


Fig. 1. Variability of motherhood. Note. Areas of the child's well-being level decrease, the occurrence of deviations in mental and somatic development are marked in gray

and the legal framework: the International Convention on the Rights of the Child (approved by the UN General Assembly on November 20, 1989, entered into force for the USSR on September 15, 1990), the Constitution of the Russian Federation was adopted by popular vote on December 12, 1993) (Articles 7, 38; commentary on Article 38 of the Constitution of the Russian Federation), Family Code of the Russian Federation of December 29, 1995).

The variability of motherhood. Motherhood is characterized by an objective variety of options to implement mother-child relationships (Fig. 1).

In practice, there are five main options for the functioning of the mother-child system (Fig. 2).

The main variants of motherhood we present in the table. 1.



Fig. 2. The main variants of the motherhood implementation; a – Deviations of mother-child relationships (prosocial form); b – pathological motherhood (prosocial form); c – normative and relatively normative motherhood; d – Deviations of mother-child relationships (antisocial form); e – pathological motherhood (antisocial form)

Table 1

The variability of motherhood and the characteristics of the functioning of the mother-child system

Variability of motherhood		Characteristics of the mother's behavior and the functioning of the mother-child system
Norm	Normative motherhood	Fully complies with the norms (medico-biological, medico-psychological, statistical, legal, linguistic, moral, social, cultural, religious, family and parent-child, ideal)
	Relatively normative motherhood	Minor deviations from the optimum of the mother-child relationship
Deviation from the norm	Deviations of mother-child relationships (pro and antisocial forms)	Digressive functioning negatively affects the psychosomatic social status of the child. The existing deviations from the norms can be compensated by the combined influence of positive endo- and exogenous factors.
	Pathological motherhood (pro and antisocial forms)	It is characterized by gross deviations of mother-child relationships, which become the reasons for a decrease in the level of the child's well-being, and the deviations in his or her mental and somatic development. The behavior of the mother can lead to severe health problems in the child or even death.

Deviations in mother-child relationships and pathological motherhood are presented in antisocial and prosocial forms.

Pronounced deviations of the mother's behavioral reactions are caused by pathological processes and can be considered manifestations of the disease.

Since motherhood is a multi-aspect phenomenon, it is necessary to use a system of criteria for its study and assessment (Table 2).

Table 2

System of diagnostic criteria and assessment of mother-child relationships

No	Diagnostic criterion	Mother-child relationship			
		Norm		Deviation from the norm	
		Normative motherhood	Relatively normative motherhood	Deviations in mother-child relationships. Pathological motherhood (antisocial form)	Deviations in mother-child relationships. Pathological motherhood (prosocial form)
1	Family history and women upbringing features in the family	Family history is not burdened	In the family history, there are cases of deviations in interpersonal relations between mother and grandmother	Interpersonal relationships along the female line are broken in three generations or more. Mother and grandmother are characterized as distant from each other. In previous generations, physical abuse, dissolution of marriages, abandonment of children, addictive states, the suicide of one of the parents are recorded	Interpersonal relationships along the female line are broken in three generations or more. Mother and grandmother are ambivalent. In previous generations, physical abuse, divorce, and child abandonment have been recorded. The family history includes: relatives criminally or politically repressed within the USSR Criminal Code, victims of hunger, brought up in an orphanage

Table 2 continuation

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2	Family traits as a basis for the implementation of the motherhood institution	Mother has support from other family members	Single mother	Single mother or dysfunctional family	Complete family or single mother. A prosperous or dysfunctional family
3	Mother's life scenario	The scenario of life is realized. Motherhood is one of the key positions in the life scenario	The life scenario is not fully realized. There is motherhood in the life scenario	The life scenario does not imply motherhood. The child does not occupy a significant place in a parent's life	In the life scenario, motherhood is seen as the only significant event. The child is the center of the universe to a parent's life
4	Value of the child	The child has an independent value with an adequate maternal attitude towards him or her	Decreased or inadequately overestimated the value of the child and an anxiously ambivalent style of maternal attitude	The child is not valued or happens to be a means to achieve other values (material wealth, a way to keep a partner.)	The child is valued excessively
5	Pregnancy planning	Planned pregnancy, desirable	Pregnancy not planned (accidental)	Pregnancy not planned (accidental), unwanted	Planned pregnancy, desirable
6	Attitude towards pregnancy	Positive. Measures are being taken to preserve pregnancy (attendance at antenatal clinics, following the obstetric recommendations, preparation for childbirth)	Mostly positive. At the stage of pregnancy, a high or low feeling of fetal movement is noted	Negative. The mother does not consider it necessary to change her lifestyle connected with pregnancy and give up bad habits. Late pregnancy identification. An attempt to terminate a pregnancy. Miscarriage provocations (running, dieting, exercise, lifting weights, jumping). Irregular visits at the antenatal clinics	Positive. The mother completely changes her lifestyle due to pregnancy. Anxiety, hypochondriacal fixation are noted. Emotional instability
7	Pregnancy was planned	The child is wanted	Forced preservation of pregnancy	The child is unwanted Giving birth or adoption is a means of obtaining material benefits	The child is wanted Birth or adoption is a means of resolving intrapersonal conflict, raising self-esteem, raising social status, manipulating a spouse, and obtaining the society approval

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8	Willingness to perform maternal functions	High level of psychological readiness	The mother is not ready for motherhood (lack of psychological readiness, social and economic instability, lack of education)	Psychological readiness is low or absent. Child abandonment (mental or physical), a tendency to latent infanticide	High level of psychological readiness Immersion in motherhood (mental and physical)
9	Maternal attitude to the child	Love or an expressed positive attitude towards the child	Distorted perception of an unwanted child (ambivalent attitude)	Negative attitude towards the child. Frequent punishments, claims	Positive or ambivalent attitude towards the child. Idealization of the child is often noted
10	Emotional contact with the child	Emotional contact with the child, which provides his or her mental and physical development	Emotional contact is missing	Emotional rejection of the child. The child evokes negative emotions	The child evokes ambivalent emotions with a predominance of positive ones
11	Communication with the child	Friendly, warm, adequate, long-lasting	Situational, formal, short-term	Hypo-protection. Absent or hostile. Mentoring communication style	Hyper-care. Indulging, controlling, lasting
12	The child in the mother's inner picture of the world	The parent presents the child as part of her	A parent presents a child as something insignificant, distant	A parent presents a child as something hostile, as a creature that deceived her hopes, a source of coercion and suffering	A parent perceives a child as an overvalued property. The full responsibility for his or her fate and the right to shape it
13	Psychological characteristics of the mother	Absence of acute neurotic conflicts associated with the child. Willingness to care for and raise a child	Mother's infantilism, egocentrism, selfishness, and increased aggression. Feelings of guilt, overcompensation in the form of striving for anxiety-riddled "perfect motherhood"	Manifestation of open neglect and violence towards the child	The presence of acute neurotic conflicts, including those related to the child. The all-consuming motherhood model
14	Mother-child relationship	It is built according to the style of patronage and cooperation. Subject-subject attitude	Permissive, emotionally detached, regulating	Hostile, hypo-protective. Subject-object attitude	Dependent, hyper-protective

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15	Child care	Systematic	Situational	The mother does not take care of the child, entrusting her functions to other family members or relevant social institutions	The mother devotes all her time to caring for the child, involving all family members, other people, and relevant social institutions. Childcare issues are discussed on the Internet
16	Child upbringing	Raising a child as a full-fledged member of society. There is an upbringing strategy	Parenting strategies (hypo-care, less often hyper-care) are the reasons for the decrease in the emotional well-being of the child and the appearance of deviations in his or her mental development	The child is brought up situationally, with the absence of a clear upbringing strategy or is not brought up at all	The child's upbringing strategy is hyper-protection
17	Compliance with linguistic norms when communicating with a child	Monologues and dialogues conform to the rules of the literary language	Verbal communication with the rare use of profanity - archaisms, dialectisms, jargon, barbarisms, neologisms	Verbal communication with regular use of profanity, including the use of taboo, abusive, and obscene language	Verbal communication with everyday use of diminutive words. The social isolation mindset
18	Compliance with cultural norms when communicating with a child	Cultural norms are respected, their meaning and significance are explained to the child	Cultural norms are rarely adhered to	Cultural norms are not respected	Often the child is allowed to violate cultural norms
19	Mother's participation in the education of the child	The mother makes a systematic effort to educate her child	Situationally controls the educational process of the child	The mother does not pay attention to the education of the child or interferes with the studying process	She devotes all her free time to her child's education and attracts all family members and relevant social institutions. Delegating to the child the fulfillment of the mother's unfulfilled dreams

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20	Child's education (attendance at educational institutions)	The child receives an education that meets the requirements of modern society (including extracurricular educational programs)	The child receives insufficient education	The child does not receive education or is limited to low levels of education (primary, incomplete secondary). At the request of the educational institution, transfer to homeschooling is possible	The child receives primary and additional education, works with tutors, attends sports sections, music, and art schools. At the request of the mother, transfer to homeschooling is possible
21	Physical and mental development of the child	The child is provided with conditions for physical and mental development (there are toys, books, pets, a computer)	The child allocated time and material resources are on a leftover basis	The mother is not involved in the development of the child. A Child has behavioral disorders and disregard for the opinions of others	The mother devotes all her free time to the development of the child.
22	Protecting the interests of the child	Systematic protection of the child's interests	Situational protection of the child's interests	Minimal protection or neglect of the child's interests	The safety of the child's interests is demonstrative, hypertrophied
23	Providing medical assistance to a child	Disease prevention (balanced diet, vaccinations, regular medical check-ups)	It is given in the case of a disease	Is not given	The medical care is demonstrative, hypertrophied, inadequate
24	Providing conditions for the child's physical well-being	The child is equipped with a level of material benefits corresponding to the economic and cultural level of society (good nutrition, medical care, living conditions, housing)	The level of the child's physical comfort is lower than the family income allows	The minimum level of physical comfort. Funds allocated by the state funding for child care are spent on other needs	Family resources are spent on the child's maximum level of physical comfort
25	Ensuring the child's safety	Systematic measures are taken to ensure safety (child care, removal of hazardous items, instructions)	Situational security	Latent infanticide (insufficient care, failure to provide medical assistance, as well as provoking accidents leading to the child's death)	Systematic and redundant measures are taken to ensure safety (excessive child care, elimination of potentially dangerous items, excessive instructions, hyper-care)
26	The mother's behavior in extreme situations	Mother would sacrifice for the child's safety	Evasion to protect the child's interests	Sacrificing the child for own safety/life	Hypertrophied readiness for self-sacrifice for the child's safety
27	Aggression towards the child	Is absent	Verbal aggression towards the child	Verbal aggression and physical abuse	Absent or manifested in psychological abuse

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28	Separation of the mother and the child	The mother has a hard time parting with a child	Mother easily overcomes parting with a child	The mother voluntarily leaves the child. Refuses to perform maternal functions, entrusting them to a third party or the state	Separation of mother and child is possible only under the influence of exceptional circumstances and is perceived by the mother as a disaster. The mother is taking steps to find the child. Child control through gadgets
29	Tendency to develop addictive states	The mother has no mental or physical dependencies	The presence of certain signs of insignificant deviations from social norms: watching TV programs (news, series, criminal chronicles), buying goods from catalogs, the need to listen to certain music, dependence on relationships with a particular person	Suffers from non-pharmacological (game addiction, workaholism, shopaholism) or pharmacological (alcoholism, substance abuse, drug addiction) addiction	There is a predisposition to the development of non-pharmacological (workaholism, shopaholism) or pharmacological (alcoholism, substance abuse) addictions
30	Illegal actions against the child	Impossible	Possible in dreams of a frightening nature	Inflicting grievous bodily harm to a child. Latent infanticide. Killing a child	Impossible

The set of diagnostic criteria items shown in table 2 allows for a qualitative analysis of mother-child relationships, their compliance with the norm or pathology. If deviations from the optimum are detected, psychological correction is advised [8–12].

Timely identification of violations of the mother-child interaction and effective implementation of psychological correction allows to solve a number of essential tasks:

- ensuring the psychological health of family members;
- increasing the social significance of the family;
- optimization of demographic indicators;
- stabilization of the economic and political situation in the country;
- reduction of social tension.

The proposed system of criteria is essential for organizing personality-oriented measures to prevent deviant motherhood [13, 14].

Conclusion. The modifications of motherhood are qualitatively different: normative motherhood, conditionally normative motherhood, deviation of the mother-child relationships, pathological motherhood.

Deviations in mother-child relationships and pathological motherhood are presented in antisocial and prosocial forms.

Slow digression in the behavioral reactions of the mother is represented by various variants of the mother-child relationship deviations. Clearly outlined deviations from the optimal functioning of the mother-child system are considered as pathological.

Family and the mother-child relationships are a multi-aspect phenomenon that is difficult to assess formally. At the same time, there is a real possibility of a qualitative analysis of mother-child relationships and their compliance with the norm or pathology.

The proposed system of criteria considers the variety of maternal-child relationships, which vary widely from the norm to different deviations.

The criteria for assessing the implementation of maternal functions are relevant for psychological science, and practice contributes to resolving the primary problems of society and the state.

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