



Parental attitudes of mothers raising sons with Crohn's disease

Postawy rodzicielskie matek wychowujących synów
z chorobą Leśniowskiego-Crohna¹

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Abstract: The article describes the issues and presents research on parental attitudes of mothers towards somatically ill children. The analysis of the issue includes the mother's point of view as well as the child's point of view. The conducted research shows a relationship between the assessment of parental attitudes of mothers and their assessment of their sons suffering from Crohn's somatic disease. They point to the differences in the perception of mothers' parental attitudes from these two perspectives. They also show the relationship between the child's age and the mother's attitude. The study included 30 mothers and their 30 teenage sons suffering from Crohn's disease.

Keywords: Crohn's disease, motherhood towards a sick child, parental attitudes of mothers

Abstrakt: Artykuł opisuje problematykę i przedstawia badania dotyczące postaw rodzicielskich matek wobec dzieci chorych somatycznie. Analiza zagadnienia obejmuje perspektywę matki, a także punkt widzenia dziecka. Przeprowadzone badania ukazują związek między oceną postaw rodzicielskich matek a ich oceną według synów, cierpiących na chorobę somatyczną Leśniowskiego-Crohna. Wskazują na różnice w postrzeganiu postaw rodzicielskich matek z tych dwóch perspektyw. Pokazują również zależności między wiekiem dziecka a postawą matki. Badaniem objęto 30 matek i ich 30 borykających się z chorobą Leśniowskiego-Crohna nastoletnich synów.

Słowa kluczowe: choroba Leśniowskiego-Crohna, macierzyństwo wobec chorego dziecka, postawy rodzicielskie matek

Introduction

The fundamental condition for the proper development of a child and their sense of happiness is the experience of love (Błasiak, 2012). One of the first social relationships of a human being is their relationship with their mother. Motherhood is based on unconditional love, full of safety and acceptance, and is related to biological, psychological and social dimensions. The secure attachment style impacts the ability to build good interpersonal relationships as well as the overall quality of life (Matysiak-Błaszczak, Jankowiak, 2017). Taking care of the child, the mother passes on them multigenerational

values and patterns of behaviour. Maternal love becomes the source of everything that determines the essence of humanity (Błasiak, 2012).

The diagnosis of a chronic illness in children is a shocking situation for their parents, which generates a lot of negative emotional states, such as a decline in self-esteem, depressive episodes, blaming oneself for the illness, despair, as well as hostility towards the external environment, among others (Maciarz, 2006). The child's illness gives rise to a psychological crisis in the parent, which results in a deterioration of the relationship between the child's caregivers. More often

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than mothers, fathers deal with this difficult situation by using defence mechanisms such as escaping problems, negation, blaming the mother for the illness, among others (ibidem). Mothers, who are more emotionally attached to their children, usually accept them despite their illness and are actively involved in the treatment. Every mother experiences her child's illness differently and the way she fulfils her parental role depends on the support she gets from the loved ones, mainly the child's father (ibidem). The most beneficial conditions for development and maturation of the child are obtained when both the father and the mother are involved (cf. Więclawska, 2017). Psychological predispositions of the person along with strong emotional bonds between the mother and the father and between the parents and the child become extremely important for the proper engagement in the care of the ill child. Due to the child's illness, the parental role becomes even more difficult for the parent to fulfil (Żelichowska, Zawadzka, 2019). They have to face the demands of being a caregiver and additionally struggle with many challenges and difficulties (Kręcisiz-Plis, 2020). These difficulties often lead to a change in the existing ways of operating and loss of control, which results in a situation of chaos and disorganisation (Szymanowska, 2014). The adults have to reevaluate their earlier life and are still expected to properly fulfil their parental role. The mother of an ill child fulfils her caregiving role while remaining in a crisis situation that requires constant changes due to frequent new, non-normative events and life circumstances (ibidem). Even after having adapted to this crisis situation, parents can experience episodes of despair, fear for the child's future or the feeling of exhaustion and resignation (Żelichowska, Zawadzka, 2019).

The present study focuses on parental attitudes in mothers of children with somatic illness. The analysis comprises the perspective of mothers as well as the point of view of their children. The aim of the studies presented in the article was to verify whether there is a relationship between the assessment of parental attitudes made by the mothers and the assessment thereof made by their sons who suffer from the somatic Crohn's disease. The study involved 30 mothers and their 30 sons aged 13-17, in the age of puberty, and struggling with Crohn's disease (Piotrowski, Ziółkowska, Wojciechowska, 2014), 60 people in total.

1. Crohn's Disease (CD)

A chronic disease belongs to pathologies characterised by long duration and slow progression (WHO, 2009, after: Ziarko, 2014). Its cause is considered hard to identify, while its symptoms are described as ones that can last endlessly (Falvo, 2005, after: Ziarko, 2014). People who suffer from chronic diseases require, on the one hand, professional medical help and on the other – other specialised interventions (for example psychological assistance) which help them adapt to the new, often very difficult life situation. Psychological assistance should be provided mainly in periods of remission and be concerned also with the patient's life outside hospital (Ziarko, 2014).

Władysława Pilecka (2007, p. 16) defines a chronic disease based on the fact of falling ill and describes it as a 'potential stressor which transform the existent situation of a child and their family into a different one that involves given requirements and limitations they themselves and their parents must face'. This disorder can therefore bear an influence on the functioning of an entire family system, because introduction of a given change impacts all its members. Chronic diseases can start in every stage of life but in the case of children they are much worse to tolerate. According to Małgorzata Skórczyńska (2007), physical plays or plays with peers often become impossible or limited due to the chronic illness. Additionally, sometimes the child with a chronic illness is unable to participate in school activities and spends a lot of time with their adult caregivers and medical staff, which may result in them feeling isolated and different from their peers (ibidem).

Crohn's disease (CD) is classified as a chronic and still incurable illness. It is characterised by periods of exacerbation and partial or complete remission. It affects mainly young people. The peak incidence occurs between the ages of 15 and 35, but the first symptoms of the disease can appear at any age. The disease constitutes a huge psychological, physical and social burden due to its duration, lack of cure and the possible risk of different complications (Chrobak-Bień, Gawor, Paplarczyk, Małecka-Panas, Gąsiorowska, 2017).

Typical symptoms of Crohn's disease are stomach pains, weight loss and chronic diarrhea. Children often experience non-specific symptoms, such as fatigue, nausea, recurring fevers, joint pains. There is also an increased risk of extraintestinal symptoms: delayed growth and weight gain, anemia and delayed puberty, which contribute to the dysfunction of the entire body (Albrecht, 2016).

It is a difficult experience for a child. They are dependent on their relatives' care, their development and functioning are different from the adopted standards and bring many unknown and unforeseeable facts (Zasępa, Kuprowska-Stępień, 2016). This experience is also difficult for the family, especially the parents, who adjust their daily responsibilities to the child's illness. The disability directly and indirectly affects many areas of the youth's life and determines its quality. Teenagers, who are in the period of development incomparable to the others (cf. Kutry-Pachecka, Stefańska, 2015), can perceive the chronic illness as an impediment that is especially burdensome, shameful and impossible to accept (Cepuch, Gniadek, Śręba, 2015).

The illness is characterised by alternating periods of exacerbation and remission influenced by complex pathogenesis, where inflammation plays the crucial role (Petagna, Antonelli, Ganini et al., 2020). The duration of the remission phase is different in each patient and depends on the treatment method and the diet adopted.

Treatment options for Crohn's disease depend on the localisation of alterations, severity of the disease as well as occurrence of complications, but the treatment may vary depending on the reaction to therapy and tolerance of different kinds of treatment by the patient. The treatment does not involve only medicines – those used on a daily basis and during exacerbations – but also an appropriate lifestyle, diet and surgical procedures performed on the patient (Wiercińska, 2022). The aim of every form of treatment is to improve the quality of the patient's life as well as induce and maintain the remission for as long as possible.

Thanks to the right treatment, children and teenagers can develop in a way that is appropriate for their age, attend school and engage in activities with their peers. However, the illness generates different kinds

of limitations, especially when a correct diagnosis has not yet been made. The children may not be able to attend school or focus on learning. Their contacts with peers also become limited (Skórczyńska, 2007).

2. Parents' attitudes towards children with chronic diseases

Motherhood is a state which is considered obvious and natural and is subject to intense evaluation. The nature of this evaluation is mainly positive (Bartkowiak, 2015). Motherhood is on one hand a beautiful period in the woman's life, while on the other, it can be a period full of experiences of different kind. Women often learn about themselves and how much they can bear and offer to their child. This is because sometimes, due to different reasons, motherhood is not a period of joy. One of them can be the illness of a child that alters the life of the entire family, has an impact on life's priorities and often results in rejecting or even hurting the child (Glaser, 2011).

However, the most common situation is when mothers stay in hospitals with their children and their presence prevents negative effects of the children's hospitalisation. The mother is an invaluable source of knowledge about her child's habits and becomes a source of support by helping with hygienic care and organising child's free time. Her stable presence satisfies one of the most important needs, i.e. the need for safety, and at the same time has a positive effect on the emotional state of the young patient. The presence of mother near the child stimulates their development (Bogusz, Mazurek, Kopański et al., 2020).

Every illness that affects a child is a strong emotional experience for parents. It surely becomes a traumatic experience for both the child and their caregivers. It can have a detrimental effect on the functioning of the entire family. It can contribute to structural changes within a family related to the division of roles and duties, but also constitute a source of conflict between parents, and in extreme situations lead to destruction of a family (Stawecka, 2016). On the contrary, according to Leokadia Szymczyk (2016), the difficult situation caused by the child's illness can stimulate cohesion of a family and increase cooperation and communication

skills of its members. However, there is no doubt that a child's illness is related to the experience of acute stress in parents. This can lead to maladaptive or irrational behaviours (Maciarz, 1998). Sometimes, parents who are seemingly adjusted to the child's illness intentionally, albeit irrationally, do not fulfil doctors' recommendations. They ignore them, for example by changing doses of the medicines taken by the child, because they think they are able to deal with the child's illness on their own. These instances of irrational behaviour of the parents who act 'in good faith' can harm the children and worsen their health (ibidem).

The child's illness may lead to serious conflicts within a family, as parents may blame each other for it. The disease may therefore become the factor that provokes improper behaviours in parents, which may transform into active rejection and passive neglect of the child (Iwaniec, Szmagałski, 2002).

Referring to the active rejection, certain specific characteristics can be indicated:

- anger and aggression towards a child who, for example, cries in pain;
- hostility towards a child – sometimes parents who cannot deal with stress and fear for the ill child blame them for being ill;
- physical distance – the illness becomes a barrier for physical contact with a child, closeness between a child and their parents is disturbed;
- excessive criticism towards a child, lack of appreciation for their achievements – parents often have high expectations towards the ill child, who is unable to meet them, which provokes negative emotions in parents;
- lack of positive reinforcement towards a child who needs acceptance and motivation to action;
- excessive stringency towards a child – limiting a child and excessive control may lead to their lack of independence;
- the ill child as an object of caregiving activities – forgetting that a child needs to play and be included in different activities to develop properly;
- Isolating a child from family and peers, which may be the consequence of parents' fear for a child's health, concern for social reactions or their over-protectiveness (Glaser, 2011).

Passive neglect – both physical and emotional – takes place when a child is not properly taken care of by their parents – parents do not care about:

- proper clothing of the child;
- hygienic care;
- ensuring fulfilment of basic needs such as food or proper amount of sleep;
- child's safety, they are left on their own;
- emotional needs of the child, they are not interested in their problems;
- proper development of a child (Pilecka, 2002).

Hurting a child with a chronic illness can also result from a certain lack of knowledge, for example in a situation where parents do not have sufficient knowledge about their child's illness or are unaware of the limitations the illness can cause and demand too much from the child (Iwaniec, Szmagałski, 2002). Too high demands set by the parents for their ill child can induce or increase stress or frustration, because a child with limitations experiences many difficulties meeting these demands (Maciarz, 1998).

A significant threat for appropriate relationships between parents and ill children is the crisis that appears after the period of getting used to the illness. This long period when parents prepare for the new lifestyle – the life with the child's illness – is so exhausting for them that has become known in the literature as the 'burnout' syndrome (ibidem). It is the effect of the excessive and long-term burden of taking care of the ill child, control over their treatment and responsibility for their education. The state of burnout can be recognised by low motivation of parents to fight for their child. They are discouraged, but at the same time love their child and fear for their health. In this situation, parents often distance themselves emotionally from their child and hence may be less engaged in the treatment and education of the child. All these factors can result in the attitude of excessive tolerance in parents, which may lead to disturbances in the overall development of the child (ibidem).

The attitude of excessive leniency towards the ill child may result in the child not learning the desired social and moral norms. They will also show deficiencies in control of their behaviour or emotional

reactions – their behaviour may be inadequate to the situation, for example laughter in a situation that is dramatic or requires a serious approach. Additionally, the process of a child becoming independent may be disturbed as well as their sense of safety (Iwaniec, Szmagalski, 2002).

A chronic disease is a factor that poses threat to a family and its proper functioning. Parents tend to strongly focus on the fight against the disease and forget about the psychological needs of the child that have to be met. This is why in a situation like this, it is crucial for the family to obtain support from the outside, both from other members of the family and specialists. This will allow them to avoid threats resulting from the illness (such as improper behaviours and parental attitudes towards a child), which often lead to hurt and emotional deficits in a family. It is vital to obtain support of the specialists, which helps parents avoid threats and allows the process of adjustment to the child's illness to result in the development of effective methods of dealing with this very difficult situation. It allows them to adopt an active and creative attitude towards the child's illness (Stawecka, 2016).

Among the attitudes presented by the parents of ill children there is also overprotection. It is characterised by the fear for the child's health and safety and, as a result, limiting of their activity, participation in different social situations and engagement in relationships with their peers. Additionally, the caregivers ensure excessive comfort satisfying all of the child's needs (Janion, 2007).

Some parents may adopt the attitude of avoidance or rejection towards their ill children. It is characterised by a weak emotional bond between the caregiver and the child. The adult is sometimes indifferent towards the psychological needs of the child and focuses mainly on satisfying their material needs, for example through expensive gifts. The interactions between the adult and the child may seem correct, but in reality they are a source of distress and lack of satisfaction for both of them. The parent feels disappointed with the fact that their child is ill and their emotional frigidity and distance are sometimes felt by the child who feels less accepted as a result. The above behaviours translate into emotional and

social development disorders in the youth (ibidem). They lead to emotional frigidity in children, their inability to build stable relationships and distrust towards other people (Juroszek, 2017).

Ewa Janion (2007) also points out that parents of ill children rarely present an overly demanding attitude towards them. However, she highlights the fact that most often they present the attitude of overprotection towards their ill children, and are excessively demanding towards their healthy children. The healthy children are burdened with numerous chores, including care of their ill sibling (Glac, 2020). The demands they place on their healthy children often compensate for the lack of demands towards their ill child (Janion, 2007).

There are three main parental attitudes adopted as a response to the child's illness: overprotection, excessive leniency and rejection of the ill child. The last one is mostly present in families with disordered emotional bonds and affected by pathology. The illness rarely becomes a trigger for the rejection of the child by caregivers (Obuchowska, 2005, after: Ziółkowska, 2010).

Overprotection manifests mainly when the child's illness is serious and parents, who develop a symbiotic bond with the child, try to protect them from a potential remission or health deterioration. Overprotection is sometimes a sign of a lack of acceptance for their autonomy and independence. Parents often feel that their child is safe only when they are close to them and their view of the illness is often unrealistic and unfortunately this is the view they often present to their child. Parents' behaviour becomes an impulse for the child to abandon the attempts to deal with their situation. The child backs out of any activities that would improve the quality of their life. They become helpless, have a lower self-esteem and a sense of being different from their peers (Ziółkowska, 2010).

Excessive leniency of parents towards the ill child usually manifests in a lack of any limits set for the child. The adults try to compensate for the child's difficult life situation, which can be unfavourable for the environment, as the child often manipulates people to get what they expect. With time, this parental attitude causes the child's problems with expressing empathy for others and adjusting to the extrafamilial environment and has a negative influence on the development of their healthy

sibling (ibidem). Excessive limiting of the child's freedom may lead to their revolt, aggression and occurrence of emotional disturbances (ibidem). Overprotection and excessive leniency towards the child make it impossible for them to live positive experiences resulting from the overcoming of challenges and therefore defeating their weaknesses (Antoszewska, 2011).

3. Description of the applied methods and the mode of data collection

The study used the Parental Attitudes Scale (Skala Postaw Rodzicielskich – SPR), version for teenagers – ‘My Mother’ (‘Moja Matka’) by Mieczysław Plopa and the Parental Attitudes Scale (Skala Postaw Rodzicielskich – SPR- M), version for the mother by Mieczysław Plopa. The study group consisted of 30 mothers aged 31-53 and their 30 sons suffering from Crohn's disease, aged 13-17. The boys involved in the study underwent biologic treatment every two months after having used many different forms of therapy. Some of them were in the remission phase and the therapy gave them a chance to maintain this state, while others sought remission through biologic treatment. Most of the mothers in the study were professionally active. During hospital visits where their sons underwent biologic treatment, the women assisted their children and spent some time (usually a few hours) at a hospital. The study was carried out in paper form in the hospital. The teenagers and their mothers were asked to fill in the questionnaires during treatment.

4. Research Results

4.1. Differences in the assessment of parental attitude of mothers between the children's and the mothers' assessments

The first step was to verify if the assessment of mothers' parental attitudes differs between children and mothers. Student's *t*-test (*t*-Studenta) was used for the dependent samples (Table 1).

The analysis showed statistically significant differences in the attitude of acceptance-rejection, autonomy, protecting, demanding and inconsistency. The children assessed mother's acceptance and provided autonomy higher. They considered the mothers to be more protecting, more demanding and more inconsistent than the women in their self-assessment.

4.2. Relationship between the assessments of mothers' parental attitudes made by mothers and children

The Pearson correlation coefficient (Table 2) was used in order to verify if the mothers' assessments of parental attitudes were related to these attitudes as viewed by the children.

The analysis showed a statistically significant and positive relationship between the autonomy given by the mother in her view and acceptance and autonomy as viewed by the child. It means that the more autonomy the mothers give to their children in their view, the more accepted and autonomous the children feel.

Table 1. Comparison of means of the assessment of the mothers' parental attitude between the assessment of the children and their mothers

	Child (n = 30)		Mother (n = 30)		t	p	Cohen's d
	M	SD	M	SD			
Acceptance-Rejection	59.87	5.47	44.97	2.31	12.49	<0.001	2.28
Autonomy	49.50	9.10	33.33	6.85	11.85	<0.001	2.16
Protecting	57.60	6.72	40.67	5.66	21.70	<0.001	3.96
Demanding	41.70	8.54	30.30	6.53	10.67	<0.001	1.95
Inconsistency	33.47	6.01	20.73	5.74	7.84	<0.001	1.43

Table 2. Relationship between the assessments of the mothers' parental attitudes made by the mothers and the children

		Acceptance-Rejection (child)	Autonomy (child)	Protecting (child)	Demanding (child)	Inconsistency (child)
Acceptance-Rejection (mother)	Pearson's r	-0.29	-0.07	-0.19	0.21	0.02
	relevance	0.114	0.695	0.316	0.256	0.933
Autonomy (mother)	Pearson's r	0.47	0.59	-0.38	-0.46	-0.72
	relevance	0.009	<0.001	0.037	0.010	<0.001
Protecting (mother)	Pearson's r	-0.08	-0.19	0.78	0.17	-0.05
	relevance	0.663	0.316	<0.001	0.364	0.777
Demanding (mother)	Pearson's r	-0.50	-0.65	0.51	0.73	0.56
	relevance	0.005	<0.001	0.004	<0.001	0.001
Inconsistency (mother)	Pearson's r	-0.06	-0.21	0.48	0.26	-0.15
	relevance	0.755	0.269	0.007	0.165	0.441

However, autonomy in the mother's assessment is negatively related to protecting, demanding and inconsistency in the child's assessment. This means that the more autonomy the mothers give to their children in their view, the less protecting, less demanding and more consistent they are according to their children.

Protecting in the view of the mother is positively related to protecting as view by the child.

In turn, demanding as viewed by the mother is negatively related to acceptance and autonomy in children's assessment. It means that the more demanding the mothers are in their assessment, the less accepted and autonomous the children are in their own view. Demanding in the mother's assessment is also positively related to protecting, demanding and inconsistency as viewed by the child. It follows that the more demanding the mothers are, the more demanding, protecting and inconsistent they are in the children's view.

Additionally, lack of mother's consistency is positively related to protecting. It follows that the more inconsistent the mothers are, the more overprotection they provide. All of the above relationships are strong or moderately strong.

Table 3. Relationship between the age of the mother and the child and the parental attitudes of the mothers

		Age of the child	Age of the mother
Acceptance-Rejection (child)	Pearson's r	-0.13	-0.01
	relevance	0.493	0.945
Autonomy (child)	Pearson's r	-0.18	0.05
	relevance	0.348	0.786
Protecting (child)	Pearson's r	-0.02	0.05
	relevance	0.916	0.793
Demanding (child)	Pearson's r	0.09	-0.07
	relevance	0.648	0.702
Inconsistency (child)	Pearson's r	-0.01	0.07
	relevance	0.948	0.715
Acceptance-Rejection (mother)	Pearson's r	0.42	0.19
	relevance	0.022	0.323
Autonomy (mother)	Pearson's r	-0.15	0.10
	relevance	0.418	0.617
Protecting (mother)	Pearson's r	-0.08	-0.17
	relevance	0.666	0.376
Demanding (mother)	Pearson's r	0.09	-0.13
	relevance	0.653	0.481
Inconsistency (mother)	Pearson's r	-0.33	0.00
	relevance	0.073	0.986

4.3. Relationship between the age of the mother and the child and parental attitudes of the mothers

The last analysis used the Pearson correlation coefficient to verify whether there is a relationship between the age of the mother and the child and parental attitudes of the mothers as viewed by the children and the mothers (Table 3).

The analysis showed only one statistically significant relationship – the one between the mother's attitude of acceptance in her assessment and the child's age. This means that the older the children are, the more accepting the mothers become.

5. Discussion and Conclusions

As the literature shows (Szałowska, Pilarz, Tkaczyk, 2013), little research is done on chronic diseases in children in Poland. A chronic illness experienced by the youngest becomes a significant psychological and medical problem, as it concerns not only the child, but also impacts the functioning of their closest environment, i.e. their family (ibidem). The illness may contribute to a change in parental attitudes of their parents. Most often, two extreme attitudes are observed – the parent excessively concerned and overprotective of the child or the one who rejects them (ibidem).

The tendency towards the given attitude in the parent of an ill child depends also on the nature of the disease. It is sometimes the case that parents manifest different parental attitudes depending on the type of the chronic illness their children suffer from (ibidem). In the research by Maria Kózka, Mieczysław Pereka and Katarzyna Łudzik (2009), the parents of children with a diagnosed heart condition manifested undesirable attitudes – domination, helplessness and focus. In contrast, the research conducted by Dorota Szałowska, Eliza Pilarz and Marcin Tkaczyk (2013), which measured parental attitudes in the parents of children with chronic kidney disease, showed that the prevailing attitude of the mothers of such children is the protective attitude. A research on parental attitudes towards

ill children suffering from various chronic diseases was also conducted in the Children's Memorial Health Institute in Warsaw (Stawicka-Wasienko, 2008, after: Szałowska et al., 2013). The attitudes were measured with M. Plopa's tool, just like in the present study. The research showed that the mothers of chronically ill children manifested the attitude of greater autonomy and inconsistency towards their ill children (ibidem).

The own research focused on the relationships between the mothers' subjective assessment of their attitudes towards their somatically ill children and the assessment of these attitudes made by their ill children. The study with the use of Student's *t*-test (*t*-Studenta) revealed statistically significant differences in acceptance-rejection, autonomy, protecting, demanding and inconsistency. The children assessed the mothers' attitudes higher than themselves and considered them more accepting, protecting, demanding, inconsistent and autonomous. These effects are strong.

As a result of the child's illness and care provided to them, the mothers often experience the so-called 'burnout', which may result in inadequate fulfilment of parental duties (Janion, 2005). The growing sense of guilt in the parent becomes an additional problem. It is related to the crisis of the parental identity, because in the parent's view, the child both lives and suffers from the illness because of them (Theofanidis, 2007). The parents of the ill children may concentrate excessively on their offspring by limiting their independence, for example providing them too much assistance in everyday duties (Janion, 2005). This leads to the dependence of the ill children from their caregivers (ibidem). Sometimes, due to fatigue resulting from the hardships of raising a child, parents reject them by manifesting negative behaviours towards them. These behaviours are characterised by: demonstrating negative feelings towards the child, verbal and physical aggression towards the child as well as showing disapproval towards them (ibidem). Sometimes, caregivers of the ill children allow them for whatever they want and are obedient to their demands, which most often results from the need of compensating the child's difficult life (Ziółkowska, 2010).

The analysis of the relationship between the assessments of parental attitudes of mothers made by the mothers themselves and the children suffering from the somatic Crohn's disease showed some correlations. All relationships were found to be strong or moderately strong.

A statistically significant and positive relationship between the autonomy given by the mother in her view and acceptance and autonomy as viewed by the child has been observed. It follows that the more autonomy the mothers give to their children in their own view, the more accepted and autonomous these children feel. Chronically ill children may experience anxiety resulting from the pain and suffering caused by the disease as well as fear of loneliness and loss of the loved ones (Pecyna, 2000). For this reason, they often worry about worsening of their contact with the mother, who becomes their source of the sense of safety and love. The sense of safety is built during childhood and those who did not experience it then feel fear of not being accepted by their immediate environment in puberty. They develop an anxious attitude, and the sense of not being able to satisfy numerous needs and lack of freedom of taking up their own activities result in anger as well as aggressive and auto-aggressive behaviours in such children (ibidem). The family becomes the first group which teaches the child social behaviours and shows them certain rules and norms. The attitude of family members as well as their ways of dealing with stressful situations impact the development and formation of the personality and views in the child (ibidem). This may imply that the ill children surveyed might have experienced the feeling of safety and closeness in the relationship with their mothers, which is why they do not interpret mothers' attitude of autonomy as a manifestation of rejection by their mothers.

The conducted research also showed that the autonomy in the mother's assessment is negatively related to protecting, demanding and inconsistency in the child's assessment. This means that the more autonomy the mothers give to their children in their view, the less protecting, less demanding and more consistent they are according to their children. Protective parents often relieve their child of various duties, are sometimes inconsistent and limit their freedom and independence (Bochniarz, 2010).

It follows that if the parent manifests the attitude of autonomy, the child may commensurably feel that the adult does not manifest overprotection and their actions are more consistent.

The statistical analysis also showed that protecting in the view of the mother is positively related to protecting as view by the child. If mothers are overprotective, children often feel this protection. It is therefore not surprising that some somatically ill children recognise that the parents are sometimes overprotective towards them. Children who are overprotected by their parents may feel frustrated, because they crave independence, so they rebel and manifest aggressive behaviours (Antoszevska, 2011). Children notice behaviours of their parents and not always react to them in the same way.

The studies presented in this research also showed that demanding as viewed by the mother is negatively related to acceptance and autonomy in the children's assessment. It means that the more demanding the mothers are in their own assessment, the less accepted and autonomous the children feel in their own view. The literature (Skórczyńska, 2007) reports that as a result of a chronic illness of the child, many parents are unwilling to set them limitations, which is why they overprotect, spoil and isolate them from the world because of the disease. It also happens that parents of chronically ill children manifest a negative demanding attitude, negative rejecting attitude or negative liberal attitude towards their offspring (Mess, Kulpa, Jerczak, Ceglecka, Ornat, Sielski, Pirogowicz, 2014). Among the mothers of children suffering from cancer, as much as 34% display an increased demanding attitude, while in the case of mothers of children with allergic diseases it is 38%. The rejecting attitude is observed in 15% of mothers of children with oncological illnesses, and in the case of children with allergic diseases it is 30%. The negative liberal attitude is presented by as much as 47% of mothers of children suffering from cancer and 49% of mothers of children suffering from allergic diseases (ibidem).

Demanding in the mother's assessment is also positively related to protecting, demanding and inconsistency as viewed by the child. It follows that the more demanding the mothers prove to be, the more demanding, protecting and inconsistent they

are in the child's view. According to the literature (Janion, 2007), mothers of the ill children often present the lenient attitude. The demanding attitude is most often observed towards the healthy siblings (*ibidem*). The overprotective attitude is often related to the attitude of inconsistency (Bochniarz, 2010).

Lack of mother's consistency is positively related to protecting. It means that the more inconsistent the mothers are, the more overprotection they provide. The attitude of inconsistency is often related to the overprotective attitude (*ibidem*). On the one hand, the parent gives the child the permission to do everything and on the other, they worry about the life and safety of the child, which is why they try to limit their autonomy (*ibidem*).

The obtained results showed only one statistically important relationship between the mother's attitude in her assessment and the child's age and concerned the attitude of acceptance. It follows that the older the children were, the more accepting the mothers became towards them. The literature (Szałowska, Pilarz, Tkaczyk, 2013) sometimes argues that the duration of the child's illness does not impact parental attitudes of parents. However, according to Andrzej Twardowski (1991, after: Doroszuk, 2017), in order for the parent to totally accept their child's disability, regardless of the type of disorder, they must go through several phases of emotional reactions caused by the illness. In his view, the process of acceptance can last even up to several years (*ibidem*). This thesis is consistent with the obtained results, which show that the older the children become, the more accepting the mothers are towards them, because they have managed to work through and come to terms with the fact that their child struggles with an illness. The duration of the child's illness may therefore have an influence on the relatives' adjustment and acceptance of the situation.

Conclusions

A child's illness is a difficult experience for parents and often triggers a crisis of a family life. Reactions of different family members to the news about the child's illness vary, as they depend on the personality of the given person, their sensibility and the level of

involvement in the relationship with the patient (*ibidem*). The child's perception of their illness depends on their developmental age, emotional maturity, parental attitudes and relationships between family members (*ibidem*). A chronic illness is a stressor that has a negative impact on a person and disturbs the internal and external balance. The social situation of a child, i.e. their relationships with relatives and support provided by them (Maciarz, 2006), has a significant role in the way a child approaches their illness (cf. Trębicka-Postrzygacz, 2017).

The mother of an ill child often feels disappointment resulting from the deprivation of her expectations about the child's health (*ibidem*). Only a deep analysis of these desires through appreciation of other valuable qualities in the child allows them to come to terms with despair and accept the child as they are. Additionally, the mother who receives support from others, for example her husband, is able to better function in her parental role in relation to the ill child. Familial and extrafamilial bonds are key in alleviating the mother's crisis resulting from her child's disability (*ibidem*).

A chronic illness has a significant influence on psychological development of a child (Kieniewicz-Górska, 2002). Especially older children can feel different resulting limitations, for example the sense of dependence on relatives and the sense of loss of autonomy (Małkowska-Szcutnik, 2014). The child may also feel anxious about their disease, the more so if they notice their parents' fear and hopelessness due to the illness. The child observes all the behaviours of their caregivers, which is why it is important for the parent to be the source of support, love and acceptance (Kieniewicz-Górska, 2002), which is the basic form of recognition (Senko, 2015). A frequent parental mistake is overprotection of the child. This attitude creates an unnatural atmosphere within the family, as life consists also of difficult experiences and there is no possibility to always protect themselves from them. In turn, excessive leniency towards the ill child disturbs their sense of safety through the lack of limitations (Kieniewicz-Górska, 2002). It is vital that parents of ill children notice that, while struggling against the disease, their children still have the right for self-fulfilment and can make their own

decisions and undertake physical or social activities. Additionally, the child has the right to actively participate in their own treatment, because it develops their sense of responsibility. Therefore, parents should be aware that the way they approach their children's illness influences the way they themselves will deal emotionally with their disease, which constitutes a difficult life experience (ibidem).

The present article has focused on parental attitudes of mothers towards their children with somatic illness. The study conducted as part of the research presents behaviours of mothers of children suffering from the chronic Crohn's disease. The relationship between the mother's view of her parental role and the interpretation of their child was observed. A parent sometimes tries to protect the child from different information, but children are alert and perceptive. They can analyse things that happen in their environment and adequately interpret their parents' emotions. It is therefore important that the parent talks with the child and adjusts the message to the developmental age and abilities of the child (ibidem).

It is worthwhile to broaden the studies presented in the article in the future and include the perspective of healthy siblings of somatically ill children on parental attitudes of mothers. It would certainly be interesting to compare the assessments of mothers and their healthy children concerning parental attitudes of mothers towards the healthy children and compare the obtained results with the assessments of mothers and their somatically ill children concerning parental attitudes of mothers towards the ill children.

The woman who becomes a mother evaluates her parental role within the context of the child's health, the way they develop and their achievements. An illness or developmental disorder in a child is still a reason for an unfavourable assessment (Maciarz, 2006). Many women struggle with difficult situations which do not bode well for the future. Among them, there are mothers of chronically ill, disabled or mentally challenged children. Therefore, a parent of a chronically ill child needs a constant support of their relatives as well as, in many cases, a specialist (Żelichowska, Zawadzka, 2019).

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