



Scientia Psychiatrica

Journal Homepage: www.scientiapsychiatrica.com

eISSN (Online): 2715-9736

Absence of Biological Mothers in Infancy in Children and Adolescents on Diagnosis of Mental Disorders at Ikeswar Outpatient Clinic, Prof. Dr. Soerojo Mental Hospital, Magelang

Edith Humris¹, Susi Rutmalem Bangun^{2*}, Bayu Soenarsana Putra³, Sak Liung³, Kornelis Ibrawansyah³

¹ Professor, Child and Adolescent Mental Health Installation, Prof Dr. Soerojo Mental Hospital, Magelang, Indonesia

² Child and Adolescent Psychiatrist, Child and Adolescent Mental Health Installation, Prof Dr. Soerojo Mental Hospital, Magelang, Indonesia

³ Psychiatrist Staff, Child, and Adolescent Mental Health Installation, Prof Dr. Soerojo Mental Hospital, Magelang, Indonesia.

ARTICLE INFO

Keywords:

Psychosocial
Emotional disorder
Children
Behaviour disorder

*Corresponding author:

Susi Rutmalem Bangun

E-mail address:

rutmalem@gmail.com

All authors have reviewed and approved the final version of the manuscript.

<https://doi.org/10.37275/scipsy.v2i3.40>

ABSTRACT

Introduction: Globally, psychopathological problems in children and adolescents will become one of five problems that cause disability, morbidity, and even mortality in the next 20 years. The quality of a child's early attachment relationship is closely related to future brain and personality development. Attachment disorders are associated with the development of psychopathology in childhood and adulthood. This study aims to describe mental disorders in children and adolescents due to mothers who leave their children in infancy on Java, especially around Magelang. **Methods:** The type of this research is cross-sectional, namely descriptive research. The sample in this study were all patients and their parents/guardians who came for a consultation to the Ikeswar Polyclinic, Mental Hospital Prof. Dr. Soerojo Mental Hospital started on February 18, 2019. The examination uses the mental status determined and guided by PPDGJ III (Guidelines for Classifying the Diagnosis of Mental Disorders). **Results:** Most of the research respondents was male, both in children with excellent or poor attachment. As much as 26.1% in the group with suitable attachment. The age of most respondents is ten years old. The fourth axis diagnosis regarding psychosocial and environmental problems that most respondents experienced was primary support group (family) problems **Conclusion:** The attachment of the biological mother to the child at the age of fewer than two years is essential for the emotional mentality of the child at the age afterward and there is no visible picture of the difference in diagnosing mental disorders in children with suitable attachment and poor attachment.

1. Introduction

This research wants explicitly to study parenting in infancy. Attachment is a term commonly used in psychology and psychiatry. In infancy, an emotional connection is formed between the baby and the person who cares for him. The relationship between mother and baby is known as attachment. Bowlby was the first scholar to propose Attachment Theory. The baby's helplessness causes him always to be close to his mother, who constantly feeds him and protects him from all kinds of dangers.

Attachment is formed through several phases (stages). At the age of 2-4 weeks, the baby has responded to sounds, especially the mother's voice. At the age of 2 months, there is already eye contact. Between the ages of 3-6 months, the baby is happy to hear the mother's voice, and a social smile appears (the baby's smile when face to face). After one year, babies/children who can walk always seek closeness with their mothers. Nevertheless, keep in mind that attachment is not always formed because the mother's

attitude also determines it. A mother must be sensitive to the baby's needs, understand, be responsive, and be responsive to non-verbal signals given by her baby. Several attachment disorders are known, such as insecure-avoidant attachment, Insecure resistant attachment, and Insecure disorganized attachment.

Many short-term studies have shown that attachment in infancy is related to children's functioning in preschool, school, adolescence, and even adulthood. There are even long-term studies examining the effects of attachment on all life. Changes in society cannot be avoided, both in the economic, social, political, and technological fields. These changes through social, economic, and political processes also indirectly affect the family. Besides, changes can also occur within the family itself.

The family can be thought of as a system consisting of several subsystems. Each subsystem by itself has its members and roles. The family will function properly if the subsystems function correctly and the relationship between the subsystems is also good. It is hoped that good families will produce good human resources as well.

According to various developmental theories (Freud, Eric Ericson, and Jean Piaget), children will develop well if there is a good and close relationship between the child and his mother (caregiver). This close relationship can only occur if the mother (caregiver) is in an intimate environment with the child for a long time. This relationship will create feelings of security and protection in children. This situation is the primary basis for the process of further growth and development.

Since many children and adolescents were not accompanied by their parents when they came for a consultation at the hospital, the researchers asked questions about how many mothers leave their children in infancy, and how big is the real problem that causes mental disorders in children and adolescents on the island of Java, especially around Magelang. The greater the value of the problem obtained, the greater the effect on children and adolescents. As has been stated, children will be

vulnerable to experiencing obstacles in growth and development, which causes children to be vulnerable and also to experience psychopathological disorders. This situation will also hinder the formation of mature human resources.

Many studies conducted abroad prove the negative effect of the absence of the birth mother during infancy. If the value is also large enough, it should harm children and young people here. This study aims to describe mental disorders in children and adolescents due to mothers who leave their children in infancy on Java, especially around Magelang.

2. Methods

The type of research that will be carried out is cross-sectional, namely descriptive research. This type of research was chosen because it will see how the influence of maternal absence during infancy on mental disorders in the next developmental phase (school children and adolescents). The absence of the mother during infancy can result in attachment disorders which will further hinder further growth and development. The research will be conducted in 2 (two) developmental phases, namely the latent/school phase (6-11 years) and the adolescent/adolescent phase (12- 18 years).

The inclusion criteria were between 6 -18 years and diagnosed with mental disorders by a psychiatrist, male and female, not suffering from acute disorders such as high fever, decreased consciousness, and seizures, raised by parents: father, mother, or surrogate mother, fill in the informed consent. The examination is carried out using the mental status that has been determined and guided by the PPDGJ III (Guidelines for classifying the diagnosis of mental disorders).¹

3. Results

The study was conducted on patients and their parents/guardians who consulted with AYODYA, namely an outpatient polyclinic from the Child and Adolescent Mental Health Installation (IKESWAR) Prof. Dr. Soerojo Mental Hospital, in Magelang City. The

sample size was 46 children. Twenty-three children were cared for by their biological mother when the child was less than two years old (suitable

attachment), and 23 children were not cared for by their biological mother when the child was less than two years old (less attachment).

Table 1. Description of respondents' characteristics

Variables	Indicator	Suitable attachment		Poor attachment	
		n	%	n	%
Gender	Male	12	26.1%	15	32.6%
	Female	11	23.9%	8	17.4%
Age	7 years	1	2.2%	0	0%
	8 years	4	8.7%	3	6.5%
	9 years	4	8.7%	5	10.9%
	10 years	6	13.0%	7	15.2%
	11 years	4	8.7%	7	15.2%
	12 years	4	8.7%	1	2.2%

Most of the research respondents were male, both in children with excellent or poor attachment. Based on the table, 12 (26.1%) were in the group with

suitable attachment, and 15 (32.6%) were in the group with less attachment. The age of most respondents is ten years old.

Table 2. Differences in children with good attachment and less assessed from multiple diagnoses.

	Axis diagnosis	Suitable attachment		Poor attachment	
		n	%	n	%
Axis 1	Organic mental disorder	1	2.2%	1	2.2%
	Behavioral and Emotional Disorders	6	13.0%	9	19.6%
	Schizophrenia	3	6.5%	1	2.2%
	Mood disorder	3	6.5%	4	8.7%
	Neurotic disorders, somatoform disorders and stress-related disorders	4	8.7%	2	4.3%
	Mental retardation	4	8.7%	4	8.7%
	Psychological development disorder	2	4.3%	2	4.3%
Axis 2	F70-F79 Mental retardation	9	19.6%	7	15.2%
	Z03.2 No diagnosis	14	30.4%	16	34.8%
Axis 3	Not found yet	14	30.4%	14	30.4%
	J00-J99 Diseases of the respiratory system	4	8.7%	2	4.3%
	E00-G99 Endocrine, Nutritional and Metabolic Diseases	1	2.2%	3	6.5%
	G00-G59 Diseases of the nervous system	4	8.7%	4	8.7%
Axis 4	Primary support group (family) issues	11	23.9%	8	17.4%
	Problems related to the social environment	7	15.2%	9	19.6%
	Educational problems	5	10.9%	6	13.0%
Axis 5	GAF 30-21	0	0.0%	1	2.2%
	GAF 40-31	7	15.2%	3	6.5%
	GAF 50-41	4	8.7%	7	15.2%
	GAF 60-51	10	21.7%	5	10.9%
	GAF 70-61	2	4.3%	3	6.5%
	GAF 80-71	0	0.0%	1	2.2%
	GAF 90-81	0	0.0%	3	6.5%

In table 2, axis 1 diagnoses in research respondents, both with excellent and low attachment, the most are behavioral and emotional disorders. In the group with suitable attachments as many as 6 (13.0%) and in the group with fewer attachments 9 (19.6%). The second axis diagnosis showed that some respondents had mental retardation, namely 9(19.6%) in the excellent attachment group and 7 (15.2%) in the low attachment group. However, in the second axis diagnosis, more respondents did not have a diagnosis—axis three diagnosis, many respondents whose medical condition is generally healthy. General medical conditions in the study respondents included respiratory system diseases, endocrine, nutritional and metabolic diseases, and nervous system diseases. The fourth axis diagnosis regarding psychosocial and environmental problems that most respondents experienced was primary support group (family) problems, namely 11 (23.9%) in the group with suitable attachment and 8 (17.4%) in the group with less attachment.

4. Discussion

Research comparing multiple diagnoses in children with suitable attachment and poor attachment showed that generally did not show differences in the diagnostic features of mental disorders. Mental-emotional disorders in children may be associated with attachment insecurity, including anxiety disorders, bipolar affective disorder, personality disorders, post-traumatic stress disorder, schizophrenia, attention deficit hyperactivity disorder (ADHD), depression, behavioral disorders behavior, autism spectrum disorders, and substance abuse disorders. It is because the quality of the child's early attachment relationship is closely related to the development of the brain and personality in the future. Attachment disorders are related to the formation of psychopathology in childhood and adulthood. Malekpour stated that the relationship between parents and children who are securely attached (secure attachment) in a child's early life affects the maturity of the child's brain. Children who have secure

attachments have better brain growth and maturity, while children who experience insecure attachments tend to experience psychopathology.³

Axis two diagnoses regarding the presence or absence of mental retardation in the respondent. Attachment in the early period is significant because it is an absolute requirement to ensure a harmonious process of growth and development, both physically, mentally, and socially. Psychosocial processes in the family can be one of the causes of mental retardation. A variety of reasons can unite to cause mental retardation. This psychosocial process is an essential factor for the socio-cultural type of mental retardation, which is mild mental retardation.⁴

Attachment insecurity affects the development of behavioral and emotional problems in children and adolescents. The more insecure the attachment is to the child, the more vulnerable he or she will be to developing emotional and behavioral problems. This is consistent with the literature linking attachment insecurity with internalizing and externalizing behavior at some point in a child's age.⁵

Axis four diagnosis regarding psychosocial and environmental problems shows that respondents with primary support group (family) problems, problems related to the social environment, and educational problems. This is related to attachment because, according to research by the American Psychological Society, children with different attachment histories will have different ways of dealing with problems, memory, and social interactions. This varies significantly between children with a history of secure and insecure attachments.⁶

5. Conclusion

It can be concluded, that the attachment of the biological mother to the child at the age of fewer than two years is essential for the emotional mentality of the child at the age afterward and there is no visible picture of the difference in diagnosing mental disorders in children with suitable attachment and poor attachment.

6. References

1. DEPKES. RI. 2000. Guidelines for Classification and Diagnosis of Mental Disorders III (PPDGJ-III). Directorate of Mental Health of the Ministry of Health of the Republic of Indonesia.
2. Lyons T. Hardy BA, BS, RN. Attachment Theory and Reactive Attachment Disorder: Theoretical Perspectives and Treatment Implications. *Journal of Child and Adolescent Psychiatric Nursing*. 20(1): 27-39.
3. Malekpour, M. Effects of attachment on early and later development. *British Journal of Developmental Disabilities*, 2007; 53(105,Pt2), 81- 95. <https://doi.org/10.1179/096979507799103360>.
4. Sari Pediatri, *Retardasi Mental*. 2000; 2(3): 170 – 177
5. Wambua, G.N., Obondo, A., Bifulco, A. et al. The role of attachment relationship in adolescents' problem behavior development: a cross-sectional study of Kenyan adolescents in Nairobi city. *Child Adolesc Psychiatry Ment Health*. 2018; 12: 27 <https://doi.org/10.1186/s13034-018-0237-0>.
6. Belsky, Jay. 1996. *Infant attachment security and affective-cognitive information processing age 3*. Pennsylvania State University. American Psychological Society.