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New Formations in a Sense Sphere of Women Who Gave Birth to Healthy Children and Children with Pathologies

The article considers problems of a new formation of a sense sphere of women who gave birth to healthy children and children with pathologies, problems of women's self-relation, sense-of-life orientation, change of value attitudes in the postnatal period, in adapting to a mother status. The author substantiates the necessity of using diagnostic instruments: the "SLO" test of D. A. Leontyev (sense-of-life orientation test), the "Value Orientations" technique of M. Rokich, coping-mechanisms of E. Heim, the test questionnaire of self-relation of V. V. Stolin and S. R. Panteleyev, the technique of studying self-relation (TSSR). Women who gave birth to healthy children (31 persons) and children with pathologies (31 persons) aged 21–49 were examinees in the research. The author offers the comparative and statistical analysis of new formations among the surveyed women, describes the conclusions obtained in empirical studying.

Keywords: *new formation, sense-of-life orientations, value orientations, self-relation, postnatal period, healthy children, children with pathologies.*

Women's sense experience of a new role and social status can be considered as a new formation of the stage of motherhood. It means creative, cognitive, and emotional transformation. Integration in a woman's consciousness of an image of the parent and the child has creative character, thus both the image of the parent and the image of the child have the subjectivity status. Cognitive transformation is connected not only with changes of women's relations to self, their own body, significant others – the husband, other children, parents, but also with understanding of the loss of personal or professional achievements. Emotional experience is connected with the woman's perception in a new social status and the reflection of how significant others perceive her new status.

It is most important to study these types of transformation in conditions of birth of healthy children and children with pathology. Mothers' self-appraisal and self-relation actively forms new senses of existence which further will be reflected not only in the mother's attitude towards the child, but also in the whole further life of both the mother and the child.

Each woman has her individual way of forming the maternal sphere though; of course, within one culture, social group, family traditions there may be some unity of representations, values and even educational strategies (how to treat crying of the child, how to play and study, how they distribute educational roles in a family, etc.). And still the scenario of motherhood is always individual. The development and transformation of the woman's sense-value sphere are also influenced by people relations of in those social groups to which she feels own belonging.



Considering new formations in the sense sphere of women who gave birth to healthy children and children with pathologies we should be plunged in the area of social-humanitarian knowledge as this area integrative and interdisciplinary today. It is very important to consider not only regularities of interpersonal interaction of subjects of various social statuses, roles and functioning, but also methodology which would make it possible to reveal both fundamental regularities and results of the applied researches, which narrowly targeted perspective, sometimes, supplies with the invaluable information on the origin, course and methods of correction of various phenomena. The psychological study of self-relation of mothers who gave birth to healthy children and children with pathology is such a narrowly targeted applied research.

Factors of parents' relation and, especially, mothers' relation to a child with a developmental disorder are treated as factors of "the first order" in psychological literature [7] because the success of the child's adaptation in the social environment will depend on the mother's self-relation and on her attitude towards the child. And as today a special importance is given to problems of training and education of children with developmental disorders, to problems of their social and psychological adaptation [12], inclusive pedagogics, this issue is the most urgent.

The research novelty of can be considered from the point of view of methodological selection of empirical tools – the techniques given below for studying self-relation of mothers who gave birth to children with pathology and without pathology, of a generally reflexive character, are directed on identifications of own relation to self, own coping-strategies and own attitude towards the child. Such approach in studying is also extremely important since it finds out value-orientation determinants of further interaction of the mother and the child with pathology that, in effect, will predetermine further social adaptation of such child.

The main psychological new formation in the sphere of consciousness of the woman, who has assumed a parental role, is sense experience of motherhood. It is a qualitatively new situation of development which starts the process of integration of own life problems of development and problems of development the child entered the woman's world. With the child's birth extraordinary deep changes occurs in a woman's life. She ceases to belong only to herself; the life of a new being will depend on her now. Such changes are perceived as change in self, and irreversible and not always desirable. Interests are gradually displaced from habitual on new, connected with the child, his/her education. This may be can be experience as loss of personal achievements.

Besides, the woman will have the reorganization of relations with her husband: they cease to be only spouses for each other, together they become parents of the



child who demands a uniform position in relation to him/her. Changes in relations with own parents and parents of the husband are not less serious. Now they expect from the future mother quality performance of maternal functions. But their idea of such a quality may differ from the idea of young parents. If in a young family spouses' finding out a common language was difficult and long or if it hasn't finished yet, all these problems are aggravated. As we have already written earlier, the scenario of motherhood is always individual. During pregnancy the woman's personality has considerable changes. Her sense sphere, relations with people around and self-relation change. This process is rather deep and difficult, and is interfaced not simply with changes, but with transformations of personality.

Today there are many works devoted to studying self-relation, integrated self-relation, subject – subject and subject – object ways of the relation to self [8]. The sense-value sphere of people of different professions and status, transformation of their sense structures, communicative strategies is also well-studied [1]. However there are not enough works analyzing sense transformations of women's personality in the postnatal period concerning the birth of healthy children and children with pathologies.

They treat the transformation of personality as “reorganization (process) and transformation (result) of personality for the purpose of correction and/or self-improvement” [4]. Resources of transformation are all the means used by personality for improvement of own life. This is change of self-image – self-concept transformation. This is knowledge, abilities, skills, raw materials, tools, capacities, thoughts, feelings, memoirs, dreams and hopes, information, people and energy. L. Zavalkevich specifies that “all these resources are indissolubly interconnected, interdependent, there are no rigid borders between them, and they do not make sense in autonomous existence” [3, p. 73].

Proceeding from the relevance of the above stated subject, women who gave birth to healthy children (31 persons) and children with pathologies (31 persons) aged 21–49 were examinees in the research.

The study and comparative analysis of such psychological features which would indicate transformation during the postnatal period among women in two groups were research problems. To them we have attributed self-relation, sense-of-life features and strategies, value orientations. Features of coping-mechanisms among women who given birth to children with pathology and healthy children were also investigated.

As methodical tools we have used: the “SLO” test of D. A. Leontyev (sense-of-life orientation test), the “Value Orientations” technique of M. Rokich, coping-mechanisms of E. Heim, the test questionnaire of self-relation of V. V. Stolín and S. R. Panteleyev, the technique of studying self-relation (TSSR). We have also created a special questionnaire for revealing self-relation and status changing in life of women who gave birth to a child.



Studying sense-of-life orientations of women who gave birth to healthy children and children with pathology we have used D. A. Leontyev's SLO technique and have drawn the following conclusions. From the scale "Life Purposes" we see difference in two groups. This difference consists in that among women of the first group the orientation on the future and aiming at a prospect is more expressed, with some idealistic tendency, while women of the second group have high indices which dominate, but they are less inclined to groundless idealistic projects, estimate a situation more soberly and estimate events more really.

In the second group there is also a small percent of the women who gave birth to children with pathology who live for the day, or seek consolation in yesterday, in recent events.

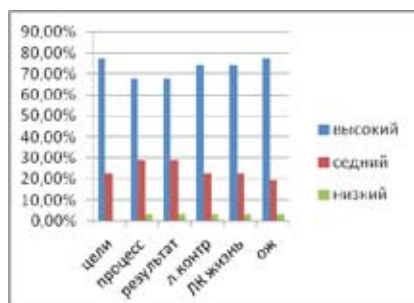


Fig. 1. Expressiveness of sense-of-life orientations among women who gave birth to healthy children

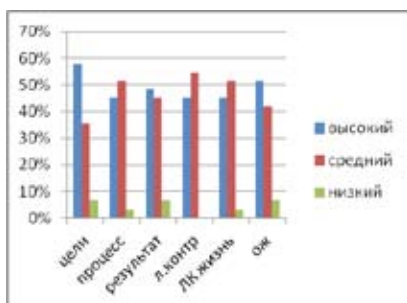


Fig. 2. Expressiveness of sense-of-life orientations among women who gave birth to children with pathologies

We believe that this is a kind of defense reaction of women concerning unpleasant news that a child was born with pathology. In the majority of cases women in both groups (51,61 % and 45,2 % respectively) perceive the life process as more emotionally rich, interesting, filled with sense. However in the first group average standard values are less expressed, and in the second group they are more expressed (29 % and 45,2 % respectively) that speaks about lower euphoria of women of the second group in emotional perception of the past; they consider the life process as intelligent and emotionally rich, but these indices are closer to standard, rather than high. In both groups there is a person who is not satisfied with own life, is fixed on the past or live in the future to the prejudice of the present. Women who gave birth to healthy children estimate the productivity of the past higher than women who gave birth to children with pathology.

In the second group average, moderate values of feeling of efficiency, self-realization and intelligence of the passable stage of life are most expressed. The locus of control is higher among women who gave birth to healthy children; they perceive



themselves as the strong personalities possessing freedom of choice, and are convinced that will be able to construct own life according to own purposes, aims and ideas of sense. Women who gave birth to children with pathology generally have average standard values of the “Locus of Control” scale, their confidence that they are masters of their own lives is expressed moderately. It is interesting that against the expressed moderate tendency to believe in their own strength, in the second group there are no low indices while in the group of women who gave birth to healthy children 3,2 % have disbelief in their own strength and possibility to control events in the life. Women who gave birth to healthy children have highly expressed “Locus of Control – Life”, which speaks about the belief that women can independently control own life, freely make decisions and realize them. Women who gave birth to children with pathology have moderate confidence that the person controls own life by himself/herself; the person can make decisions and realize them by himself/herself. In both groups there is a very small percentage of women with fatalism and disbelief in own potential in controlling own life. The general comprehensiveness of life in the group of women who gave birth to healthy children has highest results – 77,4 %. Among women who gave birth to children with pathology high results are presented only among a half of respondents – 51,61 %; the second half has an average coefficient of intelligence of life (41,9 %). It is also indicative that women who gave birth to children with pathology have a percent of low indices – 6,5 % that points to perception of own life as senseless, to a low self-appraisal and disbelief in own strength.

The statistical analysis of the difference of expressiveness of sense-of-life orientations in the group of women who gave birth to healthy children and children with pathologies shows reliable distinctions between the process, result, “Locus of Control – Life” and general life orientations. The difference on (by) “Locus of Control – Life” (at $p < 0,05$; $t = 0,003$); life process (at $p < 0,05$; $t = 0,03$); result of life (at $p < 0,05$; $t = 0,02$); general index of life ($p < 0,05$; $t = 0,04$) is the most significant.

Table 1

The reliable importance of distinctions between groups of examinees of women according to Mann-Whitney U test

| Перем. | Манна-Уитни U критерий (Таблица общая.sta в Рабочая книга общая.stw) По перем. Группа Отмеченные критерии значимы на уровне $p < 0,05000$ | | | | | | | | | | |
|---------|---|-------------------|----------|----------|----------|-------------|----------|------------------|-----------------|-----------------------|--|
| | Сум. ранг Здор. | Сум. ранг Пат. | U | Z | p-уров. | Z скорр. | p-уров. | N набл. Здор. | N набл. Пат. | 2-х стор. точный p | |
| ЦЕЛИ | 1011,000 | 942,0000 | 446,0000 | 0,485711 | 0,627173 | 0,488157 | 0,625439 | 31 | 31 | 0,634480 | |
| ПРОЦЕСС | 1130,000 | 823,0000 | 327,0000 | 2,161061 | 0,030691 | 2,168280 | 0,030138 | 31 | 31 | 0,030540 | |
| РЕЗ.ТАТ | 1132,000 | 821,0000 | 325,0000 | 2,189218 | 0,028582 | 2,199685 | 0,027830 | 31 | 31 | 0,028381 | |
| ЛОК.КОН | 1054,000 | 899,0000 | 403,0000 | 1,091089 | 0,275234 | 1,096501 | 0,272860 | 31 | 31 | 0,280510 | |
| ЛОК.Ж | 1183,000 | 770,0000 | 274,0000 | 2,907225 | 0,003647 | 2,918492 | 0,003518 | 31 | 31 | 0,003264 | |
| ОЖ | 1116,500 | 836,5000 | 340,5000 | 1,971000 | 0,048725 | 1,972193 | 0,048588 | 31 | 31 | 0,048222 | |



We have considered three main spheres of mental activity – cognitive, emotional and behavioural according to E. Heim's technique of diagnostics of coping-mechanisms. In figure 3 we present the comparative analysis of two groups of women according to adaptive coping-mechanisms.

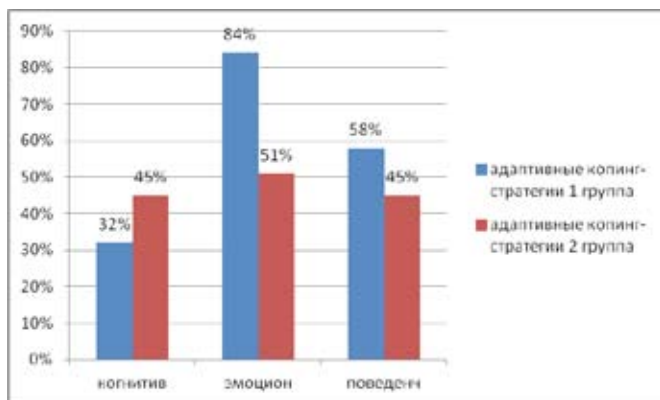


Fig. 3. The comparative analysis of coping-mechanisms of an adaptive character in two groups of women-examinees (the first group – women who gave birth to healthy children, the second group – women who gave birth to children with pathology)

The qualitative analysis specifies that the following adaptive mechanisms are peculiar to the first group of women: emotional (84 %), and they demonstrate active indignation and protest in relation to difficulties and belief that there a way out of any situation; behavioural (58 %) which is more expressed by cooperation, i.e. such person's behavior when he/she enters cooperation with significant (more experienced) people. The second group of women is also characterized by emotional coping-mechanism (51 %), and cognitive and behavioural indices are below the average (on 45 %), thus in comparison with the first group the cognitive component among women of the second group is higher – forms of behavior directed on the analysis of arisen difficulties and possible ways out them, increasing self-appraisal and self-control, deeper understanding of own value, existence of belief in own resources in overcoming difficult situations.

We have revealed differences in two groups concerning expressiveness of mechanisms of coping-strategies. In the group of women who gave birth to healthy children the behavioural component of adaptive coping-strategies which is shown in cooperation with significant (more experienced) people is highly expressed. In the group of women who gave birth to children with pathology the cognitive component of adaptive coping-strategies, i.e. an orientation to the analysis of the arisen difficulties and possible way out of them, increasing self-appraisal and self-control, deeper un-



derstanding of own value, existence of belief in own resources in overcoming difficult situations is more expressed. In this group it is also possible to note that women who gave birth to healthy children show the coefficient of cognitive coping-mechanisms approaching to the average which qualitative structure indicates the expressed dissimulation – passive forms of behavior with deliberate underestimation of troubles or conscious concealment of troubles. In both groups of women the cognitive indicator of relative adaptability is expressed more than emotional and behavioural ones that is shown in an orientation to estimation of difficulties and imparting a special sense to them and their overcoming. In certain cases such relative adaptability can preserve cognitive health of woman and fill with sense suffering or pleasure experience, but may also distract her from a constructive solution for a long time.

The difference consists in that in the group of women who gave birth to children with pathology, emotional and behavioural coping-mechanisms have indices below the average, but they are expressed more than in the group of women who gave birth to healthy children, and, therefore, getting into group of risk concerning development of adequate mechanisms of coping behavior. Women of the second group demonstrate the behavior which is characterized by aspiration to temporary departure from solving problems by means of alcohol, medicines, immersion in favourite business, travel, wish-fulfilment, and also aspiration to an emotional discharge, removal of tension connected with problems, an emotional reaction.

We have used M. Rokich's test "Research of Value Orientations" for studying value orientations of personality of women who gave birth to healthy children and children with pathology. We have carried out ranging of the presented empirical data in two groups of examinees of women. We have selected values which have obtained the first five places and the last five places; we have described medial indices which have not obtained expressiveness of ranks.

We have obtained the following conclusions. In the group of women who gave birth to children with pathology terminal values are displaced towards the importance of health, love, (have one's bread buttered for life) financial security for life. In the second group of women there is also a shift towards not significant values – existential (freedom, entertainment) and values of self-actualization of personality (creativity, beauty of nature and art). The value of self-actualization – active life, self-confidence, creativity – is the most expressed in the first group.

Concerning terminal values not importance of altruistic values – happiness of others – is common for both groups of women. Concerning instrumental values for women in both groups are characterized by responsibility, honesty, good breeding; social-conformist values, such as high salary, irreconcilability are not significant for both groups.

For women who gave birth to healthy children responsiveness and cheerfulness are significant instrumental values; it is possible to treat these qualities as existen-



ally important for communication with a child; social-conformist values – courage in views – become not significant.

The method of Spearman's rank correlation has revealed regularities between some value orientations in groups. Thus, we have reliably revealed feedback between active life and honesty (at $p < 0,05$; $t = -0,26$) beauty of the nature and tenacity (at $p < 0,05$; $t = -0,32$) beauty of the nature and breadth of views (at $p < 0,05$; $t = -0,33$), productivity of life and accuracy ($p < 0,05$; $t = -0,33$) between entertainment and tolerance (at $p < 0,05$; $t = -0,31$), between happy family life and a high salary (at $p < 0,05$; $t = -0,31$), happy family life and irreconcilability (at $p < 0,05$; $t = -0,40$), between creativity and cheerfulness (at $p < 0,05$; $t = -0,25$). These indices confirm that in both groups of the women who gave birth to healthy children or children with pathology, such universal values which are interfaced to high logical levels and high steps of spiritual self-actualization depart on the latest plan (beauty of the nature, entertainment, creativity etc.).

We have revealed direct interrelations between groups according to value orientations: vital wisdom – sense of duty (at $p < 0,05$; $t = 0,28$) health – self-control (at $p < 0,05$; $t = 0,32$) health – courage (at $p < 0,05$; $t = 0,31$) presence of friends – honesty (at $p < 0,05$; $t = 0,27$) knowledge – responsibility (at $p < 0,05$; $t = 0,26$) knowledge – rationalism (at $p < 0,05$; $t = 0,27$).

By R. S. Panteleev's research technique of self-relation we have considered indices "Self-Esteem", "Autosympathy" and "Internal Disorderliness".

The "Self-Esteem" factor included values of scales: openness (internal honesty), self-confidence, self-management, mirror self (reflection of self-relation). The complex of values of scales expresses women-examinees' appraisal of self in relation to social-standard criteria: moralities, success, will, purposefulness, social approval. Average expressed openness (77 %), high and average levels of expressiveness of self-confidence (55 % – a high index and 45 % – an average index), the average level of expressiveness of self-management (high – 48 %, average – 52 %) dominates; the expected attitude towards self concerning rather significant others is expressed by high (52 %) and average (42 %) indices. Thus, self-esteem of women who gave birth to healthy children is expressed by high (up to 55 %) and average values (up to 45 %).

The factor of "Autosympathy" included values of scales: worthiness, self-acceptance and self-attachment. These scales reflect the emotional attitude of women towards self. Worthiness is expressed by high (61 %) and average (35 %) indices, self-acceptance – average (52 %) and high (42 %) indices, self-attachment – generally average values (77 %). Thus, autosympathy of women who gave birth to healthy children is expressed by high and average values.

The factor of "Internal Disorderliness" included: internal conflictness and self-casualisation. This factor is connected with negative self-relation not depending on autosympathy and self-esteem. The internal conflictness is presented by average and



low values (48 %), self-accusation is increasingly presented by low indices (61 %) and average values (29 %). As we have specified earlier, such expressiveness of low indicators of the factor of “Internal Disorderliness” speak about inadequately high self-relation up to disadaptation demanding psychological correction. Against rather high self-relation of women who gave birth to healthy children, a sharp decrease in scales of “conflictiness” and “self-accusation” can be connected with a crisis life situation of an existential character – a child’s birth, transition to a new social status, incomplete and undeveloped adaptation to new social functioning. The successful birth of a healthy child inadequately overrates women’s self-relation.

Table 2

The comparative table of the frequency of expressiveness of indices in two groups of women (percentagewise).

| MIS scales | high | | average | | Low | |
|-----------------|---------|---------|---------|---------|---------|---------|
| | Group 1 | Group 2 | Group 1 | Group 2 | Group 1 | Group 2 |
| Openness | 23 % | 29 % | 77 % | 71 % | 0 % | 0 % |
| Self-confidence | 55 % | 45 % | 45 % | 55 % | 0 % | 0 % |
| Self-management | 48 % | 35 % | 52 % | 52 % | 0 % | 13 % |
| Mirror self | 55 % | 48 % | 42 % | 52 % | 3 % | 3 % |
| Self-assessment | 61 % | 55 % | 35 % | 42 % | 0 % | 3 % |
| Self-acceptance | 42 % | 39 % | 52 % | 61 % | 3 % | 3 % |
| Self-attachment | 13 % | 19 % | 77 % | 71 % | 10 % | 10 % |
| Conflictiness | 0 % | 13 % | 45 % | 61 % | 48 % | 26 % |
| Self-accusation | 6 % | 6 % | 29 % | 48 % | 61 % | 45 % |

The comparative analysis of the frequency of expressiveness of scales by the MIS technique in two groups of women indicates the lack of great differences. In both groups the majority of women show average values in openness, self-confidence, mirror self, self-attachments and conflictiness. Openness, internal honesty define rather expressed reflection, criticality, ability not to hide from self and others even unpleasant information, despite its importance. Self-confidence, self-importance are expressed by average values; internal intensity is normal. Concerning expectations towards self, women in both groups have its average values – the natural attention to self and own acts without exaggeration of own importance, but also without excessive self-derogation is expected. Moderate increase in the scale of conflictiness speaks about the heightened reflection, deep penetration into self, awareness of own difficulties, adequate image of self and absence of repression among women in both groups. However in the first group we note rather a high percentage of women (48 %) with this characteristic i.e. a half of respondents have shown very low values that speaks about the opposite significance. Besides women in both groups are not inclined to a



self-accusation, they highly appreciate and respect themselves, accept own blunders and failures, are rather confident in own strength, knowledge and abilities.

The worthiness and self-acceptance in two groups of women are also expressed by high and average values among the majority of women.

Low indices in self-accusation in the group of women who gave birth to healthy children come to the front; we explain it by undeveloped personality and adaptation of young mothers.

The self-relation structure after the test questionnaire of V. V. Stolin and S. R. Pan-teleev (SRT technique) has shown the following results. Women who gave birth to healthy children have very high indices in the level of concrete operations, namely a high level of manifestation of self-esteem, internal sequence, self-understanding, self-confidence. Emotionally and substantially these women show self-confidence in self, in own strength, abilities, energy, independence, appraisal of own capabilities, in ability to control own life and to be consecutive, to understand self, own acts and desires.

Concerning autosympathy the most part of women in both groups accept themselves, approve themselves as a whole and in particular, trust in themselves, positively estimate themselves, thus (on self-accusation indices) they see shortcomings in themselves and are ready for self-accusation in a situation of failure. At a high level of self-acceptance they are characterized by self-accusation up to negative self-feeling, expressed negative reactions in relation to themselves, such, as: irritation, contempt, jeer, self-sentences (it serves you right). It is interesting that the group of women who are not characterized by self-acceptance (19 %) are not characterized by self-accusation (19 %). Women who gave birth to healthy children expect any attitude towards self from other people, since they consider that they deserve this relation, they show integrity which is expressed in a high level of self-acceptance, kinship towards self, interest in own thoughts and feelings, readiness to negotiate with self "on equal terms", they believe they are interesting for others.

Self-relation of women who gave birth to children with pathology is characterized by striking indices in self-esteem, autosympathy, high indices in expected relations from others and self-interest. It exceeds the level of self-esteem in comparison with women who gave birth to healthy children and indicates that in 52 % of cases women from the second group expect a the positive relation towards self; 35 % expect impressive positive relation from others, and only 13 % of them have no expectation of a positive relation from others. As well as in the first group of women, there are such respondents who show absence of self-esteem or a low expressed percent in all scales.

By the results of Spearman's statistical analysis we have revealed that there is a reliable communication between the expected relation of other people and openness ($p < 0,05$; $t = 0,27$) self-confidence correlates with conflictness ($p < 0,05$; $t = 0,42$) and with self-accusation ($p < 0,05$; $t = 0,30$) and negatively correlates with self-assessment



($p < 0,05$; $t = -0,29$); self-acceptance positively correlates with self-accusation ($p < 0,05$; $t = 0,33$), self-management is interconnected with self-confidence ($p < 0,05$; $t = 0,32$) and openness ($p < 0,05$; $t = 0,29$) self-interest is interconnected with mirror I ($p < 0,05$; $t = 0,29$) and self-attachment ($p < 0,05$; $t = 0,26$).

Thus, we see that women's self-relation, value orientations and sense-of-life strategies which touch a new status of a mother are new formations of life of women who gave birth to healthy children and children with pathologies. These categories and new formations which have come into existence during the postnatal period differ among women who gave birth to healthy children and children with pathologies. Summarizing the result of the conducted research it is possible to draw the following conclusions.

1. In both groups of women adaptive mechanisms of coping-strategies are the most expressed. Thus in both groups emotional adaptive coping-mechanism is the highest index. In the group of women who gave birth to healthy children the behavioural component of adaptive coping-strategy which is shown in cooperation with significant (more experienced) people is highly expressed. In the group of women who gave birth to children with a pathology the cognitive component of adaptive coping-strategy, i.e. the orientation towards the analysis of the arisen difficulties and possible ways out the; self-appraisal and self-control increase; they have deeper understanding of own value; they believe in own resources in overcoming of difficult situations.

2. Women who gave birth to healthy children have an average coefficient of cognitive coping-mechanisms which qualitative structure indicates the expressed dissimulation – passive forms of behavior with intentional underestimation of troubles or conscious concealment of troubles. All the coping-mechanisms of relative adaptation of women in both groups are expressed by indices below the average, however there is an essential difference between two groups.

3. In the group of the women who gave birth to children with pathology emotional and behavioural coping-mechanisms indices are below the average, but they are more expressed than in the group of women who gave birth to healthy children, and consequently, getting into group of risk concerning the adequacy of development of adequate mechanisms of coping behavior. The second group of women shows the behavior being characterized by aspiration to temporary escape from solving problems by means of alcohol, medicines, immersion in a favourite business, travel, fulfilment of cherished wishes, and also aspiration to emotional discharge, removal of tension connected with problems, emotional reacting.

4. From the scale "The Purposes in Life" we see difference in two groups. This difference is expressed in the fact that women of the first group have a higher orientation to the future and aiming at the future, with some idealistic tendency; while women of the second group have high rates which dominate, they are less inclined to ground-



less idealistic projects, estimate a situation more soberly and estimate events more really.

5. In the majority of cases women in both groups perceive the life process as emotionally rich, interesting, filled with sense. However in the first group average standard values are expressed to a lesser extent, and in the second group they are more expressed which speaks about low euphoria of women of the second group concerning emotional perception of the past, they consider the process of their life intelligent and emotionally rich, but these indices are closer to standard, instead of high.

6. Women who gave birth to healthy children estimate the productivity of the passable stage of life higher, than the women who gave birth to children with pathology. In the second group average, moderate values of feeling of efficiency, self-realization and intelligence of the past are the most expressed.

7. Locus of control is higher among women who gave birth to healthy children; they perceive themselves as a strong personality possessing freedom to choose and are convinced that will be able to construct own life according to own purposes, aims, and ideas of sense. Women who gave birth to children with pathology generally have average standard values on (by) a scale "Locus of Control"; their believe that they are masters of their own lives is expressed moderately.

8. The general sensemaking in life in the group of women who gave birth to healthy children has highest results. Only at a half of women who gave birth to children with pathology have high values of sensemaking in life; another half has an average coefficient of sensemaking in life.

9. In the group of the women who gave birth to healthy children there is a very high acceptance of own self, love for (of) self, understanding of value for self and for others. Unlike the first group in the second group of women these indices are expressed moderately, adequately. At the same time in the majority of cases self-acceptance in the first group of women is expressed by average values, and in the second group – by high values. It means that women from the second group achieve self-consent more often; they accept own failures and mistakes more willingly, than women from the first group. Women of both groups show moderate tendency to changes, adequately reflex the necessity to change, are not attached to own attitudes and opinions, their self-concept is rather plastic. This fact can explain an inadequate self-relation – towards self-appraisal – among women who gave birth to healthy children – up to disadaptation.

10. In the group of the women who gave birth to healthy children they have very high indices of self-acceptance, self-love, understanding of the value for self and for others. Unlike the first group, in the second group of women these indices are expressed moderately, adequately. At the same time in the majority of cases self-acceptance in the first group of women is expressed by average values, and in the



second group – by high values. It means that women from the second group achieve self-consent more often; they accept own failures and mistakes more willingly, than women from the first group. Women of both groups show moderate tendency to changes, adequately reflex the necessity to change, are not attached to own attitudes and opinions, their self-concept is rather plastic. This fact can explain the inadequate self-relation – towards self-appraisal – among women who gave birth to healthy children – up to disadaptation.

11. In the group of women who gave birth to children with pathology, terminal values are displaced towards the importance of health, love, financial security for life. A shift aside not significant values – existential (freedom, entertainment) and values of self-actualization of personality (creativity, beauty of nature and art) in the second group of women is also characteristic. The value of self-actualization – active life, self-confidence, creativity is the most expressed in the first group.

12. Unimportance of altruistic values – happiness of others is common for both groups of women. Concerning tool values responsibility, honesty, good breeding are peculiar for women in both groups; social and conformist values – high salary, irreconcilability are not significant not for both groups.

13. For the women who gave birth to healthy children keenness and cheerfulness are significant tool values; it is possible to treat these qualities as existentially important for communication with a child; social and conformist values – courage in views – become not significant.

14. The obtained data have an exclusive practical importance for the psychologist's work at a clinic with women with existential crisis in the postnatal period, who gave birth to children with a pathology.

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