

Attachment of family to child with disability.

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Abstract

The development of attachment during the perinatal and/or postnatal periods between a child their mother, father and family as whole can be observed. This attachment provides the child with the safety and security feelings and may provide satisfaction to the mother and other family members. In children with physical and mental developmental disability, attachment may be challenged immediately after birth. It is typically recovered after a certain period. The authors describe the development of attachment of family members to children with somatic, mental or social disability based on an analysis of nine case reports.

They conclude that the attachment of parents/mothers to their child with a disability is typically established after a certain period of time only. In the first period, there is a caregiving attitude of the mother even though the period of the origination of this tie takes place later. The mother is most frequently the person establishing attachment. However, this is not always the rule. In our cases, there were two fathers, who made the attachment earlier than respective mothers. Attachment was also evident in some grandparents and siblings. The parents, mostly the fathers, can lose the attachment established. Analysis of the degree of attachment to the child by parents may be complicated due to difficulty in assessing the extent and degree of the attachment of children with severe disabilities to their parents.

INTRODUCTION

The definition of attachment was developed by (Ainsworth 1978), (Benoit 2004) and (Brisch 2011), who reported that the emotional tie (attachment) is an innate system of the brain function, through which the child naturally searches for a tie, most frequently with her mother (Bowlby 2010), (Ondrušová 2015) father of other person (Pavlát 2008). The safe attachment makes the child possible to communicate with close person, thus enhancing his/her chance to survive. This relationship is based on communications by feel-

ing, touching, perceiving voice and sound, seeing and hearing. The quality of the attachment is affected by a number of factors, for example by relations between partners, relations to the future child, social situation of the woman and family and general psychosocial situation of the woman. A relation between the prenatal attachment and occurrence of depressions in woman was demonstrated (Velemínský *et al.* 2018). The term “queen bee” means a loss of woman’s interest in the sexual activity (Campione, F, (1941). Várny (2013) deals with a deep analysis of this prenatal attachment.

The emotional tie expresses the attachment of an infant to his/her mother (Bowly 2012), (Chvílová et al 2013), (Koukolík 2013) and to further close persons (Pavlát 2008). The new-born baby establishes so called hierarchy of related persons connected to him/her in stress situations (Hašto 2005), (Hrubý et al 2011). Thus, in the case of a stress situation, the infant first starts searching for the primarily close persons, usually his/her mother (Ondrušová 2015), who can provide him/her with feelings of the emotional security and calming. If the mother is not available, then he/she is aimed at the secondarily close person – the father, or another person (Pavlát 2008).

The effects of developmental abnormalities and chronic disease disability may adversely affect physical, mental and social functions (Pfeiffer 2014). This report describes the development of attachment between mothers or other family members and their children with somatic or social disability and which factors may affect these attachments.

METHODS AND CHARACTERISTICS OF THE SAMPLE GROUP

Case histories, including records of child health and diseases, narrative interviews, and statements of family members served as information sources. We used qualitative and narrative methods to perform a secondary review of these existing case histories. Nine case reports on families with children with somatic and mental disabilities chosen from one non-state healthcare facility were analysed in terms of the prenatal and natal testing and diagnosis of the handicap. This sample included case reports concerning families monitored from 2008 to 2018. Participation of families was dependent on informed consent. The prenatal, natal and postnatal development of attachment was furthermore evaluated in parents, siblings and grandparents.

Case Report 1 (CR1)

Prenatal period: First pregnancy, without problems. Young parents, delivery in term, boy.

Postnatal period: Postnatal adaptation without problems.

Diagnosis: Hydrocephalus after delivery.

Present condition: Cerebral palsy – quadriplegia – strong mental damage. The boy is immobile.

Development of relations within family:

Relations developed in prenatal period.

Postnatal period: Both parents accept the fact with embarrassment, are considerably stressed, but do not consider transfer of the child for institutional care. The mother completely takes nursing care.

The attachment is stepwise developed in both parents. A new child (sister) enters the family life after few years and strong attachment is established between them. Unfortunately, she is subjected to bullying. The father leaves the family after several years.

Strong attachment has persisted in mother and sister till the present time. Attachment with active assistance has been developed in grandparents.

Case Report 2 (CR2)

Prenatal period: Pregnancies repeatedly terminated by abortions. Present pregnancy not planned, socially complicated.

Postnatal period: Delivery in 6th month, rapid birth, associated with mother undercooling during delivery. A boy, birth mass 700 g. Complex intensive care introduced after delivery for 6 weeks.

Diagnosis: Cerebral palsy, quadriplegia, strong mental damage, the boy is immobile.

He died 10 years aged.

Development of relations within family:

In prenatal period, no attachment was established.

In postnatal period: On first days after delivery, the attachment was refusing to negative. In further period, where healthcare professionals convinced the mother that she should look at the child in the incubator, she stepwise started giving her care to the boy. The nursing care was developed into strong attachment in few weeks associated with the “queen bee” syndrome. A strong attachment persists in memories after the boy’s death. No attachment was developed in the father. At the time of mother’s absence, he took care of the boy. He finally left the family. The attachment was established in siblings. No attachment was developed in grandparents.

Case Report 3 (CR3)

Prenatal period: Third pregnancy, without problems. Mother (divorced, two adolescent children, married again). Two adolescent siblings. Delivery in term, girl.

Postnatal period: Postnatal adaptation without problem. Physical handicap symptoms present after delivery.

Diagnosis: Small stigmata in face, mental handicap, food intake disorder, chromosomal and genealogical examinations negative. Exact diagnosis not determined.

Development of relations within family:

The mother started caregiving immediately after delivery, but without development of any deep attachment. This was supported by the fact that she left the family, since according to her declaration: “She had a right to be happy”. The father is taking care of the girl – his first child. After initial embarrassed reactions, he takes complex care of the child with completely developed attachment. The attachment has been developed neither in siblings nor in grandparents.

Case Report 4 (CR4)

Prenatal period: First, high-risk pregnancy. Delivery in 35th week. Twin boys.

Postnatal period: Delivery by Caesarean section, postnatal adaptation without problems. The locomotor development delayed with occurrence of paresis symptoms.

Diagnosis: Cerebral palsy, paraparesis of distal limbs, sight disorders, asthma bronchiale.

Development of relations within family:

The attachment was completely developed before delivery and immediately after delivery. It persisted in both parents.

Between the siblings, there is a strong mutual attachment. A considerably strong attachment is present in all grandparents.

Case Report 5 (CR5)

Prenatal period: Third pregnancy, physiological course. Mother having two adolescent children. Delivery in 35th week. Girl.

Postnatal period: Without problems.

Diagnosis: Multiple development disorders. In further period with symptoms of cerebral palsy in locomotor as well as mental areas.

Development of relations within family:

Prenatal period: The parent did not expect the pregnancy. This suggests that the prenatal attachment was not completely developed.

Postnatal period: Parents were shocked by the child condition after the delivery. However, the mother started providing complete caregiving on the third day. The child was subsequently provided with optimum environment. The mother behaviour did not unambiguously demonstrate whether she acted only due to her obligatory attitude or how deep her attachment was. In siblings, the attachment was also not very distinct. No relation has been developed in grandparents. The girl died at her age of 10 years. The father left the family. The statement on the burial monument, however, indicated that the attachment was strong but hidden in both parents.

Case Report 6 (CR6)

Prenatal period: Second pregnancy, without complications. Delivery in term. Girl.

Postnatal period: Postnatal adaptation without problems. Strong icterus with necessary blood exchange encountered after delivery. Acute renal failure. Peritoneal dialysis was necessary.

Diagnosis: Haemolytic disease of new-borns with nuclear jaundice. Severe form of cerebral palsy, quadriplegia, heavy mental damage. The child was immobile.

Development of relations within family:

Prenatal period: The attachment was established.

Postnatal period: In mother, the attachment persists even after reporting the diagnosis. Strong attachment persisted till the child died at her age of 16 years. The nature of “queen bee” persisted for a long period of time. The attachment has actually persisted till the present time, i.e. three years after the girl died.

Father – left the mother before delivery, quite uninterested, no attachment was developed.

Siblings: Strong attachment was developed in both sisters. The younger sister, however, was exposed to bullying. No attachment has been developed in grandparents.

Case Report 7 (CR7)

Prenatal period: First pregnancy, resulting from random short-term relationship. Father so called “irresponsible hooligan”. Mother was very young. Parents acquainted with development disorder diagnosis during pregnancy.

Boy well adapted after delivery in term, diagnosis of hydrocephalus confirmed.

Present condition: Hydrocephalus, right hemiparesis, low IQ, ADHD.

Development of relations within family:

Original prenatal attachment was suppressed after announcing the child disease. Parents decided to transfer the child to institutional care after delivery.

Postnatal relations: Both parents unexpectedly refused their original decision after they saw the boy. A strong attachment to the boy occurred in both parents. This also positively affected relations between these random partners. The family remained intact and a healthy boy was born after several years. There is also a relation between siblings. Grandparents exert their attachment to the boy.

Case Report 8 (CR8)

Prenatal period: Fifth pregnancy. Diagnosis of severe developmental disorder incompatible with life established from second month. However, the mother wants to deliver the child at home, in the presence of the whole family including siblings. The mother explains her decision by the fact that after delivery, the child would be transferred to medical interventions and the attachment between the child and mother could not exist even for the short period of time corresponding to the child ability to survive.

Postnatal period: Child with multiple developmental disorders died over 24 hrs in close contact with family including small children.

Development of relations within family:

Developed before delivery and persisting even after delivery. Also originated in siblings. The father left the family.

Case Report 9 (CR9)

Prenatal period: First pregnancy. Young mother hid her pregnancy.

Postnatal period: Delivery took place in municipal park. Underage father also participated in spontaneous criminal delivery. They left wrapped child and the father locked the mother in basement of unknown house. The child was found after several hours and transferred to institute for suckling babies. After six months, the child was handed over to the caregiving by the mother based on a court decision.

Development of relations within family:

In the prenatal period, no attachment was developed in the mother. She was helpless.

In the postnatal period the mother was given an opportunity to contact her refused child. A strong

attachment was developed in association with caregiving.

Thereafter, a new partnership originated and new family was established, in which two children with strong attachment were born. The family is professionally engaged in fostering

Father – no relation was developed.

Grandparents – the daughter was repudiated; no relation was developed.

The boy suffers from consequences restricting his further development, particularly as to his mental capability and possibility of his education. The diagnosis of ADHD syndrome (Attention Deficit Hyperactivity Disorder) and autism was established

RESULTS

The development of attachment with respect to the prenatal and delivery records based on the analysis of case reports demonstrated that in some cases, no prenatal attachment was developed (Case Reports 1, 3) and in some cases attachment was developed in the postnatal period only (Case Reports 2, 7, 9).

The development of attachment with respect to the diagnosis of child with disability: After detecting development disorders, in certain mothers, there was a partial suppression of the attachment (Case Reports 1, 3, 5, 7). The attachment has not been renewed in one case only – Case Report 3.

Cases of developing attachment with respect to family having child with disability

a) Period of origination of attachment in mother in period:

- prenatal: 1, 4, 6, 8,
- postnatal: 2, 5, 7, 9
- not developed: 3

b) Period of origination of attachment in father in period:

- prenatal: 1, 4,
- postnatal: 3, 7, 5
- not developed: 2, 6, 8, 9

c) Origination of attachment in siblings:

Attachment was developed:

1, 2, 4, 5, 6, 7, 8, mostly in children, born after delivery of child with disability or concomitantly.

d) Origination of attachment in grandparents:

- developed immediately after delivery: 1, 4, 7
- not developed 2, 3, 5, 6, 8, 9

e) Termination of attachment:

- demonstrably only in case report 3.

Summary:

The attachment to child with disability was delayed after child was diagnosed or born with a disability in most parents/ mother.

In the intermediate period, the mother assumed a nursing or caregiving attitude even when attachment is delayed. The mother is most frequently the person

establishing the attachment. However, this is not always the rule. In our cases, there were two fathers, who established an attachment before the mothers. These cases demonstrate that fathers, grandparents and siblings frequently develop attachments.

Fathers were more likely to lose their attachment to the child than other family members.

The evaluation of the degree of the emotional tie between parents and child is sometimes very difficult. The reliable and valid measurement of attachment in clinical settings is complicated by many familial and other contextual factors.

DISCUSSION

The specific feature of the present article is the use of case reports to describe relationships between children with developmental disabilities and their parents and other family members. Considerable past research has characterized prenatal and postnatal attachment. The importance of attachment to family and child wellbeing has been established by leading specialists in this field, particularly Fedor - Freybergh. In this work (2013) the author emphasized the importance of prenatal psychological development as follows: "If we are able to provide that each child is loved and wanted from the very beginning, to provide him/her with respect and to recognize the life as one of highest human values, and if we are able to optimize prenatal and perinatal stages of the life without disturbing principal needs, without aggression and psychotoxic effects, then the society free of violence can be achieved. Our way of treating the word by our children will depend on how we treat our children treatment of the children". Furthermore, he states his belief that the prenatal child is competent in all functions from conception (Freybergh 2013).

Feelings of safety perform a central role in the development of children as discussed by neuropsychologists (Schore 2001, Siegel 2012, Porget 2011) as well as authors dealing with the field of the attachment theory (for example Cassidy and Shaver 2016). For the child, a feeling of safety is a basic condition for normal development of social-emotional attachments to those who care for them. Thus, a consistent emotional tie with a person close to them fosters and reinforces feelings of safety and security.

Hughes (2017) made a great contribution to the explanation of the theory of the emotional tie. Disorders of attachment in the perinatal period can have a negative impact on the future of a child in the following areas: Development of unsure emotional tie to a close person, somatic and emotional problems, behaviour disorders, learning disorders, and self-concept problems. The main importance of establishing attachments is in providing the child with the safety and security (Brisch, 2011, Velemínský 2011).

Hašto (2005, 2015) conducted research in the Czecho-Slovak environment on attachment of young

children during prenatal and postnatal periods. The mother is usually the crucial person in prenatal and postnatal attachment development (Freybergh 2013). Of course, this tie may develop into further attachments within a wider family. It is also important to point out that the new-born baby has an innate genetic predisposition to search for a suitable person for this tie. If reliable attachments are not established, then future relations of the child as well as his/her development can be negatively affected (Lorimcová 2014). Psycho-social needs of new-borns were studied by (Takacs 2012). (Pospíšilová 2012) considered the attachment quality in adulthood. (Mrowetz and Peremmská (2013) emphasized the necessity of early contact between new-borns and their mothers. As can be seen from the case reports, the process of developing attachments is, however, frequently delayed in children with a disability. In the evaluation of the development of attachment to children with disabilities, it is also necessary to take into consideration five stages of the sorrow outlined by Kübler – Ross Elisabeth (2015), i.e. negation, aggression, bargaining, depression and conciliation. Parents of a new-born child who is diagnosed with a disability experience these stages as they develop attachment.

Fathers also bring an important contribution to the future prosperity of the child. Studies of the relationship and attachment of fathers mostly concern the toddler period. However, today it is common that fathers are an active participant during the perinatal and natal periods. In fact we frequently speak not just about mothers but about “pregnant parents” (Pavlát 2008, Brisch 2011). Siblings develop attachment to the baby depending on their age from pregnancy to when the baby enters the family. However, in accordance with our experience, special features of the social dynamic in the family can change the status of siblings of a child with a disability which can provoke bullying (Case Reports 1, 6).

In the prenatal period, attachment of the child to parents can also be developed to a certain extent, but this situation is difficult to quantify at the time being (Brisch 2012, Preis *et al.* 2012). However, works by prenatal psychologists indicate that a certain mental development occurs in the period of the foetus intrauterine period (Ratislavová 2016). Freybergh reported that the mother bears a child and not a foetus in her uterus (Freybergh 2013). Unwanted pregnancy is one of most hazardous contemporary situations, which can induce a poor pre-delivery attachment (Šulová and Fait, 2009). As can be seen from our case reports, the children are endangered by traumata resulting from disturbed relations in the family.

The case reports presented here result in the following conclusions:

- The original prenatal tie is mostly suppressed after the delivery of a new-born with disability. A transient caregiving is initiated. However, the original tie may be recovered.

- Very strong attachment in the mother can be manifested as the “queen bee” phenomenon.
- Attachment in the mother can also persist after the child death.
- The mother most frequently establishes a strong attachment. However, in our cases, two fathers established an attachment before mothers.
- Grandparents do develop attachments but frequently remain neutral.
- Relations between siblings is affected by their age at the time of delivering the new child. The relation is sometimes so strong that the siblings exert behaviour different from the common children population, which brings a bullying.
- Attachments can be weak or lost. In these cases, the affected parent might leave the family. This was most prevalent in fathers but was also evident in a mother in one case.
- Reliable and valid measurement of attachments is difficult.
- The process of evaluating the nature and degree of attachment between parents and their child with a disability is complex.
- The preventive monitoring of the expectant mother by an experienced psychologist is recommended.
- Multidisciplinary participation in treatment to include, for example, a paediatrician, an obstetrician, a social worker, and, particularly, a psychologist is recommended after the delivery of a child diagnosed with a developmental abnormality.
- Consultations should also take into account social assistance and associated economic provisions.

REFERENCES

- 1 Ainsworth Mary (1978). Infant-mother attachment. *American Psychologist*. **34**: 932–937.
- 2 Benoit Diane (2004). Infant-parent attachment: Definition, types, antecedents, measurement and outcome. *Paediatr Child Health*. **9**(8): 541–545. ISSN: 1751-7222.
- 3 Bowlby J (1958). The nature of the child’s tie to his mother. *The International J Psycho-Analysis*. **39**(5): 350–73. ISSN: 1745-8315.
- 4 Bowlby J (2010). Vazba. Teorie kvality vztahů mezi matkou a dítětem (Czech translation) Praha: Portál. 360 pp. ISBN: 978-80-7367-670-4. (Original Title: Attachment and loss - Attachment)
- 5 Bowlby J (2012). Odloučení. Kritické období raného vztahu mezi matkou a dítětem (Czech translation) Praha: Portál. 400 pp. ISBN: 978-80-262-0076-5. (Original Title: Attachment and loss. Separation, anger and anxiety).
- 6 Brisch KH (2011). Bezpečná vztahová väzba (Czech translation). Trenčín: Vydavateľstvo F. 150 pp. ISBN: 978-80-88952-67-1. (Original Title: Sichere Ausbildung für Eltern. Für Schwangerschaft und erste Lebensjahre. © 2010 by J. G. Cotta’sche Buchhandlung, Stuttgart).
- 7 Carlson E (1998). Prospective Longitudinal Study of Attachment Disorganization/Disorientation. *Child Development*. **69**(4): 1107–28. ISSN: 1467-8624.
- 8 Cassidy J, Shaver P (2016). Handbook of attachment. New York Third Edition Guilford Publication 1068 pp.) ISBN: 9781462525294).
- 9 Campione, F. (1941) in Nešpor Zdeněk V. <https://encyklopedie.soc.cas.cz/> (2017) Sociologický ústav Akademie věd (Sociological Institute of Academy of Sciences).

- 10 Freybergh FP (2013). Prenatálne dieťa [(Prenatal child) (in Slovak)]. Trenčín: Vydavateľstvo F, 66 pp. ISBN 9788088952749.
- 11 Hašto J (2005). Vztáhová väzba. Ku koreňom lásky a úzkosti [(Emotional tie. To the roots of love and anxiety) (in Slovak)]. Trenčín: Vydavateľstvo F. 300 pp. ISBN: 978-80-88952-28-X.
- 12 Hašto J (2015). Mentalizovanie jako výzva pre klinickú medicínu a špeciálne pre psychiatriu a psychoterapiu [(Mentalization as a challenge for clinical medicine and particularly for psychiatry and psychotherapy) (in Slovak)]. *Psychiatrie* **19**(2): 97–103. ISSN: 1211-7579.
- 13 Hughes Daniel, A. (2017). Budování citového pouta (Slovak translation). Praha: 3rd Ed, Institute of Physiological Speciality s.r.o. 332 pp. ISBN 978-80-270-2838-2. (Original Title: Building the Bonds of Attachment: Awakening Love in Deeply Troubled Children).
- 14 Hrubý R, et al (2011) Attachment in integrative neuroscientific perspective. *Neuro Endocrinol Lett* **32**(2): 111–120. ISSN 0172-780X.
- 15 Chvilová Weberová M (2013). Realita traumatu rodičů po předčasném porodu možný vliv na utváření vztahu mezi matkou a dítětem [(Facts of the parent trauma after premature delivery, possible effect on establishing relations between mother and child) (in Czech)]. *Neonatologické listy*. **19**(1): 37–40. ISSN 1211-1600.
- 16 Koukolík F (2013). Funkční neuroanatomie rodičovství [(Function neuroanatomy of parenthood) (in Czech)]. *Praktický lékař*. **93**(5): 199–206. ISSN 0032-6739.
- 17 Kubler-Ross-Elizabeth (2015). O smrti a umírání [(About death and dying) (in Czech)]. Praha: Portál 320 pp. ISBN 978-80-262-0911-9.
- 18 Lečbych M, Pospíšilová, K (2012). Czech version of scale. Experiences in Close Relations (ECR): Pilotní studie posouzení vztahové väzby v dospělosti [(Pilot study of considering emotional tie in adulthood) (in Czech)]. *E-psychologie* **6**(3): 1–11. ISSN: 1802-8853.
- 19 Lorincová T (2014). Vztáhová väzba a agresívne prejavy v období mladšej dospelosti- "čiasťkové výsledky" [(Emotional tie and aggressive manifestations in period of younger adulthood – partial results) (in Slovak)]. *Psychologie a její kontexty*. **5**(1): 29–38. ISSN 1803-9278
- 20 Mrowetz M, Peremmská M (2013). Podpora raného kontaktu jako nepodkořitelná norma – chimera či realita budoucnosti? [(Supporting early contact as definite standard – chimera or future reality?) (in Czech)]. *Pediatric pro praxi* vol. **14**(3): 201–204. ISSN 1213-0494.
- 21 Pavlát J(2008). Otcovství, děti a rodina. (Fatherhood, children and Family - in Czech). *Česká a slovenská psychiatrie* vol. **104**(4): 189–195. ISSN 1212-0383.
- 22 Pfeiffer J (2014). Koordinovaná rehabilitace [(Coordinated rehabilitation) (in Czech)]. Edited by ZSF JCU, 175 pp. ISBN 978-80-7394-461-2.
- 23 Porges S, (2011). The polyvagal theory first edition. New York: W.W. Norton pp. 347. ISBN 9780393 707 008.
- 24 Ratislavová K (2016). Perinatální paliativní péče [(Perinatal palliative care) (in Czech)]. Praha: Grada pp. 200. ISBN 978-80-271-0-121-4.
- 25 Ruppert F (2008). Symbióza a autonomie. Traumata z narušeného systému rodinných väzeb. [(Symbiosis and autonomy. Trauma from disturbed system of family ties) (in Czech)]. Praha: Portál. 272 pp. ISBN: 978-80-262-0004-8.
- 26 Siegel D (2015). The developing mind: New York Second Edition (in English) Guilford Publications pp. 506. ISBN: 9781462520671.
- 27 Ondrušová L (2015). Vztáhová väzba mezi matkou a dítětem [(Emotional tie between mother and child) (in Czech)]. Univerzita Palackého v Oloumouci, Fakulta zdravotnických věd, Ústav porodní asistence.
- 28 Preiss M, Nedvěd Jan Lenová J, Fiury J, Čikovská L (2012). Měření vnímané väzby k rodičům – validizační studie dotazníku Parental Bonding Instrument. [(Measurement of perceived tie to parents – validation study of the questionnaire Parental Bonding Instrument) (in Czech)]. *Psychiatrie* **16**(2): 83–87. ISSN 1211-7579.
- 29 Takács L (2012). Psychosociální potřeby novorozence v kontextu perinatální péče [(Psychosocial needs of new-born in context of perinatal care) (in Czech)]. *Česká gynekologie*. **77**(1): 15–21. ISSN 1210-7832.
- 30 Šulová L, Fait T (2009). Nechtěné děti. [(Unwanted children) (in Czech)]. *Česká gynekologie*. **74**(3): 228–233. ISSN 1210-7832
- 31 Velemínský M (2011). Celebritami proti své vůli [(To be celebrities against one's will) (in Czech)]. Praha: Triton pp. 124. ISBN 978-80-7387-447-6.
- 32 Velemínský M Jr, Velemínský M Sr, Šimečková A (2018). Forms and significance of the prenatal "attachment" for the mother and the child. *J Nurs, Soc Studies, Pub Health Rehab* 3-4/2018. **9**(3–4). ISSN 1804-1868.