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Formation of positive self-concept and sense of worth in a woman with congenital hemiplegia: The role of early relationships and empowering care in a case study

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ABSTRACT

Summary:

In addition to motor limitations, congenital hemiplegia can affect the development of self-concept, sense of worth, social participation, and the quality of interpersonal relationships [1,2]. However, its psychological consequences are not simply a function of the severity of the physical injury; rather, they are significantly influenced by the quality of early relationships, parental caregiving style, social experiences, and the way individuals make sense of their condition [3,4].

This study aimed to investigate the role of early relationships and empowering care in the formation of positive self-concept, sense of worth, and psychological resilience in a 35-year-old woman with congenital hemiplegia. The study employed a qualitative approach in the form of a case study. Data were collected through clinical interviews, developmental and family history-taking, and reconstruction of the patient's and family's narratives, and were analyzed using an analytical-interpretive approach. The patient was born prematurely at 26 weeks of gestation following physical abdominal trauma to the mother and subsequent preterm premature rupture of membranes (PPROM) [5,6]. She received specialized medical and rehabilitative follow-up from the first years of life. The mother, without being overwhelmed by feelings of failure or victimization, provided a foundation for the child's development characterized by a sense of worth, responsibility, and opportunities to experience competence, adopting a pragmatic and persistent approach [7,8]. Despite encountering differing attitudes and some experiences of social exclusion at school, the patient did not organize her self-concept or sense of worth around her physical disability [1,2]. Active participation in family life, education in mainstream schools, marriage, motherhood, and the maintenance of psychological coherence in difficult situations indicated the development of a pattern characterized by positive self-concept, agency, and capacity for intimate relationships [4,9]. This case demonstrates that, in congenital hemiplegia, the quality of early relationships and empowering care can play a fundamental role in the development of a positive self-concept, a lasting sense of worth, and psychological resilience [3,4,8]. The findings emphasize the importance of distinguishing physical limitations from an individual's psychological identity.

Keywords: Congenital hemiplegia, self-concept, sense of worth, psychological resilience, empowering care, early relationships, case study

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Introduction

Congenital hemiplegia is a form of developmental neurological disorder associated with unilateral motor involvement and can affect various aspects of physical functioning, independence, social participation, and the individual's lived experience [1,2]. However, the effects of this condition are not limited to the body and movement; in many cases, its psychological and interpersonal dimensions are as important as, or even more important than, motor limitations [1,2].

The literature in developmental psychology and disability psychology has repeatedly emphasized that living with a physical difference does not necessarily lead to a negative self-concept, feelings of worthlessness, or social withdrawal [1,2]. More decisive factors include the quality of early relationships with caregivers, parental responses to the child's difference, the level of environmental expectations, opportunities for meaningful participation, and the individual's responses to social feedback [3,4]. Children who grow up in environments characterized by pity, overprotection, or reduction of identity to physical disability may be more susceptible to internalizing stigma, developing psychological dependence, and experiencing a reduced sense of competence [3,10]. In contrast, when the early environment provides opportunities to experience competence, trust, and participation alongside care, the likelihood of developing a more coherent self-concept and a more stable sense of worth increases [7,8]. Within this framework, self-concept, defined as the image an individual has of themselves, and sense of worth, defined as an individual's emotional and cognitive evaluation of their own worth, are two important constructs for understanding the psychological adjustment of people with physical limitations [1,2]. Psychological resilience refers to the ability to maintain psychological coherence, adaptability, and continuity of functioning in the face of pressures and difficulties [4]. The present study, focusing on a 35-year-old woman with congenital hemiplegia, examines how these constructs developed in the context of early relationships, family experiences, social encounters, and adult life.

Method

• This study employed a qualitative approach in the form of a case study. Information was collected through clinical interviews, review of developmental and family history, and reconstruction of the patient's individual and intergenerational narrative. Data were analyzed with a focus on the following areas:

• Quality of early relationships and parental caregiving style

• Early experiences related to the condition and its treatment

• The family's response to physical limitations

• Formation of self-concept and sense of worth

• Experiences of rejection, social perceptions, and psychological responses to them

• Agency, family participation, and functional independence

Capacity for intimacy, marriage, and decision-making in adulthood

To comply with ethical principles, all identifying information was removed, and some contextual details were rewritten in a non-identifying manner while preserving their clinical meaning.

Case presentation

The patient is a 35-year-old married woman with a child who has congenital right-sided hemiplegia. She is the first child in the family. According to the available history, the mother's pregnancy was complicated during the mid-gestational period following physical abdominal trauma, after which preterm premature rupture of membranes occurred [5,6]. The baby was born at 26 weeks of gestation and was hospitalized in the neonatal intensive care unit for 5 weeks because of severe prematurity.

After discharge, the child underwent a prolonged period of specialized follow-up. She was under the care of a neonatologist, a pediatric neurologist, rehabilitation specialists, and counseling services, and this process continued for years. The mother's role was particularly prominent from a psychological perspective. In the family's narrative, the mother is described as persistent, organized, pragmatic, and reliant on professional recommendations. What was important in this caregiving style was not simply adherence to treatment, but also the mother's psychological response to the child's condition [7,8]. According to the family's account, she did not respond with an overriding sense of defeat, shame, victimhood, or injustice. Rather than becoming overwhelmed by debilitating emotions, she focused on action, care, and continued support.

Four years after the patient's birth, three more children were born into the family, all of whom were physically healthy. This allowed the patient to grow up within a natural and dynamic family context rather than being defined solely as the "sick child." Such a context may have played an important role in preventing the formation of a disability-based identity.

Developmental, academic, and social development

Despite the motor limitations caused by hemiplegia, the patient attended mainstream schools and continued her education [1,2]. This is important not only in terms of cognitive functioning but also from a psychological perspective, because it suggests that her family and immediate environment considered her capable of participating in ordinary social life.

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The patient's account of her school years included experiences of being viewed differently and, at times, being rejected by some peers. However, the way she represented these experiences suggested that they had not become part of the stable core of her self-evaluation. Her responses indicated that, although she was aware of others' differentiation or judgment, she did not use these experiences as the basis for defining herself [1,3]. From an analytical perspective, this pattern may indicate a relatively healthy distinction between "social feedback" and the "core self-concept."

In many individuals with physical differences, repeated experiences of stigmatizing or discriminatory gazes may increase the risk of body shame, low self-esteem, and heightened sensitivity to external evaluation [1,2]. In this case, however, clinical evidence suggests that the patient was able to maintain an important source of self-worth within herself and through early meaningful relationships. This may be considered one of the major foundations of her psychological resilience [4].

The role of the family and empowering care

In this family, the patient was not simply an object of care or a recipient of support; rather, she gradually became an active, responsible, and reliable member of the family. She was entrusted with some responsibilities in everyday family activities, including hosting guests. This experience is highly important from a developmental psychology perspective because a sense of competence and usefulness is considered a fundamental source of positive self-concept [8,9].

The patient also accompanied her mother on some medical visits and, in practice, played the role of companion and helper. This relational pattern conveyed an implicit but profound message: she was not simply someone in need of help; she could also be a source of support and participate actively. In such a context, physical disability, although remaining part of the individual's lived reality, did not become the entirety of her self-definition.

The main message conveyed by the family, particularly the mother, appears to have been communicated not through direct advice but through everyday actions: the child is valuable, can contribute, and her abilities should be taken seriously. This type of care may be described as empowering care—care that acknowledges limitations without reducing the individual's identity to them and preserves opportunities to experience agency [7,8].

Emotional Relationship, Marriage, and Intimacy Capacity

One of the most important aspects of this study is the way the patient entered into an emotional relationship and marriage. This part of her life is not simply a social event; it is also an important indicator of self-concept, perceived deservingness of love, and capacity to enter into an intimate relationship.

The patient met her husband in a healthcare setting while accompanying her mother for a hospital visit. According to the patient's and family's narratives, what attracted the man's attention at their first encounter was not her physical disability but characteristics such as calmness, cheerfulness, kindness, reassurance, and the quality of her presence. This point is analytically important because it suggests that the relationship was formed on the basis of the patient's personality and emotional characteristics rather than pity or an attempt to disregard physical differences.

The patient's own response also indicated that she did not regard the possibility of being loved and chosen as unreasonable or impossible for her. Indeed, this narrative did not reveal prominent signs of the common schemas of worthlessness that are sometimes observed in people with physical disabilities. Nor did the family respond to the relationship with denial, fear, or prohibition. This may indicate that, within the family's meaning system, marriage and intimacy had not been defined as impossible or out of reach for her [3,9].

The continuity of the marital relationship and the way the spouse described the patient are also important. In describing the reasons for his choice, her husband referred to qualities such as calmness, security, resilience, honesty, and kindness. These descriptions indicate that the patient was seen and chosen as a "person" and an "emotional partner," rather than simply as someone with a physical limitation.

Motherhood and agency in adulthood

The patient's decision to have a child is another important indicator of her agency and psychological independence. In the clinical narrative, the desire to become a mother arose naturally and from within herself. On the one hand, this indicates the legitimacy of her personal desire within the marital relationship; on the other, it indicates that the patient regarded herself as having the right to make decisions about her personal life and body [4,9].

Her husband's response to this desire was also based on recognizing and supporting it. In addition, the family did not adopt a deterrent or disqualifying stance. In her account, the patient emphasized that she was not a dependent person and had an independent life. From an analytical perspective, this part of the narrative suggests that agency in her life was not a temporary phenomenon or limited to childhood but continued into adulthood in the context of important life decisions [4].

Analytical Findings

This case study highlights several key themes.

First, the patient's self-concept is not organized around her physical disability. Although hemiplegia

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is part of her biological and functional reality, it has not become the core of her self-definition in her psychological experience. This distinction is one of the most important findings of the present study [1,2].

Second, the patient's sense of worth appears to have been shaped by early supportive relationships and real experiences of competence rather than by external validation [3,8]. This may help explain why differing social attitudes or limited experiences of rejection did not lead to a pervasive deterioration in her self-esteem.

Third, the role of the mother and the family's caregiving style is central to this process. Caregiving in this family was not simply protective or compassionate but was accompanied by expectations, trust, and the assignment of responsibilities [7,8]. This pattern can be considered an example of empowering care.

Fourth, the patient demonstrated a level of psychological resilience that enabled her to maintain personal integrity in the face of developmental, social, and interpersonal difficulties [4]. This resilience does not imply an absence of pain or difficulty; rather, it refers to the absence of a breakdown in identity and functioning in response to them. Fifth, the capacity to enter into an intimate relationship and experience marriage can be considered a natural extension of her positive self-concept and sense of worth [3,9]. Here, intimacy is not simply an external event but an indicator of the ability to participate in a reciprocal relationship based on personal dignity.

Discussion

The present study shows that it is not sufficient to understand the psychological consequences of congenital hemiplegia solely in terms of the severity of physical injury or functional limitation [1,2]. What this case highlights is the mediating and potentially determining role of the relational context of development. In other words, physical difference may become a negative identity-forming axis when it is embedded within a network of pity, shame, overprotection, reduced expectations, or harmful social feedback [3,10].

In this patient, the quality of the early relationship with her mother and the family's approach to her condition were important factors that prevented her identity from being reduced to disability [7,8]. The mother not only ensured continuity of treatment but also did not emotionally position the child as a failed, deprived, or pitied individual. This is important from a developmental psychology perspective, as children in the early years of life largely come to understand themselves through the gaze and emotional responses of their primary caregivers [3,10].

The present article also emphasizes the distinction between self-concept and sense of worth. In this case, the patient not only experienced herself as a person with real abilities and roles but also regarded herself as worthy of respect, love, and choice [1,2]. This connection between self-image and self-esteem may be considered one of the main sources of her resilience [4].

The experience of entering into a romantic relationship and marriage highlights another important finding: if a person with a physical difference is raised during their formative years in a way that allows the physical difference to remain only one dimension of their existence rather than defining the whole self, they may be more likely to regard themselves as deserving of intimacy, choice, and family life in adulthood [3,9]. In this sense, intimacy is not a secondary consequence but an indicator of psychological coherence. It should be noted, however, that the findings of this report are situated within the framework of a case study and cannot be directly generalized. Nevertheless, the value of this case lies in showing that even in the presence of a persistent physical limitation, a positive self-concept, a stable sense of worth, and healthy emotional relationships may develop, provided that the developmental context does not reduce the individual's identity to disability [3,4,8].

Conclusion

This case study shows that, in congenital hemiplegia, the quality of early relationships and family caregiving style can play a fundamental role in the development of self-concept, sense of worth, and psychological resilience [3,4,8].

In this case, the mother's and family's caregiving style was not based on failure, pity, or victimhood, but on persistence, trust, responsibility, and recognition of abilities. As a result, despite her physical limitations, the patient was able to define herself without being solely defined by disability and to achieve a degree of psychological coherence, personal agency, and capacity for intimacy.

These findings suggest that the psychological consequences of physical disabilities should be understood in the context of relationships, meaning, and the individual's lived experience, rather than solely at the level of medical diagnosis [1,2,4]. For mental health professionals, this case underscores the importance of interventions that, in addition to treatment and rehabilitation, focus on strengthening self-concept, experiences of competence, agency, and sense of worth [3,8].

Ethical Considerations

All identifying information was removed from this report. Sensitive family details were redacted to preserve clinical meaning and scientific integrity while fully respecting the confidentiality of the patient and her family.

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Conflict of Interests
There was no conflict of interest in this study.

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