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A Psychological Profile of Pregnant Women Treated for Premature Delivery

A. Kopczyńska-Tyszko, A. Reroń, Z. Zdebski, M. Klimek, and M. Olszańska

Department of Clinical Psychology, Kraków, Poland

Abstract

In a prospective study involving 50 pregnant women treated for premature delivery a standardized psychological interview consisting of 42 categories was conducted. The data from the interview were supplemented with selected information from Levy and Sacks Test and Fitts self-concept scale. In conclusion the authors state that pregnants hospitalized for imminent premature delivery have average of low self-esteem and self-confidence and do not believe they can achieve something.

The self-image in the sphere of the "physical self" and the "everyday self" is reduced, which results from the threatening situation for pregnancy and hospitalization.

The studied group of subjects is characterized by a high level of emotional control and tolerance for frustration which makes adaptation to the conditions of illness and treatment easier. The emotional attitude of the patients to themselves and their partners is determined by the character of their relationships with their parents.

Introduction

The more we learn about the reasons for premature deliveries the more we become reconciled with the fact that interventions perpetrated hitherto, which consisted of treatment with tocolytic agents in order to inhibit contractions of the uterus, were unsatisfactory [2,6]. Pregnants admitted to a clinic for reasons of imminent premature delivery often are under intense stress, which can enhance the existing anatomical determinants and decrease the prospects for keeping the pregnancy. Therefore it is of vital importance for a clinician to determine the emotional attitude and psychological situation of the pregnant in danger of imminent delivery so that not only her psychological state but also her somatic condition may be improved [4].

Correspondence to: Anna Kopszyńska-Tyszko, Department of Clinical Psychology, Piłsudskiego 13, Kraków, Poland

The aim of the study was to evaluate the psychological condition of pregnants treated for imminent premature delivery.

Material and Methods

The study involved 50 pregnant women, treated at the Department of Gynecology and Obstetrics of the Adacemy of Medicine in Kraków for threatening premature delivery. The mean age of patients was 28.62±3.2 and their ages ranged from 19 to 43. They stayed at the hospital for 3 to 36 days, and the mean duration of stay was 9.96 days. Seventy percent (70%) of the subjects were office workers and 68% lived in urban areas. In spite of the tocolytic interventions 6 patients had premature delivery. In the remaining 44 cases the treatment results were successful in inhibiting the uteral contractions.

The chief research tool was a standardized, clinical, psychological interview comprising 42 categories. For analysis we selected those categories which described features and reactions of the subjects which are more stable. Each category described relevant behaviours and attitudes in five possible variants. The interview data were supplemented by selected information from the Sacks Levy Incomplete Sentences Test (IST). Additionally we used the Buss-Durke aggression test and the Fitts self concept scale.

Results and Discussion

Relationships of the subjects with their parents are good and free of conflict. The majority (62%) of the pregnants has a sense of strong support from their mothers, especially in difficult moments. They perceive their mothers as friends and partners. In the past, mothers were also the main source of information on the sexual "facts of life".

Some patients (38%) are at odds with their mothers. The most frequent reason for conflict is motherly "meddling" in their lives and attempts to confine them to the role of children or refusal to help and lack of sympathetic understanding. This group of pregnants exhibits more anxiety connected with their current situation and the coming delivery. Also to this group belong the subjects who are strongly dissatiesfied with their sex life. It may be the result of incomplete identification with the role of mother and – what follows – with the role of woman.

Relationships with their fathers proved to have been more difficult emotionally for the pregnants. Almost half of the subjects (47%) blame their fathers for lack of interest in their family and selfishness. On the other hand, those subjects who describe their relationships with their fathers as good have problems describing these relationships (IST). In this group of patients belong the pregnants who blame themselves for wrongly choosing their partners (17%). None of the women in this group married their husbands out of love. It would therefore seem that the attitude towards father as a model man determines the attitude towards men in general and expectations of what men should be like. In spite of lack of love and sexual satisfaction, 78% of the pregnants declare themselves

satisfied with their married life. Reasons for positive attitudes of the patients towards their partners would therefore seem to be other than emotional and are connected with having common goals in life and pursuing them together.

The majority of subjects have an average self-esteem (58%). The remainder of the patients are women who doubt their worth, are unsure of themselves, do not believe they can achieve something and often experience feelings of anxiety and sadness. In the "physical self"category half of the subjects describe themselves as commonly attractive in appearance, body build and sexuality. A significant proportion (44%) of patients scored very low on perception of their physical self. These patients have reservations about their appearance, functioning and build of their bodies and they also rank their health and sexuality low. The physical self-image is significantly correlated with the intensity of sexual desires. There is a possibility that low intensity of sexual desires reduces the physical self-image. The concept of self in the moral/ethical sphere is generally much better. The majority of subjects (70%) think they are commonly good, valuable and moral women. Only 28% perceive themselves as immoral, "bad", not following the precepts of their religion. The self-image in the moral/ethical sphere is correlated with the degree of pain experienced during sexual intercourse. It suggests that sex is perceived by some of the subjects through moral and ethical categories. Large degree of pain experienced during intercourse may be interpreted as a result of a too strictly moral attitude to sex.

Average scores also dominate in the spheres of the "private self" (80%), "family self" (66%) and "social self". Low self-esteem is characteristic only of the "physical self". The results seem logical as the current situation of the pregnants threatens this aspect of the self to the largest degree.

The character of anxiety observed in the patients is mostly biological/social. The pregnants are anxious about their further functioning as women, mothers and wives. Biological anxiety is manifested in fear for their own lives and – to an even larger degree – for the lives of the yet unborn babies. The sources of anxiety in the subjects are also to an extent irrational and vague. Some subjects (26%) owned to pathological fear of animals (mice, snakes, dogs etc.). The same number of subjects are afraid of loneliness and dark. In this group were also patients who said they feared "everything" (21%), which often meant each coming event. In the case of these women we can talk about neurotic anxiety and heightened tension. Klimek [4,5] says that such women exhibit the tendency to perceive even the physiological aspects of their pregnancy as threatening, which may be a potent source of psychological stress. The patients cope with anxiety and tension mostly through: repression and inhibition ("I try not to think about it"), regression ("I cry") or aggression ("I bang my fist against the table"). At the same time half of the subjects have feelings of guilt over indirect or direct aggressive behaviours. The general level of aggression in the subjects is average. Only in 28% of the patients an increased tendency to aggressive behaviours is observed. The majority of the subjects (68%) express their aggression indirectly: through malicious gossip, ridicule, sniggering etc. These forms of aggression are more socially accepted and therefore safer [1]. Aggression in inter-patient relations is usually manifested in mutual "scaremanship" and is an example of a specific

form of release of anxiety and anger [3]. The average level of aggression, though, indicates that tolerance for illness – and treatment – induced frustration is high. The expression of aggression and fear goes hand in hand with a high level of control of one's reactions and of the situation, which was manifested by 70% of the subjects. The pregnants feel more comfortable in situations whose course they can influence and in which they can control their emotions [7,8]. They very rarely allow themselves to express their feelings freely, even in situations of security.

Conclusions

1. Pregnants hospitalized because of imminent premature delivery have average or low self-esteem, self-confidence and do not believe they can achieve something.
2. The self-image in the sphere of the "physical self" and the "everyday" self is reduced, which results from the threatening situation of pregnancy and hospitalization.
3. The studied group of subjects is characterized by a high level of emotional control and tolerance for frustration, which makes adaptation to the conditions illness and treatment easier.
4. The emotional attitude of the patients to themselves and their partners are determined by the character of their relationship with their parents.

References

1. Delucca, A., Messini, S., Moroder, W., Peruzzo Bortolotti, and Cavosi, M. T. (1989). Hospitalization for preterm labour: implications in the bonding process. A pilot study. *Int. J. Prenatal and Perinatal Studies* **1**, 67–74
2. Delucca, A. and Moroder, W. (1989). Psychological aspects of treatment for preterm labour in hospital. *Int. J. Prenatal and Perinatal Studies* **1**, 317–321
3. Hollender, M. H. (1975). *Psychologia w praktyce lekarskiej*. PZWL Warszawa
4. Klimek, R. (1989). The synergy of perinatal medicine and psychology. *Int. J. Prenatal and Perinatal Studies* **1**, 251–256
5. Klimek, R. (1988). Psychologiczne aspekty położnictwa. *Położnictwo*, PZWL Warszawa
6. Kondàs, O. (1989). *Psychologia kliniczna*. PWN Warszawa
7. Reading, A. (1983). *Psychological aspects of pregnancy*. Longman, London New York
8. Reroń, A. (1989). The influence of instrumental diagnosis of pregnancy and determination of the child's sex on the psychical state of pregnant women. *Ann. Acad. Med. Siles.*, Katowice, p. 197