

Psychological Aspects of Premature Delivery in Context of Clinical Psychology (Conception of Life Problems Solving)

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Abstract

The paper's focus is on delivery events in the psychological concept of life problems solving. The emphasis is placed on forming a conscious image of one's own existential stance and a resulting life activity orientation. The mechanism of life activity changes and the model of coping with premature birth syndrome by a female subject are presented. The coping process consists in utilizing by a female subject both internal and external circumstances as her own ways (methods) of reaching a selected aim.

The paper stresses great importance of profound analysis of a patient's complaints ("a complaint" is understood here as different to "complaining" on somatic discomforts). A complaint reveals existentially valid intentions of a person which were blocked by a sudden event of the premature delivery. Several types of psychological counseling interventions are indicated. Their purpose is to aid a female patient in coping in her new situation caused by the untimely birth.

Introduction

Premature delivery is treated here as a significant event in complex understanding of woman's life, the life of her family and the whole society. In psychological concept life is understood as an organized and developing activity in the world. Analysis of meaning of premature birth event is on the one hand connected with the psychological issue of delivery^{1,2} on the other hand with a wider range of problems concerning coping with these problems in the world³.

In this analysis, the first issue concerns my own psychological model of phenomena connected with birth event. Two things will be stressed: How does this event influence change in behaviour (description)? How is this phenomenon car-

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ried out? Then quality analysis of patients and doctors statements will be carried out, indicating (in conclusions) adequate – in this model – counselling interventions.

Conception

The aim of this article is to increase counseling competence of doctors, psychologists or persons in contact with women after a premature birth of their child and eventually with women who are being treated to protect of their pregnancy. The basis of this competence is to understand the patient's complaint i.e. to consider her statements in the dimension of her whole life, which (the dimension) is more than "the health aspect" itself. To understand women's behaviour one has to have a structuralized (in a certain concept) knowledge concerning psychological aspects of birth events.

It is necessary to establish certain theoretical assumptions and adequate language⁴. Stating the problem: how does premature birth influence a woman's life? I accept the following assumptions:

1. Besides patient's information concerning influence of somatic changes on physical health and comfort (I define it "complaining") other information appear i.e. these changes influence the person's life (I call this aspect of answer "a complaint").
2. A woman is concerned about proper functioning of her body because she will feel better. At the same time some of the conditions (including the state of her health) become ways she uses to fulfill her personal life aims. Therefore explanation of her behaviour goes beyond establishing what conditions are needed for a certain activity. Then more important is which of these conditions are ways in a process of relations optimal setting for a person in her surroundings. It is a mechanism in life problems solving; the person herself reaches for certain conditions in the surroundings using them as ways of achieving optimal life position. This is one mechanism that causes changes in life activity. Readiness to change activity facing new events such as: pregnancy, birth, depends on personal structure of life problems importance. Answering the question: what sort of life problems are influenced by birth events (especially premature birth) it can be stated, on the basis of clinical experience, that most often the following aspects of a woman's life are involved: family problems, matters concerning herself, her physical and mental health, her life call problems and problems concerning her profession.

In order to understand the patient one has to find out what personal aims she wants to establish through this birth, how she achieves these aims and what the conditions of it are. What is also important is the relation of these problems to life problems importance structure of a person. On the one hand pregnancy means a series of biological and mental phenomena (we can therefore analyse influence of pregnancy on woman's mental condition), on the other hand a change in a woman's life situations takes place. A new image of life situa-

tion originates. It conditions appearance of aims, plans, their accomplishment and processes concerned with the accomplishment. The following questions appear:

1. Is the image (that is being formed) of the premature birth event and image of health or illness?
2. Furthermore, how does the patient experience her "life condition"?

Process analysis of own life activity change.

The following conditions influence the formation of own somatic state image: (1) Own feelings and sensations, observations and judgments; (2) Opinions of other people (doctors, family members, other women) and literature together with mass media. However, the way of information reception depends on the following conditions called "information power" (Kulczycki, 1973): (1) Unpleasantness of given information. (2) Authority of the informing person. What influences scientific description is this: (1) Knowledge and experience concerning health and illness matters as well as pregnancy and motherhood matters. (2) Feelings resulting from such information. (3) Competence in complex elaboration of this kind of information. Taking into consideration the influence of these conditions, various inadequate situation images can originate: exaggerated, unreal, not fully adequate.

Those images are accompanied by specific self-images, body functioning and convictions concerning phenomena development in the body.

The impact of those images on a person's activity depends on how this relates to the overall image of life situation of a particular woman and to the activity connected with it. E.g. if the important life problem (i.e. it is situated in the life problems importance structure centre) is "the family" – that is problems connected with a good life partner, mutual love and properly developing children – then the image of premature birth is experienced as greatly threatening this activity. It is not so when in order to achieve a higher level of life quality entertainment, fun or matters concerning the person herself are the desired form of activity (it usually concerns very young mothers).

When received information meets the main stream of life activity and skills as well as a positive attitude, then readiness to act according to the appearing aspect of the world takes place. Then the woman having discovered, different than usual, stomach shrinking finds time and is willing to decide to go to a doctor. When the performed activity misses appearing problems the situation is quite different. The person tries to dodge or to mask problems. She feels that "something unusual is happening" to her, however it doesn't cause readiness to change her activity. She rather feels guilty, worries about the future, has all sorts of thoughts conceptions ("what would have happened, if . . .") and imaginary fears.

Occurrence of readiness to undertake new tasks starts the second phase of coping in a new situation. The task that appears in connection with the new situation takes a certain place in task hierarchy depending on the general attitude the person has towards health, pregnancy and birth problems. The following possibilities can take place: (1) Health matters are menial to other matters generally

considered as more important. (2) Exaggerated matters. When they occur they cause total change in a person's life ("she loses her footing").

Accomplishment of new tasks takes place in the third stage of problem solving. New skills are needed here. Such as: organisation of time concerning health care, fruitful cooperation with specialists, overcoming natural resistance connected with seeking and receiving help. Quite often obstacles appear such as fears, anxieties, feelings of shame, humiliations, unacceptable dependance etc.

Results

Comprehension of the patient's "complaint" requires placing her answer in her life understood as a composite unity. Life is understood as "an organized and developing activity in the changing world"³. It is connected with a possibility of adequate help. It takes place when the person asks questions about certain things as well as when she complains about her situation, and even then when she accuses the staff. Irrespective of this, a specialist (a doctor and a psychologist) often notice the fact that the person's life situation can get worse if she doesn't change her behaviour. Taking this into consideration the following advisory situations can be distinguished:

1. Informing the Person Daily

A nonspecific and specific factor can be distinguished in giving information. The first one concerns the quality of a patient-doctor contact. Positive contact increases optimism and courage in life, causes feelings of harmonious relations with the surroundings and at the same time strengthens possibilities of life problems solving⁴. The second factor is connected with conveyed information. Because of the great authority of a doctor, information conveyed by him forms, to a high degree, the patient's health state image. There are many phenomena based on distortion of this image and can result e.g. in exaggeration of symptoms' meaning. Consequently, the person forms false convictions about phenomena development in her body.

2. Purposeful Formation of Patient's

Besides daily informing the patient – that is counselling or even psychotherapy (e.g. encouragement) a problem of purposeful formation of convictions evolves. Specialists in this area are required: (a) To care for the contact quality with the patient. It is found that a patient expects a doctor to be authentic and competent, so to be effective in saving the person's life whereas a psychologist is expected to be interested in the patient as a person. (b) Deep understanding of patient's behaviour. The ability to analyze a person's life situation images in respect to formal and content aspects and giving information adequate to it. In respect to formal aspects: (1) In cases where the life situation images are vague – it is necessary to be more aware of them. (2) In cases where the structure is vague, i.e. the person doesn't know what is most essential, what is the background of a problem – it is necessary to find it. As far as the content aspects are concerned the

images can be egocentric, complicated due to complexes and divergent from the reality. The doctor's information can be helpful in developing more adequate images (because of that a clinic psychologist ought to have a basic understanding of given phenomena) but he is not able to intervene in order to take existing fobies into consideration or to cope with the person's immaturity. An important problem arises: who will be the informer of a woman who is not able to cope with a new situation? Will there be other woman who will convey the listener their own problems, or will it be a person who understands these problems and is able to counsel accurately?

3. Counselling in Situation of Sudden Shock

Premature birth is a situation in which the image of one's own life situation is shaken. At the same time activity developed by the person suddenly changes. As there are two phases in the problem solving activity structure⁵. it is important that the woman could again undertake suddenly stopped activity. Among six phases of solving life problems (Introductory Phase, Choice Phase, Programm Phase, Realization Phase Aim and Phase of Accomplishment) there is shortening in the Aim Realization Phase, which concerns having a well developing child and unexpected accomplishment of the aim. As the essential elements of this phase are joy of succes, sense of own strength and optimism in the future, it is necessary to consider consequences of premature birth in these dimensions. So that: (a) We have to do with experience of defeat here. Fears concerning achieving success in the future can appear as well as analysis of own faults and a feeling of guilt. The problem is different in a case when the woman has developed herself a plan of realization of her motherhood (e.g. she attended "A School of Birth") and it is different when her motherhood is not in the line with her life activity. Symptoms such as regression, apathy and fixation can take place (e.g. a patient insists on feeding her baby while the baby must stay in an incubator). These symptoms can be manifested in many hospital situations⁶. (b) Occurance of feelings of helplessness. It is necessary to learn the role of the patient. It includes a change in aim hierarchy range and learning things needed in coming into contact and developing cooperation with the staff. Help is often needed here (usually patients copy behaviour patterns of other patients). (c) Pessimistic view of the future. In the sixth phase of solving life problems we deal with experience meaning transformation. If experiencing defeat lasts long, it can lead to future life complications for the patient. If the feeling of unhappiness lasts long it hinders understanding of new activity and it objectively makes the life situation worse. The most important thing is to solve the problem of future failure fear. As far as unexpected birth is concerned, this problem should be treated on a broad basis. On the one hand it is necessary to develop ability of sharing problems with others, on the other hand it is equally important to develop ability of receiving help and cooperating in further care for the child. In case where the birth ends tragically, the problem has to be dealt with in a special way, so called life wisdom is needed, one of its components is a hopeful affirmation of ones lot.

4. *Counselling in a Situation of Developing Impediment*

Two basic differences in comparison with the above situation to a sudden premature birth can be stated. (a) The change already concerns the phase of programme of solving a problem of having a child. This programme has to be changed in order to consider changed conditions i.e. change in the health state of the patient or of the child. There can be evolutionary change in the patient's life situation image. It can take forms which reflect society demands and conditions of fulfilling these demands. If emotional structures and elements dominate in these images then the woman unclearly sees her own state and doesn't clearly reflect it. Then in spite of doctor's assurance about lack of danger, she has desire to stay in a hospital. In a case where decisional and cognitive elements dominate, many questions arise and the woman aims at realization of clear programme of acting. In both situations the doctor and the staff have a difficult task, as quite often they have a feeling that "nothing concrete can be said". (b) Transformation of the image is slower but deeper. On the one hand it is easy to get used to a thought concerning change in the style of problem solving, on the other hand it is necessary to care for nonspecific factors of problem solving, i.e. to care for physical and mental endurance, optimism and life courage, inner stability and harmonious relations with the surroundings, as well as to be convinced of positive flow of events in the environment. Then mental atmosphere of a hospital is very important i.e. one has to make sure that everything is done for the good of a patient and that her needs are satisfied (needs such as: biological, partnership, taking into account the patient's sensitivity and opinions as well as developing activities which are a source of joy to her⁶).

5. *Counselling in a Perspective of Woman's Whole Life*

A self-image and an image of the world formed on the basis of unexpected life events is a foundation of stating tasks and accomplishing them. These tasks go beyond hospital buildings. Importance which a woman ascribes to herself and to her own abilities bear fruit in order areas of marriage and family life. Lack of undertaking further motherhood tasks, emotional attitude towards her child, disturbance in menstruation and difficulties in birth regulation can appear. A patient, after leaving a hospital is either generally better prepared for life and copes better with a new situation, developing accepted, by herself, activity, or feels helpless and full of anxiety, submits herself to a flow of events.

Understanding human life according to homogeneous theoretical assumptions elaborated by a team of clinical psychology in Wrocław led by M. Kulczycki we obtain:

- a) A notion on: what is the meaning of person's activity organization in the world and how to understand such psychological aspect of human life.
- b) A notion on perspectives of person's activity development in her own surroundings and a view on occurring complications and threats.

Conclusions introduced here are drawn from the above assumptions. At the same time they refer to a more comprehensive work on a problem of birth¹.

These conclusions also relate to doctors opinions (paediatricians and gynaecologists) and to clinical talks about premature birth with woman. This material is elaborated only qualitatively, the method used here is clinical analysis.

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