

A Psychotherapeutic-Psychoanalytical Approach to Obstetrics and Gynaecological Disorders

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Abstract

The authors report their clinical experiences at the Unit of Clinical Psychology and Psychotherapy of Rome University "La Sapienza". It is a well-known fact that many pathological symptoms and disorders may have psychosomatic, and not simply organic, origins. Our approach, therefore, is to treat patients with those symptoms and disorders of the genital apparatus and the reproductive cycle with group analysis and psychotherapy. These approaches help to identify and interpret the relationship between the symptoms and unconscious processes. It has been accepted for some time that the way a mother relates to her foetus is of key importance for the mother-child relationship and for the health of both. This relationship has been studied in depth by our Unit through a combination of hypnotherapy and group analysis. We have found them to be very useful tools to help the mother relive traumatic experiences, giving her the opportunity to communicate with her foetus. Hypnotherapy integrated with group analysis was also found to be of therapeutic value for women undergoing surgery.

Zusammenfassung

Die Autoren berichten über ihre klinischen Erfahrungen an der Abteilung für klinische Psychologie und Psychotherapie an der römischen Universität „La Sapienza“. Es ist eine wohlbekannte Tatsache, daß viele Symptome und Störungen psychosomatische Ursachen haben und nicht einfach nur organische. Unser Konzept ist es des-

halb, Patienten mit solchen psychosomatisch bedingten Symptomen und Störungen im Bereich der Genitalorgane und der Funktionen der Reproduktion mit Gruppenanalyse und Psychotherapie zu behandeln. Dieses Vorgehen ermöglicht, die Zusammenhänge zwischen Symptomen und unbewußten seelischen Vorgängen zu identifizieren und zu interpretieren. Es wird seit einiger Zeit akzeptiert, daß die Art und Weise, in der sich die Mutter auf ihren Fötus bezieht, von zentraler Bedeutung für die Mutter-Kind-Beziehung ist und für die Gesundheit von beiden. Diese Beziehung wurde in unserer Abteilung mit Hilfe einer Kombination von Hypnotherapie und Gruppenanalyse untersucht. Wir sehen in dieser Kombination ein sehr nützliches Mittel, um der Mutter dabei zu helfen, traumatische Erfahrungen durcharbeiten und ihr die Möglichkeit zu geben, mit ihrem Fötus zu kommunizieren. Hypnotherapie zusammen mit Gruppenanalyse waren ebenso therapeutisch sehr wertvoll, wenn sich Frauen operativen Behandlungen unterziehen mußten.

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The authors report their clinical experiences at the Unit of Clinical Psychology and Psychotherapy of Rome University "La Sapienza". The Unit belongs to the First Chair's Department of the Obstetric and Gynaecological Clinic. The majority of our patients suffer from disorders of the genital apparatus and of the reproductive cycle.

We assume that illness has a positive aspect, providing the patient with the opportunity to take care of him/herself and to satisfy primary needs. Symptoms are often external signals through which the patient communicates his/her need for psychological support. Thus psychotherapy, hypnotherapy and group analysis are the most therapeutic tools for interpreting and working on the primary causes of pathologies and symptoms.

The approaches used are Hypnotherapy, Group Analysis, Individual Psychotherapy, Couple Therapy and Family Therapy. These are based on the theoretical works of Erickson (1984, 1988), Mosconi (1974), Foulkes (1976), Ancona (1983), Andolfi (1977), Pontalti et al. (1989), etc. Clinical experience led us, however, to adapt or modify established theoretical approaches, on a purely pragmatic basis, in response to the uniqueness of each patient (Scardino et al., 1993).

Women coming to our Psychological Unit first complete a psychodiagnostic phase consisting of three visits during which they are interviewed and tests are performed. The aim is to integrate clinical anamnesis with psychodiagnosis.

The tests used are:

1. *A Department questionnaire*, including a set of open and multiple-choice questions, on the woman's life and reproductive cycle;
2. *Computerized M.M.P.I.* (Minnesota Multiphasic Personality Inventory) providing a comprehensive evaluation of personality and psychodiagnostic indications;

3. *H.T.P. Drawing Test* (House-Tree-Person Drawing Test) and subsequent computer evaluation of drawing indicators;
4. *A Set of Drawings of the Human Figure*, assessed by trained psychotherapists.

Second phase involves the woman participating in group analysis. The groups meet weekly, except for women undergoing surgery, who meet daily. Sessions are led by a group analysis therapist.

Each session lasts an hour and a half. As a rule, participants do not know each other.

The group works on "containing" verbal and nonverbal expressions of participants. They discuss their problems, fears, fantasies and experiences of the week before. They also report dreams, which are interpreted during group analysis. Dreams are interpreted through free association by the individual group members and is then developed by the group trainer.

In our experience the combination of hypnotherapy and group analysis was found to give best therapeutic results during pregnancy or before fertilisation (D'Amelio et al., 1992, Scardino et al., 1992).

The aim of hypnotherapy is to reach a state of dissociation between the conscious and unconscious. Women are trained to perform four exercises which work towards this during the hypnotherapy session in the Clinic. Women are also asked to repeat daily exercises at home and especially before falling asleep.

These four exercises enable women to enter into a hypnotic trance. The therapist helps women to recall extremely remote personal experiences such as their own uterine life and birth, and thus to relive and recover associated trauma and repression.

Why is it so important for the mother to get in touch with these experiences? We assume that there is communication between the mother and the foetus from the beginning of pregnancy, and we have coined the phrase 'Intrauterine Relationship' to describe the different ways in which the mother interacts with her foetus. This communication is rendered possible by the identification of the mother with the foetus during hypnotic trance and the regression of the mother. The psychological mechanism of regression helps the woman to identify and interpret the messages coming from her own body and also those from her foetus. In this situation mother and foetus use the same unconscious 'language'. The mother perceives the foetus's state of well-being and is able to communicate with it during pregnancy, labour and delivery. Verbalization in group analysis follows hypnosis. In this phase women integrate and restructure their experiences of pregnancy (or experiences recalled during the hypnotic trance) in a social and group context.

In our clinical experience we also found that hypnotherapy and group analysis are therapeutic for women undergoing surgery. We found that the women's main fears are related to being anaesthetised and a state which we define 'temporary death'. Many women experience pre-surgical anxiety linked to various factors such as organ loss, the comparison between the woman's body image and the mental representation of the body following surgery and the stress of hospitalization.

The result is a state of general anxiety and distress which can be managed with hypnotherapy. Hypnotic trance is a means of providing women with a 'pre-imprinting' of their surgical experience to which the woman may refer during actual surgery. We found that awareness of these phases (even only mentally represented) is felt by the women to play a major role in increasing their self confidence both in undergoing surgery and in the post-operation phase.

In our experience we also found that part of the patients' anxiety and depression is connected to the behaviour of medical and paramedical staff. For this reason we cannot emphasise too strongly the importance of medical and paramedical training. We found that the participation of medical staff in group analysis sessions helps them to experience the role of the patient directly (by psychodrama or role play). This experience changes the way in which gynaecologists, nurses and paramedics approach patients.

In our clinical experience we found that in every phase of the patients life it is possible for them to get in touch with their bodies, on a different, deeper level, to perceive and interpret their bodies' messages and increase awareness of their deepest thoughts, desires and needs.

We believe that certain psychotherapeutical and analytical approaches, such as psychotherapy, hypnotherapy and group analysis, can have a preventive function for the psychical and mental health of the baby. Pregnancy is the phase in the life of the individual where preventive action can be most effective. This is what is meant by the saying "Everything's born in the birth", and for this reason we consider the "Intrauterine Relationship" to be the best way to guarantee healthy physical and psychological well-being to the foetus for its future life.

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