Characteristics of Psychological Consulting During Pregnancy

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Abstract

During pregnancy the woman takes a new social role, changes occur in her way of life, in her emotional and behavioral repertoire. The holistic approach in medicine gives new meaning to the set of health care which is provided to the future mother and her family. Psychological help, realized in the form of psychological consulting is an obligatory part of health care.

The goal of the current review is to point out the specifics of psychological consulting during the pregnancy period and the efficient ways for its implementation. Knowledge of the psychological aspects of the consulting process will allow medical specialists serving pregnancy to provide adequate, effective and well-timed health care.

Discussion

People are inclined to believe that pregnancy develops following its own biological laws and it is not easily affected by external and internal psychological influences. Actually pregnancy is a period of emotional and physical pressure in woman’s life. Often the nine months are accompanied by a severe internal tension with a manifest of abundant psychic material. The experiences and the affective sphere of the woman are changing, in the space of her inner Self appears the Self of another human with whose existence she will not only have to comply but to reorganize and alter her life plans. Even if the child is desired and long-expected, the woman always asks herself the question: “What will happen to my life?”, “What will happen to my professional career?”, “Am I going to be a good mother?”

The harmonic course of pregnancy suggests above all a certain level of emotional maturity of the woman, good psychic and physical health and favorable to the pregnancy external circumstances – marital situation, social and economic factors, level and quality of provided care related to pregnancy and delivery. Experiences for each pregnant woman are strictly individual but there are common regularities which result from the universality of the human mentality.

This imposes an adaptation of the approaches in psychological interventions during pregnancy. The most frequent psychological problems which necessitate psychological consulting are internal conflicts with accepting the new social role, anxiety and fear of childbirth and deviant maternity. This claims specific requirements for psychological help during pregnancy.

In 1946 the American Psychological Association legitimates professional psychological consulting through creation of ethical standards and methodic requirements for training consultants. “Consulting is a bilateral process of communication in which the consultant helps the consultee to identify certain needs and to take the optimal decision for a certain problem” (1). The object of influence could be the personality of the pregnant woman, her family or a group but, in principle, consulting is mainly orientated towards the individual. The process of consulting is different than giving advices – it presumes a certain entering in the personal space of the client, discussion of intimate and sensitive subjects. One of the goals of the consultant is to partner with the client in investigation of his own values. Consulting and psychotherapy use the same theoretical models and methods. However, consulting is considered to exercise personality-centered approach. Psychological help for pregnant women is usually orientated towards actualization and realization of the joy of motherhood, of one’s own femininity, realizing of the free choice and taking responsibility of its realization.

The problems which psychological help given to families faces could be formulated in the following directions:

- Education in responsible parenting;
  - Formation of skills and habits related to the new social roles and mastering of competences for adequate regulation of conjugal relations in the new family structure.
  - Increase of the psycho-pedagogical competences of the parental couple: introduction to the processes of the intrauterine growth of the baby and to the methods for prenatal education.

The levels of psychological help are:

- Personality level: the work is focused on the values, motivation, attitudes of the pregnant or the dispositions
of both of the parents.

- **Emotional level:** the emphasis is to encourage open expression and sharing of feelings, emphatic and active listening. The work is focused on improving of the emotional intelligence and consideration of others people’s feelings.

- **Cognitive level:** mastering of specific knowledge related to parents competences.

- **Operational level:** formation of habits and skills regarding the care for the baby. A reflection of this level is the psycho-prophylactic preparation for delivery, realized in mastering of breathing techniques and non-medicamentous ways for anesthesia.

- **Psycho-physical level:** this level uses the methods of art-therapy, autogenic training, and body-orientated therapy.

Today pregnancy is fully monopolized by medicine, so a difference should be made between the medical care and the psychological support which the woman receives. From the point of view of the medical science, the pregnant woman is a “patient”, and “normal pregnancy is a non-physiological condition of the pregnant woman compared to the non-pregnant woman” (2). Medics are on the opinion that “pregnancy is a physiological condition only as far as most often (but not always) it ends normally i.e. with delivery” (3). This position leads to medicalization of normal pregnancy and childbirth, to suggestion that pregnancy is mainly a pathological phenomenon and demands numerous medical examinations and investigations. Encouragement of the pregnant woman to visit a doctor and to conduct monthly ultrasound examinations could result in increasing the levels of anxiety, iatrogeny or aggravation of fear of childbirth. As a subject to psychological consulting, the pregnant woman is a “client” who is physically and emotionally functioning in norm, who enters a new life stage of her development. On Table 1 we show the differences between medical and psychological approach in providing help to a family where a child is expected (4):

As it is shown in the table, the problems of psychological consulting are of equal importance and in harmony with the medical tracing of pregnancy. These construct the holistic approach towards the pregnant woman and her family.

**The phases of the consulting process** during pregnancy follow the same principles, known to every consultant. The differences are defined by the knowledge of psycho-emotional changes specific for pregnancy and the methods for their identification. Besides that, the communicative process which takes place between consultant and client should be extremely precise, because of the greater inclination for iatrogeny.

- **Introduction phase**

  This is the first encounter of the consultant and the client in which the problem of the client is defined, and confidential relations are built. Most frequently this meeting is in connection with questions related to pregnancy and childbirth. It is good to know in advance the obstetric status of the pregnant woman: whether the pregnancy is having a normal course or it is accompanied by medical problems. This would provide clarity of the psychological background on which the work is going to be done. This phase comprises an introduction of the two parties and clarification of the form of addressing each other with the goal of facilitating the communication and creation of therapeutic intimacy. Every consultant must assess and set boundaries which will allow him to achieve a successful consultative process.

- **Opening phase**

  The consultant helps the pregnant woman to overcome her concerns, fears and mistrust, and to share her problems. This is achieved when the consultant withdraws from the active position to ask many questions and grants the initiative to the pregnant woman. Here, it should become clear what the problem is. This is not always easy and requires attentive and emphatic listening. Usually the phase starts with questions aimed at the overall state of the woman: “How are you?”, “How do you feel?”, “How are you coping with pregnancy?” Then more concrete questions follow: “Why do you think you feel that way?”, “What makes you think that…?”

  This is a phase in which the consultant should be extremely precise in the active listening and observing the body language and the facial expression. Very often, pregnant women are easily hurt, tearful and with emotional incontinence. The active listening position helps to identify the **style of experiencing pregnancy**. “The style of experiencing pregnancy comprises physical and emotional experience of the moment of identification of pregnancy, experience of its symptoms, dynamics of changes in different periods, emotions related to the first movement of the fetus” (5). This style could be adequate, anxious, euphoric, ignoring, ambivalent, and rejecting. A good consultant should be able to identify to which of these styles the
pregnant woman adheres. For this purpose the projective test “My baby and I” could be applied, neuro linguistic programming and directing questions could be used.

- **Phase of entering and investigating the problem** (essential phase)

  The main task in this phase is for the consultant to lead the process of communication, so he can create conditions for the pregnant woman to look at her problem from a different perspective. Knowing the style of experiencing pregnancy, he urges the woman to look at many possible solutions and to make the best choice. His part is not to give prepared “recipes”, but to help the informed and free choice of the pregnant woman in co-operation with her family. The results of observation of 118 women, seeking psychological help and support in the practice of “Parents School” – Varna during January 2009 – July 2011, give grounds to summarize two main goals of psychological tracking during pregnancy: increasing of parental competences and harmonizing of family relations.

**The most common problems during pregnancy are:**

1) **Fear of upcoming motherhood**, displayed in the form of tireless visiting of all possible courses and meetings for pregnant women, reading books related to pregnancy, delivery and raising a child, searching for internet resources, blogs and forums, active communication in social networks. Most frequently, the lack of parenting competences is conscious, based on low self-assessment and inadequate adaptation mechanisms (coping-strategies) for coping with stress. These pregnant women often report that they feel incompetent to care for the baby and that they could hurt it. They look for assistants and are ready to leave the care for the baby to a third party.

2) **Fear of childbirth** could be directly reported or disguised in the form of looking for doctors’ opinions and advices from different specialists, lack of trust in medical teams, skepticism regarding the provided health services, hesitation and indecisiveness in choosing the medical institution for delivery. In conducting the consultation, it is extremely important to investigate the attitude of the woman towards childbirth, her family history, her attitude towards the presence of her husband, and the mother-daughter relationship.

3) **Problems in relations between partners**, provoked by the occurred or forthcoming change. Many psychotherapists claim that a child-expecting family is on the verge of serious changes and, therefore, the family system becomes vulnerable and its functioning becomes unstable. The presence of a child changes the composition of the family subsystems, restructures the relations between the members, which could be experienced as a form of crisis. Salvador Minuchin advises that the appearance of a child indicates the emergence of a new structure, and that leads to a complex reorganization of matrimonial obligations, and often threatens the existence of all family systems (6). In 2007 he conducts a study amongst 2600 physicians in the USA for which he is considered to be one of the ten most influential family therapists of all times. He claims that the appearance of a child demands a new organization of the family life satisfying the needs of the child and those of the young parents. This imposes the establishment of new rules, new responsibilities, guarantees and functions. Besides that, very often a source of conflicts is the subsystem “grandmother/grandfather”, which could invade the life of the couple if the family boundaries penetration is not balanced. That way the classical conflict between mother-in-law and daughter-in-law could bring serious long-term consequences to the family. Psychological consulting of a couple expecting a child requires specific skills and high professionalism.

- **Closing phase**

  The consultant gives a feedback to the client. The pregnant woman should have the feeling that her problem is correctly understood. A short summary of the session is made and the emphasis is on the positive achievements. The woman is given the opportunity share her feelings. The consultant assures the client that the door is open and she can always address him.

- **Finishing phase**

  The professional situation is closing. If it is necessary a future meeting is arranged, and the pregnant woman is encouraged to be active in the resolution of her problems.

**Conclusion(s)**

From the analysis of these studies we can summarize the following conclusions:

1. Psychological consulting during pregnancy demands specific consulting skills.
2. All specialists, attending to pregnant women – midwifes, physicians, social workers, psychologists –
are required to gain knowledge of the psychological functioning of the pregnant woman.

3. Specific consulting skills during pregnancy are based on profound knowledge of the physiologic aspects of the course of pregnancy and related changes; knowing of emotional and behavioral characteristics of the woman during the period of carrying the pregnancy; recognition of normal and pathological psychological functioning with the goal of providing adequate help in the range of their competences.
Illustrations

Illustration 1

Table 1: Differences in medical and psychological approach towards pregnancy

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Medical help</th>
<th>Psychological help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject to which the help and care are provided</td>
<td>Pregnant woman, puerpera and child</td>
<td>The family as a whole</td>
</tr>
<tr>
<td>Goal of the approach</td>
<td>Increasing the parental competence, related to protecting the health of the child</td>
<td>Increasing the parental competence, related to the education of the child and harmonization of the family relations</td>
</tr>
<tr>
<td>Goal of the prophylaxis</td>
<td>Prophylaxis of somatic illnesses</td>
<td>Prophylaxis of psychic illness and deviant behavior</td>
</tr>
<tr>
<td>Subject of diagnostics and therapy</td>
<td>Somatic development and health</td>
<td>Psychic and social development and health</td>
</tr>
</tbody>
</table>
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