

FAMILY RELATIONS IN THE PERINATAL PERIOD (LITERATURE REVIEW)

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From sociological point of view, a family is a structure dedicated for human reproduction that unites people with mutual life conditions and responsibility and based on consanguinity and marriage. In addition, the family is a psychological community of separate individuals with complex relationships. Pregnancy gives rise to a whole cascade of serious transformations occurring in the body and mental activity of a pregnant woman. These processes largely determine the functionality of the family, the nature of the relationships of its members, which in turn secondary affects on the condition of the future mother. The aim of this work is to describe and systematize the psychological aspects of the structure of the family, which plans the birth of a child, the peculiarities of its functioning and dynamics. In this scientific work, the stages of development of the family, their regularity of formation and alternation are given and described. The pattern of alternation of these stages can be traced in most cases of studying the dynamics of family relations. The stage of development of family relations has significant influence on the course of pregnancy, in the context of which a new life begins. Perinatal psychologists and psychotherapists can hardly solve their professional tasks without knowing the structure of a family planning the childbirth as well as family functioning and dynamics.

Key words: woman, baby, perinatal period, family relationships.

The connection of the publication with planned research works. The research was carried out as part of the research project «Psychosocial disadaptation in persons with mental non-psychotic disorders (predictors of formation, clinic, diagnosis, rehabilitation)», number of state registration 0119U102861.

Introduction. From sociological point of view, a family is a structure dedicated for human reproduction that unites people with mutual life conditions and responsibility and based on consanguinity and marriage. In addition, the family is a psychological community of separate individuals with complex relationships [1, 2, 3].

The aim of this work is to describe and systematize the psychological aspects of the structure of the family, which plans the birth of a child, the peculiarities of its functioning and dynamics.

Main part. Breaking points for the family can be identified by the following signs:

- Possibility to date and localize breaking points in time and space, that differs them from chronic psychological traumatic experience;
- Persistent emotional reaction in response;
- Spending more time and efforts to adapt comparing to response to everyday overloads.

Pregnancy and delivery completely meet these criteria despite their physiology. The implementation of the reproductive function is associated both with the creating of a family and profound reorganization of its system [4, 5, 6].

Furthermore pregnancy initiates the cascade of serious transformations in a body and mental state of a pregnant woman. These processes mostly define the functionality of a family and mutual relations of its members and secondly influence the state of a mother-to-be [7, 8, 9].

Each stage of family development may have some influence on pregnancy as start for a new life. The family development consists of the following stages:

1. Premarital relations.
2. Confrontation.
3. Compromise.
4. Stable marital relations.
5. Experiments with independence.

6. Renaissance.

The pattern of alternation of these stages can be traced in most cases of studying the dynamics of family relations, however, the duration of each stage is quite individual and variable [10, 11].

Premarital stage lasts on average from 9 to 12 months and can be described as a state of euphoria, dominance of romantic ideas and increased sexual passion. Lovers perceive each other uncritically and ignore mutual imperfections. The emergence of criticism towards partner means the transition to the next stage of the family relations. Sometimes this also means a break in relations, but if partners have become really close to each other, they overcome contradictions and decide to get married in order to strengthen and develop the feeling of affection [12, 13].

Unplanned pregnancy can serve as a catalyst for the development of relations. Quite often marriage is a direct consequence of pregnancy and expectation of labor, although a newborn baby itself tends to be of minor importance to spouses. In such case difficulties in formation of early dialogue between mother and baby may occur. She considers baby to be means of solving her problems. These contradictions can worsen if the pregnancy is not a valuable argument and does not justify the expectations. Further, the upbringing of such a child is carried out in a hypoprotective manner on the background of emotionally cold relations, thus slowing down child's development and worsening child's health [14, 15, 16].

Confrontation stage begins when newly married couple starts living together and doing housekeeping. The duration of this stage depends on multiple factors including motive for the marriage, living separately or together with couple's parents, wealth etc. Each spouse making a family relies on stereotypes of relations gained in family of his or her parents. As a rule, those stereotypes differ, and this leads to conflicts. Having started married life each of the spouses note with surprise that his or her chosen one differs greatly from the image they previously made. The level of discordance between expectations and reality determine the rate of conflict in relations [17, 18, 19].

In such case, the birth of a baby does not strengthen but weaken the family. Being pregnant and preoccupied with the maternal dominant, the wife weakens emotional and sexual relations with her husband and starts caring deeply for another object evolving in her womb. Thus, her partner is disappointed of cooling down in relations and is not ready to give care instead of gaining it [20, 21]. Therefore, he starts looking for another favors like money, lover or sometimes his own mother that always appreciates him and ready to care about him. After childbirth, the mother's devotion to her baby grows even more as does the emotional gap in her relations with her husband. That happens not only because of the maternal dominant but also due to family commitments. So when woman recuperates physically and psychologically and tries to renew relations with her beloved it happens that he often could not be found beside [22, 23].

In the time of conception, man and woman are equal partners but in nine months' time prior to labor the main person becomes a mother-to-be. The appearance of a newborn leads to radical transformation of marital relations with a sexual harmony being already altered with wife's pregnancy. Woman, as a wife or a mother, being a part of not one but of two dyads at the same time, determines the complexity of the situation. This radical transformation of family relations is a potential source of conflicts [24, 25].

A father-to-be has no common bodily or mental boundaries with a fetus and that can become a ground of forming the Laius complex (Laius, the father of Oedipus), a sense of jealousy towards the child that receives main attention of a mother, as a part of corresponding dyad [26].

A woman, in case of disharmony in marital relations, compensates this loss communicating with her child. She innocently blocks timely separation of her son, thus exacerbating his rivalry with his father for woman's (maternal) attention. Thus the Oedipus complex is formed, a combination of tender and primitively erotic feelings to the mother and aggressive, competitive feelings to the father with an aspiration to substitute him [27].

Daughters, respectively, feel sympathy for the father and aggression for the mother, forming the Electra complex. This situation is complicated by ambivalence, as a girl gives all her love to the mother before the age of three and later that love is divided.

The term Oedipus complex frequently refers both to males and to females.

Therefore, sufficient depth and mutual understanding characterize the early dialogue of mother and baby. However, unresolved conflict with her husband, his compensatory behavior makes woman anxious, emotionally unstable and affects relations in mother-and-child dyad. It often leads to unreasonable neurotic anxieties dealing with the child's health and the fear of loss can arise. This condition unfavorably influences the health of the child. The baby becomes ill frequently thus exacerbating mother's anxiety [28].

Compromise stage marks the end of confrontation. Sometimes it happens gradually, sometimes rapidly. In latter case, after ordinary serious conflict tends to get couple to the brink of a final brake, they suddenly realize impossibility of living separately of each other. The fear of losing husband forces woman to compromise with

him and adopt him as he is, with all imperfections and advantages. To improve relations both partners try not to change one another but try to change themselves. Both spouses mutually accept family roles, rights and responsibilities. They start to understand and respect each other more. The relations gradually become more constructive. Both partners finally abolish conscious or unconscious attempts to reproduce the copy of parents' family and realize their absurdity. The building of truly new family with its own tastes, rituals, customs and traditions begins. The family matures; its boundaries strengthen from external infringements. Mutual creative work captivates and unites more. Moreover, the culmination of this creativity may become a desire to have a child and activity towards that aim [29].

The newborn is desirable and loved in such a family. The newborn is a real value, not means of manipulation in order to deal with personal problems. The main guarantee of safety and health of the baby is a stability of parents' relations filled with love, mutual understanding and gratitude to each other. The conditions of forming early dialogue between mother and child are most favorable in this stage. The father doesn't feel unnecessary and like the mother tends to make the early dialogue with his baby [30].

Stable marital relations stage can last many years. Stability and all the special features of the final phase of the previous stage can describe it. No wonder, that in some time passed from the birth of a child in the previous stage, the event that gave so much joy, the couple decides to have another baby. In the period of mature family, the childbirth happens in favorable conditions for the early dialogue between the newborn and parents and for the growth of a healthy baby.

Experiments with independence stage begins due to the period of middle age crisis of one or both spouses. At that time children have grown up, relations between spouses have become habitual, routine and lacking acuity. Unconscious fear that the second half of life will consist solely of family and official responsibilities that became boring makes one try changing something. People often try to get outside of their life scenario, changing work, family, place and even country of living. If family life has been passing smoothly up to that moment and a partner being attentive to other counterpart so that he or she helps to cope with that crisis in time. Otherwise, the real danger of break arises.

The attempt to prevent the crisis in relations with pregnancy and labor made by one of the spouses, more often by woman, or rarely by mutual consent, usually fails. The early dialogue with newborn in such conditions mostly resembles scenario describing the birth of unwanted babies conceived in premarital stage and is unfavorable for child's health and development.

Renaissance stage is a final phase of family relations, and a baby can be born during this stage. If a family have coped with the crisis, the relations between spouses become more close and trustful than ever before.

In this stage, the desire to have another baby can emerge. Thus children that have siblings five or ten years senior are born. These newborns feel themselves beloved; their birth is joyous to everyone, including their sisters and brothers. The family situation contributes to the forming of the early dialogue. Such a child that was born as a result of reconciliation of mom and dad is

often raised with encouraging hyperprotection. As a result, such child often grows selfish, coddled, dependent and with high risk of developing neurotic reactions.

Thus, from practical point of view, the successful forming of the early dialogue between parents and baby greatly depends on the stage of family development the baby was conceived and born. Optimal conditions for conceiving, bearing, labor and breastfeeding a healthy baby are harmonic relations between parents, when spouses love each other, their family life is stable and serious contradictions resolved. In such case, the desire of having a baby is mutual, spouses do not use contraception, and intimate relations become deliberate, comprehensive and more sensual. Common troubles and problems resolved prior to fulfilling the dream of having a baby make spouses more responsible and strengthen relations [31].

It is desirable that parents-to-be spend more time together and be not disturbed by anyone. It is good if a man and a woman can relate the conception of their child to certain condition, place and situation and be able to return there or recall it through the years. Our

ancestors believed that delight of beautiful nature and arts favors conception and pregnancy.

It is quite easy to plan the date of future labor by knowing that pregnancy lasts approximately 40 weeks. Taking the starting point of the first day of the supposed, but not arrival menstruation, simple calculations can be carried out as follows: it is necessary to count off two weeks from this date. It was at this time that the conception took place approximately. Then from the received date, you need to count 280 days, which are necessary for carrying a child. Thus, spouses may plan labor to the time free from troubles and emotional experiences they can anticipate, like examinations, business trips, major repairs, etc.

Conclusions. Perinatal psychologists and psychotherapists can hardly solve their professional tasks without knowing the structure of a family planning the childbirth as well as family functioning and dynamics.

Prospects for further research. Perinatal psychologist should be able in a timely manner to recognize possible scenarios of disharmonic family relations and to prevent conflict or help constructively solving it.

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СІМЕЙНІ ВІДНОСИНИ В ПЕРИНАТАЛЬНОМУ ПЕРІОДІ (ОГЛЯД ЛІТЕРАТУРИ)

Ісаков Р. І.

Резюме. З соціологічної точки зору, сім'я – це структура, призначена для відтворення людини, яка об'єднує людей взаємними життєвими умовами та відповідальністю та заснована на кровній спорідненості та шлюбі. Крім того, сім'я – це психологічне співтовариство окремих особистостей зі складними стосунками.

Метою даної роботи є опис та систематизація психологічних аспектів структури сім'ї, яка планує народження дитини, особливостей її функціонування та динаміки.

Точки зламу в сім'ї можна визначити за такими ознаками:

- Можливість датувати та локалізувати переломні точки в часі та просторі, що відрізняє їх від хронічного психологічного травматичного досвіду;

- Сстійка емоційна реакція у відповідь;

- Витрати більшості часу та зусиль на адаптацію, ніж на реакцію на щоденні перевантаження.

Вагітність і пологи повністю відповідають цим критеріям, незважаючи на їх фізіологічність. Реалізація репродуктивної функції пов'язана як зі створенням сім'ї, так і з глибокою перебудовою її системи.

Вагітність ініціює каскад серйозних трансформацій у тілесному та психічному стані вагітної жінки. Ці процеси здебільшого визначають функціональність сім'ї та взаємовідносини її членів і вторинно впливають на стан майбутньої матері.

Кожен етап розвитку сім'ї може мати певний вплив на вагітність як початок нового життя. Розвиток сім'ї складається з наступних етапів:

1. Дошлюбні стосунки.

2. Конфронтація.

3. Компроміс.

4. Стабільні подружні стосунки.

5. Експерименти з незалежністю.

6. Відродження.

Закономірність чергування цих етапів простежується в більшості випадків вивчення динаміки сімейних відносин.

Перинатальні психологи та психотерапевти навряд чи можуть вирішити свої професійні завдання, не знаючи структури сім'ї, яка планує пологи, а також функціонування та динаміку сім'ї.

Перинатальний психолог повинен вміти своєчасно розпізнати можливі сценарії дисгармонійних сімейних стосунків і запобігти конфлікту або сприяти його конструктивному вирішенню.

Ключові слова: жінка, дитина, перинатальний період, сімейні стосунки.

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INFLUENCE OF POSTMENOPAUSE ON THE FORMATION OF CHRONIC HEART FAILURE IN WOMEN WITH ARTERIAL HYPERTENSION

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Chronic heart failure (CHF) is the leading cause of disability and mortality in the population, the prevalence of which is steadily increasing. CHF is three times more common in late postmenopausal women. The purpose of the work is the analysis of modern scientific ideas about the pathogenesis of CHF with arterial hypertension (AH) in postmenopausal conditions. The review presents the main ideas about the pathogenesis of CHF, the influence of hypoestrogeny on the molecular mechanisms of the development of hypertension, endothelial dysfunction, myocardial fibrosis, myocardial remodeling, and osteodysmetabolism. The leading role of the activation of systemic inflammation in the development of CHF, their importance in the postmenopausal period is indicated. The pro-inflammatory molecular cascades involved in the formation of CHF in postmenopausal women are presented. Common links were found in the pathogenesis of hypertension, CHF and processes accompanying postmenopause. Potential early markers of the development of CHF are presented, and possible directions of therapeutic influence are indicated. The review systematizes modern ideas about the pathogenetic mechanisms of the development of CHF in postmenopausal women against the background of hypertension, which determines the prospects for solving the problematic issues of diagnosis and treatment of CHF.

Key words: chronic heart failure, arterial hypertension, postmenopause, pathogenetic mechanisms.

Connection of the publication with planned research works. This work is a fragment of the science topic "Peculiarities of the course of cardiovascular pathology in patients of different age categories depending on the presence of components of the metabolic syndrome and comorbid conditions, ways of correcting the detected disorders and prevention", state registration number 0119U1028.

Introduction. Chronic heart failure (CHF) is one of the most frequent causes of hospitalization, disability and mortality of the working population both in Ukraine and in the whole world. The prevalence of CHF is 1.5-2.0%, and among people older than 65 years, it reaches 6-10% [1, 2]. The annual mortality among patients with mild CHF is 10%, and in the case of a severe degree – 50-60% [3]. The five-year survival rate after the onset of clinical symptoms of CHF is 25% in men and 38% in women. The increase in the life expectancy of the population and, accordingly, its aging, is combined with a constant increase

in the incidence of CHF, the prevalence of which reaches 37 million people in the [4]. Estimating the prevalence of CHF remains an epidemiological problem due to the dependence on the development of various methods of diagnosis and treatment [5, 6].

According to the New York Heart Association (NYHA), the prevalence of CHF of functional class II-IV in Ukraine is about 2 million people [7, 8]. The frequency of hospitalizations and mortality in CHF remains consistently high [9].

Recently, there has been a more significant growth rate of CHF in women; the ratio of the number of women to men at the age of 65 is approximately 3:1. However, the generalization of data from numerous clinical studies of CHF showed that women made up only 21 percent of the studied cohort [10].

Epidemiological studies have shown gender differences in the clinical picture, risk factors, and prognosis of CHF. In women, the phenotype of heart failure with