

PRACA POGLĄDOWA
REVIEW ARTICLE

POSTNATAL PERIOD PSYCHOLOGICAL ASPECTS

PSYCHOLOGICZNE ASPEKTY OKRESU POŁOGU

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ABSTRACT

The result of labour is not only the birth of a child but also the formation of a mother, woman who has got to know motherhood. Moreover there is a radical change in the social status of the couple as a whole. It turns into a mother and father. The consequence of this is a change in attitude towards yourself and others, that is, the transformation of the personality. This explains why during pregnancy and delivery the risk of family problems worsening rises sharply and somatic and neuropsychic disorders emerge. The aim of the work is to describe and systematically outline the main psychological and psychiatric aspects of the postnatal period in the life of a woman and a child. Changes occur in the life of a woman, and the possible to diagnose the manifestations of disharmonious development in a timely manner, to prevent and help to solve them constructively. The information is presented taking into account both historical aspects and the state of the issue in modern society.

KEY WORDS: postnatal period, woman, baby

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INTRODUCTION

The result of labour is not only the birth of a child but also the formation of a mother, woman who has got to know motherhood. Moreover there is a radical change in the social status of the couple as a whole. It turns into a mother and father. The consequence of this is a change in attitude towards yourself and others, that is, the transformation of the personality. This explains why during pregnancy and delivery the risk of family problems worsening rises sharply and somatic and neuropsychic disorders emerge [1].

THE AIM

The aim of the work is to describe and systematically outline the main psychological and psychiatric aspects of the postnatal period in the life of a woman and a child.

REVIEW AND DISCUSSION

WOMAN DURING POSTNATAL PERIOD

The situation is ideal when realizing the instinct of procreation the woman gets married and later becomes a happy mother. But there are many obstacles along this way. Therefore at the end of pregnancy the future mother has a state of *primary maternal anxiety*, which is an unconscious regressive mechanism that encourages her to identify herself with her own parents, to find out how they acted in similar situations. An additional catalyst of this process is the *dominant holding* (*engl. holding - to take care of*) formed in the mother central nervous system immediately after delivery and exercises a regulatory influence on the "mother-child" system for the next three years [2].

The result of the process of finding yourself in a new role is the transformation of the unconscious imago images (*latin. imago – adult sexually mature stages of development of insects*) to ideal parental images serving as a guide, imitating which helps to cope with new role functions, acquire maternal competence [3].

This is a psychologically complex process that can fail under the influence of a variety of reasons.

Negative experience gained in childhood from their parents sometimes causes difficulties in mastering the maternal role. Poor care at an early age is transferred as a feeling of "maternal incompetence" to an adult woman [4].

In other cases, the infantile inability to part with children's behavior patterns can lead to a conflict between ideal parental images and a really existing ego in the parental status. The contradiction between the instinctual desire to protect the infant as effectively as possible and the individual lack of experience and competence becomes a powerful source of anxiety. Excessive fear of doing something irreparably wrong enslaves a woman, turns her natural caution to paranoid and creates an unfavorable emotional atmosphere for the development of strong-willed and creative qualities of the infant. A wise mother's love is always beautiful and harmonious, but such "blind" feelings acquire ugly destructive forms and tend to stop cultivation of the child talents, his individual natural abilities [5].

Early and sufficiently long postpartum skin contact with the newborn by placing it onto the bare breast is an extremely important factor in the formation of maternal competence. This contributes to both mother's lactation and mental and somatic state harmonization of the new-

born, calms it, warms it, and promotes switching from the dominant during delivery sympathetic tone of the vegetative nervous system to the parasympathetic one [6].

Due to the mechanisms of imprinting *bonding* (engl. *bonding unity, reproduction*) forms at this time. It is the intuitive invisible connection between the mother and the baby which arises immediately after delivery and allows woman to understand her child's nonverbal signals at a subconscious level in order to satisfy his needs.

Manifestations of bonding are various particularly women who spent at least an hour after birth with their newborn children are able to recognize them by smell, tactilely and by screaming. Mutual regulation within the dyad provides a high quality of further dialogue: the child acquires the confidence that his signals for help will be heard and his mother gets the ability to understand them.

Therefore the practice of divorcing mother and child right after delivery which was quite common in Western Europe until the 1970s and was practiced in the Soviet Union even in the nineties is now recognized as profoundly mistaken [7].

For the parturient woman the early separation from the infant results in increased level of anxiety and often to the formation on this background the ideas of the possibility of substitution of the child. Anxious feelings are one of the factors that negatively affect the formation of lactation.

Somatoendocrine-conditioned lability of mental processes in the postpartum period is an additional factor that prevents women from successfully coping with challenges on the way to motherhood and adapting to their new socio-psychological status. In many peoples, a kind of "quarantine", which lasted about 40 days, was applied to women recently confined on the basis of empirical experience. Such measures, to a certain extent, seem justified because during this period a woman is considered to be the most vulnerable to the development of postpartum psychosis, depression, or vice versa, euphoric safety with disregard for physical fatigue and disregard for rest. Depressive conditions which are fed by conflicts of the past and actualized during pregnancy appear more often.

Three models of the interaction of depressed women with their children are described:

- sad, slow, silent and submerged mothers who languidly show their feelings;
- mothers of the choleric type with a feeling of inner tension, which is often manifested by the twitching of the face muscles;
- unceremonious and rude.

For the prevention and prompt assistance in the case of postpartum complications, patronage of the obstetric-gynecological service plays an important role. It is the control over the involution of the uterus and the dynamic observation of the condition of the woman and psychotherapeutic help with an explanation of the essence of the problems that arise. The pediatrician visits the mother at home, additionally monitoring the condition of the child and teaching her how to care for him properly [8].

BABY DURING POSTNATAL PERIOD

Loss of the umbilical cord and the transition from the primary ecological niche of the uterus to the world around is only the beginning of the child's organism path for independent existence. At first physiological independence is purely formal and autonomy exists just in the narrow sense of the physical division of two bodies. Functionally the baby remains a part of the mother's body from which it receives food, care and a sense of security. Therefore the harmonious development of the infant in the postnatal period largely depends on the relationship within the dyad "mother-child".

Critical for the formation of this relationship is the early postnatal period, when the main stress of delivery is already behind, but the content of catecholamines in the mother's and baby's blood is still many times higher than the norm. The unique hormonal status of these moments serves as a physiological basis for the psychological phenomena of imprinting and bonding which further determine the quality of the proto-dialogue within the dyadic relationship [9].

It is especially important at this time to place the baby onto the mother's breast. In addition to the actual function of satiation of the child breastfeeding is of particular importance for communication carried out with the help of non-verbal, expressive-emotional communications, which subsequently exert a decisive influence on the formation of the type of family upbringing. When the mother and baby unite in the breastfeeding the initiation of human relationships takes place, and the model of the child's relationship to the objects of the environment and to the world as a whole is formed.

This early skin to skin breast contact promotes babies ability to react positively to the mother's smell and under the conditions of choice infants reliably determine exactly the mother's milk. They distinguish the mother's voice from others during the first minutes of life. In addition due to the phenomenon of bonding the ability to determine a distance to the mother which provides a sense of relative safety is formed. The criterion of security is the ability to signal your needs effectively with whimpering and receive care promptly [10].

If the mother is outside a certain distance and becomes real or imaginary inaccessible the kid acts according to reflex behavioral scenarios aimed at rapid recovery of intimacy. Fear of losing a mother can cause panic. If the need for intimacy is frustrated too often child anxiety remains at a high level even after restoring it gradually evolving from a situational reaction to a personal trait.

The easiest way to calm a baby is to take it in the arms and clasp it to breast. Even the tiniest children are sensitive to how they are held in the arms. In some cases they cry while in others they quiet down enough. This reflects the quality of bonding. Sometimes babies stop crying even when they hear recording sounds of the working heart, because during antenatal development baby constantly hears blood flow noise in the abdominal aorta and the mother's heart beat. The appearance of positive emotions on the faces of children who during the experiment were

given the opportunity only to listen to records of sounds most similar to intrauterine ones was described [11].

It should be noted that in the case of separating of the baby with the mother in the first hours after the labour, the phenomena of bonding and imprinting do not arise or manifest partially. Resumption of joint residence after a two-hour separation, under certain conditions, can compensate for the mechanisms of lactation, but violations of the child's self-regulation in this case are irreversible which subsequently affects his mental development. In addition to the neurotic effect on the personality of the newborn, deprivation of contact with the mother during this critical period leads to a deterioration of the visual analyzer, a violation of the process of formation of orientation in space and thermoregulation, and makes the baby more vulnerable. Therefore, a joint declaration of WHO and the United Nations Children's Fund (UNICEF) was adopted in 1989 which recommends encouraging and supporting the early placing of the baby onto the breast [12].

Babies are very sensitive to the psychological state of their mothers. The development of their mental and motor functions is directly related to a sense of closeness to her. Therefore, in the first months of life the child must necessarily be surrounded by care, even if he is born full-term, somatically healthy and successfully overcame the stress of delivery.

Empirically and as a result of observations M. Ainsworth (1981) distinguished three types of children behavior formed under the influence of communication with the mother.

Type A. Avoid attachment "A" the child continues the game and does not pay attention to either the mother's exit from the room or to her return. The child does not seek contact with her and does not support communication even when the mother starts to make advances to him. Children with this behavior are called indifferent [13].

Type B. Secure attachment "B" the child feels comfortable in the presence of the mother but reacts with anxiety and stops the research activity if it goes. When the mother returns the child looks for contact with her and setting it quickly calms down, continuing the game again.

Type C. Resistant-ambivalent attachment "C" the child worries and cries when mother leaves and reacts positively when she returns but resists attempts to take him in her arms.

Type D. Disorganized attachment "D" child's reaction to the mother appearance with "frozen fright" or flight which is regarded as pathological [14].

If the experiment is impossible since the child is closely watching the mother and does not allow her the slightest attempt to leave the room this is considered a *symbiotic type of attachment*.

S. Freud believed that the basis of the child's relationship to the mother is the pleasure principle. It is the desire to have pleasantness by satisfying the hunger with mother's milk.

Without rejecting these theoretical postulates, J. Bowlby (1951) came to the conclusion that the dyadic connection is based on the child's need for intimacy with the person who cares for him. This need is a basic one for the devel-

opment of the ego, since proximity provides security which allows engaging in research, learning and adapting to new situations [15].

Expressive mothers are able to respond sensitively to signals from the child's body and have a positive effect on babies. They effectively suppress their basal anxiety which is caused by the need for comfort and safety. Feeling confident in their abilities, the child begins carelessly engaged in exploring the world around him, learning, adapting to new realities. Based on a sense of his own safety, the baby gradually increases the distance to which his mother quietly lets go. He begins to act more independently, not afraid to experiment. In later life, this becomes the basis for the development of such personal traits as self-confidence, openness to the new, courage and self-sufficiency.

Incorrect organization of care at the early postpartum period can create a chronic psychotraumatic situation. It prevents the overcoming of separation anxiety. The sense of insecurity makes it necessary to direct the main activity to attempts to restore affinity. The result can be a violation of the process of adaptation, deviation and delay of psychomotor development.

Communication with rigid mothers who reluctantly take children in their arms and hide their emotions ("mothers with wooden faces") interferes with the development of the child's mental functions. Secure attachment "B" is not formed in such babies. This does not allow them to explore the surrounding world to the full extent and learn it. They look sad, lethargic or, on the contrary, excessively excitable. Not reaching the age of one year such children differ because they show less positive, vivid emotions, look too immersed in themselves, have difficulty concentrating and low level of general activity.

Neurotic due to lack of emotional contact from the mother they form patterns of behavior that can additionally negatively affect the depressive symptoms of the mother herself. A system of mutual negative impact is formed [16].

The findings on the impact of emotional contact with mom on the mental development of infants have questioned the validity of the once popular behavioral approach to upbringing. Based on the principles of the *theory of operant conditioning* behaviorists called for ignoring the importance of non-verbal forms of communication between infants and adults for the development of cognitive functions. These views have a great influence on pedagogy and many mothers have implemented the recommendations "not to teach the children to the hands", because this kind of slows down the research activity of the child. The results of this approach, unfortunately, were the opposite of desired.

Dyad "mother-child" continues to exist until the child has self-consciousness. The realization that mom exists separately occurs within the process of self-consciousness development, called E.S. Fromm (1961) individualization. It comes gradually, in part, because of the experiences of prohibitions in the process of upbringing. Collision with frustration helps transform the assessment of the role of the mother. The child comes to realize that his desires do

not always coincide with his own aspirations. And sometimes the mother even turns into a hostile and dangerous force. This antagonism becomes an important factor in understanding the difference between “I” and “You” as a stage in the formation of independence, independence from the mother.

The situation of the parents negative attitude to children is dangerous for their mental development. Unwanted children are born prematurely about eight times more often than desirable. But even in the case of prematurity, half of them have signs of morphofunctional immaturity, which often causes the need for intensive care of somatic and neurological complications [17].

Difficulties of dialogue with the child arise if he does not justify the hopes pinned on him by the parents. Upbringing in this case, as a rule, is carried out by the type of hypoprotection, against the background of emotional coldness in the relationship.

Many signs indicate a relationship with a child in the family. Even the choice of a name is sometimes very informative. It can reflect the ambitions of parents, for example, their discontent with the sex of the child.

The most critical is the combination of undesirability of the child in general and undesirability by gender. This is especially true of the second child in the family. Emotionally rejected babies cry a lot, sleep poorly and need a dummy or a nipple for calming, they have a painful tendency to suck their fingers, later they have a habit of nibbling nails, hair, manipulating their own genitals. Inadequate parenting makes them disturbing, asexual, and rejected by peers of infantile-dependent neurotics [18].

Gained psychotrauma spreads its influence far beyond the perinatal period and determines scenarios of social adaptation throughout life. Growing up such children differ in suspicion, pessimism, paranoia, ironic sarcastic, a tendency to envy and ill-will, have an underestimated self-esteem, experience great difficulties in establishing interpersonal relationships. They find it difficult to choose a profession and create a family, and in sexual life they are prone to painful masturbation and other sexual perversions. In relation to their own children they are distinguished by the same stiffness and coldness that their parents gave them at the time [19].

CONCLUSIONS

The main task of the perinatal psychologist is to identify possible scenarios of disharmonious development in proper time, to prevent them and help to solve them constructively.

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The Author declare no conflict of interest

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