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## **PSYCHOLOGICAL BACKGROUND OF MISCARRIAGE**

The article analyzes the main components of psychological unwillingness for maternity that lead to miscarriage.

The general theoretical and methodological grounds for the research of psychological willingness for maternity have been distinguished, the complex of methods according to the purpose of study has been chosen, the psychological features of women with miscarriage risk have been diagnosed and analyzed.

*Key words: maternity, pregnancy, miscarriage, psychological willingness for maternity.*

**T**he relevance of the issue. Reproductive health is a very important factor in providing our country with demographical perspectives and consequently its social and economic potential. The problem of maintenance Ukrainians' reproductive health has been very topical for the last decades and the issue of miscarriage is its significant component.

**The outline of the issue.** In medical practice, in 40-45% of cases, real cause of spontaneous abortion cannot be established. Such cases are called «indefinable miscarriage» [1; p. 35].

Classical medicine usually uses drugs to prevent spontaneous abortion. It can have a negative impact not only on a pregnant woman's health, but also on her psychological state. What is more, such methods often appear to be ineffective, as the pregnancy failures despite all measures [2; p. 21].

Doctors consider physical problems to be the main reason of miscarriage, so they usually ignore psychological factors, which are integral almost in every physical disease.

If we assume that the risk of miscarriage deals with the psychological state of a future mother and her attitude to the pregnancy, we can expect a positive effect from the psychotherapy with such women and, thus, an increase in the quantity of successful pregnancies.

**The publication and research review.** Most scientists, who investigate the problem of psychological willingness for maternity, consider this formation developing during all woman's life. Many biological and social factors influence it, as psychological willingness for maternity has both instinctive and personal basis that depends on a woman's early childhood experience [3; p. 40].

S.U. Mesheryakova regards psychological willingness for maternity as a specific personal education, central element of which is a subject-object orientation in the attitude to a future baby. She distinguishes 2 groups of indicators that point on psychological willingness for maternity. First group contains features of person's early communicative experience. Second group contains information about woman's attitude to a future baby. The most favorable situation is the one when woman wants to be a mother, has a subject attitude to the baby, verbal or imaginary addressing and the intension to interpret baby's moves as communicative acts [4; 27].

Generalizing views of different scientists, we consider psychological willingness for maternity to be a complex phenomenon that forms during all woman's life and is influenced by parental education and her childhood experience. It includes awareness of maternity role, desire to have children and ability to bring them up.

**The object of our study** is miscarriage.

**The subject of our study** is psychological background of miscarriage.

**The aim of our research** is to reveal the role of psychological component in the situation of miscarriage risk.

According to our aim, the following tasks have been identified:

1. Investigate theoretically the phenomenon of maternity and its components.
2. Study literature about psychological willingness for maternity.
3. Choose the research methodology that meets the objective of the study.
4. Conduct an experimental research and draw conclusions based on its results.

**Discussion of the issue.** We share the ideas of the scientists who say that from the moment a woman discovers her pregnancy, she starts experiencing an «ambivalent attitude» symptom. Even long-awaited pregnancy is always accompanied with a controversial affect that includes both positive and negative emotions.

Pregnant woman looks for the answers to the questions «Who am I?», «Where do I belong?», and the lack of answers provokes unstable psychological state, frustration and emotional imbalance. Difficulties with formation of self-concept and submission about parental roles are the results of this process [5; p. 87].

Thus, absence of identity and basic confidence in the world leads to stressful condition. In order to overcome stress, human body mobilizes all inner resources and enhances muscle tone. Such reaction is necessary for organism survival [6; p. 29].

During pregnancy, active neural cells form a «pregnancy dominant» in woman's brain due to receiving impulses from the uterus, which means that some changes are happening: embryo attaches and grows. Other neural processes, that take place around the pregnancy dominant, including inhibition of excitation in uterus muscle layer, are been suppressed.

Nervous tension, exhaustion and stress can lead to appearance of other focuses of excitation that weaken the pregnancy dominant and can result in hypertonicity of the uterus [7; p. 102].

The purpose of our empirical investigation was discovering if there are psychological reasons of miscarriage.

100 people took part in the investigation as respondents. There were pregnant women aged from 18 to 50. Half of them had the risk of miscarriage, other women didn't have such problem.

We used the Solomin's color metaphor technique and Dobryakov's «pregnant woman's relation test». The methodology is used to find out information about person's attitude to different things and people, actual psychological state and self-concept.

Due to the held research, we have got the following results. There are many differences in the system of relations with the world of healthy pregnant women and women with the risk of miscarriage. Thus, our hypothesis was confirmed.

We can state the existence of significant differences in the attitude to future in experimental and control group. Women without the risk of miscarriage treat future much better, than pregnant women with miscarriage risk. Moreover, women with miscarriage risk are not inclined to associate their future with positive or negative facts; they associate future with other phenomena twice less frequently than women from control group (fig. 1).

At the same time, women with the risk of miscarriage twice less frequently put the word «future» to the first column of color metaphor test. It indicates that future is not relevant and not perceived positively by them.

We think that our findings show out that women with the risk of miscarriage do not have strategic thinking and clear ideas about their future; life happens «here and now» for them. Such women do not tend to dream about own future and the future of their babies, therefore they don't have a psychological setting for a successful result of pregnancy. We can assume different reasons for this phenomenon: immature personality, low self-esteem etc.

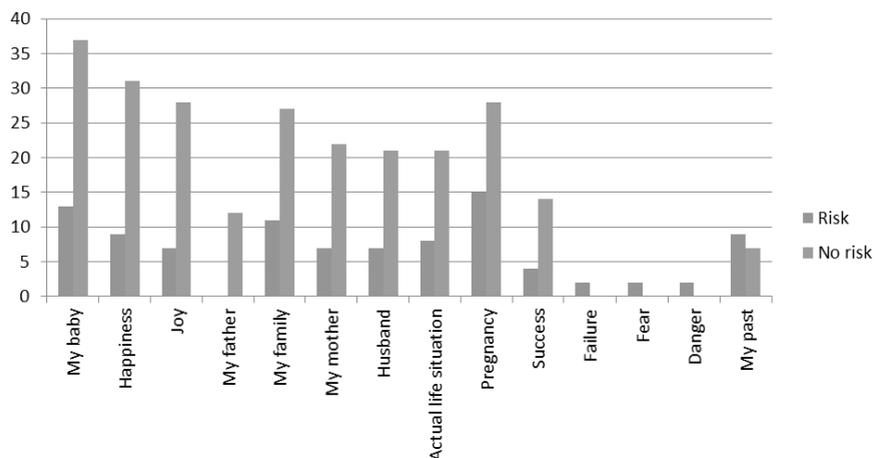


Fig. 1. Respondents' associations with 'future'

The mature person, who is indeed the subject of own life, has to be capable for holistic prolonged regulation and organization of a lifetime. Prolonged regulation gives person the opportunity to divide life periods freely, depending on objective events and to perceive life integral [8; p. 16].

If person doesn't realize the link between future, past and present events, he/she starts suffering from the «time incompetence» phenomenon, which has a negative impact to social adaptation [9; p. 69].

26% of women with the risk of miscarriage and 52% of healthy pregnant women consider their present life to be happy.

Women from control group associate concepts «baby» and «pregnancy» more often than women from experimental group. We think it testifies that women with the risk of miscarriage identify above-mentioned concepts, thus they don't consider baby to be a separate person; they accept only the fact of pregnancy. Consequently, if pregnant woman doesn't count her baby as a real person, she won't have the motivation for communication with it, admiring it, worrying about its health.

During the prenatal period, mother's acceptance and the sense of security is very important for a psychological development of a baby. Thus, even if woman likes to be pregnant and feels good about how her body changes or how other people treat her, the process of pregnancy becomes egoistic, self-directed, it becomes the way of getting what she want [10; p. 24].

One of the most significant is the difference in the attitude of pregnant women to their fathers. Women with the risk of miscarriage much less often associate father with their present partner (fig. 2).

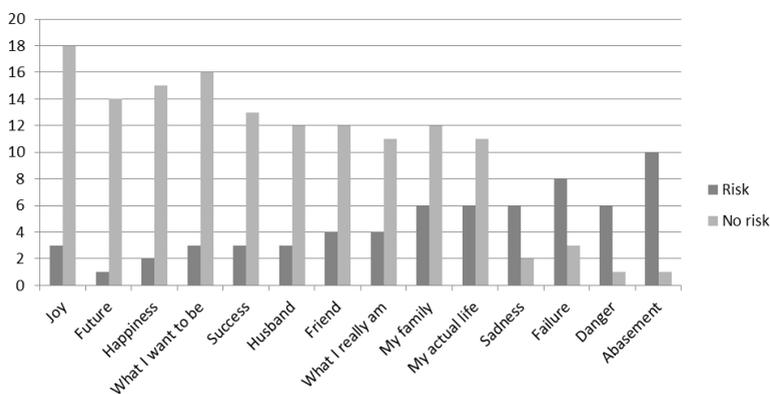


Fig. 2. Respondents' associations with 'father'

According to the theory of sexual imprinting, women tend to choose men, who are similar to their own fathers. Thus, we can presume that most women without the risk of miscarriage had good relations with their fathers. At the same time, women with the risk of miscarriage associated father with own partner 3 times less often.

20% of women with the risk of miscarriage associated father with abasement, 16% – with failure, 14% – with fear, 12% – with sadness, conflict and danger. Only 6% of women from the experimental group want to be like their fathers. In control group this number reaches 32%.

On the assumption of our research, we can consider relations with father to be a psychological tension zone for women with miscarriage risk. Therefore, if father is not an authoritative figure for his daughter, she won't reach a mature feminine identity and will probably have problems with pregnancy. That's why in some aspects father has even more value in a psychological development and gender socialization of girls, than mother.

We also noticed that women's attitude to their unborn babies changes depending on the term of pregnancy. Women with the risk of miscarriage under 20<sup>th</sup> week treat pregnancy and baby much worse, than women with miscarriage risk after 20<sup>th</sup> week. What is more, women with early terms miscarriage risk, often put «baby's father» to dissatisfying semantic field, unlike women with late terms risk, who didn't demonstrate such tendency.

**Conclusions.** Thus, if pregnancy is unwanted, woman unconsciously strives to dispose of a baby, while it is small and imperceptible. Thereafter, unfavorable life situation can be a barrier for successful pregnancy carriage.

If pregnant woman has deep psychological problems, even long-awaited pregnancy will be marred by hidden fears and anxiety, that can't be consciously controlled as baby grows bigger and may result in spontaneous abortion. Such form of psychological unwillingness for maternity is caused by early childhood experience.

Based on the received data we can conclude that pregnancy is the crisis time for every woman as it deserves transformation of the whole family system and touches the layers of early childhood experience, that can influence psychological state of each future mother. From the moment woman discovers her pregnancy, she starts experiencing an «ambivalent attitude» symptom. Even long-awaited pregnancy is always accompanied with a controversial affect that includes both positive and negative emotions.

Having taken this information into account we worked out a training program for the future parents, which helps to decrease the anxiety level and minimize the risk of spontaneous abortion due to stress overcome.

### References

1. Абдулханова К.А. Психология и педагогика / К.А. Абдулханова, И.Б.Буянова, Н.В. Васина. – М.: Совершенство, 1998. – 320 с.
2. Жигалин С.С. Особенности материнской и отцовской родительской позиции в аспекте социально-ролевой адекватности семьи подростка / С.С. Жигалин // Материалы международной конференции «Психология общения: социокультурный анализ». – 2003. – С. 249–250.
3. Куфтяк Е.В. Преждевременные роды и женщина: социально-психологические аспекты / Е.В. Куфтяк // Материалы научно-практической конференции РГУ. – 2004. – С. 208–231.
4. Леус Т.В. Материнство – опыт трех поколений. Психологическое сопровождение беременной женщины / Т.В. Леус. – М.: Издательство Института психологии РАН, 2000. – 34 с.
5. Минюрова С.А. Диалогический подход к анализу смыслового переживания материнства / С.А. Минюрова, Е.А. Тетерлева // Вопросы психологии – 2003. – № 4. – С. 63–75.
6. Мещерякова С.Ю. Психологическая готовность к материнству / С.Ю. Мещерякова // Вопросы психологии. – 2002. – № 5. – С. 18–35.
7. Нечаева М.А. Психологические факторы онтогенеза материнской сферы, внутренней картины беременности и перинатального развития / М.А. Нечаева, Л.Ф. Рыбалова, А.В. Штрахова. – Челябинск: Изд-во ЮУрГУ, 2005. – 59 с.
8. Филиппова Г.Г. Психология материнства / Г.Г. Филиппова. – М.: Изд-во Института Психотерапии, 2002. – 240 с.

9. Berns B. The different faces of motherhood / B. Berns, F. Hay. – N.J., L., 1998. – 114 p.

10. Phoenix A. Motherhood: meanings, practices and ideologies. Gender and psychology / A. Phoenix, A. Woollett, E. Lloyd. – Heidelberg : D.v. Decker's Verl., 1988. – 209 p.

У статті аналізуються складові психологічної неготовності до материнства, які сприяють невиношуванню вагітності.

Під час написання статті було визначено загальні теоретико-методологічні підстави для дослідження феномену психологічної готовності до материнства, дібрано комплекс методик, адекватних меті дослідження, продіагностовано та проаналізовано психологічні особливості жінок із загрозою мимовільного переривання вагітності.

*Ключові слова: материнство, вагітність, невиношування вагітності, психологічна готовність до материнства.*

В статье анализируются составляющие психологической неготовности к материнству, которые приводят к невынашиванию беременности.

При написании статьи были выделены общие теоретико-методологические основания для исследования феномена психологической готовности к материнству, подобран комплекс методик, адекватных цели исследования, продиагностированы и проанализированы психологические особенности женщин с угрозой невынашивания беременности.

*Ключевые слова: материнство, беременность, невынашивание беременности, психологическая готовность к материнству.*

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