THE «GROUP» IN OBSTETRIC PSYCHOPROPHYLAXIS

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SUMMARY

In the practice of obstetric psychoprophylaxis every method employed considered always the group both from a psychological and a pedagogic point of view.

Today the group of pregnant women (or couples) is considered under various aspects:

– psychological: the group as a support for members with regard to maternal and paternal emotional feelings;

– anthropological: the group fills up an empty vital space and becomes a "rite de passage" from a state of social identity to another one;

– social: the group is a significative cultural intermediary between health services and the woman-patient.

The knowledge of these aspects becomes an important methodological support for group conductors.

We present an analysis of our experience with groups and how this has affected the Psychoprophylaxis in the last years.

During a course of obstetric psychoprophylaxis we can observe that, regardless of the methods used, one refers mainly to a group of expecting mothers or couples. This attitude may apparently seem to be simply for practical reasons (for instance in 1982 there were about 100 groups for a total of 1200 deliveries).

From our experience of the last few years we believe that further explanations are necessary.

With respect to the type of role and the different management that we use with the group, it is insufficient to define the group under pedagogical (the class) and psychological (supporting group) terms. From our experience we can hypothesize that in our sociocultural context, referring to the group during a childbirth course, is an answer to the psychological, anthropological and social necessities of the expecting mothers and of their social background ([1, 2, 3]).

The main effect that we reveal in a group after a series of meetings is a reduction in the state of anxiety. Besides we note that both the group conductor as well as the pregnant women begin to emphasize the role of woman as an expecting mother and of the couple as future parents.

In this situation, a process of positive and conscious transference gradually emerges in the members of the group and the negative unconscious transference tends to be removed.

The components of a "little family" (that is mother, father and son), the social mobility, and the increasing difficulty in communication in the actual society do not permit the expecting woman and the future parents to find an adequate psychological support that is essential for their often conflicting evolution towards their new identity as mother and father.

The social significance given to the birth of a child in a family is no longer economic (for example the child as a future resource for manual work or a future

Clin. Exp. Obst. Gyn. - ISSN: 0390-6663
X, nn. 2-3, 1983

economic support during old age), but is a psychoaffective one.

As a result of this social control on reproductivity, the reduction in birth rate involves a social necessity, once a woman becomes pregnant, to reinforce this state that till some years ago was considered as a natural event.

As stated by Sheila Kitzinger, the group in preparation for childbirth fulfills a vital need and becomes a "rite de passage" from one state of social identity to another one.

"Being together" leads to the social "celebration" of the pregnancy that is supported by the mass-media, by the social Health Centers for pregnancy and for parenthood, and by the new "rites" of delivery and hospital attendance (for example the "sweet" method of Leboyer, delivery in water, delivery under hypnosis, the rooming-in etc.).

The elevated hospitalization of delivery implicates the contact of the individual patient with the social health structures, and with the problems that derive from them, such as the necessity to adapt oneself, in a short period, to a group of highly specialized persons, having strictly precise roles such as the obstetrician, the nurse, the anesthetist etc., who refer to the patient in an impersonal way (often the hospital staff speaking about a patient says: "the Cesarian operation" and not "the patient mrs × who underwent a Cesarian").

This staff works under conditions that are partly a result of a collective defence against the anxiety that is created in the individual staffman by the disease, the death, intimate physical contact (that gives rise to libido and erotic impulses) and the state of psychological stress of the patient.

Therefore the pregnant women, coming into contact with the social health institutes as a group produce a communicative flow, not only from the staff to the patients, but also from the pregnant women to the medical and paramedical staff.

The social health workers thus are forced to compare their cultural model of pregnancy that is often based on negative semeiotic (usually a doctor considers a pregnancy as normal by summing up the absence of pathological symptoms and he does not take into particular account the signs of normality), with the model emerging from the group which emphasizes, on the contrary, the normality as a natural event. From our experience it seems that it is necessary to be in a group so that the members can establish the rules both on what pregnancy, delivery, motherhood mean and on the respective roles of the institution (for example who is the obstetrician, what does he do, who is the expecting woman, what does she do ...).

From the practical point of view, on considering these necessities that are expressed through the existence of the group, we were gradually led to organize our method of working in such a way that preference is not given to the informative aspect.

The group conductors (who in our institution are comprised of an obstetrician and a psychologist who are always contemporaneously present), do not assume an interpretative attitude; they have a semidirective role that permits the women to express their individual and collective feelings, with eventual verbal explanations of the underlying cultural models.

A constant analysis not only of the psychological contents, but also of the social and cultural ones expressed by the groups of pregnant women and couples during the childbirth course, permitted us to focus the interaction between our cultural model and that of the parents.

This process is indispensable, if we want to reduce the risk (which is high during the childbirth course) of eccessively rationalizing the parental role and of offering an ideal social model of maternity and paternity that does not take into

account the needs and the individual and social differences of the expecting mother and couple.

The considerations that we have presented insinuate the requirement of a series of researches that should not be limited to the pedagogic and psychological aspects. That is, other sciences such as sociology and anthropology are now becoming more necessary to build the cultural store of each staffman who wishes to work in sintony with the world of the expecting mother and of the future parents.

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