ПРИМЕНЕНИЕ ПСИХОТЕРАПИИ ПРИ ДЕПРЕССИИ У БЕРЕМЕННЫХ

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Аннотация.
Семейные отношения, связанные с рождением ребенка и его воспитанием, вызывают психологическое напряжение у женщин, которые рано создали семьи (в возрасте 18-20 лет), и различные эмоциональные состояния, свидетельствующие о том, что женщина еще не готова к семье, не стали причиной множества разводов. У молодых девушек период подготовки к материнству, когда они еще не осознают своей зрелости и несут ответственность за воспитание ребенка, приводит к развитию многих депрессий. Беременные женщины формируют умственные представления о плоде, и в период беременности усиливается чувство принадлежности или «мать-плод». О психологических особенностях отношений мать-плод и о том, как психологическая деятельность матери влияет на плод, известно сравнительно мало. Уровни страхов и тревожности матери, связанные с процессом рождения ребенка, в некоторой степени связаны с частотой сердцебиения и активностью движений плода. Кроме того, взаимоотношения окружающих людей влияют на психическое возбуждение и расслабление матери, что приводит к быстрым изменениям в нервной системе плода. Эти воздействия частично могут быть опосредованы реакцией плода на изменения внутриутробной среды. Исследования периода до родов открывают большие возможности для понимания влияния психологии беременности на развитие и возникновения различных психомоторных заболеваний.

Ключевые слова: мать-плод, психология беременных, стресс, психотерапия, телепсихиатрия, рефлексивная деятельность.

APPLICATION OF PSYCHOTHERAPY IN DEPRESSION AMONG PREGNANT WOMEN

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Abstract.
Family relationships related to childbirth and child-rearing cause psychological stress in women who married early (at the age of 18-20), and various emotional states

indicating that the woman is not yet ready for family life have not led to numerous divorces. The preparation period for motherhood in young girls, when they do not yet realize their maturity and responsibility for raising a child, leads to the development of many depressions. Pregnant women form mental representations of the fetus, and during pregnancy, the sense of belonging or the "mother-fetus" bond usually intensifies. Little is known about the psychological characteristics of mother-fetus relationships and how the mother's psychological activity affects the fetus. The levels of maternal fear and anxiety related to the childbirth process are somewhat associated with the fetal heart rate and movement activity. In addition, the relationships with people around influence the mother's mental arousal and relaxation, leading to rapid changes in the fetal neurocerebral system. These effects may be partially mediated by the fetus's response to changes in the intrauterine environment. Prenatal research offers great opportunities to understand the impact of pregnancy psychology on development and the emergence of various psychomotor disorders.

Keywords: mother-fetus, psychology of pregnant women, stress, psychotherapy, telepsychiatry, reflective activity.

Traditional obstetric literature, and especially the subfield of mother-fetus medicine, describes in detail the complex interface that connects the developing fetus with the pregnant woman.
Pathophysiology of pregnancy, along with the normal psychological changes in the mother, and how these changes may affect the fetus, have traditionally been studied within the scope of developmental, psychophysiological, or psychobiological disciplines.

Stress arises in more severe situations that may negatively impact the infant, such as experiencing painful events like assault, physical abuse, car accidents, or the death of close relatives, or after enduring strong psychological strain. Such conditions increase the risk of low birth weight in the fetus. Additionally, behaviors such as smoking and drinking increase risks for other complications.

For some women, discovering their pregnancy can be a stressful experience. They may feel a loss of control or a lack of sufficient experience to manage what they are going through. Stress can also result from unplanned pregnancy or previous negative experiences related to pregnancy, childbirth, or parenting, such as miscarriage or antenatal and prenatal infant death. Waiting for the results of antenatal tests (for example, after prolonged infertility) and coping with the physical changes of pregnancy or complications can also cause stress.

Pregnancy may bring practical difficulties such as financial hardship, moving to a new home, or changing jobs.

Research methodology in this field is based on observing the activity changes in the fetus in undisturbed, baseline conditions or after experimental manipulation of the mother's psychological state.

After fertilization, the egg and sperm form an embryo. From about the 9th week of pregnancy, it is referred to as a fetus. After fertilization, the embryo travels through the fallopian tube to the uterus over 4-5 days and attaches itself to the uterine lining rich in blood vessels. Trophoblast cells and spiral arteries of the uterus help form the placenta, which supplies the necessary nutrients through the blood and supports growth. At this stage, it is called an embryo.

The fetus is protected inside the uterus by the amniotic sac. Fetal development consists of three stages: **Germinal stage (2 to 4 weeks)** – starts from fertilization and includes implantation. **Embryonic stage (4 to 10 weeks)** – major organs and body structures form. **Fetal stage (11 weeks until birth)** – the fetus continues to grow and organs develop further.

From the 4th week, the fetal thyroid gland and thymus (lymphatic organ) begin to develop. T-lymphocytes and B-lymphocytes start to form. At 4.5 weeks, the heart starts beating. Brain tissue formation begins at the 5th week. By the 8th week, limbs are formed. Synapses begin developing from the 17th week. The nucleus of the fetal auditory nerve forms between weeks 7 and 9. For this reason, the fetus can potentially perceive the mother's surrounding environment and the attitudes of people around her.

By the 24th week, the sensitivity of sensory organs develops. Peripheral sensation is fully formed by the 26th week. Between weeks 12 and 16, sexual organs develop and the process of synthesizing sex hormones takes place. During this time, it is advisable to avoid hormonal medications such as Duphaston or Utrogestan.

By the 28th week, the main organ systems of the fetus are almost fully developed. The lungs become mature enough to breathe air, producing surfactant—a substance that helps with lung expansion and contraction. Babies born prematurely at this stage have a good chance of survival but may need respiratory support and monitoring for some time. By the 38th week, the respiratory system is fully ready for birth. **Various factors observed during the process of placentation, such as maternal psychological stress and exposure to chemical substances, have been found to be associated with growth defects in the placenta and alterations in placental DNA methylation.**
All these stress factors have been linked to neurodevelopmental delays and congenital anomalies. It is now known that preterm births can also result from psychological stress. The normal functioning of the pregnant organism depends on her mental state.

Any changes in mood or psyche directly affect the activity of fetal organs and systems.

Psychological distress, recalling emotionally painful experiences, and various negative life events lead to stress. As a result of psychological-emotional stress, pregnant women may develop hypertension, mental disorders, or adopt harmful habits. In women, especially during pregnancy and particularly in the first trimester, psychological-emotional stress can cause extremely dangerous complications. During this period, pregnancy-related illnesses (such as nausea/vomiting, reflux diseases, insomnia), whether the pregnancy is planned or unplanned, financial situations, family support, lifestyle restrictions, and feelings of lost independence are significant contributing factors.

Although mood changes may persist into the second trimester, negative feelings sometimes decrease during this period. Research shows that mental health issues (such as anxiety and depression) occur less frequently in the second trimester compared to the first and third trimesters.

Pregnancy marks the beginning of important psychological changes for the parents. It is a very complex psychological process of establishing a new parental identity. This involves significant changes and adaptations within the existing sense of self-awareness (cognitive processing). Some emotional changes (such as emotional lability, temporary low mood, fear, anxiety, ambivalence, conflict, and regression) are a result of these major changes. These symptoms are usually temporary, mild, very normal, and widespread during pregnancy. Therefore, pregnant women need reassurance. However, if symptoms are persistent, significant, and affect quality of life, additional assessment is required to exclude any mental health condition.

Pregnancy activates two main psychological reorganizations: Improvement of living conditions and social stability are key factors in preventing psychological-emotional stress.

A key aspect of human relationships is understanding the mental states of oneself and others in order to comprehend and predict behaviors. The psychological process of understanding one’s own and others’ mental states in relation to behavior is called mentalization. The ability to mentalize is known as reflective functioning (RF). RF is important not only for maintaining good relationships but also for regulating one’s own emotions. RF relates to the ability to regulate, maintain, and experience emotions effectively.

As described by Ellen Galinsky, the journey of parenthood begins during pregnancy. The pregnant woman broadly represents the following maternal roles: Representing

herself as a mother to the growing fetus. Representing the baby as a separate individual. Acting as a co-representative parent. Acting as a representative of her own mother or grandmother.

The pregnant woman has a unique style of bonding which can influence her mental representation during the antenatal period. During pregnancy, the mother's responsibility for the baby and herself gradually develops. By the third trimester, the representation becomes more structured and integrated. This manifests as psychological and emotional support for the pregnant woman and is an important factor in overcoming prenatal depression.

If there is no support from close family members, psychotherapy plays a crucial role in helping pregnant women overcome depression and irritability. Psychotherapy can be conducted individually (one-on-one), with couples, families, groups, via telephone counseling, or online sessions. Computer-assisted therapies such as virtual reality for behavioral influence, multimedia programs for teaching cognitive techniques, and enhanced monitoring or practical application of ideas are also used.

Most forms of psychotherapy involve verbal communication. Some also use various forms of communication such as written words, art, drama, storytelling, or music. Psychotherapists traditionally include mental health professionals such as psychologists and psychiatrists; other specialists from medicine or education (family therapists, social workers, teachers, nurses, etc.) trained in specific psychotherapies; or sometimes academically or scientifically trained specialists.

Psychiatrists are primarily trained as medical doctors and can prescribe medications. Other clinical practitioners such as social workers, mental health counselors, pastoral counselors, and specialized psychiatric nurses also frequently provide psychotherapy.

Because psychotherapy often involves sensitive and deeply personal topics, therapists are expected to respect client confidentiality and are typically legally bound to do so. The importance of client confidentiality, and the limited circumstances under which it can be breached to protect the client or others, is firmly established in ethical codes of psychotherapeutic organizations. Legal protections allow breaking confidentiality, for example, if there is suspicion of ongoing domestic abuse, or if there is a direct, explicit, and imminent threat of serious physical harm to the client or others.

Therapy can help manage specific forms of diagnosed mental illness, interpersonal relationship issues, or everyday problems related to achieving personal goals. Therapy may precede or follow pharmacotherapy (e.g., after taking tranquilizers).

Telepsychiatry or telemental health refers to providing psychiatric care remotely using telecommunication technologies. It is a branch of telemedicine and can be effective for people with mental health conditions. Given that many neuroleptics and tranquilizers are contraindicated in pregnancy, treatment through psychological methods is preferable during pregnancy. However, this therapy may fail in about 33% of cases, and medication use becomes necessary.

Medications considered safe for use in pregnancy include herbal tinctures such as valerian, Tenoten, Nova-Passit tablets, Corvalol, Barbaval, and Cardiosist. Magnesium and vitamin B6 can also be used to reduce brain tissue excitability.

Adabiyotlar ro`yxati:

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