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PERSONAL AND SOCIO-PSYCHOLOGICAL CHARACTERISTICS OF WOMEN OF REPRODUCTIVE AGE, OPERATED ON FOR SYMPTOMATIC ENDOMETRIOD DESEASE, AT THE STAGE OF PREGNANCY PLANNING

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Abstract

Endometrioid disease occurs in every tenth woman of reproductive age and often leads not only to physical discomfort, but also frustrates them psychosocially, reduces professional, psychosocial and reproductive adaptation in general. **The aim:** to reveal the personal and psychosocial characteristics of women at the stage of pregnancy planning, operated on for symptomatic endometriosis, in connection with the task of optimizing the management and improvement of pregnancy outcomes. **Material and methods.** Under observation, there were 123 women operated on for symptomatic endometriosis, 125 somatically and gynecologically conditionally healthy fertile women. All the women were going to plan a pregnancy. The diagnosis of endometriosis in all cases was identified histologically. The psychosocial and personal characteristics of these women at the stage of pregnancy planning were studied. **Conclusions.** The peculiarities of the personal and psychosocial characteristics of women at the stage of pregnancy planning, operated on for symptomatic endometriosis, are unfavorable child-parent relations, destructive relationships with their own mother, complicated course of pregnancy in the mother, high personal anxiety, impaired sex and age identification in

women, inadequate (infantile, disadaptive) forms of responding to stressful situations, emotional instability.

Key words: endometrioid disease, surgery, pregnancy planning, personal and psychosocial characteristics, situational and personal anxiety, sex and age identification, the importance of the child.

The worsening of the medical and demographic situation makes the problem of improving the system of protecting the reproductive health of the population extremely urgent, and the formation of an integrated approach in the treatment of women with reproductive problems by psychosomatics. Studies show that maintaining a woman's mental health from a psycho-prophylactic position is as important as providing specialized obstetric-gynecological care [2, 4, 10, 19, 22].

Endometrioid disease occurs in every tenth woman of reproductive age and often leads not only to physical discomfort, but also frustrates them psychosocially, reducing professional, psychosocial adaptation and reproductive in general [1, 5, 6]. Studies by several authors have shown that in the body of patients with this disease, there are significant changes in many organs and systems (immune, nervous, endocrine, reproductive), and this indicates a polysystemic lesion of the organism [17].

In recent years, psychosomatic, somatopsychic and psychotherapeutic aspects of reproductive health disorders have been intensively studied [11, 12], the connection of personal and emotional characteristics, intrapersonal conflicts [3, 7] with a violation of the reproductive system.

However, there are very few works describing the psychological characteristics of women with endometriosis. In addition, insufficient knowledge of the psychological status of women with endometriosis, which violates the realization of reproductive function, makes it difficult to carry out differential diagnosis, for example, with somatoform autonomic dysfunctions from the female sexual sphere, as well as comprehensive medical and psychological care. This is due to the fact that the doctor obstetrician-gynecologist, not having, as a rule, the notion of psychosocial prerequisites aggravating the pathological process, and not motivating a woman to receive psychological help, is too "biologized" in solving the problem [15]. In turn, psycho-corrective work with women who have difficulties in the implementation of reproductive function, is limited in time, as the reproductive function of a woman can be realized for a certain number of years.

The study of the psychological status of women with endometriosis disease, which frustrates them in connection with health problems and the presence of difficulties in carrying out the reproductive function, will, socially and psychologically, allow the formulation of an individualized program of psychotherapeutic assistance, with an emphasis not only on the disadaptive sphere, but also on women's personal resources for constructive resolution of crisis problem situations. Identification of specific personal characteristics and socio-psychological patterns inherent in this or that pathology is necessary for determining the targets of psychocorrection, evaluating the effectiveness of ongoing medical and psychological activities and the quality of life of women.

The aim of this work was to identify the personal and psychosocial characteristics of women operated on for symptomatic endometriosis at the stage of pregnancy planning in connection with the task of optimizing the management and improvement of pregnancy outcomes.

Material and methods

Under observation were 123 women of group E, operated on for symptomatic endometriosis, as well as 125 somatically and gynecologically conditionally healthy fertile women of group K. Patients of both groups were going to plan pregnancy. The diagnosis of endometriosis in all cases was identified histologically.

A purposeful and differentiated study of the psychosocial and personal characteristics of these women at the stage of pregnancy planning was carried out. The theoretical and methodological basis of the study was the biopsychosocial paradigm of mental and physical health [15-16], the theory of the relations of VN Myasishchev [13, 14], the concept of psychosexual identity [9], the psychological conception of motherhood [4, 10, 20, 21], the theory of family and child-parent relations as their most important component [8, 18].

Statistical processing of the data was carried out using the EXCEL program.

The results of the study and their discussion

The average age of women in group E was 28.76 ± 0.22 years, group K - 28.12 ± 0.17 ($p > 0.05$). Surgical interventions in 87.80% (108/123) of patients with endometriosis were performed for endometriomas of the ovaries, in 12.20% (15/123) for chronic pelvic pain, when endometriosis was detected. The average time between the operation and the examination was 2.34 ± 0.35 years.

In women of group E, in connection with endometriosis, significantly more frequent than in group K, there was a subjective assessment of parental attitudes as unsatisfactory, lack of attention on the part of the mother, and the negative nature of interaction in the parent

family. The largest family deficit was present in the group of women with external genital endometriosis and chronic pelvic pain.

Based on the analysis of information about the course of pregnancy in mothers of patients with endometriosis, prenatal stress was revealed due to: fetal distress in childbirth in 49.59% (61/123) cases; acute stress in the mother during pregnancy - in 16.26% (20/123); threats of abortion - in 34.15% (42/123).

Situational anxiety in women with endometriosis was consistent with the norm, although it was significantly higher than in the healthy group; Personality anxiety was much higher than that of women in control. The severity of anxious components in the emotional sphere directly correlated with unsatisfactory relations with parents, the authoritarianism of the mother, the distortion of sex and age immaturity.

Women of group E were characterized by the presence of emotional lability, lack of self-confidence, low stress-resistance, which directly correlated with difficulties in building strong social relations, predisposition to psychosomatic disorders, personal immaturity. The highest expression of these characteristics was characteristic of women with endometriosis and chronic pelvic pain.

Violations of sex-role and sex-age identity were revealed: in women with endometriosis, a distortion towards masculinity and immaturity of sex-role identity was registered. All women of group E experienced a violation of age identity, with the highest infantilality detected in 57.72% (71/123) of group E patients with a combination of endometriosis with PCOS, somewhat less with the combination of endometriosis and chronic pelvic pain in 42.28% (52/123). A direct correlation was established between the distortion of sex role identity and the tendency to react somatically to stressful loads.

All women of group E had an affective negative (mostly anxious) coloration of the idea of future motherhood and interaction with the child, the stages of ontogeny of motherhood are qualitatively different both from the situation in the control group and between groups. Women suffering from endometriosis, perceived the situation of motherhood as conflict-anxious, evaluate their relationship with the mother as conflict-cold and rejecting-condemning. Patients of group E demonstrated an anxious and conflicting attitude to motherhood, relations with their own mother were defined as tense and anxious with pronounced ambivalence. Representations of women with endometriosis disease about motherhood were alarming, and their relationship with mothers is anxious-dependent. The subjective significance of the child as a vital value in 87.80% (108/123) of women was low or low, despite the declared desire to become a mother and have a child.

In a system of meaningful relationships, women with endometriosis considered themselves isolated, suspicious, over-luminous, with a predominance of motivation for avoiding failure; inclined to represent their mother as imperious, distrustful, alienated. Their ideas about their own mothers were extremely contradictory: despotism and insensitivity along with hyperopia and sacrifice. The ability to spontaneously react was most difficult due to the tendency to dominate, a high level of claims against the background of the need to comply with social norms. They represented their mother benevolent, but emotionally unstable and anxious-dependent.

Identified personal and psychosocial characteristics of women of reproductive age with endometriosis at the stage of pregnancy planning confirm the importance of psycho-corrective work that takes into account somatopsychic and psychosomatic relationships in the structure of complex medical and psychological care for these patients both at the pre-conception stage and during pregnancy. The goals of psychocorrectional work with these women are: stabilization of the emotional state, the formation of adaptive modes of response, stable and positive self-esteem, adequate sex and age identity, harmonization of interpersonal relationships. At the stage of pregnancy planning, the formation of the importance and values of the future child, the positive image of one's own motherhood, the constructive motives of conception, the acceptance of the role of the mother is important in the context of the psychocorrectional impact.

Conclusions

Predisposing factors to the violation of reproductive health are the following features of the premorbid background of women: unfavorable child-parent relations, destructive relations with one's own mother, complicated course of pregnancy in the mother, high personal anxiety, impaired sex-role and age-related identification in women, inadequate (infantile, disadaptive) forms response to stressful situations, emotional instability. Women with endometriosis have a cognitive and emotional negative (mostly anxious) subjective idea of the future of their own motherhood and interaction with the child; the stages of their ontogeny of motherhood are qualitatively different from the situation among healthy women. The features of interpersonal relations, including self-relation, self-esteem, attitude in the microsocial environment, the notion of one's own mother as a significant object of identification have specificity and lead to difficulties in building strong social ties. Women with endometriosis at the stage of pregnancy planning demonstrate the subjectively low importance of the child as a vital value, despite the declared conscious desire for pregnancy and parenthood. Violations of gender identity in women with endometriosis disease have their

own specific characteristics related to the notions of themselves and their own mothers, partly in terms of distortion, and partly in terms of immaturity.

Prospects for further research

Identified psychological characteristics (emotional instability, low and unstable self-esteem, high personal anxiety, distorted or immature gender role identity, lack of a positive image of one's own future motherhood, subjectively low importance of the child as a vital value, low stress resistance) will allow to develop individualized programs of psychocorrection assistance to women with endometrioid diseases, taking into account the characteristics of their disadaptive response in the situation of having difficulty implementing the reproductive function, as well as the specifics of personal resources.

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