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When Delivery Becomes a Disaster: Childbirth as a Trauma

Klaas Wijma

Unit of Health Psychology

Post-traumatic stress disorder (PTSD) is an anxiety disorder that develops when a person has experienced an extreme threatening event and reacted with intense fear, helplessness or horror. PTSD may exist for many years. It can start soon as well as a long time after the traumatic event. Whether people will develop PTSD or not depends on how they use to respond to upsetting events, the kind and magnitude of the event, the circumstances of the event, and the individual conditions to cope with the event at the critical moment and soon thereafter. Women can also develop PTSD when they experience childbirth as traumatic. Four weeks postpartum the prevalence of childbirth related PTSD is about 2%. Once PTSD has developed, during the first year postpartum, it usually does not resolve with time alone. PTSD is a complex disorder, easily misdiagnosed and mistreated, often because of its comorbidity with other psychiatric disorders. PTSD can be recognized by hyper vigilance, reliving, emotionally numbing, elevated anxiety, flashbacks, avoidance, concentration and memory problems, being troublesome in intimate and interpersonal relationships, and the experience of arousal. Anger, sadness, and restlessness are common. PTSD can be treated psychologically, most effectively by cognitive behaviour therapy (CBT).

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Body Image and Psychosomatic Diseases

Cristina Maggioni

University of Milan, Italy

Aim:
Embodiment, the sense of being localized within one’s physical body, is a fundamental aspect of the self. The brain constructs and updates a "body image" throughout life. Self body image is a result of an active process, dependent on social culture and values and modulated by social interactions and somatic experiences.

Methods:
We studied women’s body image: 1) through different stages of life: adolescence, pregnancy and menopause; 2) in pathological conditions: eating disorders, infertility, chronic pelvic pain, premenstrual syndrome; and 3) after surgical interventions: (hysterectomy, breast cancer mastectomy, vaginoplasty in patients with urothelial agenesis). Subjects completed a background questionnaire and responded to the Body Image Interview Questionnaire (Mag-gioni), which considers body image as a multidimensional construct, and analyzes separately their different facets.

Results:
Body image appears to be crucial and very specific in all conditions. Contacts with others and feelings are interpreted as a function of the self-perception, i.e.: the need to reinforce body boundaries corresponds to the need to affirm a doubtful self (perceived through the intactness of body boundaries).

Conclusion:
We suggest that body image evaluation deserves more attention in a psychosomatic approach and represents the cue for understanding the link between somatic and psychological difficulties.