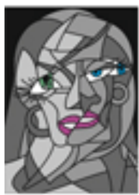

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Fears and catastrophic thoughts in medically complicated pregnancies

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Now, I would like to bring up some ideas regarding the needs to take in account all fears and catastrophic thoughts that frequently appear in women admitted to our obstetric wards with high risk diagnosis.

The diagnosis of a high-risk complications during the pregnancy is frequently a source of psychological distress since it may represent a real threat for the expected course of the pregnancy, the foetus development or even for the woman's life.

Occasionally, fear of the physical disease that the condition involves, of the impairment due to management strategies, or of potential foetal harms related with the safety of pharmacological treatment protocols are some of the main sources of concern, highlighting some conflicting interests between the patient and her future child.

The feelings of loss of control of one's own body that many pregnant women have, will increase in patients with high risk complications diagnosis, especially when these are unexpected.

In our experience "High-risk" diagnosis stigmatizes the patient, compromises her self-esteem, fears come up, and often modifies her expectations of a successful pregnancy in a catastrophizing, unrealistic way.

According to Beck, we can use five criteria to distinguish abnormal states of fear and anxiety:

- Dysfunctional cognition: abnormal fear and anxiety derive from a false assumption involving an erroneous danger appraisal of a situation that is not confirmed by direct observation
- Impaired functioning: Effective and adaptive coping in the face of a perceived threat will be interfered
- Persistence

- False alarms: marked fear or panic [that] occurs in the absence of any life-threatening stimulus, learned or unlearned
- Stimulus hypersensitivity: Responses to situations that would be perceived as innocuous to the nonfearful individual

Very often, the patient will have to accept leaving her job, admission to hospital, and the need for treatment. In addition, she must prepare for the care of her child, who may by ill or have special needs. Therefore, her pregnancy will differ considerably from what she had imagined, and in some cases, dysfunctional and catastrophic thoughts arise.

According to the evolutionary theories, fear, like all other emotions, fulfils an adaptive and necessary function for survival. Specifically, the emotion of fear:

- Activates the vital risk and prevents us from interacting with dangerous elements
- It facilitates the escape of the dangerous situation
- It motivates us to survive
- Facilitates social ties helping collective defence
- Promotes the social order by facilitating the establishment of dominance hierarchies

In fact, evolutionarily, thinking about the worst possible outcomes would facilitate adaptation to hostile environments, while optimistic thinking increases the risk of not reacting in time. Although this could explains why it could be possible to react with catastrophic thoughts to ambiguous situations, it still remains open the question about why some people have more frequent and harmful catastrophic thoughts leading to psychological distress and making it very difficult to cope with the unexpected pregnancy situation.
We could say that this could happen:

- There are individual differences depending on genetic characteristics
- There is a possibility of learning altered responses: early traumatic experiences of intense stress predispose to some emotional lability. Cognitive vulnerability for

anxiety develops through repeated experiences of neglect, abandonment, humiliation, and even trauma that can occur during childhood and adolescence

- Avoidance responses: When the reactions to threats are followed by evitative behaviours without questioning the truthfulness of the idea or catastrophic thinking, it is acted upon under the premise that what we think is true simply because we think it.
- Heuristic probability: The frequency with which we think certain ideas makes them seem more likely

These factors make in circumstances the reaction of fear, and its cognitive counterpart, catastrophic thinking are greater. According to the cognitive model, anxiety produces:

- Exaggerated threat assessment
- Greater helplessness
- Restrictive processing of safety signals
- Deterioration of constructive thinking
- Automatic processing
- Self-perpetuating processes

Beck et al defined fear as a cognitive process involving “the appraisal that there is actual or potential danger in a given situation”. Anxiety is an emotional response triggered by fear. Thus fear “is the appraisal of danger; anxiety is the unpleasant feeling state evoked when fear is stimulated”

Analysing these cases

On most occasions when a medical, surgical, or obstetric problem complicates pregnancy, a key danger to be managed is that of the risk of preterm birth. The spectrum of potential adverse physiological and functional outcomes that can lead to neonatal death and severe morbidity means that symptoms and problems pointing to premature labour can produce considerable stress and anxiety in the patient.

Moreover, these situations generally involve long-term admission to hospital, probably until the end of pregnancy, thus removing the woman's control over her life. She is required to stop working, leave her home, and must often move to hospitals in other parts of the country. In addition, she may have other children who have to be cared for by relatives, friends, neighbours, or even public institutions. These patients clearly constitute a particularly vulnerable group in psychological terms, with the result that emotional support is essential throughout the process .

Aside from a situation that involves the patient being excluded from her normal life as a result of the complications, clinical management requires a complex balance between 2 therapeutic strategies that sometimes pull in opposite directions: on the one hand, optimization of outcomes in terms of foetal health (avoiding, where possible, foetal infection and minimizing the effects of preterm birth and its sequelae); and, on the other, optimizing outcomes in terms of maternal health (reducing the risk of sepsis and preventing complications associated with treatment).

Ambivalent feelings are therefore very common: the patient wishes the pregnancy to end as soon as possible and to avoid the birth of a preterm infant with potential sequelae (brain haemorrhage, respiratory distress, and other problems). It is logical that the woman wants the pregnancy to finish as soon as possible, since, as we have seen, diagnosis involves a considerable degree of physical suffering owing to the need to remain in hospital, with continuous treatment and diagnostic tests. However, the pregnancy may have to be brought to a close at any time, and many cases are considered emergencies in which a preterm birth is unavoidable.

Management of these cases requires an appropriate diagnosis and medical treatment, although it is equally necessary to provide the patient with the necessary tools to help her address a "complicated pregnancy" and to accept the possible consequences. Addressing her problem highlighting the positive aspects of professional care rather than focusing on the problem or probability of failure will make the patient less vulnerable.

The patient and the medical team should manage any uncertainty about the duration of pregnancy (extremely premature vs late), the approach to concluding the pregnancy (elective vs emergency, caesarean vs vaginal), perinatal outcome (severe neonatal morbidity vs moderate neonatal morbidity), and long-term outcome (normal vs special needs). This, together with a setting in which the patient has no control over her own body, places her in one of the most stressful situations she can experience. The perinatal team should be aware of this and provide tools to manage the situation.

Management

According to Ledoux, at least two neurological systems are involved in the reactions to a threatening cue. Firstly, a subcortical (thalamus-amygdala) pathway that leads to physiological reactions and innate motor responses by the amygdala connections to other nuclei. These functions would be enough in those situations with only one possibility of response.

When the threat is uncertain and the alternatives are several, more connections are needed. The attention, memory, and assessment of subjective judgments play a primary role, so the action of a cortical pathway is necessary.

Hippocampus (explicit memory) and tonsil (emotional memory) are activated simultaneously by the same stimuli. Brain structures participating in working memory (prefrontal cortex, anterior cingulate region and orbital cortical), and those involved in long-term memory (hippocampus and temporal lobes) participate in emotional activation. In this way, pre-frontal executive functions (conscious evolutionary processes) can partially inhibit the fear by learning new inhibitory associations or safety signals.

Prevention

1. Make the woman the center of the process
2. Avoid strict time frames
3. Practice coping strategies
4. Reinforce the woman's behavior
5. Create anchor messages

6. Provide an appropriate level of information
7. Promote confidence in the team
8. Assess her emotions daily
9. Know her social environment
10. Accompany her in her decisions

Treatment

When catastrophic thoughts arise, direct suppression is not possible, as Dostoyevsky already described. Wegner studied as the ironic process effect through some thought suppression experiments. Attempts to suppress certain thoughts make them more likely to surface.

Drawing the attention to another focus of interest is much more useful, so that unconscious mechanisms do not return dysfunctional thinking to consciousness.

Postponement of the thoughts

Exposure: allow yourself to think in controlled ways of the thing that you want to avoid

Meditation

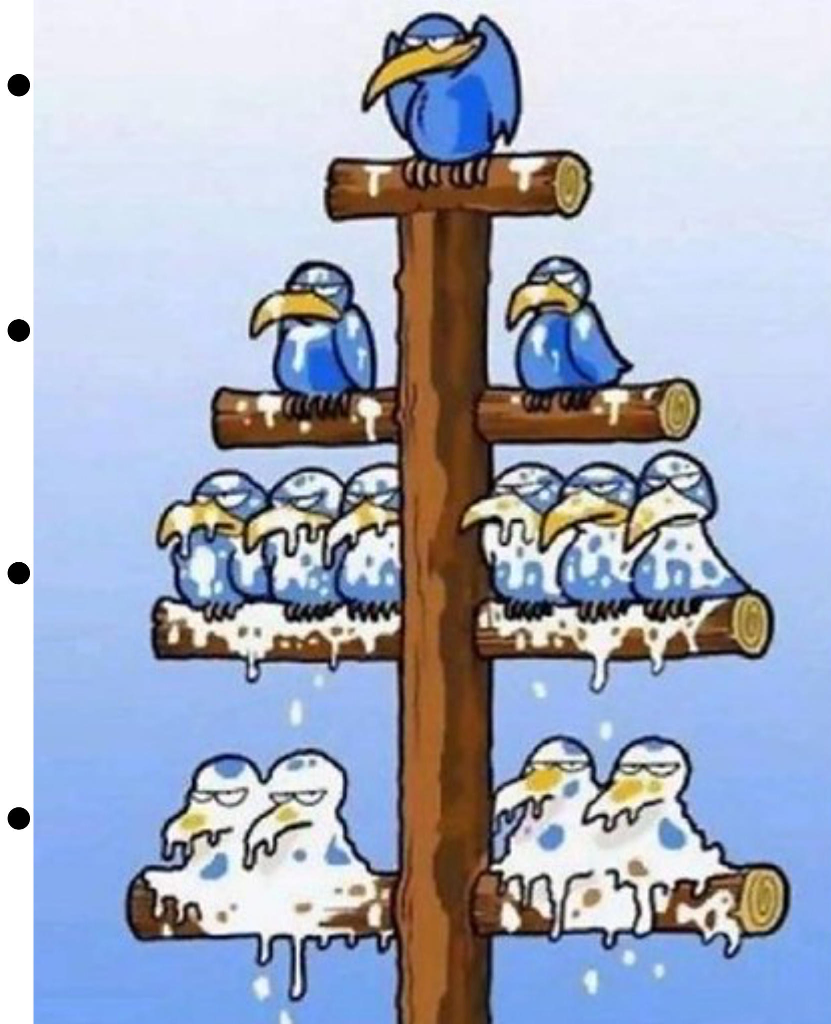
Fears of…

- Physical disease and pain
- Being impaired by the treatment
- Potential fetal harm

High risk diagnosis

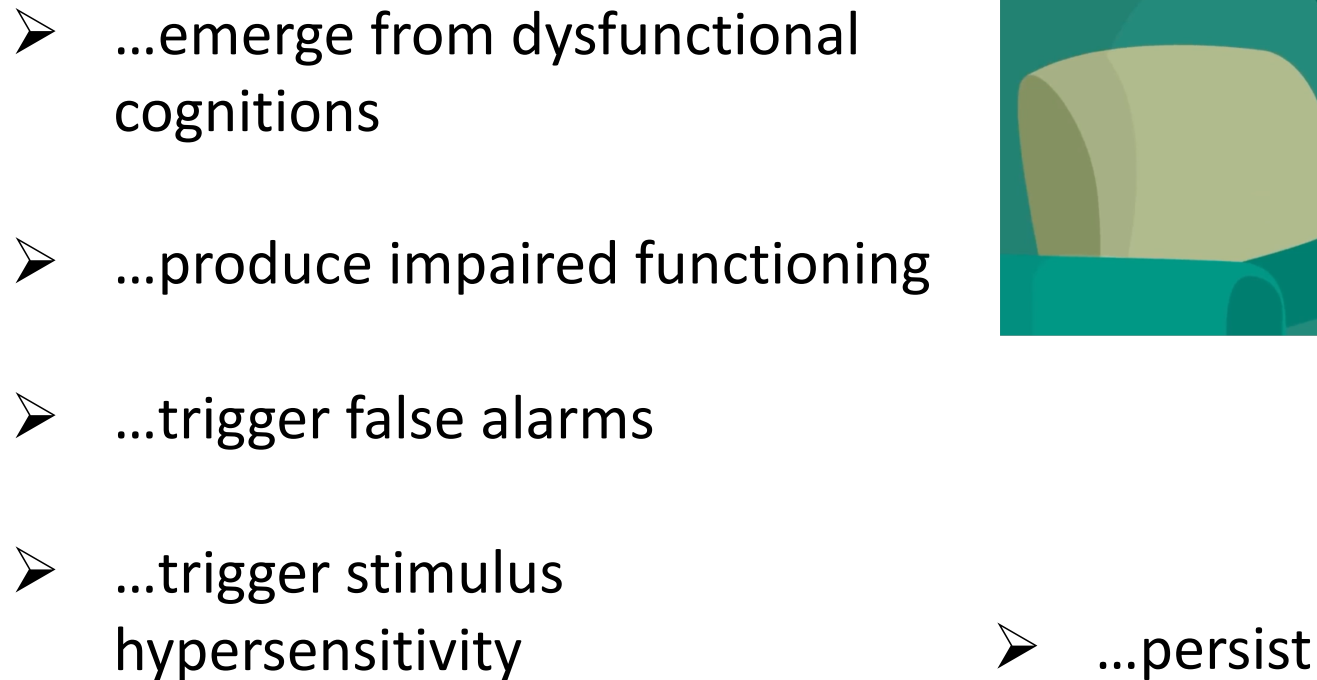
- Stigma
- ↓ Self-esteem
- ↑ Fears

Evolutionary benefits of activating FEAR emotion



- e
- Promotes the social order

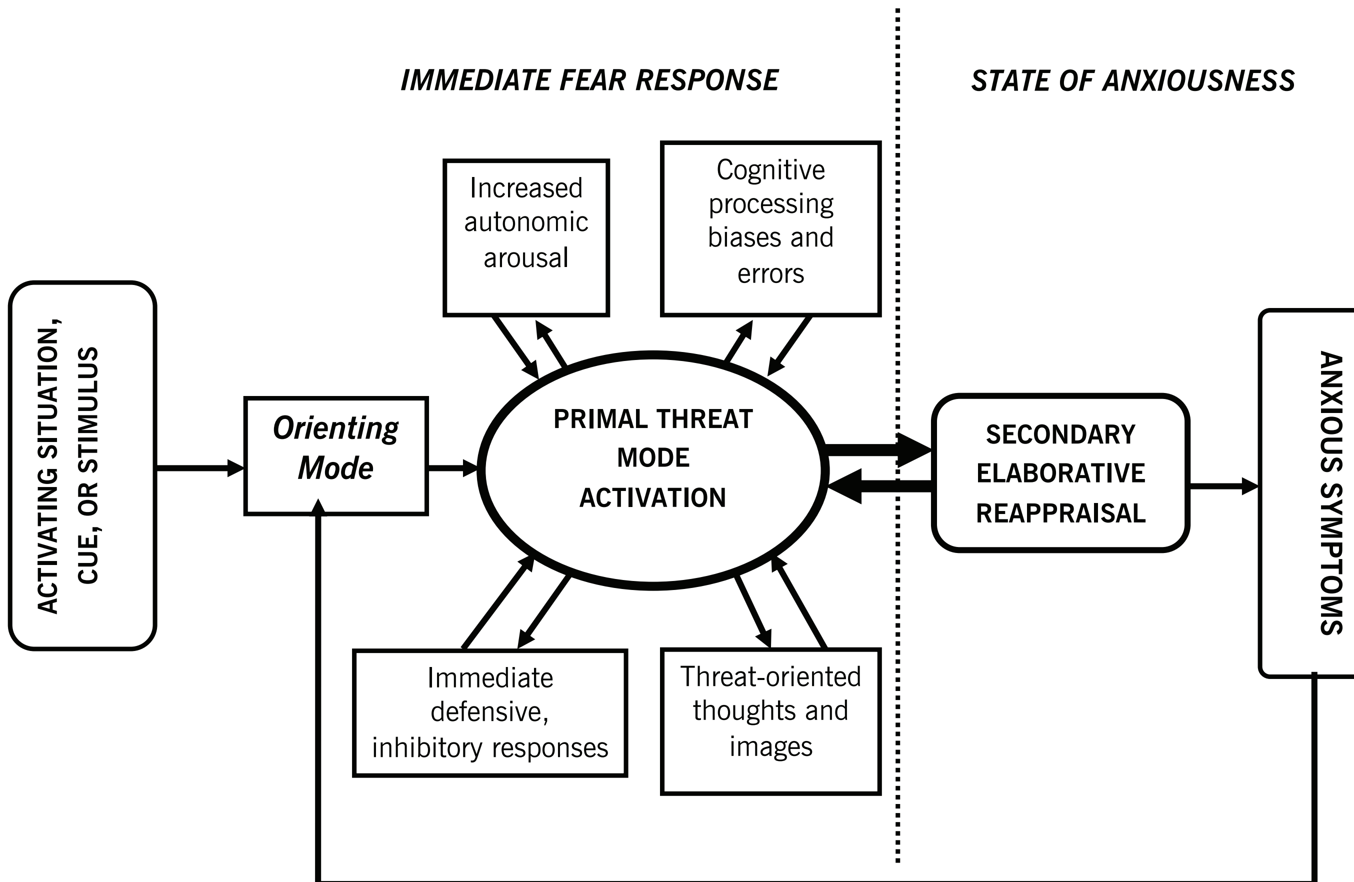
But fears are not healthy if they…:



- …emerge from dysfunctional cognitions
- …produce impaired functioning
- …trigger false alarms
- …trigger stimulus hypersensitivity
- …persist

Why some people have more harmful catastrophic thougts?

- Inherit predisposition
- Learning of anxious responses
- Continous avoidance of feared situations
- Cognitive biases as the “heuristic probability”

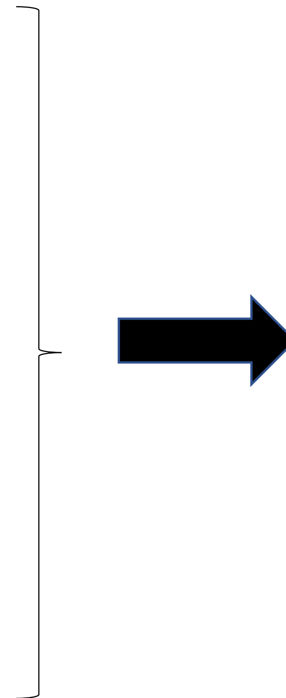


Anxiety induces

- Exaggerated threat assessment
- Greater helplessness
- Restrictive processing of safety signals
- Deterioration of constructive thinking
- Automatic processing

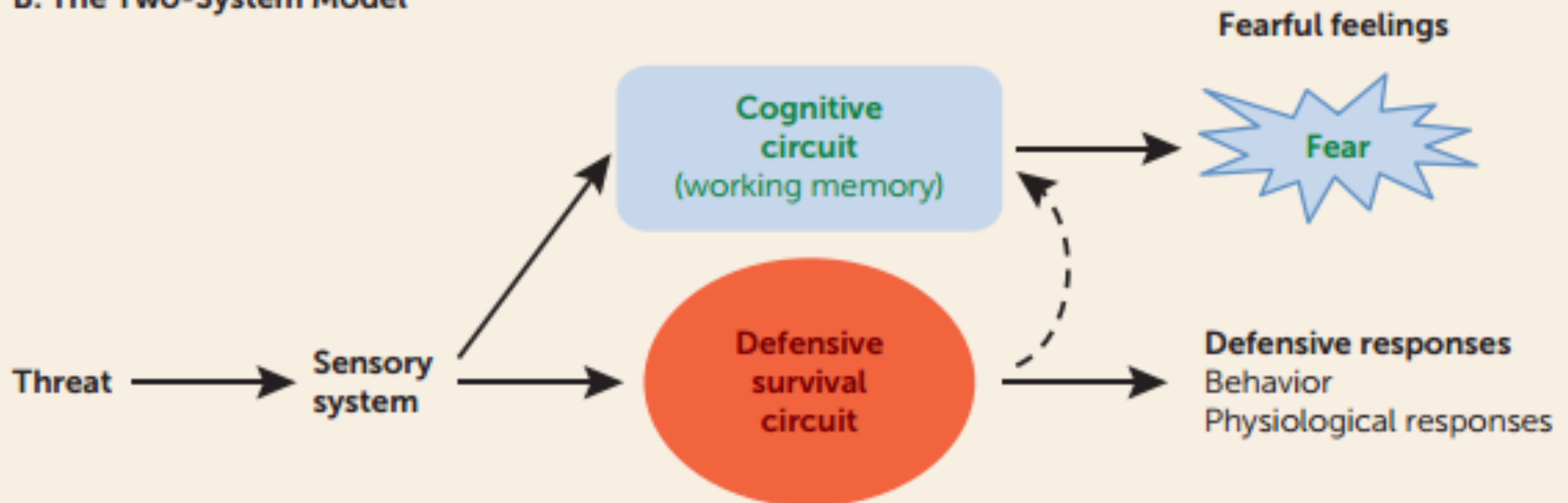
Also, medically complicated pregnancies:

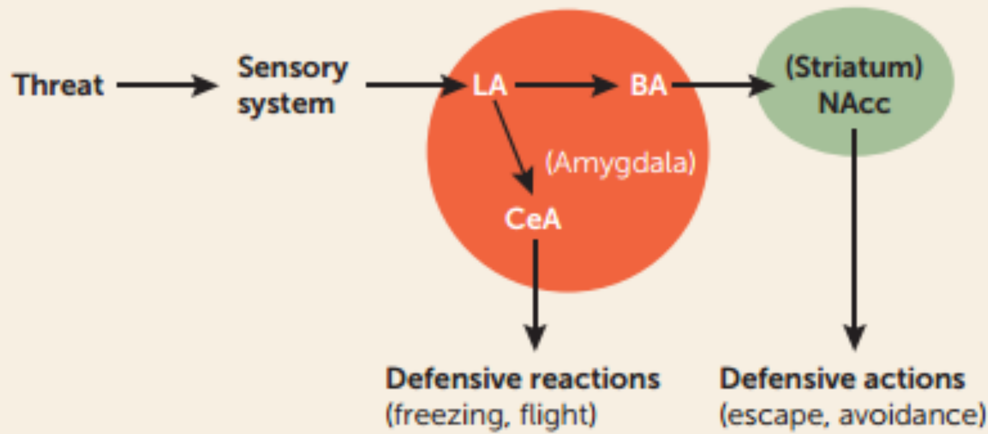
- Risk of preterm labour
- Admission to hospital
- **Work leave**
- **Leave her family**

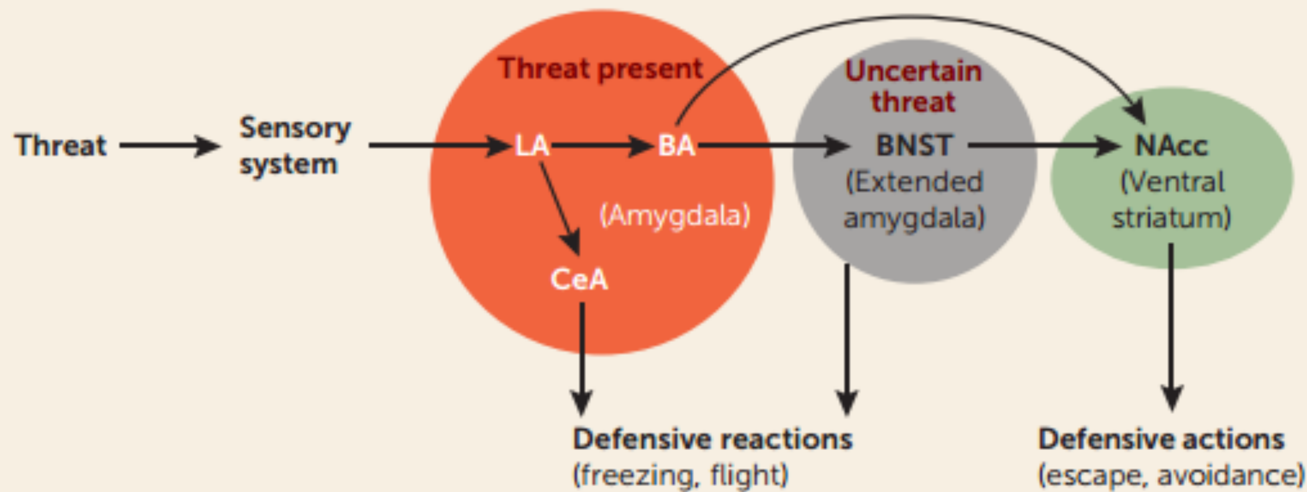


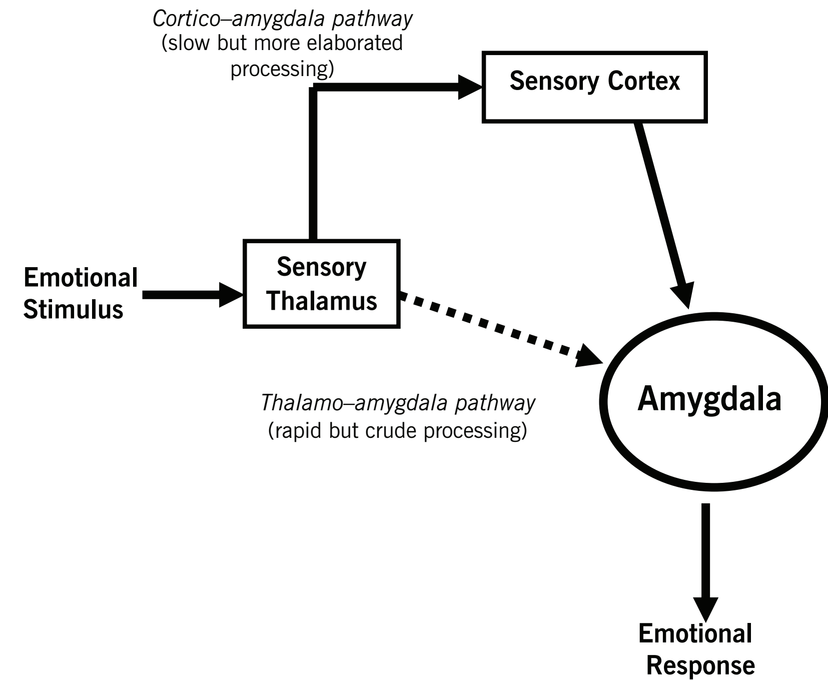
Ambivalent feelings

A. The "Fear Center" Model
Threat
Sensory system
Fear circuit
Fear
Fear responses
Defensive behavior
Physiological responses


B. The Two-System Model
Fearful feelings
Cognitive circuit (working memory)
Fear
Threat
Sensory system
Defensive survival circuit
Defensive responses
Behavior
Physiological responses


A. Circuits Underlying Defensive Reactions and Actions
Threat
Sensory system
LA
BA
(Amygdala)
CeA
(Striatum) NAcc
Defensive reactions
(freezing, flight)
Defensive actions
(escape, avoidance)

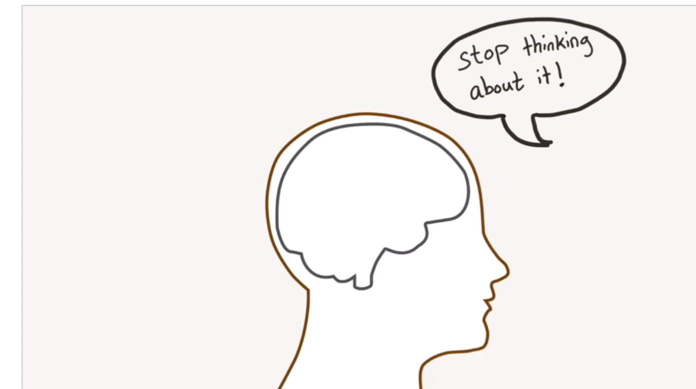

B. Processing Present Versus Uncertain Threats
Threat present
Uncertain threat
Threat
Sensory system
LA
BA
(Amygdala)
CeA
BNST
(Extended amygdala)
NAcc
(Ventral striatum)
Defensive reactions
(freezing, flight)
Defensive actions
(escape, avoidance)


Cortico–amygdala pathway
(slow but more elaborated processing)
Sensory Cortex
Emotional Stimulus
Sensory Thalamus
Amygdala
Thalamo–amygdala pathway
(rapid but crude processing)
Emotional Response

Prevent Psychological distress

I. Make the woman the center of the process
II. Avoid strict time-frame settings
III. Practice coping strategies
IV. Reinforce the woman's behavior
V. Create anchor messages
VI. Provide her the appropriate level of information
VII. Promote her confidence in the team
VIII. Assess her emotions daily
IX. Learn about her social environment
X. Accompany her in her decisions

When catastrophic thoughts arise, direct suppression is not possible



- **Drawing the attention to another focus of interest**
- **Postponement of the thoughts**
- Meditation
- Mindfulness-based therapies

No interests to disclosure

All images and videos in this presentation are free Internet resources

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https://www.youtube.com/watch?v=YMdjENuqVa0

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Thanks!

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