Perceptions of Optimal Health after Pre/Perinatal Experiences: An Exploratory Study

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Full Text: Headnote ABSTRACT: Objective: To describe the subjective characteristics of optimal health (OH) of persons who have done pre- and perinatal psychology study and/or experiential work around early trauma. Study Design: Quantitative 20-item forced-choice questionnaires' total scores (t test) and/or a qualitative open-ended question with the results analyzed. Participants: Sixty-nine members of APPPAH. Results: Before and after ratings were significantly different ($p < .05$). Qualitatively, pre- and perinatal themes were an important precursor to optimal health; and were seen as one part of a holistic view of health. Two of sixty-nine participants reported no difference. Conclusions: Meaningful life changes leading to improved health based on pre- and perinatal psychology study and/or trauma experiential work appears to be beneficial for achieving perceptions of optimal health. INTRODUCTION Common literature-based dimensions of "health" are identified and defined as physical, psychological, emotional, and social/relational. However, most frequently this term is associated with physical health and measured in objective characteristics (e.g., longevity). The discipline of psychology focuses primarily on psychopathologies, having scant literature to contribute on the subject of perceptions of optimal health (OH). Abraham Maslow (1964) was a notable exception to this, when he studied a specific group of high achievers that he called "self-actualized" individuals. Maslow also pointed to "peak experiences" or moments of intense well-being as an example of a subjective experience within this group. However, he did not find the source of this, or a way to develop steps or techniques to bring about peak experiences, being only able to wait for those occasional moments when they occur spontaneously. Another exception is the science of positive psychology (Seligman &Csikszentmihalyi, 2000) which explores and values subjective experiences, using individual characteristics such as happiness, courage, autonomy, optimism, hope, and creativity as examples. These authors have explored what leads to well-being in an effort to address the gap between "momentary experiences of happiness and long-lasting well-being" (p. 11). Other researchers who have examined subjective wellbeing acknowledge there are only partial answers and many questions (Buss, 2000; Diener &Suh, 2000; Emmons, 1986). There is also a large temperament literature on heritability in general, and of well-being in specific (Goldsmith, 1996), suggesting that this experience emerges early in life and is moderately stable over time. But this does not address why some people have well-being and others don't. Can those early set-points be altered, and would this increase levels of OH? Even with this rudimentary empirical literature on OH, studies on the construct as impacted by pre- and perinatal study and/or trauma resolution are even more scant. Few instruments exist, and the therapeutic focus has been on the alleviation of problematic behaviors. For example, we systematically measure and treat every facet of psychological disorders when what we actually want is to be free of them. On the other hand, it is important to study OH objectively, so a way to begin is to learn how individuals describe or rate their own optimal mental and emotional health and functioning following their pre- and perinatal experiences. Why Pre- and Perinatal Psychology? Pre- and perinatal psychotherapy is a transformative experience based on early trauma being recalled, re-experienced and resolved. This kind of cathartic process produces a profound shift in personality (Janov, 1991). When we are in touch with our inner selves and emotions, we have a subjective sense of well-being. This regression modality has been utilized under a number of orientations: regression therapy, rebirthing, primaling, and breath work, to name a few. Before therapy a typical statement would be: "I am fearful." After, with early developmental sources of the fears identified and released, the statement could be: "I now take risks." As well, just being close to events that occur during pregnancy and birth can also be transforming. As a teacher, educator, medical professional or therapist,

one develops a greater empathy for the prenatal and perinatal experiences. The hypothesis of this research is that with pre- and perinatal psychology study and/or experiential work an optimal set of subjective psychological conditions can emerge and OH can be experienced. Optimal Health: Brief Literature Review We know from empirical research that positive affectivity (e.g., happy people) has emerged as a significant predictor of good health as well (Pettit et al., 2001). Optimism predicts health-enhancing behaviors (for a review of the literature on optimism and health see Peterson &Bossio, 2001; Mulkana &Hailey, 2001). And health psychology researchers have measured the benefits of cathartic phenomenon in resolving trauma. Keller et al. (1994) described how emotional expression can ameliorate the effects of past painful experiences, leading to an improved psychological status and immune functioning. Others have studied OH by utilizing subjective methods. Barbara Fredrickson (2000), for example, noted that intervention strategies that cultivate positive emotions optimize health and well-being. Not only does she say that positive emotions counteract negative ones, but they can in turn build that individual's enduring personal resources for coping, health, resilience and well-being. A Conceptual Model of Subjective Optimal Health For the purposes of this paper, subjective optimal health is defined generally as a psychological and/or emotional experience of well-being and/or happiness. In assessing OH, it is assumed that the individuals used cognitive and affective evaluations of their lives as criteria. The aim of this study was to measure a range of themes and meanings that persons with experiential work and/or study in pre- and perinatal psychology use to construct their perceptions of optimal health. METHOD Sample The Association for Pre- and Perinatal Psychology and Health (APPPAH) members from a current roster available to other members, demonstrating a willingness to be contacted, were approached. The author selected this sample due to the high likelihood that experiential and pre/perinatal psychology knowledge in this professional association is present. Four hundred-ninety-seven members worldwide were sent the inquiry. Instruments Quantitative. Operationalizing OH was accomplished by developing a 20-item, forced-choice questionnaire by the author to elicit participants' self-perceptions around psychological abilities, emotional functioning and health. Specifically, satisfaction of one's health levels perceived "before" (experiential work or study) and "after" was requested. Participants were free to modify the wording of the items to fit their experience more closely. Examples of the questionnaire are as follows (questions #1, #2 and #20): Optimism I am not particularly hopeful about my future. I feel more hopeful about my future than I used to be. I expect things to work out for me. I not only feel my future is hopeful, I know that things will only get better. Happiness I do not feel particularly happy. I feel happy much of the time. I am happy most of the time. I can honestly say that I am very happy and glad to be alive. Health My health is not something I focus on. My health is better than it used to be. My health is much better than it used to be. I know that optimal health is achieved by balancing physical, mental and emotional wellness and I apply this philosophy to everything I do. Other questionnaire items were similarly designed around success, pleasure, courage, constructiveness (how I construct/create my inner life), my own thoughts, opportunity/prosperity, interpersonal/relational skills, decisiveness, joyfulness, sleeping patterns, adaptability, concentration, eating habits, exercise, interest in sex or intimacy, my work, and energy. Qualitative. An option of a single, semi-structured question to elicit a narrative response was offered as well. This was done so that respondents could complete the inquiry in a format they preferred and the researcher could discover aspects that might otherwise not have been disclosed using a quantitative method alone. Qualitative question: Please describe your physical, cognitive (mental), emotional and spiritual health today from being in touch with pre /perinatal experiences in your own life or the lives of those you work with. (Contrast this from what your life was like before your pre /perinatal experiential work/study.) Procedure Participants were sent a brief letter explaining the study and a 3page questionnaire in English. They were asked to respond within two weeks. If an e-mail address was available, this method of communication was utilized. Undeliverable e-mails were resent by regular mail. Potential participants were free to volunteer their views or not. No stipend was sent to increase the response rate but self-addressed stamped envelopes were included. Participants were assured that their responses would be confidential. Items from the quantitative questionnaire

were scored from 0-3 (zero being low). Individual items were tallied and total scores were gathered ("before" and "after"). The range of responses possible for each category was zero to 60. Several of the respondents did not answer one or two of the forcedchoice questions and so an average of their missing answers was assigned. If more than 2 items were missing, the participant's scores were not included. If more than one item was chosen for "after", the higher of the two was tallied. If questionnaire items were substantially altered, the responses were utilized only qualitatively. Three of the 69 respondents only gave single answers to each of the 20 questions and their responses were not utilized. Categories for the qualitative responses were grouped into the following themes that were found in the reportings: "pre- and perinatal psychology as primarily responsible for perceived health" and "as part of a holistic view of health." RESULTS As stated, the overall response/return rate was 69 persons (13.9%), 41 completed the questionnaire, 10 returned a response in a narrative format, 3 preferred telling their story by phone, and 12 did a combination of these. Participants were from the USA, Argentina, Brazil, Ireland, England, Belgium, the Netherlands, Switzerland and Canada. Ages ranged from 27 to 74 with a mean of 52 years (SD = 12.95). The number of years reported as doing pre- and perinatal psychology study and/or experiential work ranged from 3 to 30 with a mean of 11.4 years (SD = 7.68). Quantitative The "before" responses had a total mean score of 21.88 (SD = 12.89) on the questionnaire in contrast to a mean of 47.59 (SD = 6.88) in the "after" responses with an average difference score of 25.71. A t test was utilized to measure the difference between these two means, i(40) = 2.02, p <.05. The statistical results supported the hypothesis that perceptions of OH after doing pre- and perinatal psychology study and/ or experiential work around early trauma is significantly higher/better than before these activities had taken place. Qualitative Twelve people provided narrative answers to the qualitative question and/or significantly revised a quantitative question. Overall, most reported increased levels of OH following their study or therapeutic work with only two of these participants reporting being in the same state of health. Still other respondents briefly described the influence of pre- and perinatal psychology on OH as part of a complex interaction. For example, they developed a deep sense of connectedness, meaning and purpose in their life from a holistic strategy (yoga, meditation, as well) and described their work as uniquely individual instead of a learned process. The following statements illustrate how the themes of health were subjectively perceived: "An ability to maintain optimism and "flow" through normal stresses of living, and resolve unexpected conflict/ego challenges in an energy and time-efficient manner compared to the past. A technique/orientation that is self-healing in its roots: remembrances of wholeness, containment, gratitude and new hope." "I no longer have "allergies" or "asthma" or chronic neck pain since I healed my own birth." "I am a doula . . . my life is changed a great deal for the better by helping mothers birth babies in a healthy way ... I have learned to apply birth psychology and physiology to my own life (I've almost cured my fibromyalgia and I take no meds) and my coming to an understanding of my own birth memory and how it has affected my life." "Pre- and perinatal experiences through birth regressions and through breathwork (Holotropic model) brought me into recovery from amphetamines, addictions, alcoholism and bulimia ... It was the foundation of my healing." Limitations A small, convenient sample, and general limitations of self-report instruments have been well-documented. Global reports based on onetime scales are also methodologically problematic, thus interpretation should be cautionary. Administering the 20-item scale to a random sample of individuals ages 30-80 would have been helpful in comparing the outcome to the current sample. Normal developmental and psychosocial maturity occurring over the life span may be confounding the results, if in a random sample of this age bracket well-being increases with aging alone. It is also possible that the only responses received from APPPAH members were from those who had positive views of their individual experiences. Most critically, there is no consistent measurable criteria for how pre- and perinatal psychology study and/or resolution of early trauma perceptions were acquired. SUMMARY This brief inquiry was done to learn initially if pre- and perinatal study and/or experiential work around early trauma contributes to the subjective experience of optimal health. Most respondents expressed an increase in their overall perception of optimum health due to the influence of pre- and perinatal psychology study/experiential work. Some could not

distinguish between pre- and perinatal psychology or other health-related behaviors as being responsible for their perceived well-being. Since we know from the literature that optimal mental and emotional health is important for health and immune functioning, further investigations of the dynamics of pre- and perinatal psychology as related to health should be explored. Additionally, it would seem worthwhile to study with more precision the inner perceptual worlds of individuals who report optimum health in order to learn more about their experiences as well as to endeavor to operationalize the remnants of early pre- and perinatal trauma resolution more objectively. A longitudinal study with an emphasis on day-to-day experiences taking place over time and conditions, randomly recorded, would be ideal. A battery of diverse measures (other than self-report) would provide a more informative composite as well. This exploratory study suggests that meaningful life changes leading to improved health based on pre- and perinatal psychology study and/or experiential work on trauma appears to be beneficial for achieving perceptions of optimal health. References REFERENCES Buss, D. (2000). The evolution of happiness. American Psychologist, 55(1), 15-23. Diener, E., &Suh, E. M. (2000). Measuring subjective well-being. In E. Diener &E. M. Suh, (Eds.), Subjective well being across cultures. Cambridge, MA: MIT Press. Emmons, R. A. (1896). Personal strivings: An approach to personality and subjective well-being. Journal of Personality and Social Psychology, 69, 1058-1068. Fredrickson, B. L. (2000). Cultivating positive emotions to optimize health and well-being, Prevention and Treatment, 3. Goldsmith, H. H. (1996). Studying temperament via construction of the Toddler Behavior Assessment Questionnaire. Child Development, 67(1), 218-235. Janov, A. (1991). The new primal scream: Primal therapy 20 years on. Wilmington, DE: Enterprise Publishing, Inc. Keller, S. E., Shiflett, S. C., Schliefer, S. J. &Bartlett, J. A. (1994). Stress, immunity, and health. In R. Glaser &J. K. Kiecolt-Glaser (Eds.), Handbook of human stress and immunity (pp. 217-244). San Diego: Academic Press. Maslow, A. H. (1964). Religions, values, and peak-experiences. New York: Penguin Books. Mulkana, S. &Hailey, B. (2001). The role of optimism in health-enhancing behavior. American Journal of Health Behavior, 25(4), 388-395. Peterson, C. &Bossio, L. (2001). Optimism and physical well-being. In E. C. Chang (Ed.), Optimism &pessimism: Implications for theory, research, and practice, pp. 127-145. Washington, D.C.: American Psychological Association. Pettit, J. W., Kline, J. P., Gencoz, T., Gencoz, F. &Joiner, T. E. (2001). Are happy people healthier? The specific role of positive affect in predicting self-reported health symptoms. Journal ofResearach in Personality, 35(4), 521-536. Seligman, M. E. P. &Csikszentmihalya, M. (2000). Positive psychology: An introduction. American Psychologist, 5(1), 5-14. AuthorAffiliation Bobbi Jo Lyman, Ph.D.* AuthorAffiliation * This paper is based on a presentation made at the 10th Int. Congress of the Association for Pre- and Perinatal Psychology and Health, San Francisco, CA (December, 2001) Bobbi Jo Lyman, Ph.D. is a Clinical Psychologist. Correspondence about this article may be sent to 815 Saturn Lane NE, Bremerton, WA 98311. Email: drbjlyman@attbi.com

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