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## **A PREGNANT TEENAGER. ASSESSMENT, DIAGNOSIS, INTERVENTION 15 YEARS LATER**

**Aurora SIMIGIU, PhD student**

\* Faculty of Psychology and Educational Sciences, University of Bucharest, Romania

**Abstract:** *This study focuses on the evolution of the life of a teenager mother. Her personality's assessment takes place 15 years after she gave birth to her first child and captures her history (data obtained through a semi-structured interview), psycho-diagnosis and items that require psychotherapeutic intervention .*

*We consider important the personal assessments of a mother watching back on her teenage life as a longitudinal approach captures the causal elements of life experiences. The psychological evaluation was performed with NEO FFI, FFNPQ (personality test), DAS (test for relationships in a couple) and PAXonline for assessing anxiety.*

*The purpose of this qualitative research is part of the desire to find answers to the following questions: How does a teenage mother assess the decision she took 15 years ago? Does she regret it? What impact did this decision have on her life? How is her psychic now? What can be done now to optimize her life, from a psychological point of view? We hope this study brings more knowledge on these life situations, more and more frequent in Romania nowadays.*

**Keywords:** *adolescent, mother, anxiety, neuroticism, case study*

### **1. INTRODUCTION**

If the pregnant teenager has been studied in terms of case study, of counselling and prevention strategies, based on the fundamental theories on maternity stated by Freud, Bowlby, Lebovic, and Winnicott or on the online intervention (Simigiu, 2012, Simigiu, 2013), we now approach the same issue from another perspective - that of a teenage mother in a longitudinal approach.

Looking back to a teen mother, 15 years later, we ask ourselves the following questions: does she regret her decision to keep the baby? How did this decision affect her life? How would she advise her daughter, now a teenager, too, if history repeated itself? How vivid in her soul is the wound caused by the baby's father who abandoned her when she

was most in need of help? To what extent does she believe that childhood influences have contributed to the state of pregnancy in adolescence? Does that experience turn her now into an overprotective mother with her teenage daughter? How did she resist familial and social pressures? What does she think that can be done to prevent accidental pregnancy during adolescence, now having a considerable life experience?

### **2. RESEARCH OBJECTIVES**

Our research objectives were:

- 2.1. Identifying the consequences of early pregnancy;
- 2.2. Establishing a therapeutic intervention plan after the diagnosis.

### **3. RESEARCH METHODOLOGY**

We used the case study method with a research design that uses the interview for data collection. The overall assessment of personality was achieved by using licenced NEO FFI, FFNPQ and DAS as well as anxiety screening tools (Paxonline, 2013).

The interview guide consisted of several sections, including: date of birth and data on the family of origin, traditions and cultural context in which she grew, identification of possible social factors that have marked her evolution, education, data on her teen love and pregnancy, life after she gave birth, and the impact of this event on her life scale.

The three tests were administered under license and score by Test Central which provided psychological profiles in PDF format. The first two are built on the Big Five personality model, one being a verbal personality test (NeoFFI) and the other, a nonverbal test (FFNPQ).

Both have 60 questions requiring an application time of approximately 20 minutes each. Neo FFI measures neuroticism, extraversion, openness to new experiences, agreeableness, conscientiousness, negative self-esteem, negative emotionality, socialization, activism, conscientiousness, mental flexibility, courtesy, productivity and organization factors. The test shows the evolution of these factors in the future and occupational clusters, too. FFNPQ, a nonverbal personality test, measures neuroticism, extraversion, agreeableness, conscientiousness and openness to new experiences factors.

Regarding DAS (Dyadic Adjustment Scale), it measures the quality of the adaptation of the partners in dyadic marital or consensual relationship. Its author is PhD. Graham B. Spanier and the scale was adapted to the Romanian population by Dragos Iliescu and Ligiana Petre in 2009.

DAS is a clinical assessment tool internationally recognized as one of the most widely used tools for evaluating satisfaction in couples. Although both partners are tested with it, if the goal is couple therapy or counselling, it can be applied only to one partner for purposes of diagnosing the quality of the dyadic relationship, which we did in the

case study. Our goal was to identify the subject's degree of satisfaction in the couple, relationship that led to a pregnancy.

DAS is an assessment tool that consists of 23 items. Each item is rated by only one answer, chosen from a given list. DAS includes four subscales: consensus in couple, couple satisfaction, couple cohesion, and emotional expression.

We used paper and pencil version of the test. We used manual rapid scoring form, then transferred it to the profile sheet, where scores are represented visually and compared with the corresponding normative sample. Conversion to T-scores is automatically done using the scoring form.

Anxiety was tested with the screening tools created for PAX (Cognitrom - Cluj Napoca, Paxonline, 2013), based on diagnostic criteria from the DSM-IV-TR, also consulting ICD-10. Each criterion was included as a yes / no question and the specifications for each criterion (severity, specific symptoms, etc.) were recorded based on multiple answers. The report was automatically generated by fulfilling DSM-IV-TR criteria for each disorder, then adding a description of the specific symptoms reported by patients. The algorithm used to generate this report is similar to the protocol described in SCID.

#### 4. DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

*Data acquired through the semi-structured interview*

R. A. is 34 years old, unmarried, she has two children, and is retired on medical reasons (stage II cervical cancer with a surgical intervention).

##### • Data on her family of origin

Her childhood was a normal one, in a family with three children, she and two younger brothers. R. A. was not a desired child, which can be seen throughout her life, as she has never been close to her mother.

Her coming into the world (through an unwanted pregnancy) ended her mother's career, who was professional handball player. As this happened during the communist dictatorship, when women could not decide on their own body, she had to keep the pregnancy and gave birth to the child. R. A. remembers



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her mother had always told her that she ruined her life and career.

Her father, instead, wanted the baby very much. He was an officer. A martinet, who beat her and but loved her at the same time. He died at 44 of internal bleeding. R. A. was in the tenth grade and she was pregnant at that time, but he didn't know it when he died.

The climate at home was not the best. Parents often quarrelled and got violent, but R.A. believes that the mother was the one who caused these conflicts and the beating she received was deserved.

- Traditions and cultural context

R. A. recalls the celebration of Christmas which was very important for her father, who used to buy a tall-to-ceiling tree every year. She is doing the same now. She remembers how he would take her to the puppet show, only her, as she was his favourite child and he would buy her toys. R. A. remembers that they were not a religious family as her father was sergeant major and he never attended church sermons so the children did not go, either.

- The influence of social factors

She remembers her mother watching TV and not being too interested in her children. Only her father loved her mother, although he often beat her, which the mother deserved as she was rude. She believes that the most traumatic childhood event was the day she found out about her step-brother. She knew that her father had been married before her mother, but she did not know that a child resulted from that relationship. When he rang at the door and she opened it, it was as if she saw her father. It was a striking resemblance that troubled her. R. A. was not happy for having a brother, she was afraid of losing the place of the favourite child in her father's heart.

Then another huge trauma was the birth of her first daughter. She had a relationship with a 14 year old boy from the neighbourhood. She wanted very much to be loved, so that she cleaned his house and did anything she could to be accepted by him and his family, but this did not happen.

She got pregnant at first intercourse. They did not know to protect themselves and she realized relatively hard that she was pregnant. Her boyfriend drove her away, his family disowned her, and she was alone and frightened but she wanted to keep the pregnancy. The hardest part was that they called her slutty and told the neighbourhood that is not that boy's child.

Her father never found out she was pregnant. She has mixed feelings now. On the one hand, she knows that she wouldn't have wanted to hurt him and embarrass him, but on the other hand she is sorry he did not get to live the joy of being a grandfather. He knows that after beating her soundly, he would have eventually forgiven her.

Her mother found out about the pregnancy only after she gave birth to her daughter. She insisted on giving the baby up for adoption but she did not want that. R.A.'s support came from an aunt who took her from the hospital and bought baby clothes.

From the hospital, she went home with the child. Her mother glared at her and the baby. She had to immediately get a job as a bartender at night and stayed at home for two months, then went to Austria and Switzerland for 2 years where she had the same profession. Longing for her daughter was overwhelming. She sent money home and bought her a lot of dolls, but her daughter called her "auntie" when they met. That made her stay with her, a decision she regrets now.

- Importance of education

She believes that education is very important in life, even more important than love, because it is the only one who can offer an independent living. She has been living with another man for the past 10 years, a man that reminds her of her father. He often beats her, but she says he loves her, too. She has no regrets on having decided to give birth to her eldest girl and she often scolds her for not learning enough.

She would have liked to follow her father's footsteps in career, but she said the pregnancy ended her dream, just like she ended her mother's dream by coming into this world. She thinks this is their fate. She says that if her mother had wanted her and loved her, maybe she would not have repeated the ninth grade, when he ran away from home for two days and she would not have fallen in love with the wrong boy so early in life. Her biggest regret is that she did not finish school and returned to Romania after two years of living in Switzerland.

- Love and work

She does not want to talk about love because she does not believe in it anymore. It was a negative experience for her that taught her that love comes together with pain. She has a low opinion of men. All her life was ruined because of them. She got cervical cancer also because of men. She says she is going to die because of them. He hates men.

- Major life themes

The decision to keep her first born child was a crucial decision, the hardest she ever took in her life. She proved to manage it and she did not regret what she had done. Her two girls are her only achievements. She regrets that she lied to her father and he died without knowing that he would be a grandfather. Her priority in life now is to stay healthy and to see her girls grow up.

- Vision of the future

She wants to get better and to leave the man she is in a relationship with at the moment, who is the father of the second girl, as he beats her badly, he is possessive, jealous, locks her inside the house, does not give her any money, terrorizes her and cheats on her.

She says that she had some happy moments in life, but few. She does not leave

him because she has no income and the little girl needs a father. She wants to go back to Switzerland, to work and to take the girls with her. Only there she was happy.

### ***Psychological assessment***

The large amount of neuroticism (96), the negative self-esteem (99) and negative emotionality (99) induce a picture of a person showing intense emotional reactions with respect to stimuli that normally would not trigger such emotions.

She has an emotional state that fluctuates frequently, she is irritable, depressed, impulsive, anxious, nervous, vulnerable, unstable, agitated, introverted, submissive, confused, lonely and pessimistic, and she has the structure of a victim. It is possible that this grim picture to be emphasized on the background of the diagnosis of incurable disease she is struggling with.

R. A.'s mental flexibility is very low, with a share of 5 on a scale of 1-100. It is possible that for this reason she can poorly adapt, knowing that such people try to shape their behaviour according to the requirements of social and religious morals. Her teen pregnancy and trying to hide it created large intra-psychic conflicts, the effect being greater share of neuroticism and confusion.

By combining the high score on the neuroticism factor and the lower score in extraversion, there resulted a pronounced state of pessimism, which alters significantly her life quality.

Her maladaptive defence style is generating conflicts in relationships with others. She frequently uses dysfunctional defence mechanisms such as repression, denial or other reactive patterns. Such people generally do not analyse or think about their own problems, having difficulties in verbalizing their emotional states, even when they are of high intensity.

Combining the high neuroticism score with the high agreeableness score imprints a shy character anger management, sketching a victim's profile. This explains why although constantly assaulted by a partner, she prefers to forgive him every time.

She has difficulties in indicating discontents, confusion being a feature of her



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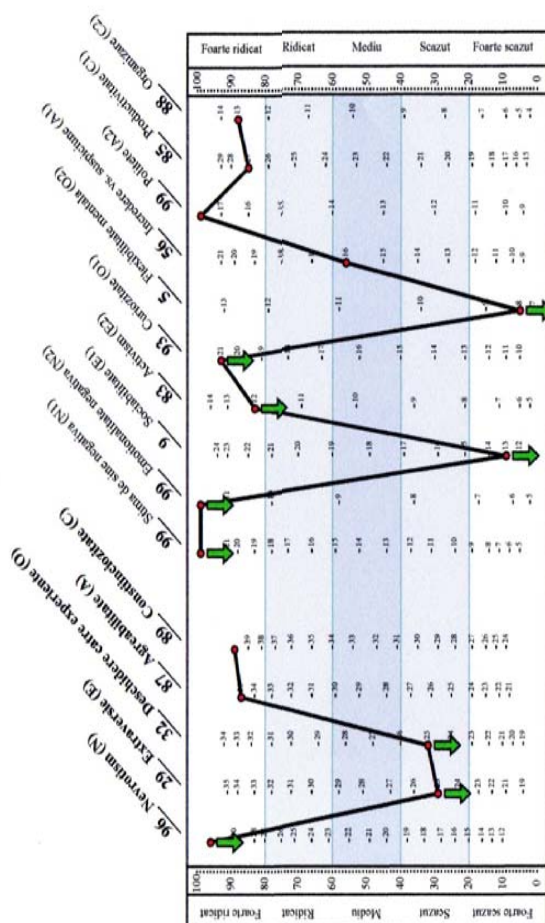
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personality. She frequently directs anger inward, not knowing what to do with it.

The DAS questionnaire shows poor scores on all measured components. It seems that in the couple that resulted in this pregnancy there is a lack of consensus on the important factors for the relationship, a lack of sexual satisfaction as well as while a high level of frustration.

The anxiety test is positive for posttraumatic shock and generalized anxiety. The cancer diagnosis marked her profoundly because it came suddenly at a young age.  
Graph 1 . Evolution of the personality traits



The chart above illustrates the evolutionary trend of personality traits measured by us. The high share of neuroticism seems to decrease. Most traits were measured on a downward trend, R.A.'s psychic energy being reduced possibly because of the daily struggle with an incurable disease.

5. CONCLUSIONS

At 34, still young, R. A. has to face the spectre of death, suffering from an incurable disease. Retired on medical reasons, with two girls from two different relationships, emotionally abused in childhood, she keeps the victim's behavioural pattern and accepts to be abused and financially supported by a man who reminds her of the father to whom she had ambivalent feelings.

She believes that life has passed by her, without knowing love, although she wanted fulfilment in love early, but her teenage pregnancy brought the most painful betrayal.

Her life was full of frustration, having to fight for acceptance of her child, and then to leave the country and the girl in order to earn money for raising the child. So she lost her daughter's early childhood, but also her affection, when she came home her daughter was closer to the grandmother who became like a mother to the girl.

The fact that in childhood love was at packaged with violence confused her as an adolescent, marking negatively her subsequent choices in love relationships. She repeated the parental model because it was the only model she knew. Being initially unwanted by her mother led her to seek adolescent love in an inappropriate way. The lack of information on sexual topics led to an unwanted pregnancy, without being at all ready to be a mother.

The psychological evaluation emphasizes neurotic tendencies, negative self-esteem, negative emotionality, generalized

anxiety, which all make it difficult for R. A. to adapt to the status of mother, wife and patient.

The therapeutic intervention plan aimed at a cognitive-behavioural approach on the Paxonline platform, as follows:

Reducing neurophysiological hyper activation through autogenously training and physical exercise

Reducing distress associated with trauma recall through the “expressive writing” technique

Progressive mental exposure and desensitization

Optimizing the problem solving process

Correcting the dysfunctional conscious / unconscious thinking

Reducing the avoidance behaviour through the method of exposure

Increasing sleep quality

Developing positive emotions

Developing assertiveness

Developing time management skills

Reducing the symptoms of depression associated with anxiety (ICAR procedure)

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