# BETWEEN FEAR AND HOPE: HOW PREGNANT WOMEN EXPERIENCE THE DIAGNOSIS OF GESTATIONAL DIABETES MELLITUS

# ENTRE MEDO E ESPERANÇA: COMO GESTANTES VIVENCIAM O DIAGNÓSTICO DE DIABETES MELLITUS GESTACIONAL

# ENTRE EL MIEDO Y LA ESPERANZA: CÓMO LAS MUJERES EMBARAZADAS EXPERIMENTAN EL DIAGNÓSTICO DE DIABETES MELLITUS GESTACIONAL

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**ABSTRACT**

Gestational Diabetes Mellitus (GDM) is a high-risk condition that, in addition to its clinical repercussions, profoundly impacts women's subjectivity. This study aimed to understand the subjective meanings produced by pregnant women facing a diagnosis of GDM, based on a qualitative approach grounded in González Rey's epistemology of subjectivity. Dialogical interviews were conducted with three high-risk pregnant women hospitalized in a public hospital in Brasília, who received a GDM diagnosis for the first time during pregnancy. The transcribed and analyzed narratives revealed that the initial impact of the diagnosis was marked by feelings of fear, insecurity, and guilt, but also by the emergence of hope and the development of new coping strategies. The study highlights that illness cannot be reduced to a biomedical dimension, but must be understood within the complexity of the subjective productions of pregnant women. It is concluded that Health Psychology plays an essential role in the care of women with GDM, promoting a comprehensive and humanized approach that recognizes the uniqueness of each experience.

**Keywords:** Gestational Diabetes Mellitus. Subjectivity. Health Psychology. High-Risk Pregnancy. Emotions.

**RESUMO**

O Diabetes Mellitus Gestacional (DMG) é uma condição de alto risco que, além das repercussões clínicas, impacta profundamente a subjetividade da mulher. Este estudo buscou compreender os sentidos subjetivos produzidos por gestantes diante do diagnóstico de DMG, a partir de uma abordagem qualitativa fundamentada na epistemologia da subjetividade de González Rey. Foram realizadas entrevistas dialógicas com três gestantes de alto risco, internadas em hospital público de Brasília, que tiveram o diagnóstico de DMG pela primeira vez durante a gestação. As falas, transcritas e analisadas, revelaram que o impacto inicial do diagnóstico foi permeado por sentimentos de medo, insegurança e culpa, mas também pela emergência da esperança e pela construção de novas estratégias de enfrentamento. O estudo evidencia que o adoecimento não pode ser reduzido a uma dimensão biomédica, mas deve ser compreendido na complexidade das produções

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subjetivas das gestantes. Conclui-se que a Psicologia da Saúde tem papel essencial no acompanhamento de mulheres com DMG, promovendo uma abordagem integral e humanizada que reconheça a singularidade de cada experiência.

**Palavras-chave:** Diabetes Mellitus Gestacional. Subjetividade. Psicologia da Saúde. Gestação de Risco. Emoções.

**RESUMEN**

La Diabetes Mellitus Gestacional (DMG) es una condición de alto riesgo que, además de sus repercusiones clínicas, impacta profundamente la subjetividad de la mujer. Este estudio tuvo como objetivo comprender los sentidos subjetivos producidos por gestantes ante el diagnóstico de DMG, a partir de un enfoque cualitativo fundamentado en la epistemología de la subjetividad de González Rey. Se realizaron entrevistas dialógicas con tres gestantes de alto riesgo, internadas en un hospital público de Brasília, que recibieron el diagnóstico de DMG por primera vez durante el embarazo. Los discursos, transcritos y analizados, revelaron que el impacto inicial del diagnóstico estuvo marcado por sentimientos de miedo, inseguridad y culpa, pero también por la emergencia de la esperanza y la construcción de nuevas estrategias de afrontamiento. El estudio evidencia que la enfermedad no puede reducirse a una dimensión biomédica, sino que debe comprenderse en la complejidad de las producciones subjetivas de las gestantes. Se concluye que la Psicología de la Salud desempeña un papel esencial en el acompañamiento de mujeres con DMG, promoviendo un enfoque integral y humanizado que reconozca la singularidad de cada experiencia.

**Palabras clave:** Diabetes Mellitus Gestacional. Subjetividad. Psicología de la Salud. Embarazo de Alto Riesgo. Emociones.

## 1 INTRODUCTION

Gestational Diabetes Mellitus (GDM) is defined as an intolerance to carbohydrates, of varying degrees, diagnosed for the first time during pregnancy. It is a condition that makes pregnancy a high-risk condition, since it is associated with several maternal and fetal complications, such as premature birth, infections, changes in the volume of amniotic fluid and a higher incidence of cesarean deliveries. In Brazil, according to the World Health Organization (WHO), its prevalence can reach about 7.6% of pregnancies, especially in women over 25 years of age (LANDIM; MILOMENS; DIÓGENES, 2007), configuring itself as an important public health problem.

Pregnancy, in itself, is a period marked by intense physical, emotional and social transformations (MALDONADO *et al*., 2010). In this context, the diagnosis of GDM represents a rupture in the expected course of pregnancy, placing the pregnant woman in a risk condition that demands significant changes in her lifestyle, such as strict dietary control, constant glycemic monitoring and, in some cases, frequent hospitalizations. Such demands not only impact the body, but also mobilize important subjective dimensions, triggering feelings of fear, insecurity, anxiety and, sometimes, guilt in the face of the possibility of damage to the baby's health (SILVA; SANTOS; PARADA, 2004).

However, understanding GDM exclusively from its biomedical aspects is insufficient to encompass the complexity of the experience lived by pregnant women. The processes of health and illness are crossed by subjective dimensions, which involve the life history, social bonds, beliefs and meanings constructed by the subject throughout his or her trajectory (CAMON, 2002). From this perspective, the theory of subjectivity proposed by González Rey (2004) contributes to the understanding of health as a complex qualitative process, in which symbolic and emotional aspects are articulated in the production of singular subjective meanings. Thus, the diagnosis of GDM does not have a single and universal meaning, being experienced in different ways by each pregnant woman.

The relevance of this study is justified by the need to broaden the view on Gestational Diabetes Mellitus, incorporating the subjective dimension to the understanding of this phenomenon. Despite the existence of a vast literature on the clinical and epidemiological aspects of GDM, there is a gap in the field of Health Psychology regarding the understanding of the emotional and subjective experiences of pregnant women diagnosed with this condition, especially in the context of hospitalization. Considering that such experiences can directly influence treatment adherence, self-care, and quality of life of these women, it is essential to investigate how they signify, re-signify, and experience this process.

In view of this, this article aims to understand how high-risk pregnant women experience the diagnosis of Gestational Diabetes Mellitus, considering the subjective meanings produced from the initial impact of the diagnosis to its repercussions on self-care, quality of life and the emotional field. The specific objectives are: (a) to analyze the feelings and emotions mobilized by the diagnosis of GDM; (b) to identify the coping strategies constructed by the pregnant women; and (c) to understand the role of the hospital context and the health team in the production of these subjective meanings.

By approaching GDM from the perspective of subjectivity, this study intends to contribute to the expansion of health practices, especially in the field of Psychology, favoring a more comprehensive, humanized and sensitive performance to the singularities of pregnant women.

## 2 GESTATIONAL DIABETES MELLITUS: BETWEEN RISK AND SUBJECTIVITY

Gestational Diabetes Mellitus (GDM) is a condition that goes beyond the biomedical dimension, assuming a complex character as it affects a period already marked by intense transformations in women's lives (MALDONADO *et al*., 2010). Pregnancy, by itself, is permeated by expectations, idealizations and subjective reorganizations, and is often associated with a moment of plenitude and fulfillment. However, when crossed by the diagnosis of GDM, this experience can suffer a significant rupture, displacing the pregnant woman from an idealized experience to a risk condition, which requires constant vigilance and reorganization of her routine (REIS, 2014).

The classification of pregnancy as high-risk implies not only an increase in medical concerns, but also the production of subjective meanings associated with vulnerability, fear and uncertainty. The possibility of complications, both for the mother and the baby, mobilizes intense feelings, such as fear of loss, insecurity in relation to gestational development and childbirth, as well as feelings of guilt, often related to the perception of responsibility for the risk condition. Such feelings do not emerge in isolation, but are articulated with the pregnant woman's life history, her beliefs, previous experiences and social representations about motherhood and health.

In this context, GDM can be experienced as a threat to the ideal of healthy pregnancy, producing a shake in the expectations built throughout pregnancy. The need for strict dietary control, glycemic monitoring and, in some cases, frequent hospitalizations, can intensify the feeling of loss of autonomy and control over one's own body. In addition, the insertion of pregnant women in a hospital environment, with its norms and routines, can be perceived as

an additional stress factor, reinforcing the condition of vulnerability (CAMON, 2002; REIS, 2014).

On the other hand, the diagnosis of GDM is not restricted to the production of negative meanings. Throughout the process, resignification movements may emerge, in which the pregnant woman begins to reorganize her relationship with pregnancy and with her own care. The contact with the multidisciplinary team, the access to information and the emotional support offered by health professionals can favor the construction of a more active posture in the face of treatment. Likewise, family and social support can function as an important coping resource, contributing to the emergence of feelings of hope and confidence in the positive outcome of pregnancy.

Thus, GDM evidences the coexistence of ambiguous feelings, in which fear and hope are intertwined in the pregnant woman's experience. This ambivalence reveals the complexity of the subjective processes involved in the illness, indicating that the experience of the diagnosis cannot be understood in a homogeneous or linear way (GONZÁLEZ REY, 2011). Each pregnant woman produces unique meanings from her insertion in specific social and cultural contexts, which reinforces the need for an approach that considers subjectivity as a central element in understanding the health-disease process (REIS, 2014).

From this perspective, the theory of subjectivity proposed by González Rey (2011) contributes significantly by understanding health as a qualitative process, in which symbolic and emotional aspects are articulated in the production of subjective meanings. Subjectivity is not understood as something internal and isolated, but as a complex system, built on the relationship between the individual and the different social contexts in which he or she is inserted. Thus, the experience of GDM should be analyzed based on this dynamic, considering the multiple determinations that cross the experience of pregnant women.

Understanding GDM from this perspective implies going beyond the strictly biomedical view and recognizing pregnancy as a subjective, social and cultural process. Such understanding enables the expansion of health practices, favoring interventions that are not limited to the control of physiological aspects, but that include the acceptance of the emotional and subjective dimensions of the pregnant woman. In this sense, the performance of Health Psychology becomes fundamental, by contributing to the construction of spaces for listening and elaboration, in which pregnant women can signify their experience and develop more adaptive coping strategies.

## 3 METHODOLOGY

The present study is characterized as a qualitative research, based on the Qualitative Epistemology proposed by González Rey (2005), which understands knowledge as a constructive-interpretative process, in which the researcher and participants are actively involved in the production of information. This perspective breaks with traditional models of investigation based on neutrality and strict objectivity, by considering subjectivity as a central element in the understanding of human phenomena, especially in the field of health.

The research was carried out in a public hospital of the health network of the Federal District, a reference in the care of high-risk pregnant women. The choice of the scenario is justified by the fact that the hospital environment, especially in hospitalization situations, constitutes a privileged space for the emergence of subjective meanings related to illness, care and the experience of pregnancy in adverse conditions.

Three pregnant women diagnosed with Gestational Diabetes Mellitus, hospitalized for the first time due to the risk condition, participated in the study. The selection of the participants occurred intentionally, considering the availability and interest in participating in the research, as well as the relevance of their experiences in relation to the object of study. The choice of a small number of participants is in line with the qualitative proposal adopted, which favors the depth of the analysis to the detriment of the generalization of the results.

As an instrument for the construction of information, dialogical meetings were used, without the use of a previously structured script. This methodological choice allowed the pregnant women to express themselves freely, enabling the emergence of significant content for the understanding of their experiences. The dialogues were conducted in a flexible manner, respecting the rhythm and demands of each participant, favoring the construction of a space for listening and welcoming.

The meetings were recorded, with the consent of the participants, and later transcribed in full. The analysis of the information followed the assumptions of Qualitative Epistemology, focusing on the identification and interpretation of the subjective meanings produced by the pregnant women throughout the dialogues. This analytical process was not restricted to the categorization of contents, but involved an interpretative reading, in which the researcher acted as an active subject in the construction of knowledge, articulating theory and empirical in a dynamic way.

Regarding the ethical aspects, the research was submitted to and approved by the Research Ethics Committee of the State Department of Health of the Federal District (FEPECS/SES/DF), in compliance with the guidelines established for research involving human beings. All participants were informed about the objectives of the study and signed

the Free and Informed Consent Form, guaranteeing anonymity, confidentiality of information and the right to withdraw at any time, without prejudice to any nature.

Thus, the methodology adopted enabled the construction of an investigative field sensitive to the complexity of the experience of pregnant women, favoring the understanding of the subjective processes involved in the experience of the diagnosis of Gestational Diabetes Mellitus.

## 4 RESULTS AND DISCUSSION

The analysis of the information constructed from the dialogical meetings with the three pregnant women, identified here as Antonia, Alessandra and Milena (fictitious names), allowed us to understand that the experience of Gestational Diabetes Mellitus (GDM) is configured as a complex subjective process, marked by multiple emotional, social and symbolic dimensions. Far from being presented as a homogeneous experience, the diagnosis was signified in a singular way by each participant, evidencing the centrality of subjectivity in the understanding of the health-disease process (GONZÁLEZ REY, 2011).

Next, the main analytical axes constructed from the participants' speeches are presented, articulated with the theoretical framework adopted.

### 4.1 THE IMPACT OF DIAGNOSIS

The moment of diagnosis emerged, in all three cases, as an experience of rupture, characterized by surprise, shock and emotional destabilization. The pregnant women reported not waiting for a diagnosis that would transform the pregnancy into a risk condition, which produced a significant shock in their initial expectations about pregnancy.

Antônia expressed the diagnosis as an unexpected event, associated with the feeling of loss of control over her own body and the course of pregnancy. Alessandra, in turn, showed intense concern about the baby's health, expressing fear of possible complications associated with GDM. Milena, on the other hand, presented a speech permeated by insecurity and anxiety, especially in the face of the changes imposed on her routine and the need for constant care.

These reports show that the diagnosis is not limited to clinical data, but assumes a subjective character, mobilizing meanings related to vulnerability, uncertainty and threat. The feeling of loss of control, recurrent in the participants' statements, can be understood as a rupture in the subjective organization previously built around pregnancy, requiring new forms of elaboration and coping (GONZÁLEZ REY, 2004).

## 4.2 CONTRADICTORY EMOTIONS: FEAR AND HOPE

Although the initial impact of the diagnosis was predominantly marked by feelings of fear and insecurity, the emergence of contradictory emotions was observed throughout the dialogues, in which fear coexisted with hope.

Antonia, initially taken by anguish, began to express confidence as she felt welcomed by the health team and oriented about the necessary care. Alessandra highlighted the importance of faith as a central element in her way of dealing with the diagnosis, attributing to spirituality a role of emotional support. Milena, in turn, revealed that family support was essential for her to reframe her experience and develop a more positive perspective in relation to pregnancy.

This emotional ambivalence shows that the process of illness is not static, but dynamic, and is constantly reconfigured based on social interactions and the experiences lived by the pregnant woman (GONZÁLEZ REY, 2011). The coexistence of fear and hope reveals the complexity of the subjective meanings produced, indicating that even in the face of a condition of risk, it is possible for more active and mobilizing subjective positions to emerge.

## 4.3 COPING STRATEGIES

The analysis of the participants' statements allowed the identification of different coping strategies mobilized in the face of the diagnosis of GDM. Among them, adherence to medical guidelines, the strengthening of spirituality and the appreciation of social and institutional support stand out.

Antônia demonstrated engagement in the treatment, seeking to strictly follow the guidelines received, which contributed to the construction of a sense of control over her condition. Alessandra highlighted spirituality as the main resource for coping, using faith as a way to deal with anxiety and fear. Milena, in turn, highlighted the importance of family support and the relationship with health professionals, emphasizing the role of welcoming in the process of adapting to the new reality.

In this context, the performance of the multidisciplinary team, including the psychologist, proved to be fundamental in promoting self-care and emotional support for pregnant women. Qualified listening and the acceptance of subjective demands enabled the construction of more adaptive coping strategies, favoring not only adherence to treatment, but also the emotional elaboration of the lived experience (CAMON, 2002).

### 4.4 PRODUCTION OF SUBJECTIVE MEANINGS

The analysis of the three cases shows that GDM cannot be understood homogeneously, since each pregnant woman produced unique subjective meanings based on her experience.

Antônia attributed to the diagnosis a sense related to responsibility and care, reorganizing her routine according to the baby's well-being. Alessandra built meanings strongly crossed by spirituality, understanding the DMG as a test to be faced with faith. Milena, in turn, elaborated her experience from the supportive relationships she established, highlighting the role of the other in the construction of her emotional security.

These differences show that the experience of GDM is mediated by subjective processes that involve life history, social relationships and cultural contexts in which pregnant women are inserted. As González Rey (2011) proposes, subjectivity should be understood as a complex system of production of meanings, in which symbolic and emotional aspects are dynamically articulated.

Thus, the understanding of GDM from the perspective of subjectivity allows us to broaden the view of the health-disease process, recognizing the pregnant woman as an active subject in the construction of her experience. Such an approach contributes to the development of health practices that are more sensitive to singularities, favoring interventions that integrate biomedical care with the emotional and subjective dimensions of illness.

## 5 CONCLUSION

The present study made it possible to understand that the diagnosis of Gestational Diabetes Mellitus (GDM) is a complex experience, which goes beyond the biomedical dimension and is configured as a process deeply crossed by the subjectivity of pregnant women. The analysis of the cases of Antônia, Alessandra and Milena showed that GDM is not experienced in a homogeneous way, but rather from singular subjective meanings, constructed in the articulation between life history, social relations and the context of care.

The results indicate that the initial impact of the diagnosis is marked by feelings of fear, insecurity, anxiety and, in some cases, guilt, related to the risk condition and the possible repercussions for the baby's health. However, this process does not remain static, being reconfigured over time through the emergence of other senses, such as hope, confidence, and the ability to cope. This oscillation between fear and hope reveals the dynamics of the subjective processes involved in the illness, evidencing that the experience of GDM is permeated by ambivalences that demand listening and expanded understanding.

In this context, the importance of the support offered by the multiprofessional team and by the social support networks is highlighted, as they act as mediators in the production of more adaptive meanings in the face of the diagnosis. The relationship with health professionals, when based on welcoming and qualified listening, favors not only adherence to treatment, but also the emotional elaboration of the lived experience. Likewise, elements such as spirituality and family support proved to be relevant resources in coping with the condition of risk.

From the perspective of the theory of subjectivity, it is understood that the health-disease process cannot be reduced to universal and objective parameters, and it is necessary to consider the singularity of experiences and the production of subjective meanings. Thus, recognizing pregnant women as active subjects in their care process implies rethinking health practices, expanding them beyond clinical control and incorporating emotional, symbolic and relational dimensions.

Thus, Health Psychology assumes a strategic role in the context of monitoring pregnant women with GDM, contributing to the construction of comprehensive, humanized and singularity-sensitive care practices. The insertion of the psychologist in multiprofessional teams enables the creation of spaces for listening and elaboration, which are fundamental for strengthening self-care and for promoting health in its expanded dimension.

Finally, the need to expand studies that investigate the subjective impacts of Gestational Diabetes Mellitus is emphasized, especially in different sociocultural and institutional contexts. Such investigations can contribute to the improvement of public policies and health practices, favoring the construction of more inclusive care models that recognize the complexity of the human experience in the process of illness.

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