New Trends
in Psychology

Increased or Decreased Anxiety during Labour

Andra Elena Ionascu[1]

Abstract: My research aims at increasing or decreasing the level of anxiety during labour, caused by the way of communication of the medical staff with the expectant mother. The research is both qualitative and quantitative, carried out on at least two generations, mothers born in the 1950s and those born in the 1980s, using the unstructured interview method. We observed that in the discussions on the topic of birth the main topic was the emotions and feelings treated as a result of the way of communication of the medical staff and the influence on the self-esteem of the mothers, in the perception of mothers as mothers, women and in the relationship with the newborn as well as with the partner or family. Also by studying a school for general nurses, doing a course in autopsies and giving birth to three babies in two different hospitals, I had the chance to use the participatory observation research method. My research has resulted in the fact that new health professionals are greatly influenced by old professionals who unfortunately have an acquired communication handicap because they too suffer from anxiety and stress and their needs are not listened to or helped, and as a result we have a vicious circle that is repeated for at least two generations. The main result of this vicious cycle of miscommunication with mothers-to-be leads to increased anxiety which in turn will lead to decreased self-esteem, postpartum depression, decreased birth rate, lack of bonding between mother and child, lack of affection for the child due to anxiety, which in the future will affect the development of the child, the individual and society.

Keywords: communication; anxiety; depression; childbirth; labour; stress

[1] Student, 2nd year, Faculty of Behavioural and Applied Sciences, Specialization Psychology, Danubius University of Galați, Romania, Address: 3 Galați Blvd., Galati 800654, Romania, Tel.: +40372361102; Fax: +40372361290, Coresponding author: Kida_isses@yahoo.com.

1. Introduction

Although many mothers go through different birthing procedures, in both cases, mothers-to-be as well as many other individuals, suffer from anxiety, a disorder that has a 30% lifetime prevalence (Kessler et al., 2005), is common in people with low quality of life (Barrera & Norrton, 2009) and tends to be chronic, affecting personal and social life (Lepin, 2002; Wittchen & Jacobi, 2005).

Anxiety disorders are characterized by fear, in the case of mothers it is an emotional response to danger, to something unforeseen, because every birth is different, anticipation of future danger, which influences behavior according to the Diagnostic and Statistical *Manual of Mental Disorders (5th edition, DSM-5; American Psychiatric Association (APA), 2013).*

In mothers there will be separation anxiety, and if the birth will result traumatic due to the increased level of anxiety, the mother will develop specific phobias, such as avoidance of certain objects or situations, other pregnancies or births, may develop social anxiety, where she will avoid social situations that involve the possibility of evaluation by others, may suffer from panic disorder, be prone to panic attacks, may suffer from agoraphobia, such as fear of closed or open spaces, may suffer from several phobias at once, from a neurotic fear that has its source in an inner conflict, in the fear of failure to defend her rights as a patient, as a vulnerable person exposed to criticism and decisions of others.

Anxiety is the fear of an imminent but undefined danger, a feeling of perpetual insecurity, also known as anxiety, with a hereditary predisposition, influenced by the environment, which frequently produces inhibitions and reduces activity, intellectual performance decreases, alertness may increase, understanding may occur with difficulty, but what is certain is that an environment based on fear cannot provide a high performance (Cosmovici, 2005), I mention these things because indeed anxiety differs according to the cognitive level, and because I have still encountered threats from medical professionals used to reassure the patient by instilling fear or increasing anxiety.

There are mothers who gave birth in the 1950s whose births were influenced by anxiety, but by an assumed anxiety of the unknown, because few were born in hospitals, and far fewer had medical care, with many turning to local midwives or family members, which is also a cause of later births. The importance of a favourable birth environment is also mentioned by O. Rank who speaks of the "traumatic birth

shock" , which can generate anxieties and neuroses later on, M. Montessori states that the later development of the newborn is dependent on the way the child was received at birth, reactions based on the stimulation of external and internal analysers, which can cause distress or pleasure and influence later behaviours.

In my own personal opinion in Romania if we have a prolonged labour, it is not a medically or morally supervised or supported one, but it is due to carelessness, lack of staff, lack of interventions of any kind, which leads to increased anxiety of the mother and which will be further increased by a poor if not abusive communication with the future mother. A procedure that later leads to complications, to an inadequate mother-child relationship, to the impairment of CNS development, with negative effects on sensoriality, but especially on the emotional-affective level, according to Emil Verza and Florin Verza, Child Psychology 2017.

Unfortunately things are repeated from one generation to another, a real example is the women who gave birth in the 1980s did not have a will with their husbands in the delivery room, and I'm not talking about a hospital but most of the country. Pregnant women stood in line for gynaecological check-ups, if there were more than one, in a row, and the medical staff behaved with the mothers like farm animals, because they were tired, bored and because they had the decision-making power over the medical future of both mother and future child, and the testimony of thousands of people who claim to have paid money to make the delivery and discharge process a satisfactory one.

What I'm telling you sounds like a horror movie, but it's not, the same strategy we see in the 21st century, only now the evidence is not just at the grassroots level, passed down through the grapevine, but also factual, the complaints made to the College of Physicians, the countless five o'clock news where there are hundreds of cases of mothers who have been left with phobias following experiences they treated when they were admitted to give birth and also the hundreds of groups in the online space about mothers and their experiences, most of them unpleasant, plus things I have seen and dealt with in my practice period by exposing mothers to unhealthy environments, direct demands for money if they want to give birth if they can't manage, threats of bed-tying, swearing and cursing, stopping to intervene in helping patients and young staff, reprimanding and threatening to fire if they don't accept a subordinate to see unfair treatment of patients by senior staff, carelessness, indifference.

There are also cases where communication has been successful in reducing the mother's anxiety level, and I have observed it in new professionals, new generations, many of them empathetic and with a high cognitive level, graduates of famous faculties and schools as educational institutions, who although they have been reprimanded, still keep their professionalism and do a graceful job. We have to recognise that in the healthcare environment too much empathy can damage medical practice, so a balance has to be struck.

In veterinary school, one professor insisted on working no more than six hours a day, and no more than three serious cases a day with breaks of at least an hour in between, in order to be efficient in the work. I also observed the awareness of the staff for the urgent need of psychology and communication classes, to learn how to be empathetic and how to communicate with the patient, with the relatives and how to keep a respectful and good collaboration without anxieties between the medical staff.

A simple observation, mothers born in the 1950s or later, and who gave birth in the 1970s or 1980s, are generations of mothers where childbirth was not an easy birth from the point of view of anxiety, of understanding the pain in the birth process, the family could not easily get in touch with them, there were many deaths in labour, even the current law states that the death of the mother at birth and the child up to one year is considered natural death, few attract suspicion or ask to investigate these deaths. All these issues were also under the influence of the lack or ignorance of human rights, which led to a result of mothers with permanent anxieties, with poor attachment, which further led to a generation of introverts, anxious, emotionally unstable, generations who increase their self-esteem by the appreciation of their close ones or those around them.

The things that happened 30-40 years ago are still happening, because the medical system urgently needs psychological counselling to be carried out between professionals and then with patients, to teach them how to communicate with each other and how to identify and help lower the level of anxiety, in order to ease their work, that of the patients and to have a healthier society at a bio-psycho-social level.

Cooperation between people is a very important process, with many benefits on the interaction between people, according to Iulia, A.Bilbie, Andrei,T. Bratu, Steliana, Rizeanu The Relationship Between Consciousness And Cooperation: The Mediating Role Of Sociability, and one of them is to decrease the level of anxiety through communication, because the affective function is the communication of emotions, and this communication also depends very much on its tone. The tone of a line can

have opposite affective meanings, because it conveys the attitude towards what we are talking about, as well as the attitude towards the person we are addressing.

2. Objectives and Assumptions

2.1. Objectives

In this research I want to demonstrate how the mother's level of anxiety during childbirth can be influenced by the fear of the unknown , fuelled by separation during the admission from the partner and family, how they communicate with each other, how they communicate with the teachers and how the mother's level of anxiety can be reduced by the teachers' patient and understanding communication process, through an explanatory process of what is going to happen, by ensuring that she is safe and that they will do everything they can to make the birth process as easy as possible and that they will help her throughout the birth, and to be aware at a collective level that this is where it all starts and that not everyone has the financial situation to provide, as they should, prenatal education for young families, nor the generous financial support, which leads to increased maternal anxiety and makes it more difficult and responsible for the medical staff.

2.2. Hypotheses

Hypothesis 1: Consists in the recognition that the mother already has some level of increased anxiety at the time of labour.

Hypothesis 2: We assume that increased anxiety may cause physiological and psychological problems for the mother.

Hypothesis 3: We assume that lowering anxiety levels will result in relaxation of the body, self-regulation of the baby's functions, optimization of body function, increased adaptability to the new, and better organization in difficult situations.

Hypothesis 4: We assume that increased anxiety leads to increased motivation to achieve a quicker birth.

3. Methods

The participants in my research are women who gave birth in Romania, mostly in the provincial area, aged between 65 and 40, the average age being 30.

As a method I used the unstructured interview, the persons in question were interviewed about ten years ago, some of them I reinterviewed in 2020, for personal purposes under the aspect of the participatory research method in order to better understand the relationship between patient and health care professional, as well as to exchange experiences between births, places, and as a method of studying what happens at the cognitive level of the mother, at the level of anxiety and relationship, as well as communication with health care professionals. Assessment for anxiety contains evaluation in a diagnostic category, detailed assessment of the main symptoms, factors associated with its development and maintenance, and according to Antony Rowa (2005), should follow the assessment of indicators and triggers, avoidance behaviours, compulsions and safety behaviours, physical responses and symptoms, social skills deficits, distress and functional impairment, development and evolution of the disorder, treatment history, family environmental factors, physical health problems. Assessment focused on honesty, cognitive ability, observation of physical change on exposure to imagined anxiety stimuli in discussion.

4. Outcomes

The result to **hypothesis 1**, the level of anxiety is known but not recognized or accepted through understanding and empathy, especially if it is not the first birth , by health professionals, and here often the level of anxiety is high due to the knowledge of what can go wrong during labor and how it can affect the baby throughout life (Sinesi et al, 2019).

Hypothesis 2 results in the development of postpartum depression as a result of increased levels of anxiety, decreased self-esteem, lack of connection with the child and partner, denial of another child, another birth, lack of affection shown towards the child which will lead to a delay in their development or the emergence of personality disorders that will activate in adult life and not only, adolescence.

Hypothesis 3 The anxiety level of pregnant women can decrease during meditation, but also during labour, if they are told in a soft, calm tone that they are safe, that they

are doing a good job, that they can, that they will succeed. She needs to be encouraged and praised, to be validated for the effort she has put in, the pain and fear she has felt, and the level of anxiety will decrease, and the connection with the baby, with the husband, with the birth experience itself will be seen, experienced and experienced and rehearsed at a high level of excitement and fulfillment, gratitude, love, which she will pour further into both breastfeeding and the growth of the future individual.

Hypothesis 4, knows that the methods of schooling in the last century were based on an authoritarian style that used fear as a method of control, the problem is that this method has been retained in the practice of some medical professionals, who stimulate the increase of anxiety to increase the mother's adrenaline, to cause stronger and faster contractions in the mother so that the expulsion will be faster, or the mother to make a greater and longer effort to give birth. There are many problems with this technique, from the ethical level, to the level of violation of human rights, through abusive language, by immobilizing the mother in bed, by ignoring her cries so that when a medical professional is present she will do what she is told, when to push, when to be silent, which sometimes you can't control, and that besides being exposed and vulnerable you end up with trauma, prolapse, pelvic fracture, trauma, increased anxiety to different stimuli and emotional relationship to the child and partner may be deficient, and put the child's life in danger.

A technique that I painfully admit has been passed on as a practice to future generations, as I have met mothers who have given birth after the 2000s, and whose experiences are recounted with the same anxiety that I found in mothers who gave birth in the 1980s. Much more at peace with the situation, at least at first glance, seem to be mothers who gave birth in the 1950s, but there is a level of anxiety in denial that has been used as a coping mechanism.

5. Conclusions

In essence I have tried to write a little, but it is not enough, this research needs to be intensively worked on and much more researched, because it is of public and current interest.

The mother or mother-to-be will always look at childbirth with some anxiety because there are changes that she feels at every level, bio-psycho-social, and they are always a novelty whether you are giving birth for the first time or for the tenth time.

The truth is that the level of anxiety also differs according to cognitive development, information gathered or experienced, pregnancy courses with the midwife about pregnancy, birth and child rearing, relationship with partner and family, financial stability, but most of all in my opinion the level of communication with the staff matters. I say this because effectively your life and your newborn's life are in their care. Let's not forget that the anxiety level increases also because all your life you have been brought up with that big NO in front of you, where showing your nakedness was not nice, and now at birth you are naked and exposed to everyone's view, from the security guard, to the ambulance driver, the doctor and even the nurse or the electrician who repairs the plugs in the delivery room.

Due to lack of funds, lack of an emergency plan, lack of staff, the level of anxiety increases due to the need to act against time.

Anxiety levels rise due to separation from loved ones, new and stressful situations, communication with those in your care but can also fall due to the support of health professionals and their involvement, family support, awareness of what is about to happen and the risks involved. Mothers are capable of cutting their own wombs if they know it will save their baby, so birth is a miraculous process, which must be respected and helped, and the professionals must also be given psychological support, so that the level of anxiety is low.

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