



New Trends  
in Psychology

## Increasing or Decreasing the Level of Anxiety During Labor

**Andra Elena Ionascu<sup>1</sup>**

**Abstract:** My research looks at the increase or decrease in the degree of anxiety, during labor, caused by the way the medical personnel communicate 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, through the unstructured interview method. I observed that in the discussions about the topic of birth, the main subject was the emotions and feelings experienced resulting from the way of communication of the medical personnel and the influence on the self-esteem of the mothers, in the way of perceiving mothers as mothers, women and in the relationship with the newborn as well as with the partner or the family. Also, due to the fact that I studied at a general nursing school, I did an autopsy course and I give birth to three children in two different hospitals, I had the chance to use the research method of participatory observation. My research resulted in the fact that the new medical personnel are greatly influenced by the old personnel who unfortunately have an acquired disability of communication because they too suffer from anxiety and stress and their needs are not listened to or help is offered, and as a result we have a vicious circle that repeats itself for at least two generations. The main result of this vicious cycle of faulty communication with expectant mothers leads to increased anxiety, which in turn will lead to lower self-esteem, the onset of postpartum depression, lower birth rates, lack of bonding between mother and child, lack of affection towards the child due to the anxiety experienced, which in the future will affect the development of the child, the individual and the society.

**Keywords:** anxiety; communication; depression; childbirth; labor; communication

---

<sup>1</sup> Student, 3rd year, Faculty of Behavioural and Applied Sciences, specialization Psychology, Danubius University of Galați, Romania, Address: 3 Galați Blvd., Galați 800654, Romania, Tel: +40372361102, Fax: +40372361290, Corresponding author: kida\_issas@yahoo.com.

## 1. Introduction

Although many mothers go through different birthing procedures, in both cases, expectant mothers as well as many other individuals, suffer from anxiety, a disorder that has a prevalence of 30% during life (Kessler et al., 2005), often found in people with a low quality of life (Barrera and Norrton, 2009) and which tends being chronic, affects 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 a danger, to something unliked, because every birth is different, the anticipation of a future danger, which influences behavior according to the Manual of diagnosis and statistical classification of mental disorders (edition 5th, DSM-5; American Psychiatric Association {APA}, 2013).

Mothers will have separation anxiety, and if the birth is traumatic due to the increased level of anxiety, the mother will develop specific phobias, such as avoiding certain objects or situations, other pregnancies or births, she may develop social anxiety, where she will avoid situations social situations that involve the possibility of evaluation by others, will suffer from panic disorders, will be prone to panic attacks, may suffer from agoraphobia, such as the fear of closed or open spaces, may suffer from several phobias at once, from a fear neuroticism that has its source in an inner conflict, in the fear of failure in defending his rights as a patient, as a vulnerable person exposed to the criticisms and decisions of others.

Anxiety is the fear of an imminent but undefined danger, a feeling of perpetual insecurity, also called anxiety, with a hereditary predisposition, influenced by the environment, which frequently produces inhibitions and reduces activity, intellectual performance decreases, alertness of attention can increase, understanding can come with difficulties, but what is certain is that an environment based on fear cannot offer a high yield (Andrei Cosmovici, General Psychology, 2005), I mention these things because anxiety really differs depending on the cognitive level, and because I have yet to meet the threat from medical personnel used to reassure the patient by instilling fear or increasing anxiety. There are mothers who gave birth in the 1950s and whose birth was influenced by anxiety, but by an assumed anxiety of the unknown, because few gave birth in hospitals, and much fewer received medical care, many of them turning to local midwives or with family members, which is also a reason for registering children later. The importance of a favorable environment for birth is also mentioned by O. Rank who speaks of the "traumatic shock of birth", which can generate anguish and neuroses later, M. Montessori states that the subsequent

development of the newborn is dependent on the way the child was received at birth, reactions based on the stimulation of external and internal analyzers, which can cause suffering or pleasure influencing subsequent behaviors.

In my own and personal opinion in Romania, if we have a prolonged labor, it is not one that is supervised or supported from a medical or moral point of view, but is one due to carelessness, the lack of staff, the lack of interventions of any order, which leads to the increase of the mother's anxiety and which will be even more increased by poor if not abusive communication with the future mother.

A procedure that then leads to complications, to an inadequate mother-child relationship, to affecting the development of the CNS, with negative effects also on the sensory, but especially on the emotional level, according to Emil Verza and Florin Verza, *Child Psychology* 2017.

Unfortunately, things repeat themselves from one generation to another, a real example is the women who gave birth in the 1980s were not allowed to be with their husbands in the delivery room, and I am not referring to a hospital but to the majority of the country. Pregnant women stood in line for gynecological check-ups, if there were more, in a row, and the medical staff treated the mothers like farm animals, because they were tired, bored and because they had the decision-making power over the medical future of both the mother and the child. The future child, and the witnesses are the statements of thousands of people who claim that they paid sums of money so that the hair removal and discharge process would be a satisfactory one.

What I'm telling seems to be a horror movie, but it's not, the same strategy we meet in the 21st century, only now the evidence is not only at the popular level, transmitted by living speech, but also factually, the complaints made to the College of Doctors, the countless five o'clock news where there are hundreds of cases of mothers who were left with phobias following the experiences they had when they were hospitalized to give birth and also the hundreds of groups in the online space about mothers and their experiences, most of them unpleasant, plus things experienced and seen by me during my practice period by exposing mothers to unsanitary environments, the direct demand for money if they want to give birth if they don't manage, threats still tied to the bed, insults and insults, stopping to intervene in helping the patients young staff, reprimanding and threatening dismissal if a subordinate does not accept to see the unfair treatment of the higher medical staff on patients, carelessness, indifference. There are also cases where communication was a success in reducing the mother's anxiety level, and I observed it in new staff, new

generations, many of them empathic and with a high cognitive level, graduates of famous faculties and schools as well as institutions of education, who, although they were reprimanded, still maintain their professionalism and do their work with grace. We have to recognize that in the healthcare environment, too much empathy can damage medical practice, so a balance must be found.

At the Faculty of Veterinary Medicine, a 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 one hour between them, in order to be efficient at work. I also observed the staff's awareness of the urgent need for psychology and communication classes, to learn how to be empathetic and how to communicate with the patient, with the relatives and how to maintain a respectful and good collaboration without anxiety between the medical staff.

A simple observation, mothers born in the 1950s or after, and who gave birth in the 1970s or 1980s, are generations of mothers where the birth was not an easy one from the point of view of anxiety, of understanding the pain during the birth process, the family could not contact them easily, there were many deaths following labor, even the current law states that the death of the mother at birth and of the child up to one year of age is considered a natural death, few raise suspicions or ask for these deaths to be investigated. All these aspects were also under the influence of the lack or ignorance of human rights, which led to a result of mothers with permanent anxieties, with a deficient attachment, which further led to a generation of introverts, anxious, emotionally unstable, of generations who increase their self-esteem through the appreciation of their loved ones or those around them.

The things that happened 30-40 years ago are still happening, because the medical system urgently needs psychological counseling to be carried out among the staff and then with the patients, to teach them how to communicate with each other and how to identify and it helps to reduce the level of anxiety, to make their work, the patients', easier and to have a healthier society at the 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 SOCIALIZATION, and one of them is reducing the level of anxiety through communication, because the affective function represents the communication of emotions, and this communication depends a lot on its tone. The tone of a reply can

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

## **2. Objectives and Hypotheses**

### **2.1. Objectives**

In this research I want to demonstrate how the mother's anxiety level during childbirth can be influenced by the fear of the unknown, fueled by the separation during hospitalization from her partner and family, by the way of communication between them, by the way of communication with the teaching staff and how the mother's anxiety level can be reduced through the patient and understanding communication process of the teaching staff, through an explanatory process of what is going to happen, by ensuring that she is safe and that they will do everything in their power as the childbirth process to be as easy as possible and that they will help her throughout the birth, and to make us aware on a collective level that everything starts from here and that not everyone has a financial situation that can provide for them, as prenatal education for young families should, and no generous financial support, something that increases the mother's anxiety and makes the medical staff more difficult and responsible.

### **2.2. Hypotheses**

I 1: It consists in recognizing the fact that the mother already has a certain level of increased anxiety at the time of labor.

I2: We assume that the increase in anxiety can cause physiological and psychological problems for the mother.

I3: We assume that lowering the level of anxiety will result in relaxation of the body, self-regulation of body functions, optimization of body functioning, increased adaptability to new situations, and better organization in difficult situations.

I4: We assume that the increase in anxiety leads to the increase in motivation to achieve an expulsion during a faster parturition.

### **3. Methods**

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

As the method we used the unstructured interview, the people in question were interviewed about ten years ago, some of them I re-interviewed in 2020, for personal purposes under the aspect of the participatory research method in order to better understand the relationship between the patient and the medical staff, as well as an exchange of experience between births, places, and as a method of studying what happens at the cognitive level of the mother, at the level of anxiety and the relationship, as well as communication with the medical staff. The evaluation for anxieties contains the evaluation in a diagnostic category, detailed evaluation of the main symptoms, of the factors associated with its development and maintenance, and according to Antony Rowa (2005), should follow the evaluation of indicators and triggering factors, avoidant behaviors, compulsions and behaviors of safety, physical responses and symptoms, social skills deficiencies, distress and functional impairment, development and evolution of the disorder, treatment history, family environmental factors, physical health problems. The evaluation focused on sincerity, cognitive ability, observing the physical change upon exposure to imaginary anxious stimuli during the discussion.

#### **3.1. The Results**

The result of hypothesis no. 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 the medical personnel, and here many times the level of anxiety is high due to the knowledge about what can go wrong during labor and how it can affect the child throughout his life (Sinesi et al, 2019).

The second hypothesis results in the development of postpartum depression following the increased level of anxiety, the decrease in self-esteem, the lack of connection with the child and the partner, the refusal of another child, of another birth, the lack of affection shown towards the child which will lead to a delay in his development or in the shaping of personality disorders that will become active in adult life and not only in adolescence.

Hypothesis no. 3 The anxiety level of pregnant women can decrease during meditation, but also during labor, if they are told in a soft, calm tone that it is safe to

do a good job, that they can that you will succeed. She must be encouraged and praised, her effort, the pain and the fear felt, should be validated, and the level of anxiety will decrease, and the connection with the child, with the husband, with the staff with the actual birth experience will be seen, experienced and lived and repeated at a high level of emotion and fulfilment, gratitude, love, which will pour forth both in breastfeeding and in the growth of the future individual. Hypothesis no. 4, knows that the schooling methods of the last century were based on an authoritarian style, which used fear as a method of control, the problem is that this method was kept in the practice of some medical staff, which stimulates the increase of anxiety in order to increase the mother's adrenaline, to cause stronger and faster contractions in the mother so that the expulsion is faster, or the mother makes a greater and longer effort to give birth. This technique has many problems, 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 staff is present, they will do what they are told, when to push, when to keep quiet, something that sometimes you can't control, and which, besides the fact that you are exposed and vulnerable, you end up with trauma, prolapse, pelvic fracture, trauma, increased anxiety to different stimuli and the emotional relationship with the child and partner can also be deficient, and you put the child's life in danger.

The technique that I painfully admit has been passed down as a practice to future generations, because we also meet mothers who have given birth even after the 2000s, and whose experiences are narrated with the same state of anxiety per acre that I found in mothers who gave birth in the 1980s. Mothers who gave birth in the 1950s seem to be much more at peace with the situation, at least at first glance, but it is a level of anxiety in denial that was used as a survival mechanism.

#### **4. Conclusions**

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

The mother or future mother will always look at the birth with some anxiety because there are changes that she feels at any level, bio-psycho-social, and they are always a novelty regardless of whether she gives birth for the first time or for the tenth time. It is true that the level of anxiety also differs depending on cognitive development,

information gathered or experienced, courses during pregnancy together with the partner regarding pregnancy, birth and raising the child, the relationship with the partner and the family, the stable financial situation, but in my opinion the most important thing is the level of communication with the staff. I say this because effectively your life and that of the newborn are in their care.

Let's not forget that the level of anxiety increases also because all your life you were raised with that big NO in front of you, where flaunting your nakedness was not something beautiful, and now at birth you are naked and exposed to everyone, from the guard to the driver on the ambulance, doctor and even the nurse or the electrician who repairs sockets in the delivery room.

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

The level of anxiety increases due to the separation from loved ones, the new and stressful situation, the communication of those in whose care you have remained, but it can also decrease, due to the support of the medical staff and their involvement, the support of the family, the awareness through what follows to occur and the existing risks. Mothers are capable of cutting their own womb if they know that this will save their child, so birth is a miraculous process, which must be respected and helped, and the staff must also be given psychological support, so that the level of anxiety is low.

## References

Haica, Cristiana (2018). *The effect of psychological intervention on infertile couples quality of life during art medical treatment. Note de curs*. Hyperion University, Faculty of Psychology and Educational Sciences Department of Psychology.