



Specific features of self-perception and anxiety of a woman with pathology of pregnancy

Nigina S. Babieva¹, Natalia V. Sidyacheva², Sophia A. Mudrak³, Igor V. Kalinin⁴, Eugene V. Zolotkova⁵,
Valentina V. Buyanova⁵, Irina V. Mikhailova⁶

ABSTRACT

Objective: The purpose of the article is to describe the empirical research of self-perception and emotional state of a woman with a pathology of pregnancy. At present, reproductive problems, both in women and men, are quite widespread in the world. According to the WHO data there are about 80 million couples in the world who have some difficulties in conception, carrying and giving birth to children. The reproductive health impairment is becoming one of the main problems of modern society, and consequently, the number of psychological problems also increases, because the inability to conceive or carry a baby safely, provided that there is a conscious desire to have children, is one of the most difficult life situations.

Method: The leading method to investigate this problem is diagnostic and static methods that allow us to identify the presence of specific features in self-perception and emotional state of a woman during her pregnancy, focusing specifically on the psychological characteristics of women with pregnancy pathologies.

Results: Based on the results of the empirical research, the hypothesis put forward about the presence of the specific features in self-perception and anxiety levels of pregnant women without pathologies and women with pathology of pregnancy was confirmed. Women with pregnancy pathology are less likely to feel self-confidence, they have lowered self-acceptance, but compared to women without pathology of pregnancy, the subjects often blame themselves for the situation that happened, they start to be responsive to their health and react to any bodily changes.

Conclusion: Psychological support and guidance of pregnant women at maternity welfare centers (level I) should focus on the formation of personal and social perception of the concepts "I am pregnant" and "My child"; at antenatal clinics of maternity hospitals (II level) - to focus on the formation of rational ideas about the emerged pathology of pregnancy.

Keywords: self-perception, anxiety, emotional state of a woman with pathology of pregnancy

INTRODUCTION

At present, reproductive problems, both in women and men, are quite widespread in the world. According to the WHO data there are about 80 million couples in the world who have some difficulties in conception, carrying and giving birth to children. The reproductive health impairment is becoming one of the main problems of modern society, and consequently, the number of psychological problems also increases, because the inability to conceive or carry a baby safely, provided that there is a conscious desire to have children, is one of the most difficult life situations. These problems are actively studied in the framework of reproductive and prenatal psychology, which made it possible to identify not only the psychological consequences of the reproductive function impairment, but also the psychological causes of such impairments. A significant influence of the psychological factor on a woman's reproductive functions was found in the studies of domestic and foreign authors. The impairment of the women's reproductive function is one of those pathological conditions that can significantly affect the psycho-emotional status, causing a state of chronic stress, severe frustration. In its turn, the state of chronic stress in a woman adversely affects the ability to perform her reproductive function, reduces the likelihood of successful conception and carrying a pregnancy.

¹ Sechenov First Moscow State Medical University, Moscow, Russia

² Moscow State Regional University, Moscow, Russia

³ Moscow State University of Civil Engineering, Moscow, Russia

⁴ Kosygin State University of Russia, Moscow, Russia

⁵ Mordovian State Pedagogical Institute named after M.E. Evsev'ev, Saransk, Russia

⁶ Ulyanovsk State University, Ulyanovsk, Russia

Correspondence: Nigina S. Babieva

Sechenov First Moscow State Medical University, Moscow, Russia

E-mail: n.s.babieva@mail.ru

Received: 10 Jan 2018, Accepted: 2 May 2018

© 2018 by the authors; licensee Modestum Ltd., UK. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>).

Electronic Journal of General Medicine

In the framework of our theoretical research, the following sources of information formed the foundation: the works of Filippova (1, 2), Kargol (3), Loseva (4), Pechnikov (5), Vasilenko (6), Chang (7), Salakhova (8, 9) and others.

Filippova (1) distinguished the variants of the state of emotional self-perception of a woman during her pregnancy. First, she identifies an anxious state - the first emotion arising prior to the determination of pregnancy is negative (fear, anxiety, confusion), and it continues until the pregnancy is clarified, after which the emotional state changes to positive. Further Filippova notes that slight negative emotions pass into more pronounced positive ones, up to the euphoric state, which, for various reasons, can be changed to ambivalent self-perception, which is associated with prolonged intensification of pregnancy, which can develop into an affective-negative experience of identification of pregnancy.

Filippova believes that if there is a threat of spontaneous miscarriage or the risk of a premature birth, the woman has a conflict relationship between the desire to become a mother and have a child and the opportunity to realize her desire (1). Such a need can manifest itself in the form of a woman's psychological or physical readiness to become a mother, as well as in motivational readiness or a conflict of values. In the normal course of pregnancy, the focus of women's attention is directed towards the development of the baby, to his own bodily, intra-psychic and social changes in the process of bearing the fetus. But in the presence of pathology, the woman has an increase in the conflict emotional attitude to pregnancy, a shift in the focus of importance and anxiety from the baby's development, her own bodily, intra-psychic and social changes to the process of pregnancy itself, there is an increase in concern about the success of the baby's bearing on the cognitive level, the woman is trying to regulate and control negative emotions more (2). In addition, there is a "delay" in the transformation of the system of value orientations and bodily experience. Such women are characterized by an increase in asthenic emotions, such as impressionability, vulnerability, shyness, etc. All these manifestations are often accompanied by social stress (10). All this leads to the fact that pregnancy is accompanied by psychological stress, fatigue, anxiety, and in some cases even depression (11, 12, 13).

Often the situation of the presence of complicated pregnancy and the risk of miscarriage leads to a change in the woman's self-esteem, her system of values (3). The woman starts blaming herself for the problems that have arisen, which leads to a complication of an already difficult pregnancy course. The whole situation is perceived by a woman as a threat to self-confidence and her feminine essence (14). In this case, the successful delivery is perceived as a way of acquiring such confidence and getting rid of contradictions (15). In addition, women with obstetric pathology have a distorted sex role identity: the exacerbation of masculine traits and weakening of femininity, and even its rejection are more often seen in them (16). Perhaps this is due to compensatory mechanisms: once a purely female role is associated with problems, then its negation takes place, a purposeful decrease in significance due to the intensification of manifestations characteristic of the male role. In addition, it was found that if a woman's history includes spontaneous abortions and premature birth, then they are characterized by a pronounced state of fear (3), which is also a risk factor for the normal course of pregnancy.

According to Dementieva (17) when diagnosing the factors that affect the usual loss of pregnancy, it is revealed that most of the miscarriages, that is, from 25% to 50%, are not organic due to organic causes (such as infections in early pregnancy, chromosomal abnormalities, changes in the cervix during an ongoing pregnancy). Besides, it was found that with miscarriage (pregnancy ended in spontaneous miscarriage more than three times) due to the correct behavior of the doctor, attention to the woman and her problem, regardless of the nature of the treatment used, the recommendations of the attending physician lead to the gestation of her next pregnancy (16). Researchers try to explain the miscarriage of pregnancy from the point of view of the psychoanalytic approach laying an emphasis on psychosomatics. According to the authors of this approach miscarriage is the sequence of a woman's internal conflict (the woman does not accept herself as she is, she thinks, she lack femininity because of her inability to carry pregnancy (give birth or bring up) a child and her body rejects the fetus (2). It is also necessary to pay attention to both the psychological state and the psychosocial aspects, including the medical care. Each subsequent loss of pregnancy leads a woman and the couple as a whole into a vicious circle of fear, depression, psychosomatic disorders, which in turn contribute to spontaneous miscarriage, one of the reasons may be neuro-endocrine changes and increased uterine contractions, entails hypertonia, which is a threat of the pregnancy loss (18).

Experimental studies have shown that women with severe and moderate pathology of pregnancy are characterized by the absence of the so-called "quick self-analysis", which allows one to detect one's own inadequate behavioral strategy and correct it. The quick self-analysis consists in the automatic (consciously uncontrolled) generation of images of oneself and others together with their subjective world. Women with a normal pregnancy demonstrate a greater ability to learn new behavioral strategies and their appropriate application. However, the question of the influence of women's consideration of the features of her pregnancy course, as well as the formation of attitudes toward pregnancy,

Table 1: Anxiety level of pregnant women and women with pathology of pregnancy

Subjects	Levels		
	Low	Average	High
Pregnant without pathology	10%	66%	24%
Pregnant with pathology	0%	22%	78%
U emp	insignificant	insignificant	significant

is one of the least studied in modern perinatal psychology. There is a lack of data in the consideration of women's self-analysis as a determining factor in the development of various complications of pregnancy.

The studies devoted to clinical and psycho-physiological examinations of women with the syndrome of habitual loss of pregnancy showed the following results: a high level of anxiety, mental exhaustion and fatigue, psycho-emotional tension combined with the impaired adaptation of the organism are characteristic of women with the syndrome of habitual loss of pregnancy (19). The studies performed by Varaksin et al. showed that in pregnant women with a diagnosis "habitual miscarriage" written in the case history the alarming type of the personality accentuation was almost eight times greater than in the control group (17). An emotional type of accentuation, exalted (characterized by a propensity to a deep reaction, an excess of emotional fluctuations), cyclotimic and stuck types of accentuation, hysteroid-demonstrative traits was also observed significantly more often in groups with the threat of abortion and habitual miscarriage in comparison with healthy pregnant women (17). Loseva and co-authors in their works intensively and variously study psychosomatic connections in physiologic and complicated pregnancies (4). Important data on abnormalities in premature births are described by Western authors (20). The studies led the authors to interesting conclusions: women who had a psychoneurotic state during the pregnancy (constant stress, inability to cope with excessive emotional feelings, as a rule predetermined the development of obstetric pathology in them (miscarriage) (21, 22).

Proceeding from this, it is important for us to address the problem of self-perception and emotional state of women during the pregnancy.

MATERIALS AND METHODS

The purpose of our study was to investigate the specific features of self-perception and emotional state of women expecting a child with pathology of pregnancy. We suggested that there are peculiarities in self-perception and in the levels of anxiety of pregnant women and women with pathology of pregnancy. To test the hypothesis, we used the following research methods:

1. general theoretical: analysis, comparison, generalization.
2. empirical: questionnaires and psychodiagnostics. The following techniques served as a psychodiagnostic material: S.R. Panteleev and V.V. Stolin's test - questionnaire of self-attitude, and J. Taylor's methods of determining the level of anxiety.
3. Mathematical methods of statistical information processing: descriptive statistics and U-Mann-Whitney test.

The empirical base and sample of the study: the study of pregnant women was conducted at the City's Healthcare Institution, the regional maternity hospital in Ulyanovsk, Russia. The study was conducted in an individual form. Twenty pregnant women (aged 19 to 40 years) and 20 women with pathology of pregnancy (aged 19 to 40) participated in this study.

RESULTS

When comparing the results of determining the level of anxiety of pregnant women and pregnant women with pathology, we found some significant differences (see **Table 1**). It can be seen that women with pathology of pregnancy have a reliably high level of anxiety, rather than pregnant women without pathology. The results of anxiety levels of pregnant women and pregnant women with pathology are given in **Table 1**.

The results of the study of self-perception among the women with pathology of pregnancy and without pathology demonstrate significant differences in the studied groups in such indicators as: self-respect, self-confidence, self-acceptance, self-incrimination, self-interest and self-understanding.

The data obtained in the course of the study are given in **Table 2**.

Table 2: The results of the study of self-perception of the pregnant women with pathology and pregnant women without pathology

Subjects	Women with pathology of pregnancy	Women without pathology of pregnancy	U emp
Factors			
(S) integral	50	62	insignificant
(I) self-respect	45	71	significant
(II) auto-sympathy	77	83	insignificant
(III) expected attitude from the others	79	69	insignificant
(IV) self-interest	90	80	insignificant
1 self-confidence	39	64	significant
2 attitude from the others	71	70	insignificant
3 self-acceptance	32	59	significant
4 self-guidance	27	35	insignificant
5 self-incrimination	74	23	significant
6 self-interest	70	51	significant
7 self-understanding	75	50	significant

DISCUSSION

Analyzing the results of the study of the anxiety level of women with pregnancy pathology, it can be noted that among the subjects included in the study sample, the majority of women with pregnancy pathology have a high level of anxiety with a tendency to increase. The obtained results indicate that women with a pathology of pregnancy are characterized by emotional non-resistance, insecurity in their abilities, most likely associated with anxiety in carrying a baby, constant anxiety for his health and development. Very often, according to the questionnaire data, anxiety comes because of future relationships in the family - the couple's roles change (especially if the couple becomes the parents for the first time), there are fears in the psychological climate of the family, there is often anxiety in the stability of the financial situation, because if a child is born with pathology the treatment may require a significant amount of money, which the family cannot afford.

Women with pathology of pregnancy also tend to take any event close to heart, very acutely respond to even neutral stimuli. As the results of our study show, women with a difficult pregnancy are all inclined to perceive their attention to them as a possible threat to their prestige, self-esteem; they have a feeling that it is them and only them who are responsible for the situation that has arisen. In many ways, this is an introjected message, and it was learned by a woman more often in the parent family, less often in her own family.

Women with pathology of pregnancy are also inclined to perceive complicated situations as necessarily threatening and catastrophic. Accordingly, such acute perception of situations cannot but affect the behavioral features: such women are quick-tempered, irritable, are in constant readiness for conflict and readiness for protection, even if there is no objective necessity for it. We tend to assume that this reaction is more defensive than personal.

Women with pathology of pregnancy have a particularly high probability of nervous breakdowns, which they are undoubtedly aware of. This awareness frightens women, which, in turn, creates a condition for the woman to begin to defend herself even more (against the hostility of the world). There is a certain positive feedback and the corresponding reaction.

Analyzing the results of the study of self-perception in pregnant women without pathology and women with the pregnancy pathology, we can mark significant differences.

In the two study groups, significant differences were revealed in the scale of self-respect. In the group of pregnant women without pathology, the indicator is more pronounced than in women with pathology of pregnancy. These results indicate that women with pathology of pregnancy have less faith in themselves, they do not feel the internal resources, energy, they cannot assess their capabilities, because they cannot see themselves more or less objectively. They fail to take control of their own lives.

Significant differences were also found on the scale of confidence in themselves. In the group of pregnant women with pathology, the values are lowered, which indicates a complex emotional state consisting of fear of varying intensity, obsessive doubts, awkwardness and feeling bad / unsuccessful. Of course, these results suggest that, the positive "I-concept" is broken in women with pathology of pregnancy because what is happening in the present certainly does not coincide with the idea of the ideal image of the future mother that every girl has.

It was logical to find significant differences in the scale of self-acceptance. As the results of our study showed, a very large percentage of women with pathology of pregnancy (68%) do not accept themselves. Women from the pathology group are not satisfied with their level of individual development and their emotional and physiological characteristics that have arisen in this difficult life period; they strongly resist to accept themselves, because the contrast between their ideas about pregnancy and real circumstances is very great.

As it was expected we found significant differences in the scale of self-incrimination in the group of women with pathology of pregnancy. Many pregnant women with pathology have a sense of guilt over their future baby due to health problems and fear of negative effects on the baby's body. The results show that more often than not a woman takes full responsibility for the pathology of pregnancy that has arisen. The personal type of attribution manifests itself in her, although not always the pathology of pregnancy arises because of the psychological state of women. Perhaps sincerely feeling guilty and remorse, a woman unconsciously, as it were, is haggling with fate (providence), as if by her suffering she pays for the health of the future child.

Significant results in the subjects of the two groups were also obtained on the scales of "self-interest" and "self-understanding". A reliably greater number of women with pathology of pregnancy focus their attention on their sensations, they begin to understand themselves and their reactions more; all their attention is drawn to understanding the baby and understanding the sensations of his intrauterine development.

CONCLUSION

Based on the results of the empirical research, the hypothesis put forward about the presence of the specific features in self-perception and anxiety levels of pregnant women without pathologies and women with pathology of pregnancy was confirmed. Women with pregnancy pathology are less likely to feel self-confidence, they have lowered self-acceptance, but compared to women without pathology of pregnancy, the subjects often blame themselves for the situation that happened, they start to be responsive to their health and react to any bodily changes.

RECOMMENDATIONS

Psychological support and guidance of pregnant women at maternity welfare centers (level I) should focus on the formation of personal and social perception of the concepts "I am pregnant" and "My child"; at antenatal clinics of maternity hospitals (II level) - to focus on the formation of rational ideas about the emerged pathology of pregnancy.

REFERENCES

1. Filippova GG. Psychology of Maternity. Moscow: Publishing house of the Institute of Psychotherapy. 2002.
2. Filippova GG. Investigation of psychological features of pregnancy experience in women with pathology of pregnancy. Perinatal psychology and medicine, psychosomatic disorders in obstetrics, gynecology, pediatrics and therapy: Mater. All-Russian Conf. Ivanovo. 2011;4-11.
3. Kargol I. The study of the problem of infertility stress on the family in foreign psychology. Retrieved from <https://docviewer.yandex.ru/view/76374562>
4. Loseva NV, Yaroslavtseva IV. The change of emotion experiences in women with the reproductive function impairment in the process of psychological counseling, Irkutsk: Izd. IGU. 2013;345-348.
5. Pechnikova EYu. Specific features of the pregnancy experience and the ontogenesis of the mother's sphere in obstetric pathology. Mode of access link: http://www.wpps_2010_1_Pechnikova.pdf
6. Vasilenko TD, Blum A. Meaningful experience of pregnant women who have the experience of an incomplete pregnancy. Topical problems of theoretical and applied psychology: traditions and prospects: Proceedings of the All-Russian Scientific and Practical Conference. Yaroslavl. 2011;3(1):45-68.
7. Chang HH, Chang HH, Larson J, Blencowe H, Spong CY, Howson CP, Cairns-Smith S, Lawn JE. Preventing preterm births: Analysis of trends and potential reductions with interventions in 39 countries. *The Lancet*. 2013;381(9862):223-234. [https://doi.org/10.1016/S0140-6736\(12\)61856-X](https://doi.org/10.1016/S0140-6736(12)61856-X)
8. Salakhova VB, Bulgakov AV, Sokolovskaya IE, Khammatova RS, Mikhaylovsky MN. Substantive (Content-Related) Characteristics of Deviant Behavior as a Social and Psychological Phenomenon. *International journal of environmental & science education*. 2016;11(17):10609-10622.

9. Salakhova VB, Oschepkov AA, Lipatova NV, Popov PV & Mkrtumova IV. Features of Social Attitudes and Value Orientations of Youths and Adolescents Prone to Auto-Aggressive Behavior. *International Journal of Environmental & Science Education*. 2016;11(16):9017-9025.
10. Blokh ME. Perinatal psychology and psychology of parenthood. Theses of the reports of the VII International Conference of the RARC. Kazan. 2007;11-19.
11. Broytiam V, Christian P, Rad M. Psychosomatic medicine. Moscow: AST. 2013.
12. Salakhova VB, Oschepkov AA. Deviant behavior as a socio-psychological phenomenon. *Simbirsk Scientific Journal Vestnik*. 2016;4(26):45-55.
13. Salakhova VB, Oschepkov AA, Lipatova NV, Popov PV, Mkrtumova IV. Features of Social Attitudes and Value Orientations of Youths and Adolescents Prone to Auto-Aggressive Behavior. *International journal of environmental & science education*. 2016;11(16):9017-9025.
14. Sidelnikova VM. Preparing for pregnancy and pregnancy management in patients with habitual loss of pregnancy. Moscow: Academic Prospect. 2016.
15. Lanzburg EE. The role of psychological training and support for the implementation of the parent function. *Psychological Science and Education*. 2011;1:132-149.
16. Anshina MB. The history and evolution of methods of infertility treatment. *Problems of reproduction*. 2005;1:9-13.
17. Dementieva NO. 2011. Psychological value of the factor of uncertainty of the reproductive status of the psychosocial functioning of women with infertility. St. Petersburg.
18. Makaricheva EV, Mendeleovich VD. Psychic infantilism and inexplicable infertility. *Social and clinical psychiatry*. 1996;3:146-184.
19. Karvasarsky BD, Prostimolotov VF. Neurotic disorders of internal organs. Moscow: Gardariki. 2010.
20. Wickremasinghe AC, Rogers EE, Johnson BC, Shen A, Barkovich AJ, Marco EJ. Children born prematurely have atypical Sensory Profiles. *Journal of Perinatology*. 2013;33(8):631-635. <https://doi.org/10.1038/jp.2013.12>
21. Muglia LJ, Katz M. The enigma of spontaneous preterm birth. *The New England Journal of Medicine*. 2010;362(6):529-535. <https://doi.org/10.1056/NEJMra0904308>
22. Ayvazyan EB. Development of the bodily and emotional experience of a woman during pregnancy. Moscow: Politizdat. 2005.



<http://www.ejgm.co.uk>