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Study of pregnant women's emotional state*

Abstract. The article discusses how the emotional state of pregnant women is influenced by their previous experience of pregnancy. The study relies on the following methods: 'Test of Pregnant Woman's Relations' by I.V. Dobryakova; 'Self-Assessment of Emotional States' by A. Wessman and D. Ricks; "Self-Estimate" by T. Dembo and S. Ya. Rubinshtein (modified by P.V. Yanshin); "Test of Meaningful Life Orientations" by D. Krambo and L. Makholikh (adapted by D.A. Leontyev). The study has shown that in the presence of complications and pathologies — in the form of a history of miscarriage — the emotional sphere of a woman will be characterized by emotional instability, increased anxiety and low self-esteem. Emotional instability is typical of pregnancy in general and it often is accompanied by dependence on others, distrustfulness, fatigue, vulnerability, impressionability combined with excitement, anxiety, and some fear.

Keywords: emotions, emotional state, pregnancy, self-esteem, life-meaning orientations

Introduction. One of the fundamental tasks facing society today is the need to maintain the good health and well-being of mothers and children. This task is essential for solving the demographic, psychological and social problems.

The whole spectrum of problems affecting a woman's reproductive attitudes is most clearly manifested during pregnancy, given that it is a major life change, riddled with difficulties and contradictions. This

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can contribute to an increase in the expectant mother's anxiety in relation to childbirth and even her unwillingness to have and raise the child in the future [1, 2, 3, 4, 5].

Thus, it is significant to identify and describe the features of the emotional sphere of a pregnant woman to develop support and prevention programs, especially for cases of complications and pathologies such as a miscarriage in the woman's history.

Materials and methods. The study was conducted from October to December 2017 in Ekaterinburg at the City Perinatal Center, MBU of the Central City Hospital No. 20, MBU of the Ekaterinburg Clinical Perinatal Center, where women were prepared for childbirth or during pregnancy maintenance.

The survey three groups of respondents:

- 12 pregnant women with the first pregnancy (PB);
- 16 pregnant women with a history of miscarriage (NB);
- 15 pregnant women with second and third pregnancies (PovtB)

'Test of Pregnant Woman's Relations (TOB)' by I.V Dobryakov; "Self-Assessment of Emotional States" by A. Wessman and D. Ricks; "Self-Estimate" by T. Dembo and S. Ya. Rubinshtein (modified by P.V. Yanshin); "Test of Meaningful Life Orientations" by D. Krambo and L. Makholik (adapted by D. A. Leontyev).

Results. We applied the TOB method and identified the following types of pregnancy experience: for example, in women of the first group, the optimal type (67 %) and euphoric type prevail — in 33 %; in the second group, the anxious (37 %) and the optimal types of experience (32 %) prevail; in the group of women with positive pregnancy experience, 80 % of the respondents have the optimal type, and 20 % have the optimal euphoric type.

Only those women who have previously experienced a miscarriages manifested anxiety, since they could predict an unfavourable outcome of pregnancy in the future. They strove for constant control of themselves and the situation, which lead to psychological and physiological stress.

The results were analyzed by using the φ^* angular Fisher transformation to identify significant differences in the type of gestational dominant ($\varphi^* > \varphi^*_{cr}$, $p < 0.05$). We confirmed the assumption that an incomplete pregnancy experience affects the experience of repeated pregnancy as it is a powerful and destructive stress factor in every woman's life.

Emotional self-assessment based on the method of A. Wessman and D. Ricks brought the following results. During their first pregnancy, women showed calmness, poise, energy, mobility, determination and firmness of character. Women who experienced miscarriage, on the contrary, demonstrated signs of increased anxiety, fatigue, lethargy, apathy, depression, helplessness and weakness. Women in their second, third, etc pregnancy demonstrated such emotions as equanimity, elation, perseverance, firmness, determination, and energy.

Using the Mann-Whitney U-test, statistically significant differences were established between the first and second groups. The differences between the second and third groups were shown in the following indicators: “calmness-anxiety”, “energy-fatigue”, “elation-depression”, “confidence — helplessness”, “overall assessment of the emotional state.” Thus, the general emotional state in women with a history of miscarriage is lower in comparison with other groups; and levels of anxiety, fatigue, depression, and feelings of helplessness are higher.

The study of the level of self-esteem and the level of aspirations in pregnant women based on the method of T. Dembo and S. Ya. Rubinstein showed that women with a previous history of miscarriages show a lack of confidence, they doubt their maternal competence, have low self-esteem, experience feelings of guilt, are more dependent on others. The study revealed significant differences between the first and second groups in the following scales: “appearance”; “self-confidence”; “happiness”; “success”; “general self-esteem.” Thus, confidence, happiness, self-esteem, which includes body image, are lower in women with a history of miscarriages. They have a conscious desire to have a child, but they lack confidence, they doubt their ability to give birth and become mother due to previous negative experiences.

In such indicators as “appearance”, “self-confidence” “happiness”, “success” in the second and third groups, we have not found any statistically significant differences. Women with repeated pregnancy often have changes in appearance — changes in shape, weight, skin, hair, which affects the emotional sphere, and the understanding of success as a professional also affects the emergence of self-doubt.

Thus, women with a history of miscarriages suffer from a sense of loss and failure, which is central to their self-esteem and grows stronger with

time. They find it difficult to overcome their fears and disturbing memories and to cope with the problem of low self-esteem.

The discrepancy between the level of self-esteem and ambition in the first, second, third groups is normal, which means that pregnant women set goals for themselves that they can actually achieve in a given period of time. Ambition is largely based on their assessment of their capabilities and serve as an incentive for further successful development of their personality.

The “Test of Life-Meaning Orientations” showed how pregnancy affected life goals. We found statistically significant differences between the first and second groups, between the second and third groups in the following subtests: “Goals in Life” (pregnant women with previous miscarriages have specific goals in the future, which give life meaning, focus and perspective, despite their past difficulties); “The Process of Life or Emotional Saturation of Life” (pregnant women with previous miscarriages perceive this period of time as filled with new meaning); “Effectiveness of Life or Satisfaction with Self-Realization” (women with previous miscarriages are rather dissatisfied with their life, due to their past experience).

Conclusion. Miscarriage in a woman’s history may be connected to emotional instability, increased anxiety and low self-esteem in her following pregnancies. A woman develops a fear that this time she will not be able to give birth to a child, fears for the unborn baby, is afraid of complications of pregnancy. Such women have increased sensitivity to external stimuli, they feel dependent on others, distrustful, tired, vulnerable, and anxious. They may also get more impressionable and experience excitement.

These data require further research to reveal the influence of the emotional sphere of a pregnant woman on the psychological characteristics of the unborn child.

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