

# The subjective content of psychological anxiety in the last month of pregnancy

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**Agnė Matulaitė-Horwood,**

**Rasa Bieliauskaitė**

*Department of Clinical and  
Organizational Psychology,  
Philosophy Faculty of  
Vilnius University,  
Vilnius, Lithuania*

**Background:** there are only few studies in prenatal psychology which look at pregnancy as it is experienced by the parents-to-be themselves. Therefore we felt that the knowledge of actual anxieties of expectant parents of nowadays is lacking.

**The objective** of this study was to open up and explore the contents of parental anxiety in the last month of pregnancy as it was seen by expectant parents themselves.

**Method:** 74 parents-to-be from Vilnius have taken part in this study. In the group setting, each of the participants was given time and space to describe their present anxieties if any. The content of the material received from the participants has been analysed qualitatively.

**Results:** six main categories of subjective content of anxiety were formulated and the percentage value of each of the categories was compared. The major unexpected finding was that our expectant parents were foremost concerned about their life after the birth of their child. Other findings proved the theoretical conclusions that the majority of women's concern about giving birth is related to the fear of losing control; besides, they allowed us to make some additions to the Stern motherhood constellation theory and led us to some preliminary assumptions about specific changes in fathers-to-be (fatherhood constellation).

**Conclusions:** even in the group interview setting, couples are willing to share their anxieties with other expectant couples and specialist; concerns in the last stage of pregnancy are multipartite, mainly related to changes in post partum.

**Key words:** qualitative research, prenatal anxiety, motherhood constellation

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## INTRODUCTION

Doctors and laypersons often view parents-to-be as if psychologically they are going through the same or at least similar process to each other. Expectation is that anxiety related to certain issues arises at the certain periods of the pregnancy. However, is it really so? What are the needs and concerns of those people? How are they perceived by the expectant parents themselves?

Both in Lithuania and in the world there are still very few studies completed that look at the pregnancy as it is experienced by parents-to-be themselves. The very few to mention here could be one of the pioneering qualitative studies by Smith (1) who loo-

ked at the identity development during the transition to motherhood, and the sociological study by Bailey (2) where she, besides analysing the literature aimed at pregnant women, looked at the impact the first pregnancy has on women's experience of their power, body and the concept of Self using the discursive analysis.

Most studies so far, however, seem to be correlational in a way that they looked upon the effect either maternal psychological or physiological factors have onto the health of the new-born baby. For example, Huizink, Mulder, Butelaar (3) discussed the prenatal stress and risk of psychopathology early or later in life while paying attention to coping strategies in so-called "normal pregnancy". Norkūniene (4) looked at the prenatal expectations and their effect onto postnatal state. Besides, there have been quite numerous studies presenting the effect of maternal physiological factors such as age or illness, the use of specific substances or lifestyle during pregnancy

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\* Correspondence to: A. Matulaitė-Horwood, Department of Clinical and Organizational Psychology, Philosophy Faculty of Vilnius University, Universiteto g. 9/1, 01513 Vilnius, Lithuania. E-mail: agnemh@talk21.com

(5–7, for example). Mostly using questionnaires and structured interview schedules such researchers attempted to make causal statements linking independent and dependent variables. However, quantitative studies left the content of women's experience in pregnancy unopened.

The gap in the knowledge of the internal state of pregnancy is slightly better covered in psychological theory. Theorists such as Pines (8) and Deutsch (9) based their theories on the meetings with individual clients, mostly in psychoanalysis. However theoretical those speculations might be, considering the lack of knowledge of internal psychological content in pregnancy even nowadays those theories remain the major trampoline most of quantitative research and psychological understanding of pregnant women is based on. That could be seen in a more contemporary presentation of prenatal psychological problems as described by Ussher (10). Slightly more up-to-date is the motherhood theory of Stern (11), nevertheless it mostly concerns postnatal psychology and considers mother's internal psychology after her baby is born.

Therefore we felt that there was very little known about what exactly pregnancy means to women and men, how does it feel to be approaching birth of their child and life changes that follow. We decided to "give voice" to the expectant parents themselves by researching Lithuanian couples. **The aim** of this study was to open up and explore the contents of parental anxiety in the last month of pregnancy as it was seen by parents-to-be themselves.

## METHOD

**Research position.** We assumed qualitative research philosophy in our study. That meant that in our questioning and analysis of data we were as open as we possibly could while suspending any presuppositions, assumptions or hypothesis.

**Research participants.** 37 couples (74 parents-to-be) have taken part in the study. All of the participants at the moment of study were in long-term heterogeneous relationships. Most of them were expecting their first child, apart from one couple who had a teenage child and another couple where the woman (but not her partner) had a child from the previous marriage. Three women have experienced previous miscarriages. All of the participants have had about a month left until their expected delivery date.

**Research procedure.** The study was carried out during the antenatal classes in Family Medical Centre in Vilnius from June 2004 until January 2005. In the group setting, after a brief introduction, each of the participants of the study was asked: *What concerns you most (makes you worried, anxious) at present?* All of the participants were given as much time to answer as they thought they needed. No ot-

her questions were asked, apart from rare prompts where they were seen fit (such as "Could you say more about that?" or "What exactly in X makes you worried?"). The answers were recorded by hand as soon as each of the participants finished speaking. There were 81 parents to be who came into the antenatal psychological group which was led as part of antenatal preparation courses (37 couples and seven women whose husbands were not able to attend). However, for the purpose of equal numbers of men and women participating in the study, we chose to look only at the responses from those couples where both the man and the woman were present.

**Data analysis.** Qualitative text analysis was applied to the material received from the participants. After reading and analysing the material it was established that there were 102 different concerns altogether described by the participants, *i.e.* some of the responses of the participants showed two, three or even more focus areas for anxiety. For example, such an answer as "I am worried about my ability to help my wife during the labour" shows interest in helping the partner, concern related to self-confidence in doing so and anxiety about the process of giving birth. Therefore all of the answers were first of all analysed individually, spreading them out to open up their focus of concern, then, based on the material uncovered, this was divided into categories. At the end of this grouping procedure, six main categories were established. Each of the categories consequently was checked against the initial responses in order to establish their weight for this particular group of the research participants.

## RESULTS

The main categories of subjective content of anxiety in the last month of pregnancy for this particular group of participants were formulated as:

1. Unfinished physical and/or emotional preparation for the arrival of the new family member (*preparation*)
2. The delivery (*giving birth*)
3. Anticipated changes in the post-partum period (*life after birth*)
4. Baby's health in the process of birth as well as afterwards (*baby's health*)
5. One's partner, his/hers feelings (*partner*)
6. Ability to look after one's child, one's maternal or paternal competency (*competence*).

Besides, there were some of the participants of the study who claimed that they did not have anything to worry about at the moment (*no anxiety*).

After analysis, two dimensions of the subjective content of anxiety became obvious. The first three categories, "preparation", "giving birth", "life after birth", showed how anxiety was ascribed to the time

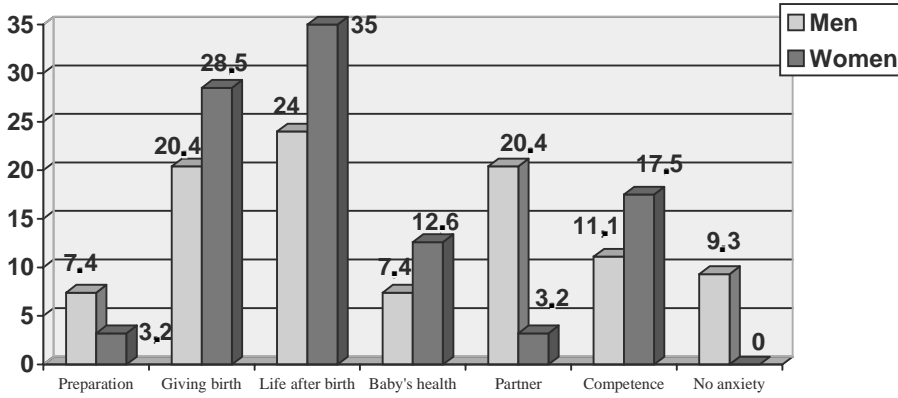


Fig. 1. Comparison of men's and women's subjective anxiety content in the last month of pregnancy

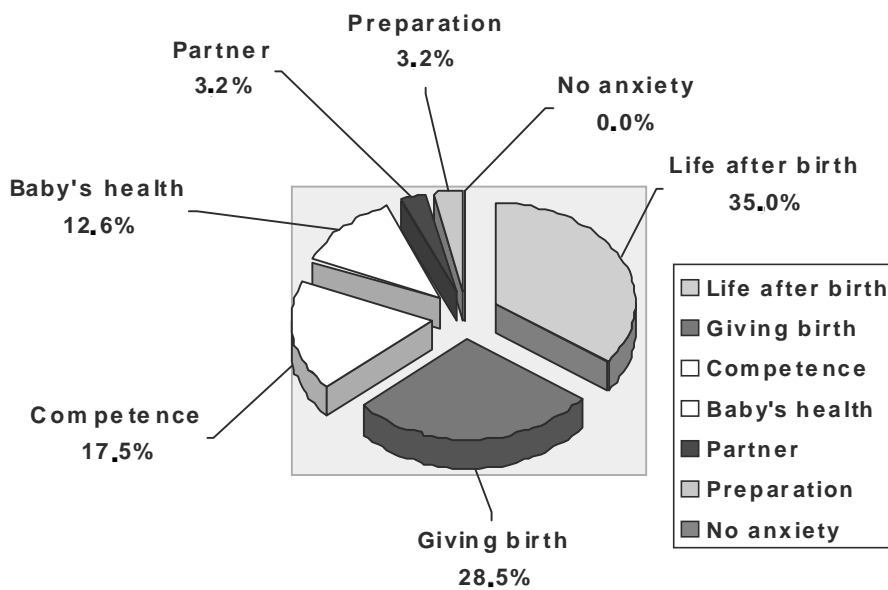


Fig. 2. Distribution of subjective anxiety content among women

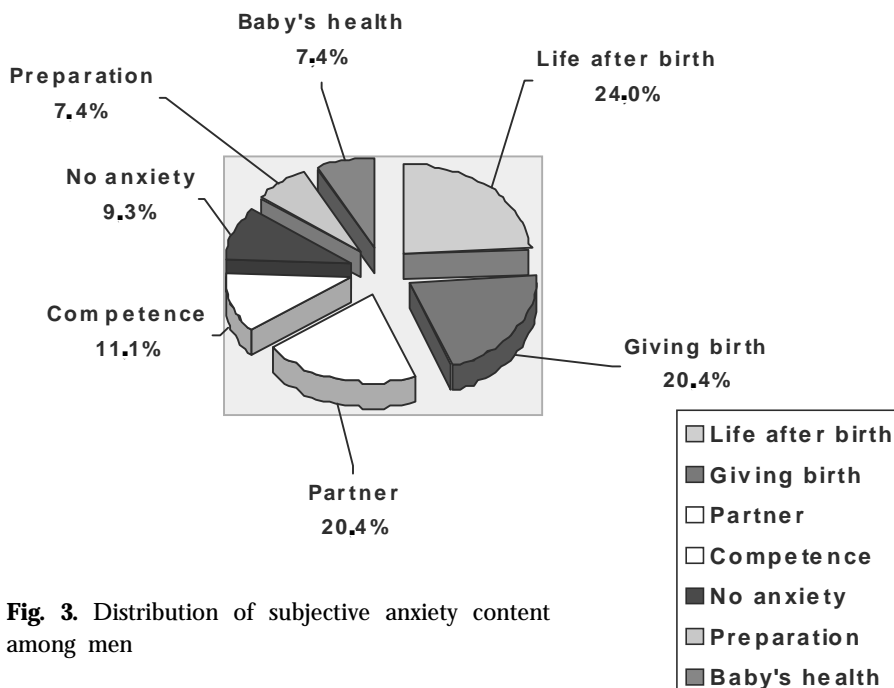


Fig. 3. Distribution of subjective anxiety content among men

by the participants – either to the past or to the present and near future, or to the future still seen in some distance. The further three categories, “baby’s health”, “partner” and “competence”, showed how anxiety was ascribed to people – child, partner or oneself.

More of the focus areas or subjectively described objects for the concern were expressed by women (63) than men (49). Therefore, in the further procedure we compared not the actual number of concerns but its percentage value. Percentage value was calculated separately for men and women.

The rate of the subjective content of anxiety is summarised in the following diagrams: a) comparison of men’s and women’s subjective anxiety content in the last month of pregnancy (Fig. 1); b) distribution of subjective anxiety content among women (Fig. 2); c) distribution of subjective anxiety content among men (Fig. 3)

1. One can see (Fig. 1) that both women (35%) and men (24%) most of all were worried about the anticipated change in *their lives after their babies are born*. They worried about changes in their relationship. Also, they wondered and were uneasy about the possibility of combining the child’s care with other areas of their lives such as studies, working life, relationship with friends. Most of the couples stated that “giving birth is nothing in comparison to life which follows”, “I will manage delivery somehow, but what shall I do afterwards?” Women feared “to get crazy when sitting at home with the child“, worried how to be a good mother and at the same time to be able to con-

tinue their carrier, or expressed their “fear of being confined at home, fear of being separated from the world”. Parents-to-be were uneasy facing the unknown, the territory they did not have any experience of. They feared of postnatal depression, stories of which almost all of them had heard. Men feared the prospect of being pushed to the edge of the relationship as “certainly and naturally all of the attention will be given to the child”. Few men expressed their worry about the increase in financial load after the baby is born.

2. Slightly less than life changes after the birth, again both women (28.5%) and men (20.4%) were worried about *the delivery* itself. However, the content of the anxiety in both groups was quite different. Women were worried about the painfulness of giving birth and expressed their fears related to the possibility of birth traumas for themselves and babies, whilst men were mostly worried about the painfulness of birth for their partners and considered what their own role could be in helping their women. Some of them openly talked about their worry related to participation in the process of giving birth. Therefore men’s replies varied from being puzzled what exactly they could expect in the actual birth itself, being unsure about their own ability to withstand the process, to having doubts whether to participate in the process of giving birth at all.

3. The other categories of subjective content of anxiety during the last month of pregnancy seem to have different weight in men and women. For example, men after worrying about life after birth and the birth process itself felt most concerned about their partner and her feelings. They expressed this worry at least six times more often (20.4%) than women (3.2%). Also, at least twice more often (7.4%) men described themselves as being troubled by the preparation for the new member of the family in comparison to women (3.2%). None of the women’s but even 9.3% of men’s replies were declarations that they “do not have any cause of anxiety at the present and came to the psychological group only to keep company for their partner”.

**Expectant mothers and anxiety.** For women, there were four major areas of concern (Fig. 2). After concern about life after birth and birth itself, in the third place of importance solicitude for their *competence* in being able to be a good mother, to look well after the child, fear of getting at a loss if the child is unwell, crying or demanding attention. That is followed by women expressing their worry about *baby’s* general health, their hope that he or she won’t suffer any birth traumas. This particular concern is more frequent than concern over her *partner*, his feelings or abilities. Concern over the partner just as a worry about preparation to the new arrival was least popular among this group of women. Strange as it might seem, very few women worried about

baby’s father’s feelings in the process of changes related to her becoming a mother. Even those who did, mostly related this back to themselves, *i.e.* “I worry how he would withstand the changed circumstances of our relationship”. When expressing their worry about *preparation* for the new arrival, women mainly shared their difficulties related to emotional preparation of their family for the new baby, for example, their concerns about prenatal education for the unborn child (*i.e.* music classes for the pregnant women, talking and reading stories to him/her or not), and their worry that their own anxiety during pregnancy might have an effect on their baby.

**Expectant fathers and anxiety.** For men, there were three major areas of concern: both about *life after birth*, the process of *giving birth* and *partner’s* feelings, as well as three less often mentioned areas of distress – one’s ability to look after the baby, preparation for the new arrival, and the baby’s health (Fig. 3). Men are just as often worried about the process of delivery itself as about the feelings, health and well-being of their partners. They think how they could help their women in the labour. Some of the men even stated that “if I only could give birth instead of my wife, I would be happy to do so”. The worry over the *baby’s* health appears to be the one least often mentioned by men.

## DISCUSSION

One of the major findings of our study was unexpected. The results showed that first and foremost our expectant parents were concerned about their life after the birth of their child. This came as a contradiction to the theoretical statements of Deutsch (9) and Pines (8), as well as to informal predictions made by some of the Family Medical Centre doctors we spoke with. The latter thought that giving birth and the painfulness attached to the process would be of primary concern and therefore the major topic of our antenatal classes. Deutsch (9) and Pines (8) claimed that in the third trimester and especially in the last months of pregnancy the foremost anxiety and fear is directed onto forthcoming birth. In our opinion, we received different results, because, on the one hand, nowadays expectant parents ceased perceiving the process of giving birth as a dangerous event. On the other hand, and this could be seen as one of the limitations of our study, perhaps it was due to the fact that we only saw working middle class women, for whom the social and personal but not biological changes were seen as most “painful” and requiring most of their energy in order to adapt.

Other findings were in accordance or complementary to some of the theoretical ideas and research in pregnancy. Firstly, the text analysis of participants’ responses showed that the majority of women’s concerns about giving birth could be related to the fear

of losing or lessening control in the delivery situations. They are scared that giving birth might put them into the situation where nothing or very little depends on them, where they hardly have any control, where they will have to depend on others' good will. Similar feeling of fear of losing control was described by Deutsch (9), Pines (8) and Ussher (10); it was confirmed in Bailey's (2) study with pregnant women as well.

Secondly, both men and women showed slightly unusual tendencies in their anxiety reports in this period of pregnancy. First, both groups of research participants highly worried about their own parental competence, their ability to look after the baby. Second, men were very interested and concerned about their partner's feelings, meanwhile very few women presented their partner's feelings as a thing they worried about. Third, women strongly worried about their future baby's health, while most men didn't express it as important. We think that this pronounced change, this drawing away of women's natural tendency of looking after their partner could only partly be explained by the greater physical and emotional changes awaiting them. Although in the early stages of pregnancy it is natural to draw one's energy inside as it is a time for getting closer to one's body in order to get more familiar with body's sensations and needs. Nonetheless, the further distancing from their partners in the later stages of pregnancy could contribute to Stern's theory.

Stern (11) has claimed that after the baby is born mother passes into a new and unique psychic organisation, which he called "the motherhood constellation". One of the new realignments the new mother goes through determines that her interests then are „more with her husband-as-father and context-for-her-and-the-baby and less with her husband-as-man-and-sexual-partner; more with her baby and less with almost everything else" (11: 172). Besides, she concerns herself with four basic questions which Stern called "themes of motherhood constellation" (11): 1) Can I maintain the life and growth of the baby? 2) Can I emotionally engage with the baby in a useful manner? 3) Will I know how to create the necessary support system? and (4) Will I be able to transform my identity to fulfil these functions? Both the interests described by Stern and the main themes of motherhood constellation were reflected in our research material. Therefore we could suppose that, first of all, this unique psychic organisation comes into action for at least sometime before the birth of the baby takes place; secondly, also fathers get into a certain psychic organisation which we could call "fatherhood constellation" and which could be described by more interest in providing physical and emotional support for the mother and the baby as a whole. This could be a subject of further studies.

## CONCLUSIONS

Analysis of the subjective content of psychological anxiety in the last month of pregnancy by Lithuanian couples showed that: a) even in the group interview setting, couples are willing to share their anxieties with other expectant couples and specialists; b) concerns in the last stage of pregnancy are multipartite and less predictable than it was expected by the doctors or psychological theorists; c) the most pressing solicitude is not about the birth process but the postnatal changes with women worrying more than men about their carriers, the ability to look well after their child; d) couples even before their babies are born move into a different mental pattern – with men worrying more about their partners, about physical preparation to a new family member, while women are more worried about themselves and babies.

Finally, it was clear that even just allowing the opportunity to express one's concerns and to learn that other members of the group have similar feelings, the atmosphere in the group changed a great deal. This could be described as a psychological relief, which was expressed by laughter of appreciation: "I am not the only one who feels that way!" After the group was finished, the couples looked much more relaxed, they exchanged more smiles, most of the participants calmly admitted that although the life journey in front of them doesn't seem smooth but definitely not that frightening any more, either.

## RECOMMENDATIONS

This study and the ongoing groups with parents-to-be allowed us to suggest that:

1. Doctors and midwives should not feel they have to avoid the subject of anxiety and fears with parent-to-be if those occur. This used to be the case, as it was feared that maternal anxiety and even mood fluctuation of pregnant women might have some negative effect onto the foetus. Meanwhile the opposite is true. The possibility to express one's feelings allows psychological relief to take place.

2. It is not advisable to try and calm future mothers or fathers by asking them not to think about certain issues. Unexpressed, not discussed or repressed anxiety or fear does not disappear. It moves into deeper layers of consciousness at the same time making him/her feel ignored and lonely. Women who feel lonely have more difficulties in adapting to their new roles as mothers, it is more difficult for them to find and establish a positive connection or be responsive to the needs of their babies. It is less often that they perceive motherhood itself as a positive experience.

3. It is important to take the feelings and needs of expectant parents into consideration by giving them space and support they need, so that they could better understand, make sense of their unique experience during pregnancy and could actively participate in helping themselves through the process.

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**Agnė Matulaitė-Horwood, Rasa Bieliauskaitė**

## SUBJEKTYVUS PSICHOLOGINIO NERIMO TURINYS: PASKUTINIS NĖBTUMO MĖNUO

### Santrauka

Tik keletas psichologinių tyrimų visame pasaulyje bando pa-  
 þvelgti á nĖbtumà besilaukianĖs tĖvø akimis. Ðioje srityje dar  
 tebevyrauja koreliaciniai tyrimai. PsichologinĖs teorijos bando  
 iðsamiau gilintis á Ðià problemà, taĖiau jø autoriai daþnai kri-  
 tikuojami dĖl to, kad remiasi nedaugeliu pas psichoterapeutà  
 besilaukianĖs þmonio. Mūsų nuomone, trūksta tyrimø apie re-  
 aliø besilaukianĖs tĖvø iðgyvenimus ir nerimà. Ðio tyrimo tiks-  
 las – atskleisti paĖiø besilaukianĖs poros suvokiamus ir ávardi-  
 jamus nerimo ðaltinius esant paskutiniam nĖbtumo mėnesiui.

**Metodika.** Tyrime dalyvavo 37 poros (74 būsimi tĖveliai)  
 ið Vilniaus Ðeimos medicinos centro MotinystĖs mokyklos. Kiekvienas dalyvis turĖjo galimybæ iðsakyti tai, kas jiems  
 kelia nerimà. Gautiems atsakymams taikyta kokybinĖ teks-  
 to analizĖ.

**Rezultatai.** Iðskirtos ðeðios subjektyviai suvokiamo nerimo  
 kategorijos. Mūsų duomenimis, paskutiniu nĖbtumo mėnesiu  
 būsimeji tĖvai labiausiai nerimavo ne tiek dĖl paties gimdy-  
 mo, kiek dĖl gyvenimo pokyĖiø vaikui gimus; pats gimdymas  
 siejamas su kontrolĖs praradimo baime. Tuo tarpu kiti ávar-  
 dyti nerimo ðaltiniai (sumaþĖjæs moterø dĖmesys savo partne-  
 riams, iðaugæs nepasitikĖjimas savo tĖviðka kompetencija, pa-  
 didĖjæs vyrø rūpestis moterø būsena bei ðeimos pasirengimu  
 pokyĖiams) leidþia daryti prielaidà, kad Sterno teorijoje ap-  
 raðyta motinystĖs konsteliacija pasireiðkia jau paskutinà nĖð-  
 tumo mėnesà. Su nĖðtumu susijæ psichikos pasikeitimai būdin-  
 gi ne tik moterims, bet ir vyrams („tĖvystĖs konsteliacija“).

**Iðvados ir rekomendacijos.** BesilaukianĖios poros noriai  
 dalijasi savo rūpesiais ir bûgðtavimais; net ir paskutiniu nĖð-  
 tumo mėnesiu nerimo ðaltiniai iðlieka ávairūs. Tiek medicini-  
 nĖs konsultacijos metu, tiek pasitelkus profesionalaus psicho-  
 logo pagalbà svarbu besilaukianĖioms poroms suteikti galimy-  
 bæ iðsakyti ir giliau suvokti savo iðgyvenimus bei jausmus.

**Raktaþodþiai:** kokybinis tyrimas, prenatalinis nerimas,  
 motinystĖs konsteliacija