

**DEPRESSION AND ANXIETY IN ADULTHOOD AS A FUNCTION
OF BIRTH TRAUMA IN PAKISTAN**

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ABSTRACT

The present study was conducted on “Depression and Anxiety in adulthood as a function of Birth Trauma in Pakistan”. The main aim of the study was to assess the impact of birth trauma and assess the level, of anxiety and depression in adult population of Pakistan.

For the purpose of this study Birth Trauma was classified into 2 distinct groups: 500 participants were included in this study.

200 Individuals of both sexes born through Traumatic Birth (including Cesarean Birth and Forceps delivery)

300 Individuals of both sexes were taken as a controlled group who were born through the normal birth procedure.

It was hypothesized that individuals born through a traumatic birth procedure will be more vulnerable towards anxiety and depression in adulthood in Pakistan.

Following measures were used: Demographic Information Form, IPAT- Anxiety Scale, IPAT- Depression Scale.

Chi-Square test was computed in order to obtain the statistical significance of the data.

The findings showed that individuals who knew they were born through traumatic birth procedures had high anxiety and depression sten scores on IPAT Anxiety and IPAT Depression scales as compared to individuals born through Normal Birth Procedure.

INTRODUCTION

Hurlock (1953) a developmental psychologist states that life does not begin at birth but at the time of conception, that is, approximately nine months before birth. It is a fact that growth during the prenatal period is very fast, resulting in the development of an organism. Birth is therefore an interruption in the normal development of the individual that is caused by changes in environment from the mother's body to the world outside the mother's body.

In Pakistan the birth of a child is considered a blessing. Therefore it is natural that the family immediately starts to take care of the infant who has just arrived in this world after going through a transitional birth procedure. Birth can become a traumatic experience for some individuals inducing anxiety and depression in adulthood. Many theorists have laid emphasis on the experience of birth procedure and its effects on later personality development. Otto Rank (1923) has based his entire personality theory on the basis of birth trauma.

Pakistan is a developing country and there is a dearth of facilities which are conducive to health including mental health of the individuals. On top of it, most of the people are not educated, they live in the rural areas as Pakistan is an agro-based country.

Due to difficulties, both financial and problems of living in far fledged areas, modern health care facilities are unavailable and cannot be reached easily. The families cannot afford to give health care attention to the mother and the child at the time of the birth.

People seldom focus on the reasons and causes behind an absurd or a maladaptive behavior. The moment one feels that an individual is behaving in a different manner, that family takes that member to the renowned Hakims, Shrines or Pirs for eradicating the evil, which might have overpowered that person. It is not only the uneducated class but also the educated sector who goes to the faith healers and religious leaders for help to resolve their problems that might be of psychological nature. In order to save the patient, many types of efforts are made which includes offerings or Mannat. By going to the faith healers where excessive amount of money and time is spent. Taking the sufferer to a doctor or a professional is the family's last hope and resort and this only happens when they fail

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to get substantial healing or benefits from these faith healers. A greater number of the people term it as Black Magic when a person does not show appropriate behavior or respond to the given treatment, Ahmad & Ismail (1988). A strategic approach can make a healthy child develop into a defer childbirth and avoid high- risk pregnancies. The child would later lay a foundation for the next generation.

It may be noted that now in Pakistan the trained local health visitors and midwives are appointed at all the stages of local government. With the result the trained professional decides as to whether the delivery should be conducted at home or the mother should be sent to the hospital for delivery.

The way a child is given birth in Pakistan is a deplorable situation and can bring a lot of anxiety and depression to the future generation. In order to minimize the impact of birth trauma on the population of Pakistan, it is imperative that first we study the effects of birth on the population of Pakistan and then give appropriate measures to policy makers to prevent the frequency and severity of birth trauma in Pakistani children.

In Pakistan, it is very difficult to detect mental illness because of lack of awareness and understanding in the symptomatology of emotional disorders. Hence it is obvious that when an individual suffers from mental and physical illness, the family should know about the etiology, symptomatology and treatment of the individual's problems.

It is thus imperative to improve the mental health of the country by giving full and qualified assistance to the mother and the child at the time of birth.

TRAUMA OF BIRTH:

Bhatia (1993) defines Birth trauma as: "An attempt to explain psychological disturbance that results from the trauma of being born".

Gale Encyclopedia of Psychology (2001) defines Birth Trauma as:
"First major event of severe anxiety in the life of an individual (according to psychoanalytical concept). This feeling of anxiety and a state of discomfort is experienced at birth as the infant moves from the gentle and comfortable environment of the womb into a new environment outside that comprises of harsh and unfamiliar stimuli that is very disturbing for the new born".

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According to Gale Encyclopedia Birth trauma can also be defined as:

“Any physical injury caused to an infant during the procedure of birth”.

Rank (1929) defines Birth Trauma as:

“Birth trauma creates a reservoir of anxiety, which is a disturbing influence throughout life”.

He suggested that because event is so painful for the infant that this separation is the most feared and anxiety-provoking experience. Personality development and the life of the infant is then seen as recurring attempts to obtain the security that was experienced while in the womb. He also reiterated that anxiety is correlated with separation from the mother, specifically with separation from the womb, which is the source of effortless gratification. The infant feels very secure and at peace inside the womb of his mother for nine months that is gestational period and therefore when separation takes place it is a painful and traumatized feeling.

Thus this event results in birth anxiety in adulthood that is very distressing and effects the personality development. He in 1923 started to investigate birth anxiety and its consequences in adult life and culture. Rank, (1929) and Greenacre, (1945) elaborated the theory and found the importance of the theory of Birth Trauma.

Freud, (1926) says that mental life begins at birth. The act of birth is the first experience of anxiety. According to neo-psychoanalysts mental life begins after birth. Birth is the first danger experienced by the child therefore it provides the model for all later anxieties. Freud also mentioned that birth is a physiological shock to the infant. The event is so astonishing for the infant that he needs sufficient time to recover from this episode.

Rank (1924) correlated the trauma of birth to anxiety. Hence the theory of “Birth Trauma” was studied by various psychologists. Rank laid emphasis on Pre-Oedipal phase of development (birth to age 3). Oedipal phase is when the child develops sexual interest in the parents particularly the parent of the opposite sex. The Oedipal phase is determined by the strength of innate biological drives and partly by dynamics within the family environment, the attention, guilt and anxiety resulting from it are normally resolved by identification within the same sex parent in favor of extra familial interest and activities. Failure to successfully achieve this

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resolution is seen by psychoanalyst as a nuclear conflict in psychoneurosis and as a decisive influence in adult sexuality. Focus is on mother-child relationship. Emphasis is on separation and individuation and its inevitable anxiety in pre-Oedipal period. This painful separation would result in birth anxiety. Intrauterine consciousness is felt during natal and prenatal events, which leaves behind some lasting experiences and traces in the minds of the neonate.

In another study Piontelli, (1987) studied the possibility that mental life, ego functioning, and awareness exist in the fetus and it has its effects on the mental functioning of the baby. Sample for observation consisted of twins and individual fetuses monthly, via ultra sound, beginning in the fourth month of pregnancy. Follow up was done on two years weekly infant observation. She also mentioned that early marks of individual temperament and behavior began in the womb and continued in the same direction during infancy. It was also noted by her that a very sensual fetus who continually licked and stroked the placenta and the umbilical cord, licked and stroked everything in sight during her first 2 years of postnatal life. She stated that there is a link between an individual's mental functioning and prenatal experience. Another study was done on a 2 year old psychotic child. This child had stopped moving in the womb at 5 months and was born with umbilical cord that was doubled tightly round her neck. This child was hospitalized in her first month of life. Due to this she underwent painful medical procedures. Her actions reflected an autistic play and the memories of her past entangled life that was inside the womb. This was evident as she wore a huge, heavy, double knotted chain around her neck and refused to part with it. The participant also constantly pressed an object horizontally across her naval. She was also seen playing with a cord and curtain, wrapping herself like mummy. This indicated her parting herself out from the rest of the world. Her actions also showed that she was recreating her past life that was inside the womb. After this observation it is clear that adults who have undergone trauma earlier may remember the process in their unconscious effecting their personality.

Despert (1946), Anderson (1948), Ruja (1948) and Pratt (1954) say that there is an evidence that the newborn infant is capable of understanding the change that occurs in the pattern of his life or that he is capable of experiencing any emotions developed to have a lasting influence on his personality.

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Kaplan et al (1994) suggests that reconstruction of Oedipal and post-Oedipal experience and psychic reality is important. The personality is divided into impulses, emotions and will. The child's impulses seek immediate gratification. As impulses are mastered for instance in toilet training, the child begins the process of will development. If it is carried too far, pathological traits such as stubbornness, disobedience and inhibitions may develop.

Bernstein & Blacher (1967), Anna Freud (1969), Rubinfine (1981), Fajardo (1987) and Arlow (1991) did a research on infants. It was assumed by them that a neonates early phase of life is characterized by a vague and amorphous state of mind. Discrete experiences even though traumatic in nature could not be stored and retained as such by the infant.

Studies in experimental psychology, child psychiatry, neurobiology and psychoanalytic infant suggests that early memory system does exist and so psychoanalytic analyzing these infantile events and the experiences is possible. There is a possibility that events from the beginning of life can be reconstructed. It was reported that patients talk about their own birth injuries, their early illness, accidents, the attitude of their mother towards and during pregnancy, possible effects of reconstruction of their experiences is visible as a young child.

Blum (1976) states that sleep and dreams symbolize the return to the womb. The dreams make it easy for the recovery of repressed childhood memories and provide access to early infantile experiences. Therefore the birth memories are very important for assessing the impact of birth trauma on the personality of an adult.

Evidences in our previous literature prove that a neonate is fully aware of what ever is happening around him, inside and outside the womb.

In a paper written by Winnicott (1949), it was proposed that some doctors do not believe in the theory that the experiences during birth are important. They seldom give importance to the baby's traumatic experience during birth and their relation to emotional development. They also did not believe that these experiences can lead to anxiety in his adulthood. A study was conducted by Winnicott (1949) to see the variation amongst new born babies. It was also seen that prolonged labor could be traumatic to the fetus. It was so distressful that the result was that some

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babies were born paranoid that means in a state of expecting persecution. It was later concluded that at full-term, there is already a full human being in the womb. This human is capable of experiencing and is able to grasp memories and is also able to organize defensive measures to deal with any trauma provoking situation. This shows that a child is fully aware of whatever event is taking place because he has already developed his sense organs by the time of delivery. In his study, he made his child patients directly deal with birth anxiety. The procedure that was used was he made the child sit on his lap, and asked him to get inside his coat and would turn him upside down to the ground between his legs. This procedure was repeated again and again. The results of the study showed that memory traces of birth procedure do persist. He also mentioned that the client would relive the feeling of breathing changes, convulsive movements, pressure on the head and the fear of annihilation experience during birth. According to him one can also see from the experiences of the patients who were placed in this situation as of being born. In the light of the above studies it is obvious that feelings and experiences during birth have a great influence on the development of the personality of an individual.

In another study Winnicott (1949) states that traumatized infants were studied to see their verbal and behavioral memory. 20 children were studied under the age of 5 years. Main aim was to compare the memories with documentation of the same event. The results showed that at the age of two and a half to three years, most children are able to retain and later able to retrieve verbal material of memory of trauma. It was found that by this age, children can say in words what had happened to them significantly. The results also showed that birth trauma does have an impact from birth till the age of 2 years. This is the time where no verbal memory exists. Traumatized children of this group showed more behavioral memories of traumas. This was visible when they reenacted in play or in other behaviours at least a part of their traumatic experiences. It was shown that a child who had been sexually abused from birth to 6 months in a day care setting played out the exact details of her abuse (that was verified in those photographs that were confiscated by the police) when she was interviewed at the age of 2 years 11 months. According to the researcher it is important to see that how literal their behavioral memory is, how early it comes into operation, how accurate the details are and how long it continues.

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Engle, Reichsman, Harway and Wilson, (1985) conducted a longitudinal study of a woman who was born with congenital artesian of the esophagus (food line). Whenever she was fed, she used to lie down flat on her back with a feeding tube called Fistula that was inserted to her stomach. She was never held physically or made contact with during her feeding time. Similarly she fed her dolls in the same manner, making them lie flat, having no contact what so ever. Even after 30 years, she started to feed her girl infants in the identical manner and had no other method of doing it. If she held her infants, she complained of having arm aches or the babies were heavy.

Though this was not a normal position but for her she found it natural. She only felt comfortable in this position. Nothing else seemed comfortable. Although she had seen her other siblings being fed in an arms folded position. As research progressed, it was seen that the subject's children started to feed their dolls in the same way as they were fed. It was then concluded that the trauma had somatically and unconsciously passed through the next generation.

Menzies (1946) and Spitz (1949) say that there is a possibility that the mother's emotional reactions would influence the infant, even though he does not comprehend their meanings. Infants who are separated from their mothers do not make good adjustments to their postnatal environments as those who are with their mothers.

Sontag (1941), Dunbar (1944), Fries (1944) suggest that emotional tension of the mother before birth which frequently carries over to postnatal period has been found to influence the infants postnatal adjustments and , to some extent, affect his early relationship with his mother .

According to Wallin and Riley (1950), Levy and Hess (1952) if the mother is not happy having a baby or if the baby is not of the desired sex, this is bound to influence her behavior and will be sensed, if not understood, by the infant.

Chamberlain et al: (1992) suggest that infancy is not a stress-free stage of life. A major source of stress and trauma during birth and infancy is caused by (a) prenatal events and (b) during birth process. It is seen that babies are sensitive, intelligent, receptive and extremely vulnerable before birth.

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Some experts propose the idea that birth itself can be extremely painful, confusing and frightening experience for the infants. The major kinds of birth trauma can be resulted from (a) being drugged, (b) removed by forceps, (c) cesarean delivery, (d) experiencing prolonged labor and (e) oxygen deprivation. Once the baby is born, it can be confusing and terrifying for the new born because he experiences sudden coldness, brightness, rough handling, harsh sounds or most importantly separation from the mother. These feelings occur because the neonate is not prepared for all this shock. Medical interventions such as fetal monitoring, heel sticks, eye drops and circumcisions can be distressing for the infant.

A survey was conducted where it was observed that babies whose mothers have experienced a difficult delivery tend to cry more than babies whose mothers have had pleasant delivery. A survey was conducted and it was seen that mothers whose babies cried the most were significantly more likely to have had obstetrical interventions or been made to feel powerless during birth.

In the light of the literature review the following hypothesis were formulated

HYPOTHESES:

1. Individuals of both sexes born under different forms of traumatic birth will show higher level of Anxiety than Individuals born under Natural Birth.
2. Individuals of both sexes born under different forms of traumatic birth will show higher level of Depression than Individuals born under Natural Birth.

METHOD

PARTICIPANTS:

This study was conducted to assess the level of depression and the level of anxiety of 500 participants. The participants were selected from business communities, banks and educational institutions which included the Institute of Professional Psychology, Defence Authority College for Men and Women and Home Economics College were also included.

AGE:

The age range of the participants was 16 years and above. This included both males and females.

The following numbers and types of participants were selected:

1. 300 participants with Natural Birth
150 males
150 females
2. 100 individuals with Cesarean Section
50 males
50 females
3. 100 individuals with Forceps Birth
50 males
50 females

PROCEDURE:

Questionnaire having demographic information was given to each participant. Each participant was requested to inquire about the procedure of birth from their parents for the purpose of the study. The IPAT Anxiety and IPAT Depression scales were then administered on the same participants in order to assess the level of anxiety and depression with effect to the type of birth they had. The set of papers consisted of the following:

- a. Questionnaire having demographic information.
- b. IPAT Anxiety Scale
- c. IPAT Depression Questionnaire

MEASURES:

IPAT Anxiety and IPAT Depression were used to find out the level of anxiety and depression. Both these scales have been validated (Ahmad, 1972) for Pakistani population and can be administered with fair amount of predictability.

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Prior to starting the test, subjects were brought into a quiet room and seated comfortably. Rapport was created as the author had to undergo various problems owing to the nature of organizational procedures and set-up.

IPAT ANXIETY SCALE:

Anxiety is a very common factor in the personality of the individual. To make it more scientific the standardized, reliable and valid, questionnaires and scales were constructed for the measurement of various factors of personality. IPAT anxiety scale was evolved in 1957 by the Institute for Personality and Ability Testing.

The scale is brief and applicable to the lowest educational levels. It can be given to people who belong to age 15 years and above. It gives accurate estimate of anxiety level and supplement clinical diagnosis. Moreover the scale facilitates all kinds of screening operations and research. The central features of scale are worry, tension, low self control, suspiciousness and emotionality. These features are known as the trait components of anxiety.

The scores derived from the scale are reliable enough for research purposes and group comparison. Each question in the scale has three possible answers, YES, NO & Uncertain. A further division of pattern is made as covert and overt anxiety which can be easily obtained from the scores.

IPAT DEPRESSION SCALE:

Depression is one of the most confusing problems faced by the physicians, psychiatrists and clinical psychologists. It is difficult to identify any precipitating factor in the person's immediate surrounding which is responsible for depressive reactions.

To the practitioners, accurate diagnosis is very essential for the treatment procedures. In depression and anxiety most of the symptoms and complaints are common like sleep disturbance etc.

It is this confusion of anxiety and depression symptoms which creates one of the significant problems in the treatment of depression. Ayd (1973) reports on

500 patients later on diagnosed as depressive-who were admitted to a general hospital with a variety of somatic complaints. On the average, each patient was seen by three physicians and had four diagnostic tests performed in addition to the usual given upon admission before being referred for psychiatric evaluation. Consequently an instrument was introduced in 1976 to measure depression. The main aim was to produce psychometrically sophisticated instrument which could easily be used to estimate depression in a reliable and valid manner.

STEN SCORES:

The Scores obtained on IPAT Anxiety Scale and IPAT Depression Questionnaire are called Sten Scores. These sten scores are called Standard Scores by the author of the IPAT Anxiety and IPAT Depression scales. The Standard Scores are used in order to find out how an individual stands in relationship to a defined population, Handbook for the IPAT anxiety scale, Institute for Personality and Ability Testing (1963).

High Sten Scores:

Sten scores falling between 8 to 10 are considered high in anxiety and depression.

Low Sten Scores:

Sten scores falling between 1 to 3 are considered low in anxiety and depression.

Chi square test was computed to investigate whether or not there was significant difference between the vulnerability to depression and anxiety in the individuals who underwent natural birth procedure and who underwent Traumatic Birth. The reason was the fact that the variables used in this research were not continuous; therefore only non-parametric test was used.

DEFINITIONS OF DIFFERENT VARIABLES

There are several definitions of Birth Trauma that are given in the introduction but one of the most comprehensive is given by Amethyst Resource (1982) who defines Birth Trauma as “The anxiety, thought to be the prototype of all later anxiety, experienced by the infant upon being born and flooded with the stimuli”.

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History of the Theory of Birth Trauma:

From the 1920's a lot of work was being done by European researchers. They wrote on the Effects of Pre and Perinatal experiences on human growth and development.

Some of the first indications that babies are conscious came from the pioneer of psychology and the work of Sigmund Freud. Initially he was skeptical about how the infant mind worked but gradually client information linked their anxieties and fears to events surrounding their birth. Freud theorized that birth might be the original trauma upon which later anxiety was based.

This concept was initially acknowledged by Freud but then Otto Rank assigned it a major role. He wrote a book in 1923 called "Trauma of Birth". Birth Trauma is defined as an anxiety provoking experience and feelings of insecurity take place as a neonate comes out of his/her mother's womb. This separation according to Otto Rank is traumatic because the child now feels that he might not get that much security as he did in the womb where he was all alone. A lot of focus is laid on mother and child relationship. This painful separation according to Otto Rank would result in birth anxiety.

In this present study, birth trauma is also defined in the type of birth an individual may go through. Therefore 2 states of birth procedures have been considered, that is, Cesarean Section and Forceps Delivery.

According to Rank (1923), intra uterine consciousness is felt during natal and prenatal events, which leaves behind some lasting experiences. Because of this distancing the child is faced with birth trauma and its effects are later seen in his/her adulthood.

Cesarean Section:

According to Hyper Dictionary-Word net Dictionary:

"Cesarean is the delivery of a fetus by surgical incision through the abdominal wall and the uterus".

In this procedure the baby is removed surgically from the uterus rather than traveling through the birth canal. This is done through abdominal incision.

Forceps Delivery:

Hyper dictionary defines Forceps birth as:

“The delivery in which forceps are inserted through the vagina and used to grasp the head of the fetus and pull it through the birth canal”.

Natural Birth:

The World Health Organization has stated that normal birth is:

“Spontaneous in onset, low risk at the start of labor and remaining so throughout labor and delivery. The infant is born spontaneously (without help) in the vertex position (head down) between 37 and 42 completed weeks of pregnancy. After birth, mother and the baby are in good condition”

The Association of Improvements in Maternity Services (AIMS) defines normal birth by extending WHO’s definition. It states that:

“To exclude any births where labor has been altered by technological intervention.”

The above mentioned definitions of normal birth does not include where labor has been induced, accelerated by drugs, epidural or episiotomies.

According to AIMS it is a “birth without interference”.

It is also called by them “physiological birth or straight forward vaginal birth”.

This type of birth occurs without any outside aid or with minimum or no medication at all to the mother. In this procedure, the position of the fetus in the mothers uterus and the size of the fetus make it possible for the head of the fetus to come out first from the birth canal naturally.

RESULTS

The results of statistical analysis for hypothesis No 1 is shown in table No 1 and graph "A".

The results are significant at α level $p < 0.001$ which indicates that both male and females have high anxiety sten scores on Anxiety scale questionnaire as compared to Individuals of control group.

The results for hypothesis No 2 is shown in table No 2 and graph "B".

The results are significant at 0.001 level which shows that both male and females have high sten scores on IPAT Depression scales as compared to Individuals who were born under natural birth.

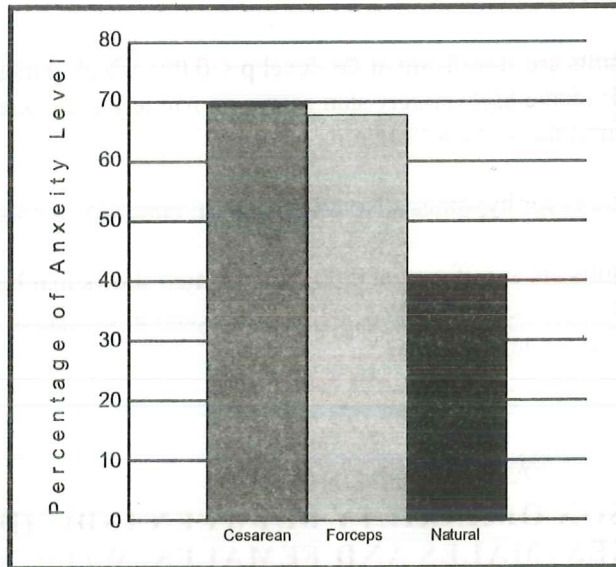
TABLE NO. 01
COMPARISON OF ANXIETY BETWEEN INDIVIDUALS OF BOTH SEXES (MALES AND FEMALES) WITH NATURAL AND TRAUMATIC BIRTH

CATEGORY	ANXIOUS	NORMAL	TOTAL
NATURAL BIRTH	123	177	300
CESAREAN SECTION	70	30	100
FORCEPS DELIVERY	68	32	100
TOTAL	261	239	500

CHI SQUARE VALUE= $\chi^2 = 37.84$
DEGREE OF FREEDOM= 2
LEVEL OF SIGNIFICANCE= $p < 0.001$

LEVEL OF ANXIETY BETWEEN ADULTS (MALES AND FEMALES) WITH NATURAL AND TRAUMATIC BIRTHS

Graph "A"



**TABLE NO. 02
COMPARISON OF DEPRESSION BETWEEN INDIVIDUALS OF BOTH SEXES (MALES AND FEMALES) WITH NATURAL AND TRAUMATIC BIRTH**

CATEGORY	DEPRESSED	NORMAL	TOTAL
NATURAL BIRTH	105	195	300
CESAREAN SECTION	67	33	100
FORCEPS DELIVERY	55	45	100
TOTAL	227	273	500

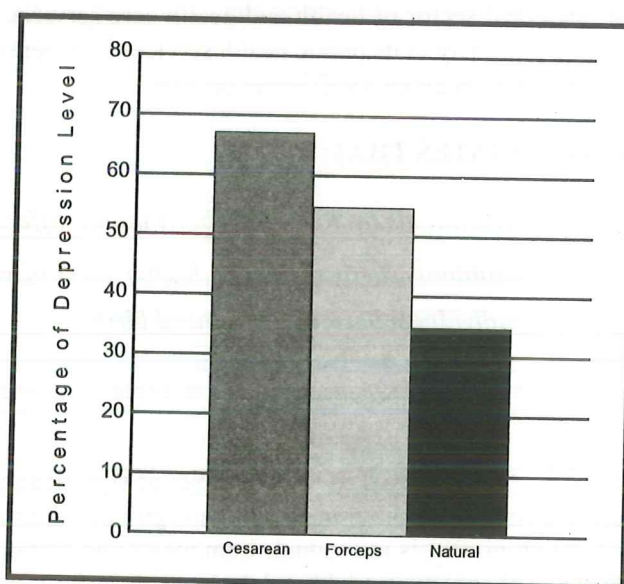
CHI SQUARE VALUE= $\chi^2 = 35.64$

DEGREE OF FREEDOM= 2

LEVEL OF SIGNIFICANCE= $p < 0.001$

LEVEL OF DEPRESSION BETWEEN INDIVIDUALS OF BOTH SEXES (MALES AND FEMALES) WITH NATURAL AND TRAUMATIC BIRTHS

Graph "B"



DISCUSSION

The theoretical and practical observations make it evident that individuals who have undergone Birth Trauma that is Cesarean Section and Forceps Delivery, their level of anxiety and depression will be greater than individuals who have experienced Normal procedure of birth.

The fact remains that Birth traumatized individuals have experienced and felt this painful mode of birth and emotional crises. In the light of literature review and theoretical constructs it has now become clear that the type of child birth has a definite effect on the adult life of an individual. These effects are manifested in the shape of anxiety and depression.

It is known; that whatever research and literature review is available has been conducted in developed countries. So far no research has been conducted in Pakistan to explore the factors that contribute towards depression and anxiety in adulthood due to birth trauma.

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In the previous chapter the statistical results of the various hypotheses have been demonstrated and this chapter will elaborate on the discussion of these hypotheses in the light of the results obtained in this research.

Like many other countries in the developing world, mental health remains perhaps the most neglected sector of health and health care services in Pakistan. The country gives a low priority to its public health services in general, and among those services mental health is given a still lower priority.

HYPOTHESIS NO 1:- STATES THAT:

Individuals of both sexes born under different forms of traumatic birth will show higher level of anxiety than individuals born under natural birth.

The results of the Statistical analysis are shown in Table No 1 and Graph "A".

The chi square $\chi^2 = 37.84$, $df = 2$, $p < 0.001$ level of significance. The result indicates that there is a significant difference in the two groups. The traumatic birth group and the control group that is individuals both males and females show a lot of difference in the level of anxiety in adulthood. Individuals both males and females have high sten scores on anxiety scale questionnaire as compared to individuals of control group.

Individuals born under Cesarean section have high level of anxiety as compared to individuals born through normal procedure.

There is a profound correlation between instrumental and drugged birth in comparison to natural birth. Literature review and statistical results support this fact that such individuals are more susceptible towards anxiety in adulthood. The hypothesis has been proved by evidence in the literature review and now the statistical analysis confirms this fact.

Instrumental or drugged birth of an individual, as discussed earlier, is a traumatic procedure by itself. Cesarean section further makes the birth of a child difficult as the child who is prepared to come out in this world through a systematic procedure via birth canal, is now threshed upon through surgery, or instrumental birth that he was never prepared for. This procedure is very shocking for the child and its effects are long lasting.

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It is evident from the literature review, that instrumental births, elective cesarean and prolonged birth have long lasting effects in the personality of the adults. A lot of physical problems are also associated with vacuum extraction. Problems arise when the suction pulls the scalp from the underlying tissue, creating a space into which the baby may bleed.

Dangers of forceps include injuring the soft tissue of the head, face and neck. Where ever the baby is clamped may cause nerve damage.

In the western world, a lot of care is taken in any medical or health related issues. In our eastern world, due to paucity of funds, lack of awareness, lack of adequate knowledge, all these factors may be overlooked. If not overlooked, then not much importance is placed on these procedures.

One more differentiation is prominent between the developed and under-developed countries that, if any mishap occurs during peri-natal, prenatal or postnatal care, the individual has full authority to question the department concerned. In Pakistan, this system is overlooked by some medical practitioners. If any ill treatment or malpractice takes place, the final responsibility is kept on nature.

Cesarean birth is also at high risk for depression and anxiety in both the infant and the mother. The results calculated prove this phenomenon that such type of birth deliveries will definitely have an impact on the adult life. One needs to be extremely careful as how a child birth takes place. A lot of mishaps or traumatic birth of prolonged labor practice of midwifery especially in those areas where there is lack of education and health facilities. A lot of emphases are laid on natural delivery and thus many a times it gives rise to prolonged labor or unassisted instrumental labor that in turn traumatizes the infant and is one of the major causes of mother and child mortality.

These are the factors that are vulnerable towards depression and anxiety in adulthood in Pakistan.

HYPOTHESIS NO 2:- STATES THAT:

Individuals of both sexes born under different forms of traumatic birth will show higher level of depression than individuals born under natural birth.

The results of the Statistical analysis are shown in Table No 2 and Graph "B". The chi square $\chi^2 = 35.64$, $df = 2$, $p < 0.001$ level of significance. The result indicates that there is a significant difference in the two groups. The traumatic birth group and the control group that is individuals both males and females show a lot of difference in the level of depression in adulthood. Individuals both males and females have high sten scores on IPAT - Depression Scale as compared to individuals in the control group.

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There is a high correlation between the type of birth an individual goes through with the features of depression and anxiety they will manifest in adulthood as discussed earlier.

It is clear from the evidences and data calculated that feelings of apprehension, low-self esteem, crying episodes and uneasiness are the symptoms of depression and are present in individuals who are born through traumatic procedure. Theoretical perspective gives rich information as to how an infant psyche works before and after his birth. The infant is susceptible to psychic trauma due to these birth procedures that leave a strong impression in his mind in the form of birth memories.

Chaos.com, Birth Trauma reports, that when an infant is in the womb it is a very peaceful place for him. It is sacred because he is all alone. The infant floats in a warm liquid that is surrounded by dim red lights with a rhythm of his mothers heart beat.

This is an environment where an infant experiences the natural state of existence that is there is no feeling of hunger, no coldness or hotness but only comfort that is auto regulated by the mothers body.

It is a state of bliss for the neonate. Birth time becomes chaotic for the child. He starts looking for his way out trying to find a tight squeeze. Suddenly after a thrust he is in a situation with hustle bustle around him. If it is a normal birth, the infant would be handled normally and immediately handed over to the mother for bonding. But, if, instead, the infant is operated or any metal or plastic device is used, this event becomes very traumatic and hurtful. What he expected did not happen. It is also reported that when the infant comes out from his mothers womb, he is surrounded by big people in gowns who are tousling with the child's helpless body.

Gradually the child has to adapt to the new environment for food water and basic needs, which was formerly provided by the mothers' umbilical cord. These feelings are torturous for a neonate. It becomes imperative to note that instrumental or drugged delivery have marked impression on the child's psyche as compared to normal birth which is a more stable and accepted form of childbirth.

In the light of the research conducted, we can safely conclude that Traumatic Birth will have an impact on the individual in adulthood. Thus it is clear that anxiety and Depression will be prominent in their personality. Distress is inevitable in any kind of birth procedure. Childbirth itself is challenging for the neonate as well as the mother. Once successful childbirth takes place and the mother is done with the various stages of labor, the neonate is free from all the disturbing elements co-occurring in the uterine environment. The child seems to forget about the torture he was going through and mother-child bonding takes place after long hours of waiting period.

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