

Fear of Childbirth and Emotional-Focused Approaches

Abstract

Fear of childbirth is universal, often non-pathological, harmonious, and situational. Psycho-social approaches, physical exercise, and therapeutic interventions are used in fear of birth. Although fear is an emotion, it is determined that emotion-focused approaches are not used in coping. In emotion-focused approaches, the aim is to reach and effectively transform nonadaptive emotional schemes that are seen as the cause of fear of childbirth within an empathic relationship and environment. Throughout the therapeutic care process, the focus is on the transformation of nonadaptive emotions into adaptive emotions, so that the individual can give adaptive responses to the birth experience. In emotion-focused approaches, (i) attachment and awareness, (ii) association and scrutiny, and (iii) change and transformation approaches are used. The purpose of this article is to create a conceptual framework for addressing the fear of childbirth with emotion-focused approaches.

Keywords: fear of birth, emotion-focused approaches, birth psychology, midwife, nurse

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Introduction

In recent years, although she and her fetus are healthy, many women have had a cesarean section due to fear of childbirth.¹⁻³ The rate of cesarean section has increased dramatically in Turkey, and it has ranked high among other countries with a rate of 53.1% according to the OECD's (Organisation for Economic Co-operation and Development) 2019 data report.⁴ Studies have shown that fear of childbirth increases cesarean section rates, prolongs the duration of labor, and adversely affects birth outcomes.⁵⁻¹¹ In a meta-analysis study covering the whole world, it was determined that the average prevalence of fear of childbirth is 14%, and this rate has increased gradually in the last 10 years.¹² The prevalence of fear of childbirth in different European countries varies in a wide range, such as 3.7%-43%.¹²⁻¹⁴ It was determined that the prevalence of fear of childbirth was 42.4% in Turkey, and 38.7% of nulliparous women and 45.5% of multiparous women experienced severe fear of childbirth.¹⁵

It is known that multidisciplinary teams consisting of midwives, nurses, perinatologists, social workers, and psychologists apply different approaches to reduce the fear of childbirth.^{16,17} These approaches are cognitive behavioral therapy, psycho-education, fear of childbirth counseling, birth preparation classes, music and art therapy, and mind-body techniques such as yoga, relaxation, and mindfulness.¹⁸ While maintaining and promoting perinatal well-being and mental health are among the roles of midwives and nurses in many countries, studies on this issue continue in our country. Fear of childbirth is preventable with nursing and midwifery interventions. Although the fear of childbirth is an emotion and the approaches applied to prevent or reduce it focus on emotions, it has been determined that the results of "emotion-focused approaches" are not included in the literature. The use of emotion-focused approaches and sharing the scientific results of care in the care aimed at preventing or reducing the fear of childbirth, especially offered by midwives and nurses at the postgraduate level, will contribute significantly to the knowledge and practices of nursing and midwifery. The purpose of this article is to create a conceptual framework for dealing with a fear of childbirth with emotion-focused approaches.

Frequent Emotion at Birth: Fear

Birth is a physiological act and as it is experienced differently by each woman, one birth of the same woman is different from the other. Because the main factor that has an

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effect on action is emotion. The compatibility of the woman's sense of birth affects and changes the birth experience. Emotional schemas play an important role in women's birth experiences. Emotional schemas about childbirth can be affected by the birth culture of the society, the birth experiences told by the individuals around them, the birth experiences witnessed by the individual, the birth images shared in the media, the language patterns of other individuals, especially health professionals, and the way they convey the birth, and the previous birth experiences of the woman. Emotions about experience are actually a dynamic synthesis of emotional schemas. Therefore, evaluation of women's emotional schemas will allow them to respond emotionally in harmony with their future birth experiences.²⁰

Fear of childbirth is a universal emotion.²¹ Fear is defined as a neuropsychological process that prepares the organism for instinctive or learned responses to coping with danger.²⁰ Fear is an emotion felt when there is an actual life-threatening situation from the outside and is associated with real danger.²² Fear initiates the chemical process that ensures the survival of the organism in the face of the threatening stimulus. The brain structures involved in the formation and expression of fear are the prefrontal cortex, hypothalamus, and limbic system. The prefrontal cortex evaluates the state of danger and has an important role in displaying operant fear behaviors. The hypothalamus secretes corticotropin-releasing hormone when fear signals are received. This hormone releases adrenocorticotropic hormone (ACTH) from the pituitary gland, and increased ACTH stimulates the adrenal cortex causing the release of cortisol. Cortisol causes many physiological changes in the organism with the activation of the sympathetic nervous system. Fear schemas are stored in the "amygdala," which is a limbic system structure.^{23,24} Humans have to react without thinking in order to survive, and this only happens when emotions are activated from the amygdala in the limbic system.²²

Fear of childbirth is not specifically included in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*; it is recommended to be evaluated within the scope of anxiety disorders in the literature.²⁵⁻²⁷ However, in order for an emotion to be diagnosed as a disorder, it must affect the individual's adjustment. Fear is a generally harmonious emotion, enabling people to survive and protect themselves. It is a response to a specific threat and is relieved when the threat is removed.²⁸ Fear of childbirth is a situational fear that allows focusing on non-pathological labor.¹⁸ Many women may experience anxiety related to the threats posed by symbolic, psychological, or social situations related to childbirth.^{28,29} It may be recommended to analyze the emotional response in terms of distinguishing between birth fear and anxiety and evaluating their compatibility.

Emotion-Focused Therapies/Approaches

Emotion-focused therapy is an empirically evaluated method that emerges by integrating modern emotion therapies and dialectical constructivist meta-theories into individual-centered approaches and Gestalt practices. Emotion-focused therapy is a new humanistic approach that has been reformulated in terms of modern emotion theory and affective neuroscience.³¹ Emotions are of great importance in an individual's compatible/incompatible life experiences. Emotions are the basic formations that affect what and how people perceive, how quickly they process information, what they think about, and how they react to a situation or event.³⁰ Emotion is one of the basic structures of the self and is the key to the self-organization of the individual.³² It provides information about the priority and importance

of the situation in line with the values, goals, and objectives of the individual in life experiences.³³ Therefore, they are the basic mechanisms that regulate relations with the self and others and form the meaning of experiences.³⁴

Optimal adaptation can be achieved through the integration of emotion and mind, and this is defined as emotional intelligence. Emotional intelligence requires the capacity to access the knowledge of emotion and use emotion as a guide. Recognizing and symbolizing the sensation created in the body and transforming it into words is the continuous and alternating creation of feelings of experiences.^{28,30,32} Emotions are a different brain phenomenon that is separated from thoughts and creates its own physiological and chemical responses.³⁵

Emotions are also closely related to memory. While memory stores consciously processed information, it also stores emotional experiences. Emotional schemas are formed by synthesizing emotional experiences with highly differentiated structures. Emotional schemas are the individual's internal networks of human experiences that include consciousness, action, and identity, which form the basis of the individual's self-organization.¹⁹ In particular, emotion schemas include situational, bodily, emotional, conceptual, and operational elements.³⁶ Emotion schemas are seen as the primary source of experiences. It enables rapid and automatic sensations to be generated in life experiences. The meaning of emotional inputs from the internal and external environment is interpreted and transformed by emotion schemas. Emotional schemas, which are a major component of non-verbal and affective experience, are affected by emotional learning from the past, the evoked object or situation, and the sensation that neural activity creates in the body. Emotional schemas are the main target of therapeutic intervention and change.³⁰

In emotion-focused approaches, individuals who want to change their maladaptive mood or unwanted personal experience are assisted.³⁰ Individuals are supported to feel, diagnose, experience, explain, transform, and manage their emotions. In the process, it is aimed for the client to gain the ability to reach important information and meanings about themselves by focusing on their internal resources and using this information in order to survive and adapt.²⁸ Counselors help clients develop their emotional awareness by providing a safe, empathetic environment.^{32,35}

Emotion-Focused Approach Process in Preventing and Reducing Fear of Birth

Emotions should be evaluated in terms of intensity, newness, and causative factors.³⁵ Identifying emotional responses is an important step in emotion-focused approaches.³⁰ Emotional responses is classified as primary emotion, secondary emotion, and instrumental emotion.²⁸

Primary emotions are direct reactions to events that cannot be reduced to any other emotion. Biologically, it supports the individual to adapt, but with the effect of the individual's defense systems, the result may be compatible or incompatible. It is usually implicit with secondary emotions and is not initially reflected by the individual. However, it emerges when needed and prompts people to take action to meet their automatic empathic needs. There are 7 basic emotions that are innate. These are fear, anger, sadness, shame, disgust, enthusiasm/joy, and amazement/admiration. Fear can be a primary emotion in itself, or it can be a secondary emotion of another primary emotion.²² Fear of childbirth is the primary emotion for many women,

and it can be harmonious or maladaptive. The fact that women who have fear of childbirth experience their fears by accepting and having control over the emotion shows the compatibility of the emotion. Because the woman's acceptance of the feeling of fear allows to seek from other individuals and maintain safe relationships in order to protect herself. However, the fear of childbirth may be a primary maladaptive emotion for some women. Primary maladaptive emotions are unhealthy, pre-learned, damaging, intensely felt, and desired to get rid of. These emotions arise very quickly and take over the control system of the individual.^{35,37} Incompatible emotions hinder problem-solving, interaction, and growth.³² When the most common causes of fear of childbirth are examined, it is seen that the expectation of evil about the future birth creates fear. The most common fears at birth are the fear of the unknown, the fear of pain, the fear of perineal trauma, the fear of losing control, the negative approach of the healthcare professional or the fear of not providing woman-centered care, the fear of harming the baby or himself at birth, fears of interventions at birth such as induction, episiotomy, and referred to as the fear of being alone.^{8,11,15,38,39} Mismatched emotions are old and repetitive.²⁵ Women whose fear of childbirth is the primary maladaptive emotion experience intense fear of childbirth during pregnancy and even continue to experience fear after the birth experience has passed. Especially in women with a bad past birth experience, primary maladaptive fear is more common, and although the previous birth experience has passed and it no longer poses a danger to her, anything that reminds her of the birth causes the feeling of fear to be experienced again.¹⁵ Access to information on primary emotions is needed because primary emotions have the capacity to organize actions. However, primary maladaptive fear cannot organize the person to activate a harmonious emotion, disrupting the person's existing order.²⁸ Primary emotions cannot be reduced to any other emotion. The primary maladaptive emotion, therefore, needs to be transformed.³²

Fear of childbirth may be a secondary emotion for some women. Secondary emotions are the individual's reaction to her own emotions and thoughts rather than an event.³² Secondary emotions occur as a result of intolerance and inhibition of primary emotions, and they block the flow of functional emotions. A woman's fear of childbirth may be an expression of her emotions such as loss of control, insecurity, anxiety, and loneliness.

Fear of childbirth can also be an instrumental emotion. Instrumental emotions arise as a result of the individual's need for the emotion experienced by other individuals. In the instrumental use of emotions, individuals display emotions instead of feeling them. Instrumental emotions are also known as manipulative emotions. It is learned as a result of emotional experiences, but individuals may not be aware of it, they shape personality over time.^{35,37} It is possible to encounter fear as an instrumental emotion in childhood. The child, who expects attention and calm from the caregiver, may express that he is afraid of many things. Although the use of fear as an instrumental emotion in adulthood is rare, it can be found in the fear of childbirth. The woman avoids taking responsibility for herself in childbirth and may use fear as an instrument to get others to protect her. For example, by stating that she is very afraid of normal birth, she may leave the responsibility of birth to the health professional and turn to cesarean delivery.

Emotions guide individuals in their behavior, reactions, and survival in the face of events. In emotion-focused approaches, first of all,

awareness of emotion should be provided in a woman with a fear of childbirth. If the fear of childbirth is the primary harmonious emotion, its information is very valuable, so it must be reached. If it is the primary maladaptive emotion, it should be transformed and then its knowledge should be utilized. If the fear of childbirth is a secondary emotion, its effect can be reduced by reaching and transforming more primary emotions. Although it is an instrumental emotion, awareness of the real need should be developed.²⁸

Fear of childbirth is subjective and every woman may experience the fear of childbirth with different intensities, regardless of the cause of the fear.¹⁸ The most commonly used measurement tool to assess the severity of fear of childbirth is The Wijma Delivery Expectancy (Version A)/Experience (Version B) Questionnaire (WDEQ-A/B). The WDEQ-A consists of 33 emotions that are predicted to be experienced by the woman at the time of birth, and it is expected the woman to evaluate her emotions in a 6-point Likert type (0: never to 5: extremely) measurement tool. With the measurement tool, the woman's feelings about labor pain and the birth process are evaluated, and the level of fear of childbirth is evaluated with the total score obtained.²⁹ However, it is stated that emotions will be affected by the subjective experiences of women and the cultures they live in, and the level of fear of childbirth, which is a single emotion, cannot be determined by scoring many emotions. For this reason, the "Fear of Childbirth Scale" was developed, which directly assesses the fear of childbirth with 2 questions, and when evaluated with the WDEQ-A as a parallel measurement tool, it was determined that both measurement tools measure the fear of childbirth in a similar way.⁴⁰ Although not mentioned in the original articles of the scales, it is thought that WDEQ-A includes the most basic emotional reactions (primary emotions) that women will show to the event of childbirth, and the fear of childbirth is considered as a secondary emotion consisting of a combination of primary emotions at different levels. However, in the "Fear of Childbirth Scale," the fear of the woman about the upcoming birth is evaluated by asking directly, and it is thought to be considered the primary emotion. Although measuring the intensity of emotions is valuable, emotions are subjective and it is thought that the type of emotion needs to be evaluated for each situation.

There are 3 main phases in the emotion-focused approach process: (i) attachment and awareness, (ii) recalling and deliberation, and (iii) change and transformation.³⁰ In the attachment and awareness phase of the counseling process of the woman with a fear of childbirth, the client should first feel that her emotions and current self-state are approved.²² Establishing therapeutic empathy in this phase increases the effectiveness of other phases by providing a safe environment.³⁰ A woman should realize that her emotion is worth working for. Fear of childbirth provides a woman with very valuable information. The midwife and nurse being aware of the woman's emotions will make the woman feel that her emotional experience is cared for and valued. Many women state that they are afraid of childbirth, but they are not aware of the place of this emotion or the effect it creates in themselves. The purpose of this phase should be to focus the woman on the inner side of her emotional experience. It also focuses on the core emotion of the woman and the information given by the emotion. The woman should be guided in the process of empathizing with the fear of childbirth, distinguishing and recognizing her emotions, accessing the knowledge of the emotion, and accepting and approving her emotion.³⁰

In the association and deliberation phase of birth fear counseling, the first focus is on the discovery of the core emotion in emotional experience through association. In this phase, primary emotion or maladaptive schemas are reached. Performing this phase in the preconception period may be important in terms of both starting pregnancies with compatible emotions and not affecting the emotional process of hormonal changes during pregnancy. When the woman wants to get support during pregnancy, she should be informed about the process, and the client's readiness for this process should be evaluated. In addition, the availability of adequate internal and external support for the woman should be evaluated for the recall and manifestation of primary maladaptive emotions. Emotions covered up and interrupted by the woman should be addressed in this phase. The client should be aware that he is interrupting or avoiding her emotions cognitively, physically, and behaviorally. For example, a woman who was sexually abused during her childhood may be afraid of the experience of an infant being born through the vagina, the organ where she suffers physically and emotionally, but maybe unconsciously avoiding this emotion. The cognitive expectation of disaster, physical inability to regulate breathing, trembling, blushing, behavioral avoidance of talking about birth, and changing the subject can be seen. Midwives and nurses should be aware of this in their care processes and assist women in reaching primary emotions or reaching core maladaptive schemas.³⁰

The final phase is the change and transformation phase. Alternatives need to be constructed by reflecting on generating new emotions and creating a new meaning. In this phase, first of all, new emotional responses should be supported to transform the core maladaptive schema. Core emotions can be reached through cognitive, behavioral, and emotional means. Reaching the core emotion not only supports the discovery of new inner resources that will enable the formation of adaptive emotional responses but also creates new meanings. New meanings are formed in the woman's self and she begins to feel a stronger sense of self. Approval of the new emotion by the professional who has an emotion-focused approach becomes a strong reinforcer for the woman and the newly developed sense of the self is supported.^{30,26} The core maladaptive emotion of the woman with a fear of childbirth may be inadequacy. Although the emotion of inadequacy was given to the woman by her parents, family members, and other individuals around her, it may also have been the result of past life experiences. A woman's awareness of her sense of inadequacy and her work will lead to a transformation in herself; she will feel a stronger sense of self and her motivation will increase. A well-experienced birth process can be the strongest reinforcer of the newly formed emotion schema and allow the emotion of inadequacy to fade in other events.

Emotional Change Principles in Fear of Birth

The main focus of the emotion exchange process is an emotional experience and making meaning out of it. In emotion-focused approaches, the process of emotional change is based on some basic principles. The principles of emotion change include emotion awareness, emotion expression (expression), emotion regulation, reflection, emotion transformation, and corrective emotion experience.³⁰

Emotion Awareness

The most basic principle in emotion-focused approaches is to be aware of emotion. In order for an individual to use their emotions

effectively in life processes, first of all, awareness of emotion and acceptance of emotion by the individual are required. Emotion awareness is the ability of the individual to perceive the signals coming from emotions, to realize their needs, and to provide the necessary motivation to meet these needs.³⁰ Emotion awareness requires not thinking about the emotion but feeling the emotion with awareness.²⁸ After the second trimester of pregnancy, every woman focuses on the birth event and often experiences ambivalent emotions. Although the fear of childbirth is a universal fear and is known by all pregnant women, most expectant mothers are not aware of their emotions.³⁸ Because negative emotions about childbirth are isolated and suppressed due to social/cultural perception, and even the woman feels ashamed and guilty for feeling these feelings.⁴¹⁻⁴³ In order not to face the fear of childbirth, women mentally may reject pregnancy or to feel the movements of the fetus, do not want their fetus reminding pregnancy and birth to be screened by USG, and even avoid attending birth preparation classes.^{38,44} Therefore, "What do you feel when you say birth?" When the question is asked, positive feelings are often expressed first. The maladaptive feelings of childbirth are often implicit and sometimes even the woman is unaware of it. Unreached and unattended maladaptive emotions can deviate the labor process from the normal. For this reason, it is important to ensure that individuals realize their feelings about birth during pregnancy. It is also important to go to the knowledge of the noticed emotion. For example, if the woman's feeling about childbirth is "fear", they should ask the question themselves "Why am I afraid?" in order to reach the knowledge of the emotion. The woman conveying her emotional experience by symbolizing it with words will allow her to approach, feel, and realize her emotions.

Expression of Emotion (Expression)

The purpose of expressing emotions is to focus on primary emotions. In the expression of emotion, the existence of distorted beliefs and thoughts developed to avoid and get away from unwanted emotions is discovered, while awareness of emotion is provided. Expression of emotion in fear of childbirth should not be done to get rid of the emotion but to prevent avoidance of emotion and to ensure that stuck emotions about birth are expressed beforehand. However, the social/cultural perception of a happy pregnancy prevents women from sharing their fears about childbirth with their spouses, relatives, and/or health professionals and causes them to isolate their emotions, avoid their emotions, and distance themselves.⁴¹⁻⁴³ In addition, women who have fear of childbirth may choose to avoid getting emotional involuntarily because they are afraid of facing the emotions which not being able to cope, instead of avoiding the dissatisfied emotion, changing or transforming the emotion is used.³² In order to cope with emotional avoidance, the woman must be cognitively aware of her sense of childbirth and be able to explain, reflect, and feel her emotional experience.³⁰ In addition, it can be quite difficult to symbolize the feeling of childbirth with words, especially for women who will experience childbirth for the first time. At this stage, the counselor should assist the woman's emotions in finding and expressing words.

Emotion Regulation

Emotion regulation requires accepting the emotion, keeping a distance from the emotion when necessary, and reaching the knowledge of the emotion.³⁵ For some clients, emotion regulation is more important, while for others it should be with others. Emotion regulation should be prioritized if the individual controls or suppresses her emotions excessively

in emotional expression.^{30,32} The primary emotions in women who experience intense fear of childbirth may be loss of control, hopelessness, embarrassment, loneliness, tension, and inadequacy. Also, the fear of childbirth may be the primary maladaptive emotion for some women. These situations require the regulation of emotion.

Emotion regulation includes naming the emotion, identifying and distinguishing the emotion, allowing and tolerating the emotion, creating the distance that can be worked with the emotion, increasing the compatible emotions, and reducing the vulnerability from maladaptive emotions, breathing, calming, and distracting oneself.²⁸ Emotion regulation skill also provides the ability to tolerate distress.³⁰ The ability to tolerate distress can help women overcome the developmental crisis processes in the perinatal period by growing. It is known that breathing and meditative practices, accepting the emotion, and allowing the emotion to come and go are important in emotion regulation and that psychological calming techniques contribute to the emotion regulation process by allowing the parasympathetic system to come into play.³² The parasympathetic system at birth will allow the birth to progress in the process. Intense fear of childbirth may cause the sympathetic system of the woman to come into play, experience more pain during childbirth, prolong the delivery, distress the fetus, increase instrumental births, or result in a cesarean section.⁴⁵⁻⁴⁷ Psychological appeasement techniques are used for the individual to calm himself down and it is known that resting, receiving or showing love, relaxing self-talk, and self-acceptance provide psychological calming.²⁸ As psychological calming techniques in fear of childbirth, breathing techniques, emotional liberation techniques, awareness practices, and meditative practices such as yoga are recommended.^{18,48,49} When a woman with a fear of childbirth can psychologically soothe and regulate her emotions, it will be possible for the woman to develop positive interpersonal processes and to be accepted and valued by other people.³²

Projection

Explaining and reflecting on the experience of emotion is an important process for change. Defining the emotion, symbolizing it with words, and reflecting on the emotional experience allows the individual to feel her own experience and assimilate her own expression. In the reflection process, emotions, needs, thoughts, experiences, and different parts of the self are identified. The parts of the self that are understood with the experience are related. The meanings of situations that arouse emotions are felt. Reflection helps the narrated experience gain new meaning and create a new narrative.³⁰ Women for whom the fear of childbirth is the primary maladaptive emotion continue to experience fear even after the birth experience has passed. It can be seen more frequently, especially in women with a bad past birth experience. Reflecting and re-meaning the birth experience in these women allows the reduction of fear and the prevention of birth trauma.⁵⁰

Emotion Transformation

Emotion transformation is the transformation of a maladaptive emotion into its opposite, a stronger compatible emotion. Emotion transformation is not aimed to get rid of an emotion, it is aimed to replace one emotion with another emotion.³⁰ Usually the primary maladaptive emotion requires transformation. The activation of more compatible emotions also helps transform the maladaptive emotion. Emotions can be transformed by feeling, not by thoughts. In emotion-focused

approaches, emotion transformation can be gradual. Incompatible negative emotions can be transformed into compatible negative emotions and then into compatible positive emotions. When opposing emotions are activated, compatible emotions are synthesized and transformed from the schemas that act together, and a new schema is created.³⁰ It is very important to reach the maladaptive emotion not only for its knowledge and motivation but also for its transformation. It is recommended to replace one emotion with another rather than alleviate it. Because while the meaning of the experience does not change in alleviating a maladaptive emotion, transformation into a compatible emotion allows schema change. Harmonious emotions may not always be positive, but transforming boundaries into clearly compatible negative emotions always facilitates the process. Emotional transformation improves the individual's ability to give harmonious emotional responses.³⁰

The fear of childbirth experienced during pregnancy can first be transformed into harmonious negative emotions such as loss of control, shame, and anxiety, and then into harmonious positive emotions such as self-efficacy, confidence, and control. Emotional transformation during pregnancy can also change the schemas and positively affect the emotional response of the woman to the fear of breastfeeding that she will experience in the next stage.

Corrective Emotion Experience

The final stage of the change of emotion is the new experience. In emotion-focused approaches, the right emotional experience is of great importance. In the experience of emotion, the woman confronts her emotion instead of moving away from it or rejecting it and finds the power to change it by accepting it. It repairs the destructive effect of previous emotional experiences with the right emotional experience. In this process, the woman's feeling is accepted and guided in finding new ways for transformation.²⁸ In the therapeutic environment, the woman's confrontation with the fear of childbirth and the acceptance of her feelings, unlike the people around her, will help change her feelings. A woman will be able to explain her feelings easily and transform these feelings with the acceptance and approval response she perceives. Psychoeducational programs can be used especially in the process of corrective emotional experience. It has been determined that psychoeducational programs conducted by midwives and nurses for fear of childbirth reduce the fear of childbirth and the rate of the cesarean section while increasing the preference for vaginal delivery, reducing the postpartum depression level of women, and supporting maternal adjustment.⁵¹ Psychoeducation programs, in addition to providing information, provide an opportunity for individuals to get to know themselves and cope with the new situation by providing a safe environment where they can express their feelings and thoughts. In psychoeducational programs developed for fear of childbirth, first of all, the individual's awareness and acceptance of her own emotion develop an awareness of the effect of this emotion on all dimensions of health, including physical, mental, social, and environmental. It also supports women to learn and use coping strategies by changing their negative perceptions about childbirth.^{18,51} It is thought that psychoeducation-based structuring of birth preparation class programs will contribute to the process of changing and transforming the fear of birth. However, some women in these classes may need individual counseling. The midwife and nurse who run the birth preparation class should be aware of this and should direct the woman to a counselor who is an expert in emotion-focused approaches.

Counseling Process Based on Emotion-Focused Approaches in Fear of Birth

The main purpose of emotion-focused approaches is to enable the individual to distinguish emotions by creating emotional attention, accept and tolerate emotions, find alternative emotion sources by developing awareness, transform emotion experience, create new emotion schemes, and use emotions appropriately in solving daily life problems within the framework of a safe, empathetic, and verifiable relationship to support its use.^{28,35} The counseling process in emotion-focused approaches consists of 2 steps: reaching and leaving.^{30,32} At the stage of reaching the emotion, awareness of emotion, accepting and allowing the experience of emotion, putting emotions into words, and identifying primary emotion. The separation phase includes the steps of evaluating the health of the primary emotion, identifying the causes of the incompatible emotion, reaching compatible emotions and needs, and transforming incompatible emotions.^{28,35}

In the stage of reaching the emotion-focused approach, it is ensured that the woman first focuses on her emotions and is in contact with her emotions. She focuses on the effect of the female emotion on her body and feels the emotion. However, the client also focuses on the thoughts that come with it.^{28,35} Ambivalent mood is dominant during pregnancy and women have ambivalent feelings about childbirth, especially in the third trimester. On the one hand, she may wish to have a healthy baby as soon as possible, and on the other hand, she may be afraid of the birth experience. For this reason, women should be supported in emotional awareness of childbirth. It should be realized that her first emotional reaction about labor is her primary emotion.

Separation, which is the second step in emotion-focused approaches, focuses on the use or transformation of emotions. First, the health/unhealthiness of the primary emotion experienced is evaluated. While healthy emotions guide the process, unhealthy emotions need to be transformed.²⁸ Fear of childbirth is a non-pathological situational fear.¹⁸ A woman with a fear of childbirth takes the necessary precautions regarding childbirth in order to protect her integrity and continuity. For example, by attending childbirth preparation classes or getting individual counseling from a health professional, they acquire and apply knowledge and practices that will ensure a healthy completion of the birth process. She determines her birth preferences and shares them with the birth team. However, in some women, the fear of childbirth is very intense and can suppress the natural hormonal process of childbirth.⁵² An unhealthy level of maladaptive fear needs to be transformed so that it does not affect the natural process of birth. The woman should be guided to define her unhealthy primary emotion and to reach alternative emotions so that she can create healthy emotional reactions. The transformation of emotion with emotion is very important for the separation phase. Finally, the individual should be supported to use their emotions effectively in the process of changing their emotions and beliefs.²⁸ Changing the emotional experience and reconstructing the emotional response are difficult. Emotion transformation generates a new emotional response. The basic principle in emotion-focused approaches is that in order for the individual to leave/get away from emotion, she must first experience that emotion.³⁵ Incompatible emotion schemas have to be activated for change, and the way to do this is to reach more compatible emotions and create new emotions.³⁰ The new emotion begins to break down the individual's previous psycho-affective motor program. This, in turn, provides a change in the individual's perception of the

maladaptive emotion. There are different ways to reach new emotions: role-playing, imagining, remembering when you felt emotion, or allowing emotion to be expressed.³⁵ In this process, the woman is helped to strengthen her inner resistance and realize her more harmonious lower emotions. In the counseling process, systematic associative opening, focusing, double chair dialog, empty chair work, empathic validation techniques can be used as emotion-focused approaches.

Conclusion

Women's perception of birth is affected by the culture of the society in which they live or by the life experiences of the woman, and it affects the perception of the woman toward birth and the entire perinatal process. Fear of childbirth is an adaptive, situational fear that facilitates the survival of the mother/baby. However, when its density increases, it negatively affects the hormonal process of birth and may cause birth to deviate from normal. Emotion-focused approaches, which focus on emotions, have a different perspective from other psychotherapy methods, but they can provide motivation for change with the intervention methods they have developed. It is thought that realizing the emotions of women with fear of childbirth, distinguishing incompatible emotions and replacing them with compatible ones, and even transforming them, will make it easier for them to manage the perinatal process in a healthy way.

In this direction, it can be recommended that women should be monitored for fear of childbirth throughout the perinatal period, especially starting from the preconception period, and women with a fear of childbirth should receive support from midwives and nurses who have received the necessary training to apply emotion-focused approaches. Fear of childbirth requires a multidisciplinary approach. For this reason, it can be suggested that the teams that can support women in the prevention, treatment, and rehabilitation processes in health institutions should be determined by health managers, evidence-based protocols should be established, and midwives and nurses should include the application of emotion-focused approaches in prevention and treatment approaches in these protocols. It can be suggested that midwives and nurse educators who receive training on emotion-focused approaches integrate them into the curriculum and guide their use in undergraduate and graduate midwifery and nursing practices. In addition, it may be recommended to conduct empirical studies by midwives and nurses, who take initiatives to prevent fear of childbirth, in order to evaluate the effectiveness of emotion-focused approaches in fear of childbirth.

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