

EMOTIONAL DYNAMICS OF FIRST-TIME PREGNANT WOMEN IN HAWKINS' CONSCIOUSNESS APPROACH: QUALITATIVE STUDY

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Abstract

Background: Pregnancy is a physiological process however can influence condition psychological and social for a woman especially during pregnancy first. Change identity as mother, adjustment to role new and internal and external expectations are strongly felt conditions the potential cause instability complex emotions during pregnancy. This process need approach conceptually capable understand dynamics awareness in a way deep.

Objective: Study aim explore dynamics emotional first pregnant women through the Hawkins Map of Consciousness approach, especially at the level of force consciousness which tends to nature destructive.

Method: Qualitative study with approach phenomenology involving one informant Mother pregnant first (PN), 16 weeks pregnant. Data is collected through interview in-depth and analyzed use Reflexive Thematic Analysis (RTA).

Results: Seven emotions felt mother pregnant in the force level, namely shame, guilt, apathy, grief, fear, desire and pride. Each emotion reflect condition awareness specific.

Conclusion : Basic emotion mother pregnant majority is at the force level. This is nature dynamic and progressive. Findings this give framework conceptual new in development intervention psychological pregnancy based level awareness for direct mother pregnant from force level to power level.

Keywords: pregnancy first ; dynamics emotional ; awareness mother ; Hawkins model; phenomenology qualitative ; maternal mental health

BACKGROUND

Change during pregnancy nature physiological however the process can influence psychosocial candidate mother. Event transformative psychological like change identity, dynamics emotional as well as adjustment social so intense felt. Anxiety and depression are most common in first-time pregnant women (primigravida) as a result of changes in identity and social roles [1]. Studies show that 40.9% of pregnant women experience stress, 52.8% experience anxiety and 37.2% show symptom depression during pregnancy [2]. Instability emotional influenced lots factors. Hormonal changes during pregnancy increase vulnerability disturbance psychological [3]. Awareness self or interpretation subjective to experience good pregnancy can lower stress, anxiety and depression in pregnant women [4]. Psychosocial processes during pregnancy nature dynamic, continuous change and develop during pregnancy depends on the context relational and spiritual [5]. Conditions pandemic as factor external become a stressor that gives rise to the emotions of fear and sadness are the most dominant during pregnancy [6]. Various study quantitative has done in study levels and predictors mental health through approach clinical. However related experience emotional from aspect awareness still very limited. Conditions emotional reflect journey awareness that occurs in self somebody including

mother pregnant. Experience emotional is part journey spiritual and ongoing awareness changed , not just response psychological [7] . Positive emotions (gratitude) expand method think so that increase growth self mother pregnant first. Acceptance to pregnancy is key main adaptation psychological mother pregnant [8] . Hawkins' Map of Consciousness offers approach conceptual new for help mother pregnant understand self and emotions . Every emotions felt own frequency energy awareness certain, there are connection emotional and conscious self. Negative emotions (force) are at level (20-175) tending to destructive so that harm in response behavior. Positive emotions (power) level >200 is constructive. Research this aim explore experience subjective mother pregnant in a way deep so that can seen dynamics moderate emotional happen in self mother pregnant.

MATERIALS AND METHODS

Qualitative method with phenomenological approach involving informant PN, 16 weeks pregnant, 24 years old, highest education high school and working as a housewife. Data were collected through in-depth interviews in February 2024. Research support tools in the form of interview guides, notebooks and voice recorders. Efforts to avoid bias in interpreting the subjectivity of researchers in interpreting narrative data, data validity using member check techniques. Returning the interview transcript sheet to the informant to obtain confirmation and correction of information to align between the informant and the researcher so that there are no misinterpretations of the data. In addition, researcher triangulation was also carried out by involving more than one researcher in coding and analyzing themes. Qualitative data processing and analysis procedures use RTA [9], [10] . Analysis stages 1) data familiarization (deepening of transcripts), coding (coding meaningful data segments) 2) theme determination/searching for themes (grouping initial codes into sub-theme meaning patterns into major themes) 3) theme review/reviewing themes (ensuring consistency, clarity and validity of themes) 4) defining themes and naming themes 5) presentation of results/producing report (presentation of thematic analysis results). Presentation of thematic analysis results in narrative form containing informant quotes (data) along with supporting theories according to research objectives.

RESULT

Based on results interview deep in mother pregnant PN, dynamics emotional and level Hawkins' awareness at the force level is seen in the following figure 1 :

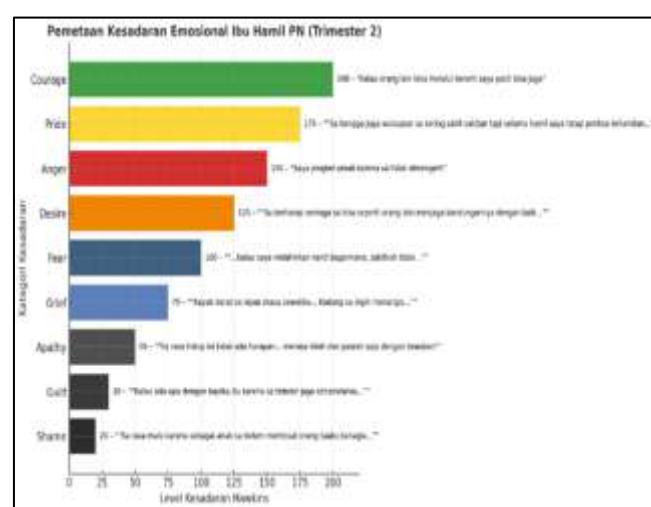


Figure 1: Emotional Dynamics of Pregnant Women PN

Dynamics emotional shame (level 20) shows existence internalization Negative self-esteem , self-worthlessness. This progresses to guilt (level 30), which expresses guilt or negligence in caring for oneself during pregnancy. Apathy (level 50) creates feelings of hopelessness and helplessness regarding one's health and pregnancy. Grief (level 75) evokes feelings of sadness and ambivalence about a new role. Fear (level 100) evokes worry and apprehension about the birthing process. Desire (level 125) evokes the expectant mother's hope to provide the best for her baby. Anger (level 150) evokes frustration due to feelings of being misunderstood and treated unfairly. Pride (level 175) evokes feelings of pride. Mother on himself in guard pregnancy

DISCUSSION

Shame Emotion

"I feel ashamed because as a child I have not made my parents happy. I have often been sick and never healthy; this pregnancy I feel so stupid, self-conscious, lazy." Negative self-internalization (worthless, unworthy, despicable) in Hawkins' theory is a characteristic of the lowest level of shame [7]. In the quote, pregnant women judge themselves as failed children because they have not made their parents happy, weak individuals or carry burdens because they are always sick and give themselves negative labels (stupid, self-conscious and lazy). The *self-discrepancy theory* explains the gap between *the actual self* (the actual self that feels sick, weak, unproductive) and *the ideal self / ought* (the self that is expected to be strong, healthy and responsible) creates psychological pressure that can trigger negative emotions (shame). Most pregnant women (80%) tend to compare themselves with other pregnant women. Psychological pressure (internal and social) in achieving the role of an ideal mother can worsen the emotional experience of pregnant women (shame) especially if reality does not match expectations [11]. Anxiety in pregnant women is triggered by feelings of guilt and shame [12].

Shame arises because the self does not meet the ideal standards as a prospective mother formed by internal expectations (self) and social expectations (family and society). Unfulfilled expectations make pregnant women trapped in excessive *self-criticism*, continuous negative self-evaluation and self-blame for role incongruence. Excessive self-criticism *about* the maternal role can lead to low self-esteem, the risk of emotional isolation and the inability to obtain psychological support. Empathy-based psychosocial interventions and *narrative therapy* (CFT) have been shown to increase self-acceptance and reduce negative judgments or self-criticism [13], [14], [15]. *Cognitive reframing* strategies increase pregnant women's awareness so they are more adaptive [16]. Depressive symptoms in adults undergoing *narrative therapy* are influenced by somatic disorders experienced [17].

Guilt Emotion

Informant PN's statement *"if anything happens to my baby, it's because I was careless in taking care of my pregnancy. I often delay eating, how long before I eat, and I even stayed up late."* This expression in Hawkins' map of consciousness is included in the *guilt category*, focusing on wrong behavior and its impact. Pregnant women feel guilty for their negligence in taking care of their pregnancy. High-risk pregnant women tend to experience anxiety, depression, and guilt. Every increase in guilt increases the anxiety and depression of pregnant women and there is a correlation between guilt and anxiety [18]. Guilt is a level of consciousness that has the potential to disrupt the mental health of pregnant women. Excessive expressions of guilt tend to blame themselves (*self-blame*) and feel unworthy of being a prospective mother. This condition increases psychological vulnerability [19], disrupts emotional regulation [20], disrupts maternal identity adaptation/*matrescence* [21].

Psychosocial interventions through *mindfulness*, *self-compassion*, and perinatal counseling can reduce guilt and improve emotional regulation in pregnant women [22]. Midwives provide comprehensive and tailored care to the needs of pregnant women to change negative thought patterns. Validation of experiences and reframing mistakes as part of the process of becoming a mother can shift the level of *guilt* to *courage* or *acceptance*. Mental health screening to detect deep guilt and education that explains that pregnancy is a natural phase of identity transition.

Apathy Emotion

"I feel like life is hopeless....; sometimes I feel tired and just resigned to the situation." This quote describes a feeling of hopelessness and helplessness, which in Hawkins' study is classified as *apathy*. Loss of motivation, interest, hope in life and despair due to being unable to change the situation or efforts not producing results are characteristics of apathy. Individuals at the level believe that efforts will not change the results (*learned helplessness*) so they tend to be passive towards the situation. The psychological stress of apathy during pregnancy can be expressed in the inability to accept new roles, tending to withdraw and minimal emotional involvement with the fetus so that it can hinder healthy bonding with the baby. The condition of apathy can be exacerbated if the mother experiences emotional exhaustion as seen in informant PN, poor and recurring physical conditions both before and after pregnancy. Feelings of helplessness and loss of meaning in pregnancy. Perception of the need for ANC influences the decision of primiparous mothers to undergo prenatal checkups <12 weeks of pregnancy [23]. Perception influences the interest and motivation of pregnant women in prenatal care. Feelings of hopelessness are correlated with the mental health of pregnant women [24]. Apathy increases pregnancy anxiety and the risk of postnatal mental disorders, including the formation of an emotional bond between mother and baby.

Efforts to foster positive emotions and strengthen a mother's personal meaning during pregnancy are not sufficient with just one-way medical information or instructions. Psychosocial interventions are needed that are humanistic, empathetic, and oriented towards the mother's needs. The *Prenatal Mindfulness Relationship-Based Program* (PMRB) intervention, a mindfulness-based program, has been shown to reduce pregnancy anxiety, increase the connection between the mother and her body, and strengthen the bonding between mother and baby after delivery [25]. Empathetic communication through active listening, non-judgmental appreciation, and recognition are effective manifestations of mindfulness in emotional recovery [26]. PMRB can increase the level of consciousness of pregnant women from *force* to *power* so that mothers are "more alive" and connected, rather than passive or surrendering to circumstances. Consciousness-based communication and psychosocial interventions can be effective strategies to foster maternal motivation during pregnancy and support an emotionally healthy transition to the maternal role.

Emotion of Grief

"It's hard for me to let go of my girlhood because now I have to accept the reality of being a mother. Sometimes I want to cry, why does time change so quickly? I used to play around... I was loved, but now I'm 24, married, and pregnant." This expression shows a sense of loss of self-identity that I once had before becoming pregnant, a time filled with freedom and without major responsibilities. The feeling of loss of the "old self" is called *grief* in Hawkins' perspective, an individual experiences sadness over the loss of an old role or identity accompanied by ambivalence towards the new identity and worries about the future.

The process of becoming a mother (matrescence) brings complex biological and emotional changes [27]. The experience of losing a previous identity/personality is described as grief due to *role loss adjustment* (loss of old roles), a transition of roles that were previously inherent in her. Pregnancy makes her have to adjust to a new role as a prospective mother full of responsibilities and expectations. This condition gives rise to ambivalence, mixed feelings of happiness and confusion or fear in facing changes [28]. Feelings of loss can result in psychological distress (antenatal anxiety and depression), maternal and fetal bonding and emotional readiness for preparation for labor and postpartum [29]. Variations in responses to loss due to miscarriage, stillbirth or neonatal death show different patterns of grief where 76.1% are classified as resilient/well-enduring mothers (*acceptance*), 16.9% are in the phase of gradually improving/recovering (*courage*) and 10% experience prolonged grief (*grief*) (Mørk et al., 2023). Post-loss counseling should be carried out by health workers who are empathetic, competent and meet the needs of prospective parents [30]. A matresensi-based educational program as preparation for motherhood during 6 meetings increases maternal awareness of role changes, *self-compassion* and psychological well-being [31]. Programs to reduce anxiety, increase emotional connections with the fetus and strengthen maternal identity can be through the *Prenatal Mindfulness Relationship-Based* (PMRB) program [25]. Strategies to facilitate a shift in pregnant women's awareness towards courage, acceptance, love to peace are in accordance with WHO recommendations (2022) *respectful maternity care*, services that emphasize empathy, social support and are oriented towards the well-being of mothers and children.

Emotion of Fear

"...what will it be like when I give birth? Will it hurt? People say giving birth is like dying, it hurts, and I'm scared to scream." The quote shows an expression of fear towards the birth process which is exacerbated by the social narrative about labor pain. informant in Hawkins categorized in condition *Fear*. Fear of an experience that has not yet occurred (the upcoming labor process) is a characteristic of *anticipatory anxiety* (imagining the worst-case scenario) and *catastrophic thinking* (thinking about the worst possible outcome). The social influence of "people say..." reinforces the cognitive bias that labor is a frightening and dangerous condition for the mother. Labor-related anxiety is caused by low self-efficacy and -uncertainty about the mother's ability to cope with pain.

Dominating emotions towards the future, encouraging avoidance and inhibition empowerment self implications increasing anxiety Mother pregnant. Important Support is provided during pregnancy to reduce antenatal anxiety. Unmanaged anxiety during pregnancy can progress to depression [32]. Excessive control can trigger shame if things do not meet expectations. Mood instability, anxiety, and depression are debilitating energy levels (*force*) that pose a risk for poor neonatal outcomes. Good physical and psychological support is needed in prenatal care [33]. Fear of childbirth is the most common experience for pregnant women, leading to physiological and psychological consequences. The impact of *fear of childbirth* (FOC) increases the risk of cesarean birth [34]. Mindfulness-based interventions are the most potential approach to addressing FOC [35]. Continuous education can reduce maternal fear of childbirth, including the method chosen [36]. Pregnancy training and preparation are recommended to prevent fear of childbirth [37].

Emotion Desire

"I hope that I can be like other people, taking good care of my pregnancy." This statement expresses the hope that arises from anxiety about pregnancy. Behind the hope is a hidden fear of not being able to maintain the pregnancy. The fear of failure or loss is often the driving force that forms *desire* as an effort to prevent bad things from happening. *Desire* in Hawkins' perspective is included in the energy that is debilitating if not managed. At this level, individuals are driven by strong desires, ambitions and the drive to fulfill certain expectations, which can end in frustration if desires are not fulfilled.

Desire is more of an obsessive drive to achieve something considered ideal. A strong desire to be a perfect mother is *perfectionism*. This condition easily makes mothers anxious, restless and angry if the reality of pregnancy and environmental support does not meet their standards or expectations. Perfectionism in antenatal care is a predictor of postpartum depression when expectations are not met [38]. Perfectionism is correlated with perinatal mental health [39]. Pregnant women's anxiety is predominantly at a low level (shame, guilt, fear, desire). Excessive maternal control over the fetus in Hawkins' perspective is at the desire level [40]. Anxiety can be experienced before pregnancy, during pregnancy or after delivery with intensity increasing or decreasing at each stage. Pregnant women's care should contribute to improving the mental health of pregnant women [41].

Anger Emotion

I'm really annoyed because my mom keeps getting angry for no apparent reason , everything is always wrong in her eyes. This quote shows the informant feeling annoyed (upset) by her mother's behavior, feeling frustrated as a sign of anger. The emotion of anger arises as a reaction to a relational situation (social relationship with the mother). The level of *anger* in the quote chronic interpersonal anger (anger in relation to others) is triggered by unsatisfactory emotional interactions, "everything is always wrong in her eyes" strengthens old anger and the possibility of resistance (more easily offended) or emotional reactivity (difficulty controlling emotions).

Chronic anger is a form of emotional stress that can impact pregnancy. Prenatal stress (frustration/unsettled thoughts, anger) affects the mental health of pregnant women [3]. Interventions are needed that can strengthen positive psychological qualities through the development of mindfulness to foster peace of mind and good mental health outcomes. Psychological stress (anxiety) affects neonatal development [42].

Pride Emotion

"I am more diligent in having prenatal check-ups than other pregnant women, while many are still lazy about having them." The informant's statement emphasizes a sense of pride and superiority over others (I am diligent vs. they are lazy). "Being diligent in having prenatal check-ups" indicates discipline and compliance in prenatal care, but is still ego-based (low awareness). If there is no one else to compare yourself to, pride can disappear and motivation becomes unstable. Hawkins' perspective explains that *pride* , motivation, arises from ego and social comparison, not from awareness. Raising the pride level to courage (level 200) requires correction: "Being diligent in having prenatal check-ups is not to compare yourself to others," it requires validation of the role played, but rather "a form of responsibility for maintaining the pregnancy."

Literature Not yet in a way explicit use the term pride in context change Emotional . Pride has a positive impact on health behavior, providing motivation and involvement in antenatal care. Feeling proud of the actions taken thus strengthens the perception of oneself as a responsible mother, meaning strengthening the mother's self-esteem. Moderating self-esteem affects the mental health of pregnant women (stress, anxiety, and depression) [43]. Health workers can use pride as form support to Mother pregnant on what has been done through approach empathy (appreciation) feeling mother and appreciate every efforts that have been done) without compare with Mother other pregnant women . Intervention psychosocial can become driver engagement and motivation intrinsic Mother in maintenance pregnancy so that growing sense of pride on the role that has been done [44]. Pregnant women who assess himself as figure example will involved in a way emotional and physical in maintenance pregnancy . Stability psychological and bonding emotional mother and fetus influenced by the concept self (*self concept*) and perception self positive (*self esteem*) as a responsible mother [45] .

Map of Consciousness approach provides a theoretical contribution that can serve as an alternative framework for understanding the emotional dynamics of pregnant women holistically, going beyond the symptomatic approach of clinical psychology. Mapping levels of emotional awareness provides an opportunity to design consciousness -based care interventions that are more adaptive, empathetic, and transformative. This approach is relevant in strengthening aspects of self-reflection and personal growth during pregnancy, making the pregnancy experience a process of forming a complete psychoemotional identity. These

findings also expand the scope of the pregnancy psychology literature by integrating the subjective dimensions of consciousness and the potential for emotional evolution as part of achieving the role and responsibilities of motherhood.

CONCLUSION

The emotional dynamics of pregnant women with PN are predominantly at the force level. Hawkins' model of consciousness is characterized by low-energy emotions such as shame, guilt, apathy, grief, fear, desire, and pride. Emotions at the force level reflect an unstable state of consciousness and tend to weaken psychological adaptation during pregnancy. pregnancy no only just physiological and social however important in awareness deep and subjective emotional approach. Hawkins' awareness is expected can increase maternal mental well-being pregnant and strengthening readiness emotional mother in undergo pregnancy as phase development significant self .

LIMITATION

Emotional exploration based on Hawkins' Map of Consciousness was only conducted with a very limited number of informants (n=1), making it impossible to generalize. Further research needs to be validated with a broader study and sample. The emotional dynamics of pregnant women tend to be dynamic throughout pregnancy, so it can be explored in each trimester .

CONFLICT OF INTEREST: The authors declare no conflicts of interest.

ETHICAL CONSIDERATIONS: The research has obtained an ethical approval letter from the Research Ethics Committee of the Faculty of Public Health, Hasanuddin University with number: 5965/UN4.14.1/TP.01.02/2023 dated November 9, 2023. Informant get explanation before activity research and willing give agreement written as well as guaranteed its confidentiality during the research process.

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