

Understanding Tokophobia: it's prevalence, aetiology & relationship to general phobias—Sharon Mustard

Introduction

Tokophobia is a pathological dread and avoidance of childbirth. An article published in the British Journal of Psychiatry (Hofberg & Brockington, 2000) described the fear of childbirth as a psychological disorder, when it had previously received little to no attention as such, in addition to introducing the term tokophobia (from the Greek tokos, meaning childbirth and phobos, meaning fear). It is a distressing condition which can often be overlooked by medical professionals; as well as specific phobia and anxiety disorders, tokophobia may be associated with depression and post-traumatic stress disorder (PTSD). Phobia of childbirth, as with any phobia, can manifest through a number of symptoms including nightmares, difficulty in concentrating on work or on family activities, panic attacks and psychosomatic complaints.

Since the pioneering work by Grantly Dick-Read (2004, first published 1942), an obstetrician who dedicated his life to promoting natural childbirth, hypno-psychotherapists throughout the world have been developing effective treatments into many of the anxiety disorders associated with childbirth-including the extreme fear characterised within tokophobic sufferers.

Definition and prevalence of Tokophobia

The disorder has been classified into Primary and Secondary tokophobia:

(a) Primary tokophobia is the fear of childbirth which pre-dates pregnancy and can start

in adolescence and extend well beyond menopause.

(b) Secondary tokophobia is due to a previous negative experience regarding traumatic birth, poor obstetric practice or medical attention, postpartum depression or other such upsetting events. Although most typically this is after a 'traumatic' delivery, it could also occur after an obstetrically normal delivery, a miscarriage, a stillbirth, or a termination of pregnancy.

Fear of childbirth is common and more intense in pregnant nulliparous women (i.e. those not having previous experience of childbirth) than in parous women. (Areskog et al, 1981; Searle, 1996). Over 20% of pregnant women report fear and 6% describe a fear that is disabling. (Hofberg & Brockington, 2001; Hofberg & Ward, 2003). Altogether 13% of non-gravid women report fear of childbirth sufficient to postpone or avoid pregnancy (Sjogren, 1997).

What is it about birth that tokophobic individuals are afraid of?

Women can still suffer from a fear of death during delivery (Areskog, 1982).

More recently, pregnant women fearful of childbirth reported a lack of trust in the obstetric team, fear of their own incompetence and fear of dying (Szeverenyi et al, 1998). Other studies have suggested the biggest fear was of delivering a physically damaged or congenitally malformed child. (Ward, 2001; Mongan, 2005).

Women who have suffered

childhood sexual abuse or rape fear the experience of childbirth will revisit the distress and helplessness of abuse. Women who have already suffered trauma during childbirth are afraid of re-traumatisation (Wessell, 1994). The repertoire of fears can extend to fear of pain, long labour, complications, medical intervention. There may be secondary phobias present such as irrational fears of hospitals or of needles.

In many cases the fear is so profound that it can lead to a complete avoidance of pregnancy, even though many sufferers admit they would dearly love children. Others, either intentionally or not, find themselves pregnant and living in abject fear of facing the phobic situation in 40 weeks time.

Aetiology of Tokophobia & Relationship to general phobias

In line with the profile we often see with phobias in general, tokophobic individuals often talk incessantly/nervously about their fears. The avoidance of the phobic situation and even discussions about birth is less likely to be accompanied by an avoidance of thinking about it. This pre-occupation, rather than relieving tension instead has the effect of turning the screw of anxious expectation. A woman who is pregnant and frightened of birth will have recounted her fears to many people. If these people have had traumatic birth experiences, they may feel inclined to empathise with her that

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Grantly Dick-Read Pioneering Author of *Childbirth Without Fear*

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they know the ordeal she describes-inadvertently providing evidence to support her fears.

There are, of course, many theories from difficult schools of thought about the origins and development of phobias in general, mirroring the root cause and progression of tokophobia;

(a) Psychoanalytic theory; Freud believed that the supposed chain of causality was little more than an illusion. By questioning the equation between 'stimulus' and 'response' he uncovered the influence of the unconscious factors in the mind (Ward, 2001).

AUTHOR'S CASE STUDY #1: Michaela was 20 weeks into an unplanned pregnancy and described herself as petrified of giving birth. She said she had always wanted a family but had previously agreed with her long-term partner that adoption was the only way forward due to her fears. Now unexpectedly pregnant, an abortion had been considered even though she felt it was the right time for her to become a parent. With use of regression techniques, we discovered that it was not birth itself that she was actually terrified of. She has repressed memories of her younger brother having been rushed to hospital when he was only a few months old. He had a virus so was moved to a specialist hospital some distance away. Michaela didn't see him for 6 weeks, during which time she witnessed her mother in a highly anxious state, unable to give the attention her 3 year old daughter

needed. She disappeared for days at a time (to stay with her baby), but Michaela was too young to process this information and instead believed that not only her baby brother had been taken away from her, but also her mother. Her fear of abandonment during her early formative years lead to blaming her brother, remembering telling an aunt that she "wished he had never been born". In later years this had transformed into a fear of birth and of hospitals; as an adult she had displaced her feelings of hatred towards him, as she couldn't consciously 'permit' herself to have them. Michaela went on to give birth in hospital at her own choosing and described the birth as "an extraordinary, natural, humbling experience. Something I am very proud of and can't wait to tell my daughter about!"

(b) Biological theory; Phobias are left over from our evolutionary past and refer to real dangers faced by our ancestors. Freud, in his 1917 'Introductory Lectures on Psychoanalysis' (Ward, 2001) spoke of Darwin's feeling real fear in an encounter with a snake who struck at him, even though it was safety on the other side of a thick sheet of glass. Freud believed that a snake phobia is a universal human characteristic.

Carl Jung's talked of a 'collective unconscious' whereby we have an objective psyche which is common to everyone, instincts and knowledge being cross-cultural and cross-generation (aka "the reservoir of our species"). Jung's ideas seem to add

weight to the biological theory. However we know that throughout history, women have not always feared childbirth in the way they do now. Mongan (2005) states that towards the end of 200AD, childbirth turned from something to celebrate to something to fear.

In 3000 B.C. –women, revered as the givers of life, tended to have their babies naturally and with a minimum of discomfort.

In 200 A.D, pregnancy became considered a 'carnal sin'. Birthing women left isolated and without support, even in the event of complications, and were 'expected' to groan to atone their sin.

The 'curse of Eve' is seen in biblical translations for first time i.e. that all women will suffer pain in childbirth. In the late

1800's, Queen Victoria insisted on chloroform during her birthing. There was a subsequent move from birthing in home to birthing in hospital, for purpose of administering anaesthesia more safely.

Early 1900's, women were regularly dying in childbirth due to poor sanitation in hospitals. (Wessell, 1994)

Societal influences of the early centuries caused birthing to go awry and left us with a legacy of fearing inevitable pain during labour and even death. With the move to hospital, childbirth was perceived as a medical condition.

Queen Victoria insisted on chloroform during her birthing, heralding a move from home to hospital birthing for the safe administration of anaesthesia



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Dame Helen Mirren—"I haven't had children and now I can't look at anything to do with childbirth. It absolutely disgusts me"

c) Trauma theory whereby the phobia is a conditioned response to a traumatic experience.

With childbirth, tokophobia can certainly be rooted in first hand experience of a previous traumatic birth. An emergency caesarean section or instrumental vaginal delivery increases fear of childbirth in a subsequent pregnancy (Areskog et al, 1983).

AUTHOR'S CASE STUDY #2
(Woman's email): "I am currently expecting my second child at the end of November, and am finding myself being already scared at the thought of giving birth. My first child was born November 2004 [Email sent in April 2007] and I found the labour quite traumatic. It lasted 30 hours and my son was born by ventouse and also had an episiotomy which took an awfully long time to heal. I suffered from insomnia for 6 months after the birth which I believe was due in part to the trauma. As a result I am most anxious to ensure the second birth does not go the same way."

The seminal work in this area by Bydlowski and Raoul-Duval (1978) described 10 cases of PTSD in women who had endured long, painful deliveries. Recognition of tokophobia and close liaison with obstetricians or other medical specialists can help to reduce the severity of tokophobia and ensure efficient treatment. Hofberg and Ward (2003) and the Birth Trauma Association both acknowledge that following witnessing a traumatic birth, men can also develop tokophobia.

The trauma may not be from a first hand experience at all but instead a result of vicarious learning; Nicholas (2007) wrote an article on Tokophobia for the Daily Mail. It reported that Dame Helen Mirren had recently admitted to suffering from tokophobia. She blamed a graphic video of childbirth shown to her as a 13-year-old schoolgirl for her childlessness ever since. "I swear it traumatised me to this day," she said. "I haven't had children and now I can't look at anything to do with childbirth. It absolutely disgusts me."

It is important to remember that just 2-3 decades ago, sex education videos shown to teenagers often had the primary function of showing the consequences and creating an aversion-so childbirth was often intentionally presented in a traumatic way. Unfortunately the aversion can stay even when the woman is emotionally mature enough to have a child herself.

Nicholas (2007) wrote also of Rachel, whose fears stemmed from her childhood. "I was three years old and my mother had just returned home from hospital with my new baby sister," she says. "I overheard her talking to a friend on the phone, telling her it had been an 'horrific' birth, and that she was cut to ribbons. She went on to describe how she'd inspected herself using a mirror and counted 24 stitches. Mum was clearly deeply upset about the whole experience and it has stayed with me my whole life. Despite her desire to find a way to have children, Rachel has been labelled "cold-hearted" and a "babyhater" by

some friends she has discussed her fears with. "Because there is the reward of a baby at the end of childbirth, it seems most people think that women should just stop whinging and get on with it," she says. "In fact, plenty of mothers wear their stories of horrific deliveries like a badge of honour."

The purpose of the tokophobia can be as a defence mechanism e.g. the woman so traumatised following a miscarriage, termination or previous delivery that they avoid a further pregnancy even when a baby is desperately wanted.

In conclusion, no single theory seems to be sufficient to explain the multitude of phobias we encounter. The kaleidoscope of causes within tokophobia echoes this. A hypnotherapist must pay special attention to the uncovering the aetiology before advancing on a course of treatment.

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In addition Sharon runs Hypnosis for Childbirth courses privately and as part of a contract within the nhs. The training is aimed at empowering mums-to-be and their partners to eliminate anxiety which could otherwise hinder the birthing process and their ability to adjust to parenthood.

In conjunction with the National College CPD programme, she also trains practitioners throughout the UK to specialise in the area of 'Hypnosis for Childbirth'. Scheduled courses:

21st & 22nd November 2009 FULLY BOOKED

23rd & 24th January 2010 in London

26th & 27th June 2010 in Manchester

13th & 14th November 2010 in Bristol

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