

Emotions should be taken seriously

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Health workers trained to take emotions more seriously may prevent depression among patients, a recent study at the University of Stavanger finds.

For most [women](#), having a baby is a joyful experience. But it is not unusual for new mothers to be hit by grief, anxiety and depression. Global figures suggest that between 13 and 16 percent of women [giving birth](#) for the first time are struck by depression. For the second birth, figures boost to a worrying 30-40 percent.

Associate professor Kristin Akerjordet at the University of Stavanger, Norway, surveyed 250 postnatal women for her PhD thesis. Of the 30 women she interviewed, 15 had experienced depressive emotions in connection with pregnancy and birth.

“The health services often fail to recognise women who suffer from postnatal depression or anxiety. Many of the women I interviewed had experienced rejection and a lack of understanding from health personnel,” Akerjordet says.

Since 2006, the Department of Health Studies at the University of Stavanger has investigated ways in which the health services could improve safeguarding women’s mental health. Akerjordets thesis offers an important clue: By training health personnel in emotional intelligence, they will be better equipped to prevent women from developing depressive illnesses.

New skills for health workers

Emotional intelligence (EI) is the ability to identify and manage the emotions of one’s self and others in a constructive manner. Being able to access emotions and to reflect upon them are key elements of this ability.

“EI enables us to form good relationships with other people, thereby improving the quality of our performances as nurses, [midwives](#) and doctors. EI is an important factor in promoting good care and effective health service management,” Akerjordet says.

Health personnel could be guiding and supporting individuals or groups of pregnant women in how to utilize their EI as a tool in managing their everyday emotions. By teaching women EI, they would raise awareness of their reactions to painful experiences. Groups of [health workers](#) could teach women a strategy for mastering these feelings, and thereby prevent future depressions, she suggests.

“But is this not a job for psychologists?”

“No. I think this has more to do with compassion, and of being able to meet people with respect and understanding. We are not talking about people with severe depressions -- who of course should be referred to experts -- but about those who struggle with depressive emotions. The issue here is to address these emotions early on, in order to prevent critical and prolonged illnesses from developing,” Akerjordet says.

EI can be taught

Inspired by her own experiences as a nurse, and encouraged by professor Elisabeth Severinsson, Kristin Akerjordet decided to study EI. She professes her fascination with good role models, nurses who possess great relational understanding as well as personal integrity.

“When such warm and considerate people are on the job, hospital units are usually calm. The units are often more turbulent, especially at night, when staff who don’t have these qualities are on duty,” she explains.

Akerjordet has asked herself what makes some people induce kindness in others, and why some people manage to encourage good professional standards. Her answer is that this “factor x” is an amalgamation of EI and professional knowledge.

She also believes EI can be taught through self-reflection, training and guidance. But this assumes health personnel are willing to better themselves as human beings, and not let themselves be overcome by routine and habits.

Even if working days are busy, good interactions between people need not require a lot of time, she asserts. It is all about being present and attentive, and emotionally aware of the patients’ needs.

Learning to help themselves

While working on her thesis, Akerjordet developed two scales for evaluating her 250 respondents' emotional intelligence -- aiming to map out their creativity, self-command, self-knowledge and social skills.

Women with a high degree of EI possess greater self-knowledge and a better understanding of their own depressive emotions than women low a lower EI, the study indicated. Akerjordet also found that EI enforces the women's resilience, enabling them to tackle opposition and depressions.

“Women, who had previously been depressed, had learnt to sense and be conscious of their own depressive emotions. They were therefore able to take precautions, and stop depressions from developing,” Akerjordet says.

In addition to this survey, Akerjordet interviewed six specialists within the fields of psychiatry, midwifery, management, mental health education and theology. They all supported her hypothesis, that there is a positive correlation between EI and mental health, and also between EI and good management.

There is no clear-cut definition of EI among researchers today. There are many ways of measuring EI, and the scales in use are highly disputed. Still, Akerjordet has no doubt that EI is a valuable tool, when employed with caution and a critical mind. She is now investigating another side of EI:

“People with a high degree of emotional intelligence may be self-centred and manipulative. If you are utilising the concept of EI, you should also have a moral understanding of it,” she concludes.

Provided by University of Stavanger

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