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MATERNAL EGO FLEXIBILITY AND THE PROCESS OF ADAPTATION TO MOTHERHOOD: CONSCIOUS AND UNCONSCIOUS ASPECTS

by

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A dissertation submitted to the Graduate Faculty in Clinical Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York.

1998

This manuscript has been read and accepted by the Graduate Faculty in Clinical Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

MATERNAL EGO FLEXIBILITY AND THE PROCESS OF ADAPTATION TO MOTHERHOOD: CONSCIOUS AND UNCONSCIOUS ASPECTS

by

Hila Hermelin-Kuttner

Advisor: Professor Arietta Slade

The relationship between ego flexibility during first-time pregnancy and mothers' later ability to adapt to the maternal role was studied. It was hypothesized that the capacity for Adaptive Regression during pregnancy will be positively related to a balanced and convincing representation of positive and negative feelings in the relationship to the child, and to the overall quality of maternal representations. 30 first-time mothers were administered the Rorschach test during their last trimester of pregnancy, and were seen again for an interview when their children were ten months old. Holt's (1956, 1977) Manual for Assessing Primary Process Manifestations in Rorschach Responses was used to assess the prenatal capacity for Adaptive Regression. The Parent Development Interview (Aber, Slade, Berger, Bregsi & Kaplan, 1985) examined maternal representations of their relationship to the child. Results indicate an unexpected, inverse relationship between

Adaptive Regression in pregnancy and maternal anger, and a positive relationship between Adaptive Regression and maternal separation distress. Results also indicate a positive relationship between ego flexibility in pregnancy and the quality of maternal representations. It is concluded that high ego flexibility in pregnancy facilitates maternal adaptation by making mothers more sensitive to their children's developmental needs. With ten-month-old infants this entails defending against one's anger, being well in touch with one's separation distress, and representing the relationship to the child in a vivid, coherent and rich manner.

Acknowledgments

I am very grateful to my chair, Dr. Arietta Slade, for her encouragement and assistance throughout. My training experience with Dr. Slade, coding PDIs, allowed me to recognize the remarkable complexity and usefulness of this measure, and led me to develop my research question. Her illuminating questions and thoughtful comments were always helpful, and her enthusiasm and availability equally invaluable.

I wish to thank my teachers, Dr. Diana Diamond and Dr. Steve Tuber, for their careful reading of this manuscript and for their important input. I also wish to thank Dr. Carolyn Ellman, a wonderful supervisor, for her willingness to read this work and offer her comments.

I am deeply indebted to Dr. Mary Ann Frank for her active and enthusiastic participation in this study. Dr. Frank generously shared her Rorschach data with me and agreed to code additional protocols. It would have been impossible for me to complete this project without her immense contribution.

I am thankful to my friends and colleagues, Jeannie Blaustein, Melissa Ritter and Neal Vorus for their coding work on the PDI. The many hours we spent together getting

reliable on these transcripts are the true bedrock of this study.

I am also grateful to my close friends Sharone Bergner, Cassandra Cook, and Melissa Ritter for being there in difficult moments and for always offering their help and support. Finally, I wish to thank Tal, my husband, whose presence in my life makes everything seem more meaningful and beautiful, and whose unconditional acceptance and love sustained this long, difficult and demanding process.

This work is dedicated to the memory of my beloved grandmothers, Dvorah Kron and Zehavah Hermelin. It is with great pain that I bring it to conclusion without their being here to share this moment with me.

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Chapter I

Introduction

The transition to motherhood is among the most transforming and powerful life experiences. It perturbs a woman's inner balance, and dramatically changes her way of being in the world. It challenges her capacity to make new adaptations, and puts into test her ability to withstand, accept and master the eruption of intense and contradictory emotions.

What constitutes a smooth transition to motherhood versus a difficult one remains an open question. Further clarification is also needed regarding the specific intrapsychic processes that are involved in this transformation, and the way they play out differently in different women. It is the goal of the present study to address these questions using the time of pregnancy and early motherhood as a reference. The study focuses on maternal ego flexibility and investigates its impact on maternal adaptation in the context of the developing relationship to the infant.

Pregnancy is a time of great physiological and psychological changes. Among the changes observed in pregnant women are greater vulnerability and neediness (Winnicott, 1963), a higher level of anxiety (Jesser, Weigert & Foy, 1970), frequent changes in mood (Cowan &

Cowan, 1992), an alteration in fantasy life (Apprey, 1986; Kestenberg, 1976; Raphael-Leff, 1986; Trad, 1990), a revival of unsettled conflicts from previous developmental phases (Apprey 1987; Benedek, 1959, 1970; Bibring, 1959; Raphael-Leff, 1986), a shift toward primary process thinking (Condon, 1987), a change in ego-feeling toward greater ``bodyliness'' (Lomas, 1960), and an alteration in defensive functioning (Benedek, 1959; Lomas, 1960). All these changes may create a state of psychological disequilibrium even in women who are well-adjusted (Bibring, 1959). However, if dealt with appropriately, they can facilitate ego-integration and mobilize further personality development (Benedek, 1959; Bibring, 1959; Seegmiller, 1993).

For most mothers, once the infant is born, a period of total immersion in him/her begins (Cowan & Cowan, 1992; Mahler, Pine & Bergman, 1975). Winnicott (1963) uses the term ``primary maternal preoccupation'' to describe the mental state of mothers during this period. He views the process of adapting to the infant's maturational processes as ``a highly complex thing, one that makes tremendous demands on the parents'' (p. 85) and especially on the mother.

An important aspect of the early months with a young infant is that this period requires the mother's intuitive understanding of her child. To make sense of the baby's non-verbal cues the mother has to be able to relinquish a certain degree of ego-control and access the part in herself

that identifies with her infant (Benedek, 1959; Winnicott, 1963). If successful, she can remain emotionally available and attuned. If she fails, her inability to have this mental freedom might cause her to experience her infant's total dependence on her as overwhelming and/or enraging.

Mothers who have the ability to ``relax defenses'' (Lomas, 1960) and move flexibly between the intuitive and the rational levels of psychic functioning may be more successful recognizing, and dealing with, their maternal conflicts. As many authors note, the transition to motherhood often stirs up, consciously or unconsciously, contradictory, conflicting and ambivalent feelings (Benedek, 1959; Leifer, 1980; Raphael-Leff, 1986; Pines, 1990; Trad, 1990). For mothers to deal with these emotions appropriately, they have to be able to allow them into awareness in a manner that does not create too much anxiety. Having inner freedom to both access and symbolize these feelings may enable mothers to discharge them in a way that does not interfere with the relationship to the infant (Leifer, 1980; Trad, 1990). This, in turn, can facilitate maternal adaptation.

Attachment researchers have repeatedly demonstrated that a coherent, open and undefensive parental discourse about past and present attachment relationships correlates with a high level of maternal empathy and emotional availability for the child (Benoit, Parker & Zeanah, 1994; Bretherton, Biringer, Ridgeway, Maslin & Sherman, 1987;

Main, Kaplan & Cassidy, 1985; Slade, Aber, Belsky & Phelps, 1996; Slade & Cohen, 1995; Zeanah & Benoit, 1995; Zeanah, Benoit, Hirschberg, Barton & Regan, 1995). These findings provide support for the notion that mothers' way of representing and talking about their relationship to the child not only attests to their general level of flexibility and ego-integration, but is also directly related to their capacity to adapt to motherhood.

Women who, during pregnancy, maintain ``an open communication with their unconscious'' (Segal, 1957) may adapt better to the maternal role. Recent research (Frank, 1992; Frank, Tuber, Slade & Garrod, 1994) has demonstrated that women who displayed more Adaptive Regression during their first-time pregnancy had babies that tended to be securely attached at fourteen months. According to Frank (1992), Adaptive Regression facilitated empathy in these women. This, in turn, fostered their child's attachment.

The capacity for Adaptive Regression was linked by Holt (1956, 1977) to Kris' (1950) concept of ``regression in the service of the ego,'' which involves ``a partial, temporary, controlled lowering of the level of psychic functioning to promote adaptation'' (Schafer, 1967, P. 87). Goldberger (1961) states that ``dynamically, the capacity to regress in the service of the ego implies emotional maturity, flexibility and ego strength`` (p. 289). It is a capacity that is relevant to the development of ``motherliness, empathy, intimacy and love'' (Schafer, 1967, P. 83).

Adaptive Regression may be defined as the ability to have some access to unconscious thoughts, feelings and fantasies while still correctly perceiving reality (Goldberger, 1961; Holt, 1966). According to Segal (1957), to be ``well in touch'' with one's unconscious implies giving adequate symbolic representations to underlying primitive fantasies. She believes that the capacity to use symbols to express unconscious fantasies improves a person's ability to deal with anxiety and to resolve conflicts.

Adaptive Regression may well be an important aspect in helping mothers manage and control the intrapsychic changes that occur during the transition to motherhood. Specifically, it should facilitate their ability to deal with their intense and relatively unmodulated libidinal and aggressive feelings, their unconscious conflicts, and their sense of anxiety. If successful in gaining insight into these aspects of their maternal experience, they are likely to feel empathic toward their child and to take much pleasure in the relationship. In addition, their sense of confidence in their maternal role is likely to be high.

The present study extends that of Frank's (1992) by looking at the relationship between mothers' ability to regress adaptively during pregnancy, and their ability to have an adaptive experience of motherhood. The study will test the hypothesis that there is a predictable relationship between the way mothers experience the emotional upheaval of pregnancy, and the way they will come to experience, manage

and represent certain affects in the relationship to the child. Mothers who, at the time of pregnancy, can allow themselves to be open and flexible about the varied aspects of their psychological experience, are expected to exhibit a richer, more successful negotiation of the transition to motherhood.

Chapter II

Literature Review

Adaptive Regression

The concept of Adaptive Regression (Goldberger, 1961; Holt, 1977) is theoretically rooted in Freud's distinction between primary and secondary process (Freud, 1900/1953; Holt, 1960). It implies the capacity to allow into consciousness derivatives of unneutralized drive energies (Holt, 1960; Schafer, 1967) without abandoning reality considerations (Holt, 1956, 1960). It suggests that a person may have an ego-syntonic, controlled and adaptive way of handling primary process material (Goldberger, 1961; Holt, 1960; Pine & Holt, 1969; Stokes, 1974).

The distinction between "primary" and "secondary" process assumes two modes of psychic functioning: one that, according to classical theory, is considered more primitive and archaic because it is drive-dominated and regulated by the ``pleasure principle'' (i.e. primary), and one that is considered more mature (i.e. secondary) and is relatively drive-autonomous, adaptive and rational, and regulated by the reality principle (Goldberger, 1961; Holt, 1960; Schafer, 1967).

Noy (1969) points out that from the classical perspective primary process is a less developed and somewhat inferior type of thinking. According to Noy, this

formulation assumes the superiority of logical, abstract thinking over the self and its needs. He believes that the conscious use of primary processes enables one to preserve self-continuity and identity since it reflects an ability to represent a full experience, and "to transcend time limits and organize past experiences with present ones" (Noy 1969, p. 160). Suler (1980) also sees primary process not as a primitive and infantile mode of thought, but as one that continues to develop overtime the same way the secondary process mode of thinking does as well. Suler, like Noy and Holt (1956), believes that primary process thinking has a synthetic function and is a part of the ego's integrating and assimilating powers. While secondary process thinking is expected to dominate one's functioning most of the time any actual thought process is a mixture of both (Holt, 1960).

Russ and Grossman-Mckee (1990) suggest that it is possible to view primary process thinking as a kind of affect-laden cognition. According to these authors, the ability to integrate primary process thinking into one's conscious experience leads to ``mobility and flexibility of search in the affective realm'' (Russ & Grossman-Mckee, 1990, p.757) and this, in turn, is expected to generalize to more neutral thoughts and ideas.

Holt (1960) postulates that primary process thinking may occur in consciousness out of ego-strength and ,if so, to appear in a playful or esthetic frame of reference, and

to be accompanied by pleasant affect (Holt 1956). A person in that state will permit primary process material into awareness "in an ego-syntonic, modulated, controlled fashion without the creation of emotional havoc" (Goldberger, 1961, p. 289). Such a person will allow himself/herself to become aware of inner fantasies, wishes and fears that are irrational in nature, and at the same time will preserve a sense of internal control and of well-being. He/she is likely to feel good about himself/herself and to enjoy his/her experiences.

On the other hand, primary process thinking might also break "through the usual defenses uninvited and unwanted" (Holt, 1960 p. 267), and to cause a person to feel guilty, anxious and threatened. When this is the case, the person's emotional experience will be unpleasant, and the person will feel overwhelmed. The person's sense of self-control and self-confidence will be compromised.

A third alternative is to prevent the emergence of primary process material into awareness altogether through defensive operations, repression, etc. (Goldberger, 1961). In this case, a person might develop a strong need to control and restrict inner thoughts and feelings. He/she is likely to become constricted and/or inhibited in experiencing and expressing irrational ideas and emotions.

The capacity for adaptive regression is linked to the capacity for "regression in the service of the ego" (Holt, 1960). "`Regression in the service of the ego' (Kris, 1950)

is a partial, temporary, controlled lowering of the level of psychic functioning to promote adaptation" (Schafer 1967, p. 87). According to Schafer, a person may have a way of accessing preconscious and unconscious contents without "thoroughgoing sexualization or aggressivation of major ego functions" (p. 87). This will enable him/her to avoid experiencing disruptive anxiety and guilt. Schafer (1967) adds that regression in the service of the ego is relevant to the experiences of "motherliness, empathy, intimacy and love" (p. 83).

Segal (1957) relates the capacity to access unconscious thoughts and fantasies to the capacity to use symbols. She suggests that people who are "well in touch" with their unconscious have the ability to allow themselves "a constant free symbol formation, whereby they can be consciously aware and in control of symbolic expressions of the underlying primitive phantasies" (Segal 1957, p. 396). She states that when the capacity to use symbols is either impaired (i.e. when there is a distortion of reality by treating unconscious ideas and fantasies as if they were real), or impoverished (i.e. when there is only a very limited capacity to use symbols) a person's capacity to deal with anxiety and to resolve conflict will be compromised. Her ideas about the significance of "free symbol formation" seem in line with Holt's (1960) formulations regarding Adaptive Regression.

Holt (1956, 1977) developed a comprehensive system to assess manifestations of primary and secondary process thinking in Rorschach responses. One outcome variable in Holt's scoring system is Adaptive Regression (Holt, 1977; Goldberger, 1961). Briefly, the level of Adaptive Regression is determined using two separate factors: the intensity of primary process thinking, and the level of integration of this material into adaptive and perceptually accurate responses. Rorschach responses that their content or form indicate manifestations of drive-laden, illogical and unrealistic thought are assigned a Defense Demand score (DD) and further evaluated for their perceptual accuracy and appropriateness, i.e. for Defense Effectiveness (DE). An Adaptive Regression score for each of these responses is then calculated by multiplying the values for Defense Demand and Defense Effectiveness. The higher an Adaptive Regression score is, the more intense, and the better integrated, the primary process thinking is.

Goldberger (1961) used the Holt Scale to examine individual differences in the handling of primary process material. Reasoning that an individual's specific ways of handling primary process material will become especially noticeable in unstructured and ambiguous situations that involve a limited contact with reality, he compared subjects' responses to a situation of perceptual isolation, and to the Rorschach. He found that subjects' Adaptive Regression scores on the Rorschach were positively related

to their scores on controlled primary process thought in the isolation situation. Adaptive Regression was also found to positively predict to pleasant affect, degree of self stimulation, sleep, and unimpaired secondary thought process. It was negatively related to unpleasant affect. In summarizing these results, Goldberger emphasizes the fact that the presence of well-controlled primary process Rorschach responses did not interfere with subjects' ability to have intact secondary process responses as well (Goldberger, 1961). This particular finding may further suggest that the use of primary process thinking in an affective-laden (Russ & Grossman-Mckee, 1990) time period like pregnancy may not, in itself, impair a woman's ability to use other modes of thinking as well to manage the difficulties inherent in this stage.

Schimek (1974) used the Holt Scale to explore stability and change in primary process manifestations between the ages of fourteen and twenty-four years. He found stable individual differences in the capacity for Adaptive Regression over the ten year period. In addition, he observed a developmental change from age 14 to age 24. This change took the form of a significant <u>decrease</u> in the relative amount of aggressive content and of formal primary process, and a significant <u>increase</u> in Adaptive Regression (Schimek, 1974).

Based on all these findings it seems possible to advance the twofold hypothesis that there will be

significant individual differences in women's capacity for Adaptive Regression, and that these differences will express themselves during the new developmental phase of pregnancy. Indeed, in a recent study Frank et al. (1994) demonstrated a positive relationship between women's capacity for Adaptive Regression during pregnancy, and their infants' status of attachment at fourteen months. In accounting for the results, the authors suggested that there was a link between the ability to flexibly and freely access "unconscious derivatives of affectively charged experiences" (Frank, Tuber, Slade & Garrod 1994, p. 476), and the ability to be emotionally available and empathic toward the child. In their view, the period of pregnancy acted like "a stress test". It accentuated individual differences in the ability to contain, defend against, and integrate affectively laden material (Frank et al., 1994).

Women who display a capacity for Adaptive Regression during pregnancy may have a smoother transition to motherhood. The specific nature of pregnancy makes it likely that primary process thinking will be more prevalent during this period. Pregnancy is an unstructured and ambiguous period that involves less contact with the external world, due to the woman's "primary maternal preoccupation" (Winnicott, 1963). In its provision of only minimal clues to the identity of the fetus, pregnancy "acts like a projective test" (Raphael-Leff, 1986, p. 46).

To understand more fully the implications of the use of Adaptive Regression during pregnancy it is necessary to explore the intrapsychic changes that occur during this period. The following section looks more closely into the psychological experience of pregnancy.

Pregnancy

Pregnancy is a critical and exceptional phase in the life of a woman. Benedek (1970) sees it as

> "a biologically motivated step in the maturation of the individual which requires physiological adjustments and psychologic adaptations to lead to a new level of integration"
>
> (p. 137).

An extensive amount of research conducted since the late 50's (Apprey, 1987; Benedek, 1959, 1970; Bibring, 1959; Cowan & Cowan, 1992; Jesser, Weigert & Foy, 1970; Kestenberg, 1976; Leifer, 1980; Pines, 1972, 1990; Shereshefsky, Plotsky & Lockman, 1973; Trad, 1990) focuses on the many changes that occur in pregnant women's psychological functioning. It is suggested that the woman's way of dealing with, and adapting to, these changes is largely similar to her way of adapting to other situations (Seegmiller, 1993). Thus, the study of pregnancy from the point of view of personality factors is of major importance in anticipating strengths and problems in the experience of motherhood (Shereshefsky & Lockman, 1973). This kind of study has particular relevance to the issue of future

maternal behavior, since it was found that successful adaptation to pregnancy enhances later adaptation to motherhood (Benedek, 1959; Bibring, 1959; Leifer, 1980; Shereshefsky et al., 1973).

Certain personality characteristics contribute to a woman's success in adapting to pregnancy. Among those factors there are: the flexibility of her defenses (Lomas, 1960), her emotional stability, (Seegmiller, 1993), her level of nurturance (Shereshefsky et al., 1973), and her degree of ego strength (Shereshefsky et al., 1973). Since pregnancy is often experienced as a "crisis" (Apprey, 1987, Bibring, 1959, Pines, 1990), the presence or absence of any of these factors in an individual woman can greatly affect her ability to negotiate the immense changes inherent in this developmental transition.

Bibring (1959) discusses the "borderline" quality of pregnant women's discourse. She suggests that "magical thinking, premonitions, depressive reactions, primitive anxieties, introjective and paranoid mechanisms" (Bibring, 1959, p. 115) prevail during this period. In a similar vein, Condon (1987) writes about the abundance of primary process thinking found in pregnant women. He argues that this change reflects "loosening of the defensive structure and an increased utilization of more primitive defences" (Condon, 1987, p. 329).

Raphael-Leff (1986) suggests that pregnant women have better access to their unconscious fantasies. Leifer (1980)

points out that they are more open to inner experiences, and tend to discuss more freely dreams and anxieties. Shereshefsky et al. (1973) describe pregnancy as a state of emotional lability and heightened sensitivity. Finally, Apprey (1987), Kestenberg (1976), Langer (1951), Benedek (1959, 1970), Pines (1972, 1990) and Trad (1990), all write about the partial regression that occurs during this period.

While regression during pregnancy may reflect the awakening of early anxieties and conflicts (Benedek, 1959; Langer, 1951), it may also help a pregnant woman deal with the changes of pregnancy and early motherhood. Schafer (1967) points out that "`regression in the service of the ego' promotes adaptation by maintaining, restoring or improving inner balance and organization, interpersonal relations and work" (p. 87). According to Schafer (1967), the capacity for "regression in the service of the ego" is relevant to "motherliness, empathy, intimacy and love" (p. 85).

Pines (1990) postulates that the temporary regression that occurs during pregnancy enables the mother to re-experience primary unity with her own mother, and at the same time to identify narcissistically with the intra-uterine existence of her fetus "as if it were herself in her mother's body" (p. 301). According to Pines (1990), if the mother's own experiences as a child were "good enough", she will derive much pleasure from this regressive experience.

The "regressive pull of pregnancy" (Benedek, 1970) tends to stir up fantasies that have their origin in the pregnant woman's childhood (Apprey, 1987; Benedek, 1970; Kestenberg, 1976; Raphael-Leff, 1986; Trad, 1990). Depending on their content, these fantasies might be either beneficial or anxiety provoking (Benedek, 1970). According to Trad (1990), "in women whose prenatal dreams and fantasies provide an arena for the resolution of conflicts, as well as for the construction of a relationship with the unborn child...development of a secure and flexible bond with the unborn child is likely" (p. 350). However, in women who cannot use their regression to deal with, and resolve earlier conflicts, intense, negative feelings toward the fetus are likely to develop and predominate (Trad 1990).

The capacity to mobilize controlled regression during pregnancy may be considered an aspect of the woman's ego-strength. Shereshefsky et al. (1973) report that women who showed optimal adaptation to both pregnancy and early motherhood in their study, displayed higher levels of "ego strength". Interestingly, to assess "ego strength" in their subjects these authors used measures of "flexibility" and "sense of humor". These same constructs are used by Holt (1977) to define Adaptive Regression.

Successful adaptation to pregnancy involves the ability of a pregnant woman to feel balanced and secure in her relationship to her fetus. In analyzing preliminary data derived from Rorschach protocols of pregnant women, Slade

and Tuber (reported in: Slade, 1993) found that women who were classified as "secure" in their attachment relationships during pregnancy, had flexible structures of managing and expressing affects, showed lower levels of anxiety, and gave no thought-disordered responses, compared to women who were classified "insecure" in their attachment relationships. This finding potentially links a woman's capacity for optimal regression during pregnancy, with her ability to integrate both positive and negative feelings about herself and her fetus into her conscious self-experience. The woman's success in doing so will depend, on the one hand, on her flexibility and ego resiliency (Trad, 1990), and on the other hand, on her life circumstances and her ability to find support in her environment (Benedek, 1970, Seegmiller, 1993).

For most women, the psychological changes that occur during first pregnancy are the more pronounced and transformative in comparison to the changes that occur in subsequent pregnancies (Benedek, 1970; Jesser, Weigert & Foy, 1970; Leifer, 1980; Pines, 1990; Shereshefsky et al., 1973). This discrepancy can be accounted for by the fact that the initial transition to parenthood requires relinquishing much of what had been meaningful in the past, mourning the loss of the old self (Shereshefsky et al., 1973), and forming a new identity of a mother (Seegmiller, 1993). This, in turn, reactivates for the first time maternal conflicts in the areas of dependency, nurturance,

attachment and separation-individuation (Benedek, 1959, 1970; Pines, 1990; Seegmiller, 1993; Shereshefsky, Plotsky & Lockman, 1973; Winnicott, 1963). To the extent that the pregnant woman is able to successfully work through and resolve these conflicts, her maternal confidence is likely to develop and be high, and her experience of pregnancy is likely to be mostly positive.

The specific emphasis in the literature on the way ego-functioning influences the experience of pregnancy implies that different women may have different ways of dealing with the difficulties inherent in this developmental period. In a similar vein, it is possible to assume that women's level of ego-functioning will also greatly affect the way they will experience early motherhood. To examine this hypothesis, it is necessary to look into the unique and complex features of this second period. The following discussion will focus on the way motherhood has been depicted in different psychoanalytic writings.

The Nature of Motherhood

In summarizing years of research and clinical work with first-time parents, Carolyn and Philip Cowan (1992) write:

> ``After many years of being parents ourselves, and more than fifteen years of working with couples becoming parents for the first time, we understand the impossibility of being fully prepared for parenthood - for the initial awe at having produced this fragile being, for the constant frantic state during the first months of never-ending feedings, for the maddening regularity of interrupted sleep. For most parents... the euphoria immediately after birth is followed by weeks of feeling dazed and operating on ``automatic

> pilot.'' Men and women who were used to anticipating and mastering the complexities of demanding jobs and intimate relationships are overwhelmed by their unexpected and contradictory feelings.''
>
> (p. 76)

The conflicting and disorganizing nature of early motherhood described by the Cowans (1992) is echoed in the writings of many researchers (Apprey, 1987; Benedek, 1959, 1970; Condon, 1987; Leifer, 1980; Lomas, 1960; Pines, 1990; Raphael-Leff, 1986; Trad, 1990). Motherhood today, in a world that offers parents many choices about whether and when to bring a child into their lives, is a more complex and conflict-laden experience than ever (Cowan & Cowan, 1992; Raphael-Leff, 1986; Rossi, 1968). In addition to changes in parents' life style, marital relationship and social roles, the internal disequilibrium brought about by the transition to motherhood (Bibring, 1959; Pines, 1972, 1990; Raphael-Leff, 1986; Trad, 1990) typically causes women to experience anxiety (Leifer, 1980), regression (Apprey, 1987; Benedek, 1959; Raphael-Leff, 1986; Trad, 1991), distress (Mahler, Pine & Bergman, 1970), fears (Raphael-Leff, 1986; Trad, 1991), ambivalence (Benedek, 1959; Leifer, 1980; Trad, 1990; Winnicott, 1975) and negativity (Trad, 1991), as well as pleasure (Benedek, 1959) and joy (Leifer, 1980). Considering the richness and intensity of the developing bond between mother and child, it is hardly surprising that such ambivalent and conflictual feelings develop (Trad, 1990). How a woman deals with them in the process of adaptation to motherhood, and whether or not she

manages to maintain a predominantly positive and pleasurable experience of motherhood has great bearing on her developing relationship with her child (Benedek, 1959; Trad, 1990).

Different mothers attribute different meanings to motherhood. Raphael-Leff (1986) believes that two principally different maternal orientations can be discerned in mothers, based on their different unconscious fantasies and beliefs about motherhood and the baby. She terms these orientations ``Facilitator'' and ``Regulator'', and suggests that they greatly affect mothers' behavior, as well as their subjective experience of motherhood. They have diverse historical sources and are also affected by psychosocial, economic and emotional factors (Raphael-Leff, 1986).

One of the things that distinguishes the two maternal orientations, is a different view on the maternal role: the Facilitator enhances its importance and exclusiveness while the Regulator repudiates it. More specifically, the Facilitator feels privileged for being a mother, wishes to protect her intimate space with the infant, and believes that only she can know her infant and understand her. The Regulator, on the other hand, sees maternal devotion as a myth and tries to avoid becoming submerged in motherhood, fearing that she might be totally depleted by the baby's demands and needs. She is happy to share her maternal duties with others. She welcomes and supports the baby's growing independence (Raphael-Leff, 1986).

Normal mothering, according to Raphael-Leff (1986) entails ``a skewed mixture of the two orientations'' (p. 54). She believes that mothers who can accept and tolerate their own healthy ambivalence as well as that of their baby, are less likely to be entirely controlled by the unconscious fantasies inherent in the extreme Facilitation or Regulation positions, and are, thus, better adapted to motherhood.

Anxiety following the birth of a child was reported by Leifer (1980), who found that virtually all new mothers in her study of pregnancy and early motherhood had experienced it. Leifer suggests that the reality-based concerns that new mothers experience are typically accompanied by other anxieties that stem from the complex, often ambivalent feelings that women harbor in regard to their maternal role. According to Leifer, the pervasive cultural image of the ``good mother'' stands in contradiction to the multiplicity of emotions mothers find difficult to integrate in their own relationship to the child: love and tenderness together with anger, frustration and boredom. Importantly, the better adapted mothers in Leifer's study were those who were the most open in describing their difficulties, anxieties and ambivalent feelings.

Trad (1990), who studied dreams of pregnant women and new mothers, also concludes that the vast scope of psychological transformations involved in the transition to parenthood evoke profound emotions, some of which are negative (e.g. anger, hostility, loneliness, fear). Like

Leifer (1980) he suggests that mothers who are sufficiently able to symbolically represent and discharge the feelings aroused by the developmental crisis of motherhood are able to resolve these emotions in a way that does not interfere with their relationship with the infant (Trad, 1990). In contrast, mothers ``who cannot sufficiently manage, repress or dissociate their feelings of ambivalence, regression, fear over separation, or hostility are at risk for discharging these feelings randomly on themselves or on their infants'' (p. 360). In Trad's view, for a mother to succeed in adapting to her maternal role, she has to demonstrate flexibility and ego resiliency.

The symbiotic quality of the relationship with the child in its early phases (Benedek, 1959; Mahler, Pine & Bergman, 1975; Winnicott, 1963) contributes to the complex and conflictual nature of maternal experiences. Winnicott (1963) uses the term ``primary maternal preoccupation'' to describe the mental state of a mother during the early period of motherhood. He believes that optimal adaptation to motherhood involves the ability to get in touch with one's own infantile self. The ``good enough mother'' (Winnicott, 1960) uses her own unconscious knowledge of what it is to be an infant in a way that facilitates her maternal interactions. In contrast, the mother who is unable to identify with her baby constantly interferes with her ``going on being'' by impinging on her experience (Winnicott, 1963).

This suggestion by Winnicott (1963) implies that the adapted mother develops successful affective exchange with her child based on empathy (Benedek, 1959; Grotstein, 1981; in Apprey, 1987, Winnicott, 1960). Empathy implies a certain degree of boundary permeability between partners, as well as the use of projective and introjective defense mechanisms (Benedek, 1959; Grotstein, 1981 in Apprey, 1987; Kernberg, 1985; Klein, 1957; Winnicott, 1960). An empathic maternal response involves some degree of ego-regression (Schafer, 1967). The empathic mother reads into the infant mind at a time when the latter cannot express herself verbally (Winnicott, 1960); the mother uses her own memories and fantasies from infancy to guide her in the process. In Benedek's (1959) words:

> ``The mother...having being a child and having introjected the memory traces of being fed, nursed, cared for, in her own mothering relives with her infant the pleasure and pains of infancy. The empathy of the mother for her child originates in the experiences of her early infancy which are reanimated by the emotions of the current experience of her motherhood''
>
> (p. 395).

Benedek (1959) explains that the resurgence of infantile memories and emotions during pregnancy and early motherhood reactivates self and object-representations that have been integrated during infancy (Benedek 1959). If these representations are positively cathected, they may sustain the mother's confidence, and enable her to overcome her present conflicts and anxieties. However, if they are negatively cathected, she might experience herself as bad

and frustrating, and feel guilty for her conflicts and fears. In the latter case, she might remain depressed and/or continuously ambivalent about her relationship with her child (Benedek, 1959).

Benedek (1970) points out that parenthood, like any other living process, remains under ``the inescapable domination of time'' (Benedek 1970, p. 185). In her view, successful mothering calls for perpetual ego development and continual integration of the personality. It necessitates the ability to tolerate, negotiate and adapt to continual physiologic and psychologic changes in both parent and child (Benedek, 1970).

The picture that emerges from the above descriptions portrays maternal experience as a transforming, rich, intense and potentially ambivalent experience. It is invariably affected by each mother's conscious and unconscious anxieties, fantasies, and memories. It is unique and idiosyncratic in nature, and never fully resembles experiences of other mothers. It is rooted in the mother's past and, yet, it offers the mother a new opportunity to work through and resolve earlier conflicts (Benedek, 1959, 1970; Trad, 1990).

To appropriately adapt to the maternal role, the mother has to equally attend to her own inner cues, as well as to those of the baby. She should be able to access, express, and control, her ambivalent feelings regarding motherhood and the child, while preserving her ability to take pleasure

in the relationship. She should also avoid becoming too rigidly defensive about, and out of touch with, her own unconscious anxieties and expectations. At the same time, she should find a way to mitigate the intensity of these projected emotions in order to remain empathic to her child.

Maternal flexibility and ego-resiliency could be assessed using in-depth interviews with mothers. Attachment researchers have repeatedly documented a high correlation between the coherence and flexibility of maternal discourse about attachment relationships, and the quality of this relationship as reflected in infants' status of attachment (e.g. Benoit et al., 1994, Bretherton et al., 1989; Main et al., 1985, Slade et al., in press). Based on these findings, it seems plausible to establish a link between the way mothers experience and adapt to the relationship to the child, and the way they represent this relationship. The following section will explore in detail past and present research on maternal representations.

Maternal representations

Early in the field of attachment research, beginning with Ainsworth's (1978) ground breaking work on attachment patterns in children, the profound impact of the mother-child relationship had been examined in terms of its influence on the child. About a decade later, attachment researchers turned to the neglected area of maternal

experiences, and took on a systematic investigation of parents' ``state of mind'' (Main, 1994) in regard to attachment (Bretherton, Biringer, Ridgeway, Maslin & Sherman, 1989; Main, Kaplan & Cassidy, 1985; Zeanah & Anders, 1987). The original work of Main et al. (1985) on ``internal working models'' in adulthood opened the way to a comprehensive study of adult representations of attachment relationship.

Main et al. (1985) developed a semistructured clinical interview designed to elicit memories and feelings from parents about attachment relevant childhood experiences in (the Adult Attachment Interview, Main & Goldwyn 1985). The findings from these interviews with parents were then linked to their infants' attachment classification. It was found that mothers who were flexible and balanced in their way of discussing different emotions in regard to attachment, and who were able to reflect openly and undefensively about the meaning and value of the attachment relationship, were more likely than other mothers to have securely attached infants at one year of age. These ``autonomous'' mothers seemed to have had access to certain kinds of knowledge about the self, the attachment figure, and the relationship that enabled them to be more available to their children than mothers who were vague, confused, closed off and contradictory in their accounts of attachment relationship. The latter either ``dismissed'' and minimized the importance of the attachment bond, or were ``preoccupied'' with it in a

way that prevented them from being sensitive and attentive to their children's needs (Main et al., 1985).

Following this study, Main et al. (1985) postulated that individual differences in the experience of the attachment could further be defined as individual differences in the quality of parental representation. Their emphasis on the coherence and integration of parental representation involved a shift in focus from the **content** characteristics of a narrative to its **formal** characteristics (Main et al., 1985; Bretherton et al., 1989; Slade & Aber, 1993; Zeanah & Benoit, 1995). It was related to the understanding that the **level of integration** of diverse perceptions, memories, affects and thoughts in regard to the attachment relationship, and not the presence or absence of any particular feeling is what chiefly influences the way the relationship is experienced. Coherent, internally consistent discourse which includes responses that are clear, relevant and reasonably succinct suggests that the speaker can attend flexibly, openly and undefensively to the many aspects of the relationship, and can preserve a realistic view of it (Main, 1995). In contrast, incoherence, contradictions, violations of speech manner and of relevancy, and excessively short or long responses, all point to a failure of integration of attachment-relevant information, and to an inflexible and excessive use of defenses for the purpose of maintaining the relationship (Main, 1994). In this latter case, the speaker's inability

to hold on to a representation that is ``balanced'' and clear leads to an interference with the realistic view of the relationship, and renders it vulnerable to many distortions.

Kobak (1988, 1993) believes that the different working models of attachment are linked to different strategies of affect regulation. Specifically, he argues that there is a direct link between the quality of representation of the attachment relationship and the way distressing affect is dealt with (Kobak, 1988).

Using AAI classifications, Kobak (1988) suggests that a ``secure'' attachment status is associated with a subsequent ability to recall and integrate distressing experiences into a coherent account of the parent-child relationship. A ``dismissive'' status reflects an attempt to cut-off or minimize distress-related affect, since this affect is associated with rejection. A ``preoccupied'' status indicates that negative affect is accessible, yet is also disorganizing; it causes a person to feel confused, overwhelmed and anxious (Kobak, 1988).

Cassidy (1994) points out that the two insecure groups of adult attachment, the ``dismissive'' group and the ``preoccupied'' group, develop strategies of affect regulation that could be termed ``minimizing'' and ``maximizing'' of negative affect, respectively. Slade (1993) also suggests that ``one of the hallmarks of insecurity appears to be an individual's inability to

integrate negative affects, memories and thoughts into their representation of themselves or their parents'' (Slade, 1993). According to Slade (1993), the failure to include negative aspects of the self-experience in a representation stems from either an excessive use of defenses against negative emotions, or a failure to develop ways of containing and organizing such emotions.

The strategies for regulating and managing negative affects in the attachment relationship are part of the mother's ego functioning. Mothers' whose egos are resilient, flexible, open to a gamut of emotional experiences, and well-adjusted to reality (Haft & Slade, 1989; Kobak & Sceery, 1988) give flexible, thorough and undefensive accounts of their attachment relationships, that include acknowledgment of modulated negative affects. In contrast, mothers with rigid or feeble egos, fail to express, or fail to contain negative emotions, respectively (Slade, 1993).

Support for the idea that inadequate representation of negative affects is related to problems in ego-functioning can be found in Slade and Tuber's study of mothers' Rorschach responses (reported in: Slade, 1993). They found that mothers' who displayed ``minimizing'' strategies of affect regulation in the AAI, gave more thought disordered responses to the Rorschach, while mothers who used ``maximizing'' strategies in the AAI, displayed the highest level of anxiety in the Rorschach. Thus, the dissociation of negative experiences in the first group of mothers

possibly lead to a break in their reality testing; in the second group, the inability to contain and modulate negative affects interfered with mothers' ability to remain calm about their perception of reality (Slade, 1993). In either of the two cases, it was the disturbance in ego functioning that lead to a compromised sense of reality.

Maternal ``working models'' of attachment initially develop in the context of the mother's relationships to her own parents (Bowlby, 1982). With later establishment of other important relationships, she develops other internal working models including a working model of her relationship to her child (Ammaniti et al., 1992; Benoit, Parker & Zeanah, 1994; Bretherton et al., 1989; Slade & Aber, 1992; Slade, Belsky, Aber & Phelps, 1996; Zeanah & Benoit, in press). As with other working models, the quality of the working model of the child can be inferred from the mother's discourse about the relationship.

The study of maternal representations of their infants enables researchers to focus on <u>specific changes</u> that might occur in the mother's experience of attachment, subsequent to having her own child (Slade et al., 1995). Slade et al. (1996) argue that while maternal representations of the infant possibly shares some characteristics with maternal representations of her own parents, it may be the case that the representation of the child mediates the intergenerational transmission of attachment patterns. As

such, it might be more directly linked to actual parental behaviors and child outcome (Slade et al., 1996).

Mothers who can talk coherently about their relationship to the infant, and who can acknowledge and feel comfortable with their negative feelings, are probably less inhibited and more fulfilled in their maternal role than mothers who either deny or are flooded with negative feelings. The latter are presumably less free to enjoy the relationship with their infants, since they constantly need to distort their own affective experience, as well as the affective experience of their baby, in order to preserve a specific state of mind in regard to attachment (Haft & Slade, 1989).

In addition to deriving more pleasure from the attachment relationship, having a well-integrated and modulated emotional experience of motherhood helps a mother develop confidence in her maternal role, and experience herself as ``a good mother'' (Benedek, 1959). This, in turn, positively influences her child's sense of confidence, which then confirm the mother's own sense of goodness (Benedek, 1959). The resulting benevolent cycle of felt-security and mutual confidence facilitates the mother's ability to negotiate with her child the challenges of stormy developmental periods (Slade et al., 1996). It serves as a buffer against her feeling helpless and out of control when her own needs, or those of her child, cannot be immediately met.

The emphasis in attachment research on the quality of integration of maternal representations provides support for Benedek's (1959, 1970) idea that successful mothering depends upon the integrative powers of a woman's ego. According to Benedek and others (Apprey, 1987; Cowan & Cowan, 1992; Leifer, 1970; Notman & Lester, 1988; Pines, 1972, 1990; Raphael-Leff, 1986; Trad, 1990), the experience of early motherhood is burdened with conflicts, and is characterized by intense, unmodulated, contradictory and overwhelming emotions that need to be appropriately integrated into the mother's self experience. Thus, mothers that are aware of their complex emotions, and that are able to openly and clearly talk about their experiences, deal with their feelings on a conscious, modulated level, and show better adaptation to motherhood (Leifer, 1980). They remain emotionally available to their children at times of distress (Slade 1993). In contrast, mothers that are either too threatened or too overwhelmed by their emotional reactions, have trouble maintaining ``an integrity of consciousness'' (Slade & Cohen, 1995) regarding their thoughts and feelings, and become defensive and irritable when asked to talk about them. They also become agitated and upset in response to certain emotional expressions in their children, which leads to a failure in empathy. As a result, their maternal capacities are compromised (Benedek, 1959).

Various interviews and coding systems investigate maternal representations of their infants (Aber, Slade, Berger, Bresgi & Kaplan, 1984; George & Solomon, 1989; Zeanah & Barton, 1989). The Parent Development Interview (PDI) (Aber et al., 1984) which equally attends to the quality of maternal representations, as well as to specific affective experiences of the mother, is the one to be used in the current study.

The Parent Development Interview (Aber et al., 1984) is a 45 question interview which asks parents to reflect on and consider different aspects of the relationship with the child. Parents are invited to describe their own emotional experiences, as well as those of their child; they are asked about the ``pleasures'' and ``pains'' of the relationship, and about their strengths and weaknesses. They are asked about the way in which the child is like and unlike them, and about the way their parenting style resembles and differs from their own parents' (Slade et al., 1996).

The PDI is coded using a system developed by Slade, Aber, Cohen, Fiorello, Meyer, DeSear & Waller (1993). Verbatim transcripts are coded along three dimensions: parental representations of their own affective experiences, parental representations of child's affective experience, and quality of representation. Codes for parental representations of their own affective experience include: 1) degree, acknowledgment and modulation of anger, 2) neediness, 3) degree, acknowledgment and modulation of

separation distress, 4) degree and acknowledgment of guilt, 5) degree of joy and pleasure, and 6) competence/efficacy. Child affective experience codes include: 1) child anger, 2) child dependence/ independence, 3) child separation distress and 4) child joy/ pleasure.

Quality of representation codes include 1) coherence and 2) richness of perception of the child, both adapted from Zeanah (Slade et al., 1993).

The scoring system of the PDI enables researchers to examine affective features of coherent and incoherent representations. In addition, it makes it possible to identify incompatibilities between the underlying level of coherence of maternal representations, and specific affective experiences (Slade et al, 1996).

In a recent study, Slade et al., (1996) investigated the relationship between AAI classifications and several PDI factors. They found that ``autonomous'' mothers scored significantly higher on joy/pleasure and child joy/pleasure than non-autonomous mothers. However, these researchers did not find significant differences between autonomous and non-autonomous mothers in the representation of anger in the relationship (Slade et al., 1996).

In addition to exploring the relationship between the AAI and the PDI, these authors examined the relationship between several PDI factors and positive and negative measures of maternal behavior. They found that mothers who expressed more joy/pleasure in the relationship displayed

more sensitivity, engaged in more cognitive stimulation and expressed more positive affect and less negative affect than other mothers. In contrast, mothers who evinced more anger in the interview received lower scores on positive affect, sensitivity and negative stimulation, and a higher score on negative affect, expressed during the interaction with the child (Slade et al., 1996).

The finding, reported by Slade et al. (1996), that certain PDI factors are directly linked to measures of maternal behavior, suggests that the quality and content of maternal representations provide accurate indication of the quality of the actual experience with the child. This finding, therefore, provides support for the assumption, advanced in the current study, that adaptation to motherhood can be adequately investigated using maternal representations of the relationship to the infant.

Summary

From the point of view of the woman's psychological well being, the transition to motherhood appears to be both demanding and inherently stressful. The momentous physiological and psychological changes that take place during pregnancy threaten her sense of internal control, and her vulnerability is increased. Using her own ego resources, she has to become aware of, and integrate into her self-experience, complex and contradictory feelings, memories, and conflicts. Simultaneously, she also has to protect

herself from experiencing too much disequilibrium and anxiety.

A similar measure of adaptability is warranted after the woman's infant is born. To adequately function as a mother, the woman has to be able to tolerate not only ambiguity and uncertainty, but also a certain degree of ambivalence in her own attitude toward the child. Just as in pregnancy, the immense changes in both her physical and her emotional life during this period might cause her to feel overwhelmed and agitated. She therefore has to rely on her ego resources to help her negotiate these changes.

The present study examines the hypothesis that one aspect of the woman's ego functioning, i.e. her degree of ego flexibility, is crucial for adaptation to motherhood. This hypothesis is based on previous findings, reported in the literature, that an optimal degree of ego flexibility which permits controlled access to unconscious thoughts and feelings facilitates adaptability, creativity and empathy. Thus, women who during pregnancy demonstrate open communication with their own unconscious, and who at the same time also continue to accurately perceive reality, are expected to adapt better to motherhood. They should be able to speak in an open and undefensive manner about the different aspects of their maternal experience, and to be free to explore their positive and negative feelings about it. They should also be able to preserve a realistic and

undistorted view of their own behaviors, and those of the child.

A central assumption of this study is that giving appropriate symbolic expressions to unmodulated thoughts and feelings helps a woman accept and control her emotional reactions. In contrast, failure to find appropriate channels for the expression of these emotions may result in either extreme defensiveness, or extreme permissiveness. In the first case, the woman is likely to be very inhibited in the expression of any emotions, since any allowance for emotionality might cause her defenses to break down. In the second case, the woman is likely to feel perpetually anxious and overwhelmed, since she cannot rely on her defenses to help her mitigate her reactions. In either of these two cases, the woman is likely to feel much less confident in her maternal role, and to derive less pleasure from it, compared to a woman who can freely and openly give expression to such feelings.

Ego flexibility during pregnancy will be measured using a Rorschach scale for Adaptive Regression. Adaptive Regression is a measure of a person's ability to experience in consciousness derivatives of primary process thinking, without compromising his/her perception of reality. Since in pregnancy unconscious processes are thought to be quite intense and anxiety provoking, it appears that more ego flexibility is required during this period, to deal with these processes. The extent to which a woman can experience

Adaptive Regression at this time is, therefore, a very important issue.

Adaptation to motherhood will be examined by looking at maternal representations of the relationship to the child at ten months. It is assumed that the more able the mother is to experience Adaptive Regression, the more able she will be to give a rich, open and flexible account of her own feelings and thoughts about the relationship.

One focus of investigation will be the relationship between Adaptive Regression and the way a mother accounts for different affects that come up in the relationship. In regard to distressing affects (i.e. anger and guilt), the question would be how open and comfortable she is acknowledging and discussing these affects. With respect to joy, it will be asked how rich and convincing is her description of joy in the relationship.

A second area for exploration will be the relationship between Adaptive Regression and the mother's ability to experience herself as confident and competent in her maternal role. How realistic is she in evaluating her strengths and weaknesses, and is she able to maintain a sense of competence and adequacy in light of the ambiguity and uncertainty that prevail during the child's first few months.

A third area of investigation will be the relationship between Adaptive Regression and overall quality of maternal representations.

Chapter III

Method

Subjects

The subjects for this study were 30 primaparous, married, middle-class women between the ages of 26-37. They were part of a larger sample of women (N=66) who were followed longitudinally from pregnancy through their child's third year. 89% of women of the total sample had completed college and 49% undertook or completed graduate study. 96% of the total sample were professionals or employed in the arts or business. The subjects were recruited through Lamaze or other child-birth classes, private obstetricians, or responded to fliers placed in maternity stored, or ads placed in local newspapers. They were paid $120 for their overall participation in the project.

Procedure

Women were interviewed and tested three times during their third trimester of pregnancy, and were seen with or without their children for five additional postpartum visits. The data for the present study was collected in the second pregnancy visit, and in the second postpartum visit when the child was 10 months old.

<u>The second pregnancy visit</u>

During the second prebirth visit subjects were given different tests, including five WAIS-R subtests, a drawing task, the Rorschach and the Early Memories Test (Mayman, 1968). Tests were administered in a quiet, comfortable room at City College by a graduate student in Clinical Psychology. Women were told that the tests are aimed at assessing the manner in which they thought, reasoned and solved problems.

The second postpartum visit

During this visit mother and infant were videotaped in the lab in free play. Following the videotaping, the original Parent Development Interview (Aber, Slade, Berger, Bregsi & Kaplan, 1985) adapted for parents of infants (Slade, Aber, Abrams & Director, 1987) was administered to the mother by a graduate student in psychology, while the infant remained in a separate room under the supervision of another graduate student.

Measures

The Rorschach

The 10 cards of the Rorschach were administered in a sequential order. Upon receiving the first card in the series subjects were asked: "what does that look like to you? what might it be?" After each response, the prompt "anything else?" was presented. This prompt was discontinued in regard to free responses given to Card II through X. Inquiry was conducted after presentation of the

entire series of card. Movement responses were followed by the open ended question: "(Moving) as if?" For the final scoring, verbatim transcripts of the test were used (see also: Frank, Tuber, Slade & Garrod, 1994).

Primary Process Scoring of the Rorschach

Holt's (1968) Manual for the Scoring of primary Process Manifestations in Rorschach Responses was used to assess Adaptive Regression. The Holt Scale has generated a fair amount of published research (e.g. Blatt & Berman, 1984; Capara, Holt, Pazielli & Gianotti, 1986; Frank et al., 1994; Goldberger, 1961; Holt, 1956, Klenman & Russ, 1988, Russ & Grossman-Mckee, 1990; Schimek, 1974) which provides construct validation to the concept of Adaptive Regression.

The Holt (1956, 1977) scale assesses the degree to which drive laden, illogical primary process material is integrated into Rorschach responses that are appropriate, adaptive and perceptually accurate (Blatt & Berman, 1984; Frank et al., 1994). The level of Adaptive Regression manifested in Rorschach responses is measured using two scores: Defense Demand (DD) which indicates "the intensity and primitiveness of the content" (Blatt & Berman, 1984, p. 230), what Holt (1977) terms "the shock value'' of the response, and Defense Effectiveness (DE), which speaks to the level of ego-control exercised in regard to the emergence of primary process material. Content and Formal aspects of the responses determine whether they are at all scorable, and if so a Defense Demand score is first assigned

to them. As a second step, the appropriateness and perceptual accuracy of each scorable response is evaluated, and a Defense Effectiveness score is also given. For each individual, scorable response, an Adaptive Regression Score (DDxDE) is further calculated.

Scores for Defense Demand range from +1 to +6, with more intense primary process manifestations earning higher scores. Scores for Defense Effectiveness are based on four aspects for measuring "control": Form level, Context, Level of Pleasure and Intactness of subsequent responses. They range from -3 to +2 (Holt, 1956). However, for the purpose of the present study, only Form Level will be preserved as a measure of control, since it seems to be a purer measure of reality testing (Frank, 1992; Frank, et al., 1994). Another change is the converting of the six point scale from -3 to +2 to +1 to +6, to reduce confusion regarding the midrange scores of Adaptive Regression (Blatt & Berman, 1984, Frank et al., 1994). Scores for Defense Effectiveness are assigned according to the following scheme: F+=6, Fo=5, Fw+=4, Fv and Fw-=3, Fa=2, F-=1 (Frank 1992, Frank et al., 1994). Mean Adaptive Regression for each protocol is going to be calculated according to the following formula:

$$\frac{\text{sum DDx DE}}{\text{Total Scorable Responses}}$$

Additional variables to be used are: Mean DD, Mean DE, High Adaptive Regression, and Percentage of Primary Process in a given protocol.

Two coders initially scored Rorschach protocols of psychiatric inpatients and adult outpatients, and when acceptable levels of reliability were reached they coded six protocols of pregnant women not included in the present study. When reliability was furthered established, the raters coded additional 25 protocols for the purpose of another study (Frank, 1992), out of which 19 were also used in the current study. Final reliability scores were calculated on 20 randomly selected protocols from that study. 11 additional Rorschach protocols were recently scores by one of these coders (Mary Ann Frank) for the present study.

To compute reliability and bias for ordinal data, the intraclass correlation coefficient R1 was computed (Frank, 1992). Reliability measures were applied to Mean DD, Mean DE, Mean Adaptive Regression, High Adaptive Regression, and Percentage of Primary Process in a given protocol. reliability scores for the above variables were: .86, .82, .83, .83 and .92, respectively.

The Parent Development Interview (PDI)

The PDI (Aber, Slade, Berger, Bregsi & Kaplan, 1985) is a 45 question, semi-structured interview that assesses parental representations. It is one of several interviews that aim to explore a parent's working model of his or her relationship to the child. The interview lasts approximately 90 minutes. It asks parents to reflect on, and describe, their relationship to the child, and the

different feelings that come up in the context of this relationship. Similar to the AAI, parents are requested to both provide general descriptions of the child and the relationship, and support these accounts with concrete examples. Their reactions to specific behaviors or feeling states of their child are further explored. They are also asked to talk about their own experiences, and about what they perceive as their general strengths and weaknesses as parents. The specific version of the PDI used in the current study is the one adapted for parents of infants (Slade, Aber, Abrams & Director, 1987).

Scoring of the Parent Development Interview

The PDI's coding system attends to both organizational and affective features of parental representations. This approach enables researchers to relate formal aspects of a representation to specific content variables, for example to the way certain affects are discussed (Slade, Belsky, Aber & Phelps, 1996). In addition, unlike categorical approaches to measure parental representations (see for example: Benoit, Parker & Zeanah, 1995), the current approach relies upon continuous-variable measures which afford more flexibility in data analysis (Slade et al., 1996). In the context of the present study this allows the use of correlation between those measures and another continuous variable: the level of Adaptive Regression identified in the Rorschach.

Verbatim transcripts of the PDI are coded using a system developed by Slade et al. (1993). The interviews are rated along three general dimensions: parental representations of their own affective experience, parental representations of the child's affective experience, and overall quality of representation (Slade et al 1995). However, only the first and third dimensions of parental representation are going to be used in the present analysis.

Parental Experience Codes

The six parental affective experience codes include: Anger, Separation Distress, Guilt, Neediness, Competence/ Efficacy and Joy. Anger and Separation Distress are rated for degree, acknowledgment and behavioral control, and Guilt is rated for degree and acknowledgment. Neediness, Competence/Efficacy and Joy are scored along a unitary dimension of recognition. In the present study the affective experiences of parenthood to be used are: Anger Degree and Acknowledgment, Guilt Degree and Acknowledgment, Competence/ Efficacy and Joy.

Degree refers to an overall assessment of the extent to which a particular affect plays a role in the parent's experience of himself or herself as a parent, *regardless* of whether the parent talks about the referenced affect directly and openly (Slade et al., 1993). Scores for degree of anger and guilt range from Little (1), to Moderate (2), to Considerable (3).

Acknowledgment refers to the parent's level of comfort in discussing a referenced affect, and to the nature and quality of defenses used when probed about that affect (Slade et al., 1993). Scores for acknowledgment of anger and guilt are assigned along a 9-point continuum from extreme denial (i.e. minimization) (1), to open acknowledgment (5), to extreme preoccupation (i.e. lack of containment) (9). In the present analysis, two converted 5-point scales for acknowledgment of anger and guilt, which run from inadequate acknowledgment (1; original 1 and 9), to compromised acknowledgment (3; originally 3 and 7), to adequate acknowledgment of anger and guilt (5; originally 5) are to be used as well.

Competence/ Efficacy is scored on a single 9-point scale of recognition that addresses the parent ability to realistically talk about weaknesses and strengths in parenting. The scale runs from inability to recognize parental weaknesses (1), to realistic assessment of one's strengths and weaknesses (5), to lack of containment in describing weaknesses and difficulties in parenting (9). A converted 5-point scale for competence/efficacy that runs from an inadequate sense of competence/efficacy (1; originally 1 and 9) to a compromised sense of competence/ efficacy (3; originally 3 and 7) to an adequate sense of competence/ efficacy (5; originally 5) will be used as well.

Recognition scores for joy runs along a single, unitary dimension from low (1) to high (9). Raters assess the

parent's ability to give a rich, multi-dimensional and convincing description of joyful moments with the child.

Quality of Representation Codes

Quality of representation is measured using two separate codes adapted from Zeanah (1989): Coherence and Richness of Perception. Coherence measures the overall coherency of ideation and feeling in the caregiver's representation of the child and the relationship. The code is adapted from Main et al.'s (1985) Coherence code for the Adult Attachment Interview (AAI), which assesses the integrity of a representation (Zeanah & Benoit, in press). Specifically, the code attends to the formal features of the parental discourse. Transcripts are coded as a whole on a five-point scale from Highly Incoherent (1) to Highly Coherent (5).

Coherence refers to a well-organized and logical flow of ideas which is accompanied by believable descriptions of the relationship to the child. Incoherences include contradictions, bizarre descriptions, inability to support generalizations with specific examples, confusing and confused descriptions, difficulty staying on the topic, etc. (Zeanah & Benoit, in press; Slade et al. ,1993). The Richness of Perception code examines the poverty or richness of the caregiver's perception of child and the relationship. The code is used to assess parents' ability to convey a sense of "who" the infant is. Succinct, rich descriptions of the child earn a higher score than descriptions that are

repetitive and/or narrowly focused and emphasize only one or two aspects of the child's personality, behaviors or feelings. Similarly to the Coherence code, a whole transcript earns a single score on a five-point scale from Limited (1) to Extreme (5) (Benoit, Parker & Zeanah, 1994; Slade et al., 1993).

Interviews were coded by 4 raters who were trained to reliability by Dr. Arietta Slade. Coding was originally done on both the toddler version, and the infant version of the PDI, and when acceptable levels of reliability were reached, raters first coded individual PDIs from another sample (Slade et al., 1996), and then the present data. Reliability was assessed at regular intervals. Disagreements on the reliability interviews were resolved in conference.

Reliability among the four raters was assessed using Cronbach's alpha. Alpha coefficients for the different scales used in the present study were as follows: Anger Degree: .86, Anger Acknowledgment: .88, Guilt Degree: .85, Guilt Acknowledgment: .79, Competence/ Efficacy: .88, Joy: .85, Coherence: .79, Richness of Perception: .90.

Hypotheses

Hypothesis 1

Adaptive Regression during pregnancy will positively predict to a woman's ability to adequately acknowledge anger in her relationship to the child. No significant relationship is expected between the woman's level of

Adaptive Regression and her degree of maternal anger, however, since it is assumed that the capacity to be in touch with and symbolize drive-related material will facilitate a woman's ability to represent negative affect *of any intensity* in a balanced and modulated way.

Hypothesis 2

Adaptive Regression during pregnancy will positively predict to a woman's ability to adequately acknowledge guilt in her relationship to the child. No significant relationship is predicted between the woman's level of Adaptive Regression and her degree of guilt experienced in the relationship to the child.

Hypothesis 3

Adaptive Regression during pregnancy will be related to the level of joy experienced in the relationship to the child. A positive correlation is predicted between a woman's level of Adaptive Regression and her ability to give a rich, multi-dimensional, and convincing description of maternal joy.

Hypothesis 4

Adaptive Regression during pregnancy will be related to a woman's ability to feel realistically competent/confident in her maternal role. A positive correlation is predicted between Adaptive Regression and the woman's capacity to balancedly acknowledge strengths and weaknesses in parenting.

Hypothesis 5

Adaptive Regression during pregnancy will predict to the quality of maternal representations.

A) First, it is expected that a positive relationship will be found between Adaptive Regression in pregnancy and the overall coherence of maternal representations.

B) Second, it is expected that positive relationship will be found between Adaptive Regression in pregnancy and richness of perception of the child.

Chapter IV

Results

The relationships between Adaptive Regression during pregnancy and some affective experiences of motherhood are presented in this section. The relationship between Adaptive Regression and the quality of maternal representations is also examined. At the end of this section, the effect of the sex of the child on maternal anger is considered.

Five primary-process-related Rorschach scores were obtained, prenatally, for each subject. Each of these scores was further related to each of the PDI variables. The five primary process scores are:

Average Adaptive Regression- which is derived by calculating an Adaptive Regression score (the product of Defense Demand x Defense Effectiveness) for each scorable Rorschach response, summing those scores, and dividing the sum by the overall number of scorable responses.

High Adaptive Regression- the highest score earned in a given protocol for a primary process response.

Average Defense Demand- the sum of those scores that reflect the ``intensity,'' or ``shock value'' (Holt, 1956) of primary process responses, divided by the number of scorable responses.

Average Defense Effectiveness- the sum of Form Level scores for all scorable responses in a protocol, divided by the number of scorable responses.

%PriPro- the percentage of primary process responses in a given protocol.

The relationship between Adaptive Regression in pregnancy and Maternal Anger

The first set of analyses was designed to test the relationships between Adaptive Regression and the maternal anger variables. To examine anger acknowledgment two separate scales were used: the original Anger Acknowledgment scale, which is a 9-point scale and runs from no acknowledgment of anger (1) to moderate acknowledgment of anger (5) to severe preoccupation with anger (9), and a converted Anger Acknowledgment-Revised scale, which is a 5-point scale and runs from inadequate acknowledgment of anger (1; originally 1 and 9 scores) to compromised acknowledgment (3; originally 3 and 7 scores) to adequate acknowledgment (5; originally 5 score). Maternal scores for degree of anger were on a 3-point scale.

Correlations between the five prenatal scores for primary process thinking on the Rorschach, and scores on the three maternal anger variables at ten months are presented in Table 1. Inspection of the Table suggests that no significant relationship was found between any of the primary process variables in pregnancy and mothers'

subsequent ability to represent maternal anger in a balanced and modulated way, as reflected in their PDI scores on the *converted* anger acknowledgment scale. A significant, negative relationship did emerge, however, between mothers' Average Adaptive Regression scores in pregnancy and their overall tendency to acknowledge maternal anger, as indicated by their scores on the *original* anger acknowledgment scale r= -.4622, ($p < .05$). Hence, the more capable of Adaptive Regression women were in pregnancy, the less likely they were to acknowledge anger in their relationship to their child at ten months.

Another finding was that women's Defense Effectiveness scores were also significantly negatively related to their original anger acknowledgment scores, r=-.4278 ($p < .05$). Thus, the more women demonstrated positive control over primary process material in pregnancy, the less likely they were to acknowledge maternal anger later on. In addition, it was found that a significant negative relationship existed between women's Average Adaptive Regression scores in pregnancy and the degree of anger they experienced in the relationship to the child, r= -.5316 ($p < .01$). This result suggests that the more capable of Adaptive Regression- women were in pregnancy, the less angry at the child they were at ten months. Finally, mothers' High Adaptive Regression scores, Average Defense Demand scores, and %PriPro scores were found to be unrelated to any of the maternal anger variables.

The above significant findings contrast the early expectation that Adaptive Regression in pregnancy will be positively related to a *balanced* acknowledgment of maternal anger, and will be unrelated to the degree of maternal anger. They suggest that a flexible ego-structure in pregnancy predicts to less acknowledgment of maternal anger and less anger in the relationship to the child at ten months.

Table 1

Correlations between women's Primary Process scores and their scores on Acknowledgment and Degree of Maternal Anger

	Anger Ackn.	Anger Ackn.-R	Anger Degree
Ave. Adaptive Regression	-.4622 *	-.0693	-.5316 **
High Adaptive Regression	-.0636	-.0239	-.2160
Ave. Defense Demand	-.0020	-.0147	-.2238
Ave. Defense Effectiveness	-.4278 *	-.0228	-.2523
%PriPro	-.0350	-.1274	-.2061

+ p < .10 *p < .05 ** p < .01 *** p < .001

The relationship between Adaptive Regression in pregnancy and maternal guilt

The second set of analyses was designed to test the relationship between Adaptive Regression in pregnancy and maternal guilt. Mothers' prenatal scores on the five primary process variables were correlated with their PDI scores on acknowledgment and degree of guilt. In addition to

considering the original 9-point Guilt-Acknowledgment scale which runs from low to high, a converted, Guilt-Acknowledgment-Revised 5-point scale for the level of adequacy in mothers' acknowledgment of guilt was also used.

Table 2 presents the relationships between the primary process variables and the maternal guilt variables. As evident from the Table, no relationship was found between women's Average and High Adaptive Regression scores in pregnancy and their subsequent ability to adequately acknowledge maternal guilt, as represented in their scores on the *converted* guilt acknowledgment scale. At the same time, a significant positive relationship was identified between women's Average Defense Effectiveness scores on the Rorschach, and their scores on the *converted* guilt acknowledgment scale, $r=.3915$, ($p < .05$). This suggests that the more positively in control of primary process material women were in pregnancy, the more likely they were as mothers to freely and openly discuss guilt in the relationship to the child without either minimizing it, or becoming preoccupied with it.

Inspection of Table 2 also suggests that women's High Adaptive Regression scores, their Average Defense Demand scores, and their %PriPro scores did not predict to their ability to balancedly represent maternal guilt. Further, an examination of the relationship between any of the primary process variables, and mothers' scores on the *original* guilt acknowledgment scale revealed no significant relationship.

Finally, no significant relationship was found between any of the primary process variables and mothers' degree of guilt in the relationship to their child. Thus, the second part of hypothesis 2, which predicted no relationship between ego flexibility in pregnancy and the degree of maternal guilt experienced was confirmed by the data.

Table 2

Correlations between women's Primary Process scores and their scores on Degree and Acknowledgment of Maternal Guilt

	Guilt Ackn.	Guilt Ackn.-R	Guilt Degree
Ave. Adaptive Regression	.0145	.1413	-.0491
High Adaptive Regression	-.1042	-.0300	-.0048
Ave. Defense Demand	.0234	-.0734	-.0633
Ave. Defense Effectiveness	.1313	.3915 *	-.1105
%PriPro	-.2317	-.0753	-.0483

+ p < .10 *p < .05 ** p < .01 *** p < .001

The relationship between Adaptive Regression in pregnancy and maternal joy

The third analysis examined the relationship between the five prenatal primary process scores and mothers' ability to give a rich and elaborate description of joy in their relationship to the child at ten months. These results are presented in Table 3. Inspection of the Table suggests that no relationship was found between any of the primary

process scores and maternal joy. Hence, Adaptive Regression in pregnancy did not predict to a woman's ability to convey a rich description of joy in her relationship to her child at ten months.

Table 3

Correlations between women's Primary Process scores and their scores on Maternal Joy

	Maternal Joy
Ave. Adaptive Regression	.0843
High Adaptive Regression	.0912
Ave. Defense Demand	-.1941
Ave. Defense Effectiveness	-.0379
%PRIPRO	.1739

+ $p < .10$ *$p < .05$ ** $p < .01$ *** $p < .001$

The relationship between Adaptive Regression in pregnancy and mothers' sense of competence/efficacy

The relationships between the five primary process variables and mothers' sense of competence/ efficacy were examined in the fourth set of analyses. To test these relationships two Competence/ Efficacy scales were used: the original 9-point scale that runs from an unrealistic and exaggerated sense of competence (1) to a balanced and realistic sense of competence (5) to a very compromised one (9), and a converted, 5-point Competence-Revised scale that

runs from an inadequate sense of competence (1; originally 1 and 9 scores), to a compromised sense of competence (3; originally 3 and 7 scores) to a realistic and adequate sense of competence (originally 5 score).

Table 4 presents correlations between the two sets of variables. As evident from the Table, none of the primary process variables was found to be significantly positively related to mothers' scores on the *converted* competence/ efficacy scale. At the same time, a negative trend did emerge between women's Average Adaptive Regression scores in pregnancy and their scores on the converted scale, r=-.3084 (p <.10). This suggests that women who were more capable of Adaptive Regression in pregnancy appeared somewhat less likely to convey a realistic and balanced sense of confidence at ten months, and were either minimizing their difficulties, or feeling overwhelmed by them. This result is unexpected since it links a flexible ego structure in pregnancy to a compromised ability to represent strengths and weaknesses in parenting later on. Finally, none of the primary process scores in pregnancy was found to be significantly related to mothers' later scores on the *original* competence/efficacy scale.

Table 4

Correlations between women's Primary Process scores and their scores on Competence/ Efficacy

	Competence	Competence-R
Ave. Adaptive Regression	-.1783	-.3084 +
High Adaptive Regression	.1190	-.0974
Ave. Defense Demand	.0576	-.1091
Ave. Defense Effectiveness	-.2372	-.2646
%PRIPRO	.0481	-.0619

+ $p < .10$ *$p < .05$ ** $p < .01$ *** $p < .001$

The relationship between Adaptive Regression in pregnancy and the quality of maternal representations

The fifth set of analyses tested the relationship between primary process thinking in pregnancy and the quality of maternal representations. It was hypothesized that the more capable of Adaptive Regression- a woman is in pregnancy, the more coherent she will be later on in describing her relationship to her child, and the richer her description of her child will be.

Correlations between the different Adaptive Regression scores and mothers' Quality of Representation scores are presented in Table 5. Results suggest that while no significant relationship was found between women's Average Adaptive Regression, High Adaptive Regression, Average Defense Demand, and Average Defense Effectiveness scores in

pregnancy, and their Coherence and Richness of Perception scores at ten months, a positive trend did emerge between their %PriPro scores in pregnancy and their Coherence scores, r=.3310 (p <.10). A significant positive relationship was also identified between their %PriPro scores in pregnancy and their Richness of Perception scores, r=.3613 (p <.05). Hence, the more women's thinking in pregnancy was infiltrated with primary process ideation of any level of intensity or control, the more capable they were at ten months to have a coherent and elaborate representation of their relationship to the child.

Table 5

Correlations between women's Primary Process scores and their Quality of Representation scores

	Coherence	Rich. Percpt.
Ave. Adaptive Regression	.0593	.1397
High Adaptive Regression	.1482	.2409
Ave. Defense Demand	-.0540	.0777
Ave. Defense Effectiveness	-.1694	.0741
%PRIPRO	.3310 +	.3613 *

+ p < .10 *p < .05 ** p < .01 *** p < .001

Post Hoc Analyses

The relationship between Adaptive Regression in pregnancy and maternal separation distress

A post hoc analysis of the relationship between Adaptive Regression and other maternal affective experiences, that were not included in the original hypotheses but were nevertheless explored via the PDI, revealed significant results in regard to maternal separation distress.

Maternal separation distress is scored on the PDI along the dimensions of degree (from Low to High on a scale of 1-3) and acknowledgment (from minimal acknowledgment to preoccupation with separation distress: a scale of 1-9). For the purpose of the post hoc analysis, both the original Separation Distress Acknowledgment scale, and a revised scale that follows the same principles as the revised scales for acknowledgment of anger and guilt, were used.

Table 6 presents correlations between women's primary process scores and their Separation Distress scores. Scores of only 29 subjects were included in the analysis since no information was available for one of the participants. As evident from the Table, a positive relationship was found between the Average Adaptive Regression score in pregnancy and mothers' overall tendency to acknowledge separation distress at ten months, $r=.3866$ ($p<.05$). A positive relationship was also found between the High Adaptive Regression score in pregnancy and the latter $r=.6008$ ($p<.001$). Thus, women who were more capable of Adaptive Regression- in pregnancy were more likely as mothers to be preoccupied with separation distress.

Another finding was of a positive relationship between the proportion of primary process thinking detected in the Rorschach and acknowledgment of separation distress, r=.4325 ($p < .02$), so that the more primary process ideation detected in women's Rorschach in pregnancy, the more preoccupied with separation distress they were at ten months. Finally, no relationships were found between any of the Adaptive Regression scores and mothers' scores on the *converted* scale for acknowledgment of separation distress.

As to the degree of maternal separation distress, a positive relationship was found between the Average Adaptive Regression score in pregnancy and the degree of maternal separation distress at ten months, r= .3921 ($p<.05$). A positive relationship was also found between the High Adaptive Regression score in pregnancy and the degree of separation distress, r=.6592 ($p<.001$). Thus, women who were more capable of Adaptive Regression in pregnancy were likely to experience more intense separation distress as mothers at ten months.

There was also a positive relationship, which approached significance, between women's prenatal Defense Effectiveness scores, and their scores on degree of maternal separation distress, r=.3462 ($p < .10$). A similar positive relationship which also approached significance was found between the proportion of primary process thinking detected in the Rorschach (%PRIPRO) and the degree of separation distress, r=.3427 ($p < .10$). Hence, women who were both effective in

controlling primary process manifestations on the Rorschach during pregnancy, and women who had a high proportion of primary process ideation on the Rorschach during pregnancy were likely to experience more separation distress toward their child at ten months.

Table 6

Correlations between women's Primary Process scores and their scores on Degree and Acknowledgment of Maternal Separation Distress

	Separation Dist. Ackn.	Separation Dist. Ackn.-R	Separation Dist. Degree
Ave. Adaptive Regression	.3866 *	.0489	.3921 *
High Adaptive Regression	.6008 ***	.1757	.6592 ***
Ave. Defense Demand	.2687	.2625	.1666
Ave. Defense Effectiveness	.2341	.1227	.3462 +
%PRIPRO	.4325 *	.1619	.3427 +

+ $p < .10$ *$p < .05$ ** $p < .01$ *** $p < .001$

Child's Sex and Maternal Anger

In the process of analyzing the data and looking for demographic variables that needed to be controlled, it was found that the sex of the child had an impact on maternal anger at ten months. Specifically, it was found that both on Degree of Anger (AD) and Acknowledgment of Anger- Revised (AAR) mothers of boys and mothers of girls differed significantly from each other. These findings did not effect

the strength of the correlations between women's' Adaptive Regression scores in pregnancy and their scores on the three maternal anger variables at ten months. Nevertheless, these findings seem important enough to merit a discussion in their own right.

Table 7 presents the way mothers of girls and mothers of boys scored on the three Maternal Anger variables at ten months. An inspection of the Table suggests that mothers of boys were significantly more angry at ten months than mothers of girls, $t=-2.18$ (28), $p<.05$. Concomitantly, mothers of boys were also found to be less able to adequately acknowledge anger in the relationship to the child at ten months, $t=2.07$ (28), $p<.05$. Thus, mothers of boys were not only more susceptible to experiencing intense maternal anger, but also less able to talk about their anger in a balanced way, without either minimizing it, or becoming preoccupied with it.

Table 7

Maternal Anger Scores for Mothers of Girls and Mothers of Boys

	Mothers of Girls (n=17)		Mothers of Boys (n=13)			
	Mean	SD	Mean	SD	t (df)	p
Anger Degree	2.0000	0.6124	2.4615	0.5189	-2.18 (28)	0.0377*
Anger Ackn.	4.3529	1.3201	4.5385	2.1062	-0.30 (28)	0.7695
Anger Ackn.-R	3.8824	0.9275	3.1538	0.9871	2.07 (28)	0.0474*

*$p < .05$

Chapter V

Discussion

A central assumption of the present study was that the ability to access and symbolize unconscious fantasy facilitates maternal adaptation. Thus, women who, at the time of pregnancy, were to demonstrate a good ability to experience and adequately represent primary process material, were expected, when their child was ten months, to talk about the different affective experiences of parenthood in an open, vivid and undefensive manner, and to acknowledge and freely discuss both positive and negative feelings. They were expected to convey a realistic and balanced sense of competence/efficacy with regard to their capabilities as mothers. They were also expected to have a coherent, rich and elaborate representation of their maternal relationship.

The findings portray an intriguing, complex picture of the relationship between adaptive regression in pregnancy and later maternal representations of the affective experiences of parenthood. Contrary to expectation, the more capable of Adaptive Regression women were in pregnancy, the less likely they were to acknowledge and experience maternal anger at ten months. No relationship was found between women's level of Adaptive Regression in pregnancy and their postnatal ability to acknowledge either guilt or

joy in the relationship to the child. Concomitantly, there was a tendency of women capable of Adaptive Regression to have an imbalanced sense of competence/ efficacy, that is, to either overrate, or underrate their performance as parents. In addition, a post hoc analysis of the relationship between Adaptive Regression in pregnancy and later maternal separation distress revealed that the more capable of Adaptive Regression women were in pregnancy, the more likely they were to be both preoccupied with separation distress at ten months, and also quite anxious about it.

A second set of findings indicated that the percentage of primary process thinking in mothers' prenatal Rorschach protocols positively predicted to the overall quality of their maternal representations, as measured by the Coherence and Richness of Perception of the Child codes. Finally, a post hoc analysis of the effect of the sex of the child on maternal representations revealed that mothers of boys experienced more anger and were less likely to optimally represent it, than mothers of girls.

The first two hypotheses of the study directly addressed the relationship between women's capacity for Adaptive Regression during pregnancy and their ability to adequately represent distressing affects in the relationship to the child. Specifically, it was expected that women who prenatally demonstrate Adaptive Regression would later on speak about their angry and guilty feelings in a balanced, modulated and flexible way. No relationship was expected

between the capacity for Adaptive Regression in pregnancy and the intensity of these negative affects.

Examination of the results regarding the first of these two hypotheses indicates that there was in fact a significant relationship between Adaptive Regression in pregnancy and acknowledgment of maternal anger at ten months. However, the direction of the relationship was unexpected. Rather than demonstrating a moderate, balanced acknowledgment of maternal anger at ten months, capable of Adaptive Regression women tended to acknowledge minimal anger in their relationship to the child. Contrary to expectations as well, women capable of Adaptive Regression also tended to experience less anger at their children.

A possible explanation for these findings relates to the child's age at the time of the mother's interview. At ten months, most infants are only beginning to break away from their mother (Mahler, Pine and Bergman, 1975), and they are still highly dependent on her physically. They primarily communicate nonverbally. They tend to display a predominantly exuberant mood, and are not yet capable of experiencing ambivalence (Mahler et al., 1975). At this time there is an increase in their ability to recognize and share emotional states with their mother (Stern, 1985).

It may be that the ``affectively attuned mother'' (Stern, 1985), the mother who can freely access her own infantile self (Benedek, 1959; Pines, 1972; Winnicott, 1963) and who is well-identified with her child, is more in touch,

at this stage, with positive feelings than with negative ones. She may be involved in the kind of exciting and gratifying mirroring experience (Stern, 1985), which precludes experiencing and acknowledging much maternal anger. She may also sense, consciously or unconsciously, that her child is still too young to make sense of the mother's own aggression. The empathic and emotionally available mother, therefore, is probably more likely not to feel very angry at this point. She might also minimize the anger that she does feel by directing it toward other people, typically her husband. Indeed, many of the women in the present study, when asked if they ever felt ``really angry as a parent'' talked about feeling angry at their spouse, but not angry at their child.

Cowan and Cowan (1992) found that even the well-adjusted mothers in their study expressed severe marital dissatisfaction in the first postnatal year. Leifer (1980) reports that, at two months postpartum, the vast majority of women in her study evinced a high level of stress over adjusting to the maternal role. At seven months postpartum most of the women in Leifer's study were found to have ambivalent to negative reactions about the duties involved in being a mother. The surprising finding, according to Leifer, was that even those mothers who displayed a very strong attachment to the baby, and who had gained the most pleasure from the relationship, evinced averse reactions to the maternal role. Her findings, together with those of

Cowan and Cowan (1992), support the possibility that a good adaptation to motherhood, at least early on, might entail directing one's anger at other people and other aspects of one's experience, and away from the child.

Mothers who, in the early months, tend not to feel angry as parents are probably freer to deal with their infants' negative emotions. According to Bion (1962), a mother who is ``well balanced'' can help her infant to develop tolerance for ``bad'' feelings by becoming a ``container'' for his/her early anxieties and frustrations. This kind of mother accepts the infant's projections of ``feelings which he wishes to be rid'' (Bion, 1962, p.182), and transforms these feelings into something tolerable and meaningful which the infant can then reintroject (Spillius, 1988). If the mother, herself, feels quite angry, however, she might ignore or misread her infant's communications. This, in turn, will impede her ability to ``contain'' and modify her infant's ``bad'' experiences.

The idea that the child's age is crucial in determining the degree to which a mother feels angry finds further support in Slade, Belsky, Aber & Phelps's (1996) recent study of maternal representations of toddlers. These authors administered the AAI to mothers when their children were twelve months old, and the PDI when the latter were fifteen months old. They found that, at fifteen months, maternal representations of anger were not different across the different attachment groups, even though their

representations of joy were. In discussing these results the authors speculate that toddlerhood is a time in which most mothers are ``more or less likely to struggle with anger'' (Slade et al., 1996), and that this potentially accounts for the difficulty distinguishing between mothers on this particular dimension. On the other hand, since infancy may be a time characterized by less maternal anger, it is reasonable to expect that emotionally flexible mothers will acknowledge less of it.

It is difficult to reconcile the current finding, that mothers high on Adaptive Regression in pregnancy tended to be relatively constricted in acknowledging maternal anger at ten months, with Haft and Slade's (1989) finding that mothers ``secure'' on the AAI in pregnancy tended, at four months, to be the most behaviorally attuned to a whole range of emotions in their child, including distressing ones. In Haft and Slade's study, the balanced and flexible representation of past attachment relationships, evident in mothers' AAIs, predicted to flexibility in attending to both positive and negative affective expressions in the infant. Ego flexibility in the present study, on the other hand, predicted to mothers' tendency to be somewhat defensive about acknowledging maternal anger. How can this apparent incompatibility be understood?

Several factors might contribute to this discrepancy. One is the fact that Haft and Slade's (1989) findings are relevant to mothers of four-month-old babies, and the

current ones to mothers of ten-month-olds. Secondly, Haft and Slade's results pertain to the way mothers respond to their infants' affective expressions while the present study explore mothers' accounts of their own affective experiences. Thirdly, the former study focuses on the quality of mothers' behavioral interaction with their children, while the present one examines the representational realm of maternal experience.

Thus, it may simply be easier for any mother to respond adequately to a younger infant's negative affective displays, than to react with similar undefensiveness to the wider range of negative emotions expressed by an older infant. It may also be easier for the mother to focus on her child's affective cues, than to attend to, and feel comfortable with, her own negative affect. Additionally, because of the physical nature of the early interactions with an infant, it makes sense that the well-adapted mother will intuitively feel more comfortable using body language, as opposed to words, to experience and express all feelings, including negative ones. Since anger is likely to be experienced by the highly-identified-with-her-child mother as disruptive to the attachment relationship, and since her infant cannot yet verbalize feelings the way she can, she might unconsciously battle against representing her anger in words. One can speculate that once the verbal domain of experience would become a <u>shared</u> domain between mother and

child it will be easier for this kind of mother to openly and freely acknowledge anger.

The present study examined an additional negative affect, maternal guilt. While Adaptive Regression in pregnancy was found to be unrelated to a balanced acknowledgment of maternal guilt at ten months, mothers' capacity to positively control manifestations of primary process thinking in pregnancy--as evident in their Average Defense Effectiveness Scores--did positively predict to their later ability to acknowledge maternal guilt. Hence, women whose perception of reality remained intact when expressing primary process material in pregnancy tended to be realistic, balanced and modulated when discussing maternal guilty feelings at ten months. No relationship was found between Adaptive Regression in pregnancy and the intensity/degree of maternal guilt.

The above finding indicate that there is a link between the capacity to perceive reality well when under the pressure of drives, and the capacity to be realistic about and in-control when under the pressure of guilt. Possibly, the experience of feeling guilty toward the child induces in the mother the kind of inner pressure which resembles the one created by drive-related ideation, so that her reaction to both types of internal pressures is somewhat similar. It may also be that the situations in which maternal guilt arises are more idiosyncratic and ambiguous, and less clear-cut, than the situations that give rise to other affective

experiences, so that a mother's characteristic way of dealing with a state of ambiguity influences her experience and representation of guilty feelings. Examination of the ``history'' of coding Maternal Guilt on the PDI provide some support for this last speculation. Not only was the Guilt code the last one to get reliable on, but it was often the case that, after discussing a given transcript for long, raters continued to disagree on the nature and quality of the respective mother's guilty feelings.

The failure to document a relationship between Adaptive Regression in pregnancy and acknowledgment of maternal guilt, together with the unexpected findings about a negative relationship between Adaptive Regression in pregnancy and acknowledgment of maternal anger, indicate that mothers deal differently with these two negative parental emotions. This finding contradicts results from other studies (e.g. Cassidy, 1994; Haft & Slade, 1989; Kobak & Sceery, 1988), which describe the regulation and representation of distressing affects in a given attachment relationship as a unitary phenomenon.

Kobak and Sceery (1988), for example report that the ability to modulate distressing feelings, as evident in adolescents' representations of their attachment relationship to parents, predicted to a good ability to modulate negative feelings in social situations. Haft and Slade (1989) also report that a balanced representation of attachment relationships in pregnancy predicted mothers'

later ability to be behaviorally attuned to a wide range of emotions in their child, including negative ones. Both pairs of authors suggest that people vary in their ``style'' of representing distressing emotions, that is, in how much they tend to ``minimize'' negative emotions, ``maximize'' them, or attend to them in a balanced fashion. They further suggest that one's tendency to represent distressing affects in a particular way affects one's behavior with others.

The above two studies examined representation of distressing affects in the context of a past relationship to one's parents. In contrast, the current study examined maternal representations of negative affects in the context of mothers' ongoing relationship to their infant. It is therefore possible to advance the hypothesis that the way a mother tends to represent distressing affects in a contemporary relationship is different from her representation of distressing affects from her childhood. Thus, while she might have a relatively consistent representation of those distressing affects that belong to her past relationship, her representation of current distressing affects appears to be more complex and context-bound, and less stable. It might depend, for example, on the developmental stage of the child. It might possibly be affected by the nature of her unconscious identifications with the infant. Alternatively, it might reflect her belief about the social acceptability of a particular distressing affect.

The fluid nature of maternal representations of negative affects in the context of the relationship to the child could indicate that there is some degree of potential inconsistency in mothers' actual behavior with their children in different emotionally stressful situations. In a recent study, Slade et al. (1996) demonstrated that maternal representations of the relationship to the child serve as a mediating factor between their representations of their own parents, and their actual maternal behaviors. It follows, then, that in order reliably to account for the way mothers both represent and actually negotiate different distressing emotions with their child, it is necessary to consider specific interactions. The move away from a ``categorical'' approach to distressing affects to a dimensional view -- which takes into account different contextual elements that have a bearing on either the representation or the behavior -- is an important step, and a particularly fruitful one.

The post hoc findings regarding Adaptive Regression during pregnancy and maternal separation distress add complexity to this multi-dimensional picture. Briefly, what was found was that both the Average Adaptive Regression score in pregnancy, and the High Adaptive Regression score in pregnancy predicted to a <u>preoccupation</u> with maternal separation distress, and to a <u>high degree</u> of maternal separation distress at ten months. The Percentage of Primary Process thinking in a protocol (%pripro) also predicted to a preoccupation with separation distress at ten months.

Finally, nearly significant correlations were found between the prenatal Defense Effectiveness scores on the Rorschach, and mothers' degree of separation distress at ten months, and also between the Percentage of Primary Process thinking and the degree of separation distress.

That almost all mothers, including the most apparently defended ones experience separation conflicts is evident in Winnicott's (1963) statement that at the stage of ``relative dependence,'' which lasts approximately from six months to two years, the infant's ``need for the actual mother (in health) becomes so fierce and truly terrible, so that mothers do really hate to leave their children'' (P. 88). Cowan and Cowan (1992) report a research finding that, at seven months postpartum, virtually all women in their study, regardless of the decision they made about work/family arrangements, were obsessed with the possibility that they made a wrong choice. At the same time, the current result seems to suggest that mothers who have more access to unconscious fantasies and anxieties during pregnancy struggle more intensely, later on, with conscious separation anxiety than do other mothers. These mothers have trouble leaving their child, and also find it very difficult to manage, control and gain a perspective on their leaving.

Mothers who are capable of Adaptive Regression, and who can access their own unconscious thoughts and feelings may be more in touch with their own infantile-self, and as a result, more strongly identified with the infant. This might

render them more susceptible to experiencing the separation from their child as painful and overwhelming. According to Benedek (1959), the early months with an infant is a time of emotional symbiosis. She explains that to achieve ego-integration the mother has to manifest ``the adult tendency to give, to nurse, and to succor'' (Benedek, 1959, p. 391). Benedek further states that the well-adapted mother manifests during this period, a kind of boundary permutation which enables her intuitively to sense her infant's physiological and emotional needs. Winnicott's (1963) description of the state of ``primary maternal preoccupation'' is equally relevant. He suggests that to be ``good enough'' the mother has to become immersed in her child in a way that precludes attending to other persons and things in her life.

For mothers with a more flexible ego structure, the symbiotic state discussed in the literature (e.g. Benedek, 1959, Mahler et al., 1975) probably lasts longer than expected, beyond the early weeks and months. At ten months, they are still in the midst of their struggle to break away from the child, and are not at all resolved about their leaving. The initial ``primary maternal preoccupation'' of these mothers is probably transformed into preoccupation with separation. They fear that letting others care for their infant will forever sever the attachment relationship. Since these women tend openly and readily to identify with their infant's need for them, they fail to ward off their

intense feelings about separation. Their lack of containment in this regard probably reflects their strong need constantly to feel *with* their infant.

McBride and Belsky (1988) studied maternal separation anxiety twice, using the same mothers, once when their infants were three months old, and again six months later. They used three different self-report measures to assess separation anxiety: one for General Separation Anxiety, one for Perceived Separation Effects on the Child, and a third one for Employment-Related Separation Concerns. These researchers documented stable individual differences in maternal separation anxiety over the six months period. They also found that women who evinced, prenatally, high levels of interpersonal affect (which indicated a lot of empathy toward others) reported more general anxiety than other women, ``probably because they were more sensitive and empathic to the feelings of the babies'' (McBride & Belsky, 1988, p. 413).

Some authors believe that an anxious mother is likely to transmit her anxiety to her infant (e.g. Sullivan, 1953). Following this line of thinking, one might expect that the intense and somewhat overwhelming separation anxiety of mothers capable of Adaptive Regression would interfere with their ability to be responsive and emotionally available to their infants. This assumption is contradicted, however, by the findings of Frank (1992), who studied Adaptive Regression in women from the same large sample as the one

used in the present study. Frank found that high Adaptive Regression in pregnancy predicted to a ``secure'' status of attachment in the child at fourteen months. Since intense maternal separation anxiety, and maternal responsiveness--which is reflected in a ``secure'' status of the child--were both found to be associated with prenatal ego flexibility in this sample, it seems reasonable to speculate that they co-exist in the same women.

McBride and Belsky's (1988) study provides an additional and more direct support for this notion. These authors compared mothers of ``secure,'' ``avoidant'' and ``resistant'' babies on the three maternal separation anxiety variables mentioned. They found that, on the average, mothers of ``secure'' babies received the middle (i.e. neither the lowest nor the highest) score on the General Separation Anxiety scale, and the highest score on the Employment Related Separation Concerns scale. In summarizing this last finding McBride and Belsky explain that ``mothers who are explicitly anxious about balancing employment and maternal roles may be more sensitive to their children's experience and relate to them in particularly sensitive and security promoting ways'' (McBride & Belsky, 1991, p. 413).

Additional explanations may be considered as well. One possibility is that the intense separation anxiety mothers capable of Adaptive Regression experience, at ten months, is only transitory, and reflects their empathic identification

with their child's age appropriate ``stranger anxiety.'' When both mother's and child's anxiety dissipates, maternal emotional availability is likely to resume. Another possibility is that because these flexible mothers can access and represent unconscious thoughts and feelings, they are able to be more aware of, and therefore more in control of, their separation anxiety, so that their behavior with the child at moments of separation remains relatively free of acting out. It may also be that their ego flexibility allows these mothers to shift their maternal experience. Even though they may be anxious when away from the baby, at other times they are able to sustain their emotional responsiveness.

It seems important to consider the above finding, about a positive relationship between ego flexibility in pregnancy and later maternal preoccupation with separation distress, in the context of the current social climate regarding mothers' employment. As research studies demonstrate (e.g. Hock & DeMeis, 1990; McBride & Belsky, 1991; Stifter, Coulehan & Fish, 1993) many employed mothers continuously struggle with employment-related-separation-concerns. At the same time, many employers do not recognize the existence of such separation difficulties, and they remain inflexible about working-mothers' hours and schedule. In this kind of climate, employed mothers who have less of a flexible ego structure might defend themselves strongly against experiencing the pain of separation. Denying or repressing

their own feelings about leaving their child might then cause these mothers to become oblivious to their child's need for them.

An overall examination of the findings reported thus far suggests that the capable-of-Adaptive-Regression-mother tends, at ten months, to experience and acknowledge little maternal anger. Concurrently, she appears to be preoccupied with intense separation distress. Interestingly, this profile resembles Raphael-Leff's (1986) description of the ``Facilitator'' mother. Such a mother essentially adapts to her baby. She treats motherhood as ``a long-awaited prize - the culmination of her feminine identity'' (Raphael-Leff, 1986, p. 46). Unconsciously, in the Facilitator's internal world, the baby represents her ``ideal-self.'' Raphael-Leff suggests that to maintain her idealization, the Facilitator makes an unconscious effort to deny the imperfections of her baby and motherhood. She avoids experiencing hostility and aggression toward the child, and she negates separation. Just like the mother who is capable of Adaptive Regression, the Facilitator also suffers when away from her child. As a result of her difficulties in this area, she too has an imbalanced and unmodulated experience of certain negative maternal affects.

As already demonstrated by other research, the tendency of mothers who are capable of Adaptive Regression to have an imbalanced representation of maternal anger and maternal separation distress does not have to be interpreted as a

weakness. Instead, these representational difficulties may indicate that mothers with a flexible ego structure tend to be very focused on motherhood and very invested in closely monitoring their child's development. This suggestion is further supported by Frank et al.'s (1994) finding that pregnant women who went on to raise ``secure'' babies scored significantly higher on the Rorschach on, both, Adaptive Regression and maternal themes. In discussing these results the authors suggest that ``the pervaisiveness of maternal themes on their [these women's] Rorschach may parallel a shift toward a `maternal sensibility''' (Frank et al., 1994, p. 484).

While it was possible to demonstrate a significant relationship between Adaptive Regression in pregnancy and the acknowledgment and degree of certain distressing affects, the present study failed to demonstrate a relationship between such Adaptive Regression and maternal joy. This result is somewhat difficult to explain, especially in light of Slade et al.'s (1996) finding that the level of maternal joy expressed on a 15 months PDI reliably distinguished between ``secure'' and ``insecure'' mothers, as assessed by the AAI at 12 months. Hence, while in Slade et al's study, a representation of past attachment relationship in a balanced, coherent and flexible manner was associated with a high level of maternal joy, maternal ego flexibility in the present study, as measured by Adaptive

Regression on the Rorschach, failed to predict to a high level of maternal joy.

A possible explanation for this discrepancy is that the relatively young age of the child in the present study dictates that most mothers, regardless of their level of ego flexibility, experience and represent sufficient joy in the relationship to the child to merit a moderate to high joy score. According to Mahler et al. (1975), at ten months ``the world is the junior toddler's oyster'' (p. 71). It may be that the majority of mothers possibly find it easy, at this point, to enjoy their child's excitement and pride. The fact that a mother is able to convey a sense of happiness about the relationship, therefore, might be less telling than her way of talking about complementary feelings, including anger.

In discussing the results of their study Slade et al. (1996) suggest that both ``secure'' and ``insecure'' mothers of toddlers typically experience negative affects in the relationship to the child. They state that it is the ``secure'' mothers' tendency not to allow their angry feelings to diminish their positive experiences which accounts for the difference between the two groups (Slade et al., 1996). These authors offer the view that having a balanced and flexible representation of past attachment relationship enables ``secure'' mothers to take more pleasure in the present relationship, while their experience of anger is quite similar.

Based on the current findings, it seems possible to advance the view that in infancy there is a reverse relationship between ego flexibility and the representation of joy and anger in the relationship to the child. Thus, while joy may be more of a ubiquitous maternal experience at this early age, the representation of maternal anger is potentially more affected by the mother's particular level of ego flexibility. Mothers with more flexible ego structures will tend to acknowledge and experience less maternal anger when their infant is very young, while other mothers will acknowledge and experience more of it. In fact, Fagot and Hagan (1991), who used home observations to study parents' reactions to twelve-month- ,eighteen-month- , and five-year-old children, found that twelve-month-olds received significantly more positive reactions from parents than children from any of the other age groups. Eighteen-month-olds, on the other hand, received significantly more negative reactions from parents compared to children from the other two age groups (Fagot & Hagan, 1991).

The failure to document a relationship between Adaptive Regression in pregnancy and maternal joy may alternatively be explained as a measurement problem. Unlike maternal anger, guilt, and separation distress, maternal joy is coded along a single dimension from low to high. Raters are asked to assess the level of expressed joy in the parent's account of the relationship to the child. Decisions are made based on the parent's ability to give a rich, vivid and

dimensional description of their pleasure in this relationship. Thin, shallow and flat accounts merit a lower score. (Slade et al., 1993).

The fact that the joy code gives much attention to the language used by the mother to describe her maternal pleasure raises the possibility that what this code actually measures is how articulate a mother can be in talking about joyful moments with her child, rather than the extent of her happiness in the relationship. This possibility is further supported by the fact that in coding this affect no distinction is made between the manner in which a mother discusses her positive feelings, and the degree of joy evident in the relationship. Thus, instead of demonstrating no relationship between ego flexibility in pregnancy and later maternal joy, the present results may indicate that there is no relationship between ego flexibility in pregnancy and the ability to speak eloquently about emotional experiences. Interpreted in this way, these findings indirectly provide support for the basic tenet of attachment studies of representation, which suggests that it is the level of coherence of the narrative, and not the richness of the language that is relevant for the assessment of the attachment relationship.

An intriguing finding of the present study is the presence of a negative relationship between Adaptive Regression in pregnancy and an optimal sense of competence/ efficacy. Even though the relationship between the two

variables was relatively weak ($p<.10$), it does suggest that mothers with more flexible ego structures in pregnancy tended to be either relatively guarded or relatively uncontained about acknowledging difficulties and areas of weakness in parenting. Thus, the more capable of Adaptive Regression women were in pregnancy, the less likely they were to convey a realistic and balanced assessment of their maternal capabilities at ten months.

That it is particularly important for the first-time mother to develop a sense of confidence in her maternal role has been underscored by several writers (e.g. Cowan & Cowan, 1992, Benedek, 1959, Winnicott, 1960). It is believed that in order to adjust properly to the many changes involved in the transition to motherhood, and to deal successfully with the ambivalence inherent in this process, a woman has to be able to acquire and sustain a sense of herself as ``good'' for her child (Benedek, 1959, Pines, 1972, Raphael-Leff, 1986). It is further suggested that the time of pregnancy and early motherhood provides a woman with the opportunity to work through, and resolve, previously unconscious childhood conflicts (Benedek, 1959, Kestenberg, 1976, Lester & Notman, 1988, Pines, 1972), so that her anxiety about being able adequately to mother her child may diminish. Nevertheless, what is often missing from the literature on the issue is the timetable for the development of the maternal sense of confidence, that is, <u>when</u> is it expected

that a new mother will be able to consider her mothering skills in a balanced and realistic manner.

For mothers who allow themselves to be more in touch with unconscious thoughts, feelings and conflicts, ten months may not provide a long enough span in which to develop a sense of confidence in their maternal role. It is possible that the more capable of Adaptive Regression women are in pregnancy, the more immersed they become in motherhood and the baby, and thus the hardest it is for them to gain a realistic perspective on their parenting skills. Further, because these mothers are presumed to be more strongly identified with their infants than other mothers, they tend to experience their own weaknesses as particularly detrimental to the task of parenting and, as a result, as more anxiety provoking. Since, as shown by other results of the study, at ten months mothers high on Adaptive Regression tend not to feel comfortable with certain distressing maternal emotions -- such as anger and separation distress -- they are clearly at risk for worrying about how they fare as parents. It is not particularly surprising, therefore, that they either rigidify their defenses against acknowledging problems or become preoccupied with these problems. It remains to further research to examine whether the ego flexibility of these mothers also helps them to bounce back quickly and recover a more optimal sense of competence/efficacy.

An abundance of research documents a link between the quality of maternal representations of past attachment relationships and maternal empathy, as indicated in the child's security of attachment status (for a review see: Aber & Slade, 1992). Similarly, the quality of maternal representations of the relationship to the child was also found to be predictive of the latter's security status (Benoit, Parker & Zeanah, 1994; Bretherton, Biringer, Ridgeway, Maslin & Sherman, 1987; Slade al., 1996; Zeanah & Benoit, in press). Linking the capacity for Adaptive Regression to maternal empathy Frank et al. (1994) demonstrated that prenatal ego flexibility, as evident in women's Adaptive regression scores, predicted to a secure status of attachment in the child at fourteen months. On the basis of all these studies, the current one predicted a positive relationship between the capacity for Adaptive Regression in pregnancy and the ability to convey a coherent, vivid and multi dimensional account of the relationship to the child. This hypothesis was not confirmed. Instead, it was found that the relative amount of primary process thinking in women's Rorschach protocols (%pripro), not Adaptive Regression, positively predicted to the quality of their representations of the relationship to the child. This positive relationship was significant in regard to maternal scores on the Richness of Perception of the Child code, and approached significance in regard to subjects' Coherence scores ($p<.10$).

In their study of the relationship between Adaptive Regression and creativity, Pine and Holt (1960) report a similar unexpected finding, relevant only to their female subjects. Using the Holt scale, these authors related the amount and quality of control over primary process manifestations on the Rorschach to a variety of tests that are thought to invite creativity. They found that, for both sexes, Defense Effectiveness scores positively predicted to an overall score for creativity. For males, there was an additional positive relationship not only between Adaptive Regression and the overall creativity score, but also between Adaptive Regression and several individual test scores. For females, on the other hand, the relationship between Adaptive Regression and any other creativity score was insignificant. Unlike males, however, for whom %pripro was not predictive, the relative amount of primary process thinking evident in females' protocols did positively predict to two individual scores: one for literary creativity on the TAT, and another for the ability to make up a story in a drive-related context (Pine & Holt, 1960).

In attempting to account for these results, Pine and Holt (1960) point out that the two tests that were positively related to females' %pripro scores ``permit more open ended and expressive verbal responses, and in particular permit more drive expression in the responses'' (pine & Holt, 1960, p. 375). They speculate that in making assumptions about the nature of the task before them, males

and females may differ in how much control, versus how much fanciful and free expressively, they believe is required of them. The authors further suggest that females may be more field-dependent, that is, more affected by context than males. Alternatively, females might have ``a bimodal identity,'' which includes both expressive and control aspects, with neither being exclusively dominant (Pine & Holt, 1960).

An examination of the current results in light of Pine and Holt's (1960) conclusions suggests that there is a remarkable similarity between their findings and the present ones. While it is not a creative task per se, the PDI is also an open-ended interview that calls for verbal expressiveness in regard to drive-related experiences. It examines the maternal ability to give a rich, elaborate and free-of-contradictions description of the relationship to the child in the context of intense libidinal and aggressive feelings. In addition, unlike the PDI codes for affective experiences of parenthood, which focus more on those specific dimensions of the maternal experience that are probed for explicitly, the Coherence and Richness of Perception of the Child codes are over-arching codes, believed to reflect aspects of the mother's discourse of which she herself is less aware, and over which she has less control. To the extent that Pine and Holt's dichotomy between <u>control</u> and <u>fanciful expressiveness</u> holds, therefore, the finding that Adaptive Regression scores

predicted to the way specific affects were represented by the mother, while %pripro scores predicted to the overall quality of their maternal representations makes a lot of sense. It indicates that when responding to PDI questions, women tend to express the ``control'' aspect of their ``bimodal identity,'' as well as the ``expressive'' one.

Taken together, the findings of these two studies suggests that, at least for females, both the Adaptive Regression score and the %pripro score reflect complementary aspects of ego-flexibility. Hence, an Adaptive Regression score may reflect the extent to which a woman is able to display flexible control in specific affectively-laden situations (Frank et al. 1994). A %pripro score, on the other hand, indicates the potential ability of a woman to be expressive, creative and open when describing drive-related experiences. As Pine and Holt (1960) postulate, these two aspects of ego-flexibility are not necessarily equally apparent in all situations. Further, it seems as though even in the same context, in this case an interview, each of these two aspects may momentarily appear to be more pronounced, depending on the specific dimension of the task to which one is attending.

The positive relationship documented here--between openness to primary process material in pregnancy and the quality of maternal representations of the relationship to the child at ten months--indicates that ego-flexibility in the realm of unconscious fantasy is related to ego-

flexibility in the maternal experience of object-relations. Hence, a direct and unobstructed access to unconscious fantasy contributes to the mother's ability to attend in a balanced and modulated way to different aspects of the relationship to the child, and this, in turn, potentially influences the mother's behavior. While the relationship between access to unconscious fantasy and the child's security status were previously established by Frank (1992), the specific mechanism for the transmission of a sense of security to the infant had yet to be clarified by additional research. What the current findings possibly provide, then, is one of the missing pieces in this picture. They link prenatal maternal ego flexibility to the mother's intrapsychic experience of the relationship to the child. This inner experience is subsequently expected to contribute to her actual adaptation to motherhood.

Support for the above direction of influence can be found in research that indicates that maternal representations of the relationship to the child tend to develop prenatally (Slade et al., 1991; Slade et al., 1995 Zeanah & Anders, 1987) and, in this sense, to precede the mother's actual behavior with her child. To the degree that these representations continue to change post-birth, however, it is difficult to assess to what extent maternal representations affect maternal behaviors, and to what extent the direction of influence is also the reverse.

As a final note, it seems important to raise the question whether it is indeed adaptive, during the transition to motherhood, to have an inner freedom to access and symbolize unconscious thoughts, feelings and fantasies. Unexpectedly, as has been discussed, demonstrating a good ability for Adaptive Regression during pregnancy does not appear to contribute, in the early postnatal months, to the mother's ability to experience and represent different maternal emotions in an open, undefensive and modulated way. It also does not appear to help the mother feel good about herself as a parent. Nevertheless, the current results do seem to suggest that getting in touch with and adequately representing primary process material in pregnancy does have a positive effect on the maternal experience. It seems to strengthen the mother's conscious and unconscious identification with her infant, and to draw her emotionally closer to her infant. The ego-flexibility of the mother who is capable of Adaptive Regression potentially enables her to adjust her emotional reactions to her child's particular stage of development. It facilitates her ability to have a multi-dimensional and complex experience of the relationship, and it probably also helps her tolerate and accept frequent and necessary changes in the quality and nature of the relationship.

That maternal ego flexibility in pregnancy contributes to the mother's ability to respond to her child's bids for attention and love in a consistent and responsive manner has

already been demonstrated by Frank et al. (1994). The results from the present study indicate is that the same ego flexibility fosters the mother's ability to have a rich, integrated and lively inner experience of her relationship to the child.

From a clinical point of view, the twofold finding that the more capable of Adaptive Regression women are in pregnancy, the less they acknowledge and experience maternal anger at ten months, and/or the more preoccupied they are with intense separation distress, is of special importance. In clinical settings it is often the case that a mother's difficulty acknowledging anger at her child, and her intense preoccupation with separation distress are viewed as indicative of over-defensiveness, and a failure of defenses, respectively. At the same time, the present results do indicate that, at least for first-time mothers in the early months, the tendency to minimize anger and to voice a lot of separation distress is potentially a sign for a successful adaptation to motherhood. Interpreting the above maternal states of mind as maladaptive and/or reflecting the mother's psychopathology may, thus, be quite problematic.

The use of the Rorschach test, in the present study, to measure access to primary process material rendered particularly valuable results. In its provision of exclusively perceptual, ambiguous, relatively neutral cues this test seems to have enabled subjects to be open and creative about their inner thoughts and fantasies without

their feeling completely exposed. It also seems to have invited them to get in touch with non-verbal aspects of their emotional experience. At a time of immense bodily changes like pregnancy, being given the opportunity to symbolize processes that are on the verge between psychology and physiology is what seems to have enabled women to show their typical ways of dealing with the pressures of this period.

A post hoc finding of this study was that mothers of boys and mothers of girls significantly differed from each other in their degree and ability to adequately acknowledge maternal anger. Hence, mothers of sons represented more anger in the relationship, and also had more difficulty talking about anger in a balanced and modulated way than mothers of daughters.

A way to conceptualize the issue is to look at the two findings as linked to each other. Thus, the angrier a mother is, the harder it might be for her to represent her angry feeling in an open, undefensive and controlled manner. Nevertheless, one might wonder why is it the case that mothers of boys appear to experience more maternal anger at ten months than mothers of girls.

One possibility is that boys cause their mothers to feel more angry, since they, themselves, because of temperamental differences, tend to express more aggression. Although research about infant temperament offers conflicting evidence about sex-differences (for a review

see: Brody, 1985) it is generally agreed that boys are more physically active, aggressive and irritable than girls are, and therefore, more likely to stir similar reactions in their mother. As Brody (1985) points out, temperamental differences might also have a more general impact on the quality of the mother-child interaction so that male children possibly learn to be more aggressive with their mothers.

A related possibility is that because of stereotypical notions regarding the appropriateness of certain affective expressions in the different sexes (Brody, 1985; Fagot, Hagan, Leinbach & Kronsberg, 1985) mothers of boys tend to perceive them as more aggressive, and less vulnerable, and as a result, to respond with more anger. Supporting results, although with day care teachers and not mothers were obtained by Fagot et al. (1985) who found that thirteen- and fourteen-month-old boys received significantly more negative and diversionary reactions from teachers to their attempts at communication, than did girls of the same age. Interestingly, no significant differences were detected in the behavior of the children themselves, that is, in how much they displayed assertive vs. communicative acts (Fagot et al., 1985).

Being angry at a male child might feel less threatening to the mother than being angry at a female child. For example, a mother might feel that responding with anger to her son's (perceived or actual) aggression promotes

adaptation and ``good'' socialization, while reacting in a similar way to her daughter's aggression might interfere with the girl's ability to repress anger, the latter being considered a more adaptive response for females. Alternatively, a mother might feel, consciously or unconsciously, more identified with a female child, and therefore, more inhibited in experiencing anger at her. Since boys tend to be experienced by their mothers as ``separate'' (Chodorow, 1980), it might be easier for the latter to direct anger at them without experiencing it as severing the attachment bond.

Limitations of the Study and suggestions for Future Research

Examination of the data in light of the original hypotheses indicates that there were several limitations to the study. Future research in this area might help to address these shortcomings.

Testing prenatal ego flexibility only once, and during women's third trimester of pregnancy, made it impossible to evaluate to what extent the detected differences in the capacity for ``Adaptive Regression'' reflect stable differences in personality, and to what extent they result from different reactions to the experience of being pregnant. Future research needs to address this problem by testing for Adaptive Regression before and/or after the pregnancy as well, so that information about subjects'

specific ways of handling primary process material when not pregnant may become available.

Examining maternal representations at a single point in time, when the infant was ten months old, rendered results which are specific to the age of the child. It would be very important in subsequent research to relate ego flexibility in pregnancy to maternal representations of the relationship to an older child. Concomitantly, it would be interesting and valuable to compare how mothers' ways of experiencing and representing different affective experiences of parenthood in the context of a relationship to the same child change over time.

The present study researched how maternal ego-flexibility in pregnancy affected maternal representations of their own affective experiences. Exploring the impact of ego flexibility on mothers' representations of their child affective experience, and relating the two types of representations of affects to one another may deepen our knowledge about the relationship between maternal ego flexibility and maternal representations.

While the present study focused on first-time mothers and their first-born infants, future research in this area should examine how ego flexibility in pregnancy might impact maternal representations of their relationship to additional children. This will contribute to our understanding of the stability and change in, both, ego flexibility, and maternal representations of their attachment relationships.

Mothers' ability to access and symbolize unconscious fantasy, in the present study, was tested using the Holt's scale for primary and secondary process manifestations in the Rorschach. Focusing on other types of unconscious fantasy during pregnancy, and comparing mothers' Rorschach scores on object-relational scales like the Urist's Mutuality of Autonomy Scale, or Krohn's early memories scale, to PDI scores may enrich our understanding of the interplay between conscious and unconscious representations of object relationships.

Finally, it would be important to replicate the results of the present study in larger samples, and also with different populations. Not before similar studies demonstrate similar results, it will become possible to draw general conclusions about the current findings.

Concluding Remarks

The physiological and psychological changes brought about by the experience of pregnancy, and the subsequent changes following the birth of a child, have long been known to stir up intense emotional reactions, and to call for all of the mother's inner resources for adaptation. It was the aim of the present study to show that maternal ego flexibility during pregnancy, as demonstrated in the mother's ability to access and adequately symbolize unconscious fantasy, is a valuable inner resource of this

kind, and that it may help a mother cope with change during the transition to motherhood.

Relating ego flexibility in pregnancy to the way mothers represented their relationship to the child at ten months, it was discovered that flexible, open, capable-of-Adaptive-Regression- mothers tended in the early months to experience and acknowledge little maternal anger, and intense separation distress. Mothers capable of Adaptive Regression also tended to represent a compromised sense of competence/efficacy. Despite their imbalanced representation of specific affective experiences, however, these mothers talked about the relationship to the child in a richer, more vivid and more coherent manner.

Based on these findings it seems possible to conclude that ego flexibility in pregnancy potentially facilitates mothers' ability to remain highly identified with their infant at various developmental stages (Benedek, 1959). This flexibility seems to contribute to their ability to adapt to their child (Raphael-Leff, 1986), and it probably also prolongs their state of ``primary maternal preoccupation'' (Winnicott, 1963).

Mothers capable of Adaptive Regression are viewed, therefore, as allowing themselves, at ten months, much inner space to a linking-to-the-child emotion such as separation anxiety. Concomitantly, they appear to leave little room for experiencing their anger, since it probably feels to them to be too disruptive to the relationship. The tendency of these

mothers to represent themselves as under- or over-competent probably reflects their continuous struggle to negotiate and modulate different and contradictory emotional reactions. At the same time, the ability of these flexible and ``well in touch with their unconscious'' (Segal, 1957) mothers to sustain a special sense of closeness with their child is reflected in their having a multi-dimensional, coherent and very alive representation of their maternal experiences.

Appendix

THE PREGNANCY PROJECT

PARENT DEVELOPMENT INTERVIEW - INFANCY

Arietta Slade
J. Lawrence Aber
Sari Abrams
Lisa Director

This interview has been adapted from the original Parent Development Interview, developed at the Barnard College Toddler Center by J. Lawrence Aber, Arietta Slade, Brenda Berger, Ivan Bresgi and Merryle Kaplan. Please do not use without the express written permission of one of the two senior authors. This may be obtained by writing Arietta Slade, c/o the Psychological Center, NAC 8/130, The City College, 138th Street and Convent Avenue, New York, NY 100031.

A. VIEW OF THE RELATIONSHIP

1. Could you describe (your child) to me?

2. And now, can you describe yourself as a parent.

3. Parents often notice similarities and differences between themselves and their children. How do you think (your child) is both like and unlike you?

4 I'd like you to choose 5 adjectives that you feel reflect the relationship between you and (your child). (Pause while they list adjectives.) Could you give me a specific incident that reflects each adjective?

B. THE AFFECTIVE EXPERIENCE OF PARENTING

Now, I'd like to ask you some questions about the feelings you and your baby have.

1. What gives you the most joy in your relationship with (child)?

2. What do you like most about him/her?

3. When do you feel most "with" your child?

4. Do you ever feel intensely happy as a parent? (Probe, if necessary: What kinds of situations make you feel this way? What kind of effect does it have on (your child)?)

5. Can you describe a time in the last week when you and (your child) really "clicked". (Probe, if necessary: Can you tell me more about the incident? How did you feel? How do you think (your child) felt?)

6. Now, on the more negative side, can you describe a time in the last week when you and (your child) really weren't "clicking". (Probe, if necessary: Can you tell me more about the incident? How did you feel? How do you think (your child) felt?)

7. What gives you the most pain or difficulty in the relationship?

8. Do you ever feel really needy as a parent? (Probe, if necessary: What kinds of situations make you feel this way? How do you handle your needy feelings? What kind of effect do your feelings have on (your child)?)

9. Do you ever feel really angry as a parent? (Probe, if necessary: What kinds of situations make you feel this way? Do you ever feel really angry at your child? How do you handle your angry feelings? What kind of effect do your feelings have on (your child)?)

10. Do you ever feel really guilty as a parent? (Probe, if necessary: What kinds of situations make you feel this way? How do you handle your guilty feelings? What kind of effect does it have on (your child)?)

Now, let's talk a little bit about your child's feelings.

12. In an average day, what would you say gives him/her the most pleasure?

13. And what distresses him/her, or makes him/her unhappy?

14. When your child is upset, what does he/she do? How does that make you feel? What do you do?

15. How do you figure out what your child wants or is feeling? (Probe: What cues do you use?)

16. Does your child have moods or emotions that you sometimes have a hard time making sense of?

17. Are there times you feel you don't understand your child?

18. Are there ever times in your relationship with your child that you feel he or she has the upper hand? (Probe: How does this make you feel? How do you handle it?)

19. Does your child ever seem to need to be by himself/herself? (Probe: Under what kinds of circumstances? How does that make you feel?)

20. Describe a situation where your child hurt or disobeyed you. (Probe: Did you think this incident was intentional? How did you handle it? How did it make you feel?

22. Does (your child) ever feel rejected?

23. How do you think (your child's) relationship with you is affecting his/her development or personality?

C. PARENTAL REACTIONS TO TYPICAL INFANT/TODDLER SITUATIONS

1. How does (your child) feel when you are busy, and can't pay attention to him/her? (Probe, if not spontaneously volunteered: How do you feel feel when this happens?)

2. How does (your child) feel when you are able to devote considerable time and attention to him/her? (Probe, if not spontaneously volunteered: How do you feel when this happens?)

3. How does (your child) do in exploring the world and solving problems on his/her own? (Probe, if not spontaneously volunteered: How do you feel when this happens?)

4. How does your child do when he/she can't explore or solve problems without your help and support? (Probe, if not spontaneously volunteered: How do you feel when this happens?)

D. SEPARATION

1. Now, I'd like to talk about routine separations. By routine separations I mean a separation in which (your child) is left with someone familiar for the usual or expected length of time.

a. Can you briefly describe a typical routine separation for me?

b. How do you think he/she feels about these separations? (Probe, if necessary: How does he/she feel when you leave? What kinds of reports do you get about his/her response while you're away? How does he/she feel when you return?)

c. What are these separations like for you?

2. Now, could you describe the kind of separation (your child) might experience as somewhat more stressful than a routine separation?

a. How do you think he/she feels about these separations? (Probe, if necessary: How does he/she feel when you leave? While you're away? When you return?)

b. What are these separations like for you?

3. What is the longest time you have ever left (your child)?

a. How do you think he/she felt about this separation? (Probe, if necessary: How did he/she feel when you left? While you were away? When you returned?)

b. How did you feel during the time you were away?

4. Has there ever been a time in your child's life when you felt as if you were losing him/her just a little bit? What did that feel like for you? (Probe, if not spontaneously volunteered: How did you handle these feelings?)

Now, I'd like to talk briefly about some of the ways your experiences with your own parents has influenced your parenting?

5. How do you want to be like and unlike your mother as a parent?

6. How about your father?

7. How are you like and unlike your mother as a parent?

8. How about your father?

G. CHANGE

Now, let's talk a little bit about you and your husband.

1. How has your relationship with your husband been affected your having a nearly one year old baby?

Prompts:

a. If not offered spontaneously: Are there ways it has enhanced your marriage, or Are there things that you miss?

b. How have the two of you felt about these changes?

2. If mother has not mentioned changes in her and her husband's sexual relationship: What kind of impact has having a child had on your sexual relationship?

Prompt:

a. How have you felt about your sexuality, and about the changes in your sexual relationship?

3. How has your husband felt about the changes in your sexual relationship?

4. How is your husband involved with the baby these days? How have you felt about his involvement?

5. To what degree do you feel your husband supports you emotionally and practically in the day-to-day job of mothering?

6. How does your child differ from what you imagined he/she would be like?

7. How are you different as a mother from what you expected you'd be?

Now let's talk a bit about how you and your husband negotiate conflicts these days.

1. When the two of you disagree about something or are angry with each other, what happens? Do you fight? Talk? Let it slide?

Comment: Use the subject's language regarding conflict.

2. Do you think the particular way you two disagree or fight works for you? Does it make things better or worse? (If subjects has -- implicitly or explicitly -- answered this in the preceding question, ask this question anyway, but say something to acknowledge that the question is redundant.)

3. What kinds of things do you two come into conflict about most often?

4. How often do you fight? How "serious" does it feel?

Finally, let's talk a little about the future.

1. What do you hope for as a parent during your baby's second year?

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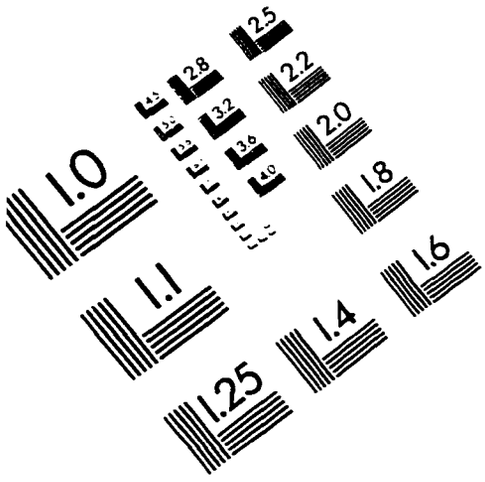

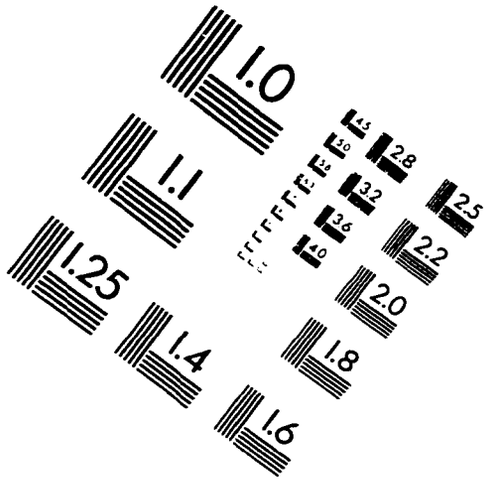

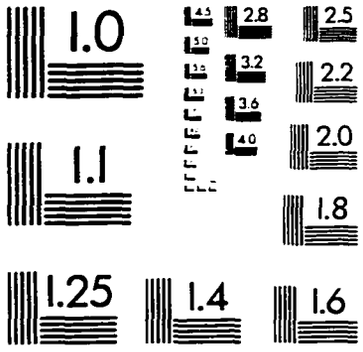

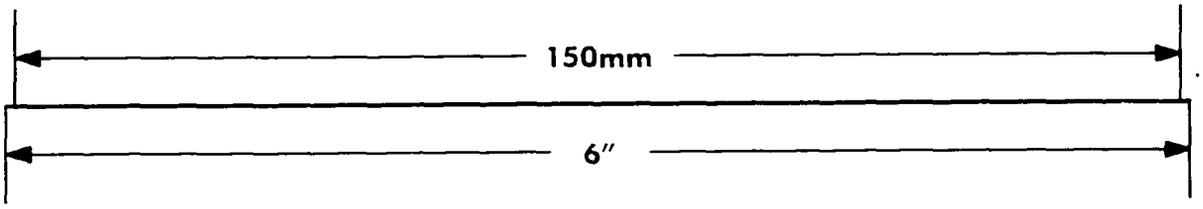

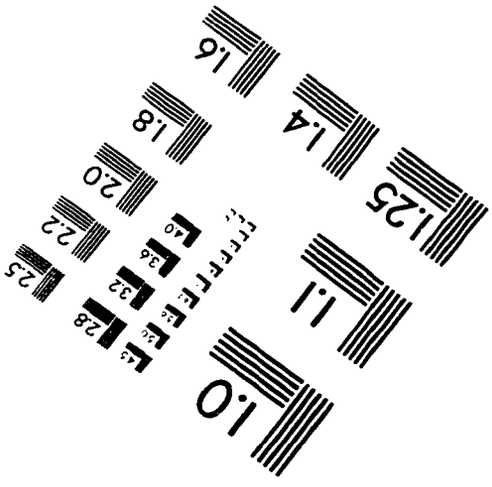

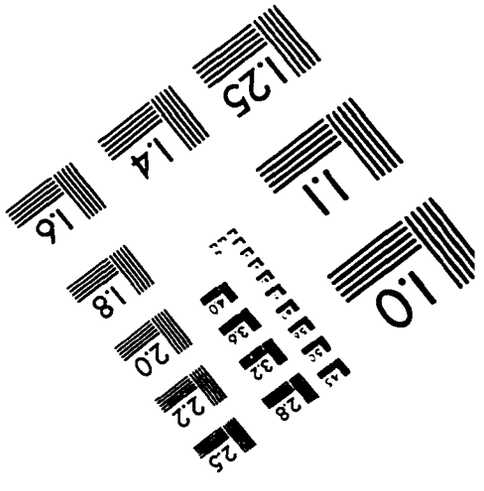

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