THE TRANSFORMATION OF A WOMAN'S SENSE OF SELF

AFTER THE BIRTH OF HER FIRST CHILD

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

2007

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

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Abstract

THE TRANSFORMATION OF A WOMAN'S SENSE OF SELF AFTER THE BIRTH OF HER FIRST CHILD

by

Hilary Weiss Cooper

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This qualitative study explored the ways career-oriented, first-time mothers adjust to pregnancy and the first weeks of motherhood. The purpose of this study was as follows: 1) to highlight gaps in the existing literature regarding the adjustment to pregnancy and parenthood for women who have been involved in their career; 2) to discern important issues regarding this phenomenon to enlighten clinical practice and provide more realistic images of motherhood; 3) to describe pertinent themes in order to suggest areas for future research regarding pregnancy and motherhood for women involved in their careers.

The participants included 15 women between the ages of 30 and 40 who described themselves as being very involved in their careers and who were pregnant with their first child. Data was collected through an in-depth, semi-structured interview that was conducted with each subject six to eight weeks postpartum. The interview was designed to elicit information regarding the women's thoughts about work, the impact of pregnancy, labor, and new motherhood on their sense of self, and changes in their

relationship with their husbands. The data was analyzed using methodology based on grounded theory. Major themes regarding the balance of work and family lives were extrapolated from the data. These themes were organized around specific domains having to do with the physical and emotional aspects of the transition to motherhood. These themes pointed to two main hypotheses. These hypotheses were as follows: 1) clinical practice based on antiquated psychoanalytic theory regarding motherhood might undermine clinical success and contribute to women's feelings of guilt regarding the balance between work and family life; 2) the experience of infertility, pregnancy loss, or death in the immediate family might allow women to be more open to change after the birth of their first child than women who have not experienced such losses. The small sample size and narrow criteria for participants prevents the meaningful application of these hypotheses to the broader population. However, this research point out possible gaps in the literature regarding motherhood and suggests areas for future research.

ACKNOWLEDGMENTS

Most importantly, I wish to thank the fifteen women who generously shared their stories with me. They allowed me to enter their home at a particularly vulnerable time in their lives. With little sleep, mounting laundry, and crying babies in the background, they divulged deep secrets and asked poignant questions about how they were going to manage the precarious balance of work and family. I was struck by their willingness to tell me about their conflicted desire to work and about their fears about the future. Each woman was paving her way and making choices that were not available to their mothers. Many of them reminded me of toddlers standing on the threshold of preschool. At the end of our interview some women asked me for practical advice and most asked if they had done a good job. They wanted assurance and guidance. I wish I could have given them both with confidence. I have been where they are now and have asked myself similar questions. I have asked myself, can I be a good mom and still strive in my career? Does my desire to be a good clinician make me a bad mother? The participants' honesty was inspiring and drove me to finish this project. It is my hope that they have not shared their story in vain and that this study contributes to a more enlightened view of motherhood.

There is one participant in particular that I wish I could thank. When her son was eight months old she was killed after being struck by a truck as she walked to work. She covered the European markets for an investment bank and left her home early one February morning expecting to return to her baby later that evening. This new mother embodied the spirit of this study. She was a devoted and attentive mother to her son. The

throngs of corporate lions and lionesses who came to her funeral spoke of her intelligence and distinction as an analyst on Wall Street. This tragedy sheds light onto women's strivings to have it all. There is nothing better than having a productive day at work and coming home to the enthusiasm of a house filled with young children. On those rare occasions everything falls into place.

I also wish to thank my committee members. Dr. Ilene Green lent me her wisdom and maternal intuition at the early stages of this project. I can still hear her input about what women really want others to know about the challenges of balancing work and career. Dr. Steve Tuber has been a guiding force and has always inspired me to strive for honesty and precision in my writing. I also wish to thank Dr. Sheri Fenster. After giving birth to my first child I requested Dr. Fenster as a clinical supervisor. This proved to be a shrewd request on my part. Dr. Fenster is a gifted and knowledgeable clinician. She also happens to be an open, warm, and approachable mentor. Dr. Fenster is not afraid to go beyond theory and conventional practice to reach her patients. I hope to conduct myself with similar poise and conviction in the future. I also wish to thank Dr. Julia Sheehy . I am grateful for her support and faith that this project would be completed. Dr. Sheehy's ability to understand and enter into her patients' vulnerability is a trait that defies training or years of practice.

I also wish to thank Dr. Peter Fraenkel, the chair of my committee. Dr. Fraenkel is a gifted researcher whose dedication to the principles and goals of qualitative research makes him an inspiration. Although it was never clear that the completion of this project

would be attained, Dr. Fraenkel never voiced his doubt. He drove me to finish in a time frame that worked for me and my family. At one point he said, "You are living this study. The study is literally you." These sentiments have remained in my mind as I have driven myself to finish this document.

I also wish to thank all the "mommies" who supported me through this long process of completing my degree. The computer help, offers to carpool, and friendly inquiries about my progress made me feel as though this was a community-driven endeavor. After receiving so much good advice and practical help from women who have opted to stay at home and women who continue to work outside of the home, I am struck by the level of talent and ingenuity needed to be a mother. In particular, my dear friend Patti Rube's enthusiasm, computer skills, and attention to detail never wavered. I thank everyone for believing in my abilities when I could not see the light at the end of the tunnel.

Finally, I am most deeply grateful for my husband, Billy, and our three children, Maddy, Annie, and Teddy. As Maddy said, "If you stick to it you'll do it!" Without their patience and positive attitude I would still be sitting at my computer in the wee hours of the night. They have been my cheerleaders and my source of light. With them behind me, I have the power to achieve goals that at one point I thought were unattainable. I am truly blessed. Thank you from the bottom of my soul.

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CHAPTER I: INTRODUCTION

If an individual is able to love productively, he loves himself too,
if he can love only others, he cannot love at all.
-Erich Fromm, 1947

This study investigates the psychological experience of pregnancy and the early postpartum weeks for women who describe themselves as being very involved in their careers. Particularly with first pregnancies, women are presented with the unprecedented tasks of adjusting to significant physical and affective shifts, reworking issues of identity within their family and social network, and responding to the considerable needs of their newborn (Benedek, 1959, Trad, 1991). The perinatal and postnatal periods are characterized by hormonal changes, sleeplessness, physical discomfort, and the psychological challenges of adapting to the new role of "mother." From a clinical standpoint, pregnancy and early maternity are times of potential repetition of past psychological difficulties, but also times of potential change.

Therese Benedek (1959) and Grete Bibring (1959) have compared the physical and emotional shifts of pregnancy to the onset of puberty and menopause. Yet, unlike these developmental periods, the end result of pregnancy is the creation of a new life. Over the course of pregnancy, women's bodies, relationships, and daily activities expand to incorporate another being. This makes this developmental period unique and difficult to categorize. Feminist author Sara Ruddick wrote, "It is hard to speak precisely about mothering. Overwhelmed with greeting card sentiment, we have no realistic language in which to capture the ordinary/extraordinary pleasures and pains of maternal work"

(Ruddick, 1995, p.29).

Pregnancy and early motherhood constitute a critical developmental phase in a woman's life when psychological change is rapid compared to other points in adult life (Leifer, 1977, Pines, 1972, Bibring, 1959, Ammaniti, 1991). Traditional psychoanalytic thought has viewed the earliest stages of motherhood as a time of crisis and upheaval (Pines, 1972, Benedek, 1959, Deutsch, 1944), and in recent years, the transition to motherhood has become more complicated by the trend toward later childbearing and commitments outside the home. Relatively little is known about the subjective experience of this transition to first-time motherhood for women who have been highly committed to their careers. This study fills this gap by exploring the physical sensations, emotional reactions, and changes in self-identity experienced by new mothers during the first weeks of parenthood.

This exploratory study was focused on the accounts of fifteen first-time mothers who describe themselves as having strong ties to their careers. At the time of recruitment, all subjects were pregnant with their first child, were between the ages of thirty and forty, and were either the head of her own business, employed in a managerial position for at least five years, or enrolled in a masters or doctoral level training program.

The main goal of this study was to provide a qualitative account of the adjustment to new motherhood for fifteen new mothers who have been highly involved in their careers prior to having children. To achieve this goal, data was collected through in-depth, one-on-one interviews. The interview was aimed at elliciting themes such as, the

impact of pregnancy and the early postpartum period on the participants' relationships with others, changes in self-perception as a result of pregnancy and motherhood, and shifts in the participants' approach to their career after having a child. Through the analysis and synthesis of this data, several themes emerged. The themes raised by this group of women were compared to existing literature on pregnancy and new parenthood in order to achieve the final aim of the study which was to augment our clinical understanding of this phase in a woman's life and to suggest directions for future research.

Several areas of existing literature were used to inform this study and will be reviewed in the next chapter. Traditional psychoanalytic theory regarding motherhood constitutes the theoretical backdrop of this project and will be the first body of literature presented. Next, the meaning of motherhood will be discussed from a contemporary/feminist perspective. The empirical and theoretical work of object theorists and attachment researchers regarding maternal representations will be discussed in the third section of the literature review. The impact of pregnancy on the marital relationship will also be addressed, followed by a discussion of the importance of social support during the adjustment to motherhood. The relationship between work and family for new mothers will also be explored. Lastly, a review of the literature regarding the prevalence, diagnosis, and etiology of postpartum depression and related affective disorders will be presented. The theoretical and phenomenological work covered in the following literature review takes into account the multiple meanings of first-time motherhood with the hope

of deepening our understanding of the specific lives of the women who have participated in this study.

CHAPTER II: LITERATURE REVIEW

Psychoanalytic Theory and the Transition to Motherhood

Within the psychoanalytic community, there is little agreement about how to categorize the phases of pregnancy and early maternity. Amongst psychoanalytically-oriented theorists, pregnancy and motherhood have been viewed as a normative and necessary developmental phase that is essential for optimal maturation (Bibring et al.1959, 1961, Benedek, 1959), as a tumultuous crisis point in the search for female identity (Erikson, 1978, Deutsch, 1944), and as displaced gratification for a woman's instinctual wish for a penis (Freud, 1925). Psychoanalytic writers have noted an increase in pathological behavior during pregnancy and early motherhood, and define the events associated with pregnancy and birth as immensely stressful due to the woman's sense of helplessness and dependence (Pines, 1972).

Traditional psychoanalytic theorists, beginning with Freud, saw the desire to become pregnant as an instinctual drive. Freud, who only briefly and indirectly wrote about pregnancy, maintained that a woman's desire to have a child stemmed from her wish for a penis. There was little mention of the conscious intellectual and emotional processes that went into the decision to have a child. Traditional psychoanalytic theory, therefore, perpetuated the idea that women were simply born to be caretakers. More recent psychodynamic authors have written about the woman's wish for a child as reparation for the past. Mayer (1995) and Pines (1972) suggested that women who have highly negative or highly conflicted relationships with their mothers become mothers

with the hope of undoing the past.

Winnicott was the first to consider whether the inner state of new mothers was significant enough to warrant a specific name. In 1958 he introduced the term *primary maternal preoccupation* to help define the experience of the new mother (Winnicott, 1958). Winnicott was so impassioned by the concept of maternal preoccupation that he wrote, "I do not believe that it is possible to understand the functioning of the mother at the very beginning of the infant's life without seeing that she must be able to reach this state of heightened sensitivity, almost an illness, and to recover from it" (Winnicott, 1958, p302). In his paper entitled *The Mother-Infant Experience of Mutuality* (1969) he explained, "The mother's adaptive behaviour makes it possible for the baby to find outside the self that which is needed and expected." Winnicott added, "It is necessary to postulate a state of the mother who is (temporarily) identified with her baby so that she knows without thinking about it more or less what the baby needs. She does this, in health, without losing her own identity."

There are several distinguishing characteristics of the special state described by Winnicott. A healthy woman gradually becomes preoccupied with her baby during the last trimester of pregnancy, and emerges out of this state several weeks after the baby is born. Thoughts of her baby consume the pregnant woman to the extent that she is disinterested in previously compelling activities. Winnicott labels this state of devotion an *illness* and uses words such as withdrawn, dissociated, and schizoid to describe women who have entered into it. According to Winnicott, most women who have

achieved *primary maternal preoccupation* repress the experience.

What makes the concept of *primary maternal preoccupation* unique and compelling is its focus on the inner experience of the mother. Although Winnicott reflects upon what he calls the "corresponding state" of the infant, when describing *primary maternal preoccupation* he is almost exclusively concerned with the emotional state of the mother. The mother's ability to become immersed in thoughts of her child is seen by Winnicott as a necessary prerequisite to establishing an optimal environment for a growing child. By giving this unique state a name, Winnicott began a dialogue regarding the specific characteristics of this period of time in a woman's life.

Other writers concur with Winnicott's depiction of the new mother's internal experience. Regarding the concept of *primary maternal preoccupation*, Herta Guttman wrote, "It corresponds with many women's recollections of early motherhood; it is substantiated by observations made of women who are in the midst of the experience, and it has been described by gifted writers and by psychoanalysts who were also mothers" (Guttman, 1983, p.231).

Grete Bibring began studying the experiences of pregnant women in the 1950's after observing women seen in a prenatal clinic. Bibring noted that these women exhibited more severe psychiatric disturbances than the average population, despite the fact that these patients had no previous history of psychiatric illness. Her impressions have been confirmed by several researchers including Caplan (1961), who administered psychological tests to pregnant women and found a significant regressive shift in

personality organization, with test scores resembling those of severely disturbed schizophrenic patients. She concluded that this picture of mental illness could be attributed to something characteristic about pregnancy rather than to the personality structure of the individual women. Bibring wrote, “We came to regard pregnancy, like puberty or menopause, as a period of crisis, involving profound endocrine and general somatic as well as psychological changes. In all three of these periods a number of new, specific libidinal and adaptive tasks confront the individual, often diametrically opposed to the central tasks and functions of the preceding phase” (Bibring, 1961). In the same essay, Bibring asked the following question, “If pregnancy has so much in common with other states of psychobiological crisis, what then distinguishes it from them, what is psychologically the idiosyncratic task of this and only this maturational step?” (Bibring,1961).

Bibring speculated that there is a succession of psychological tasks intrinsic to the physical and emotional adjustment to pregnancy and motherhood. The first task is to accept the intrusion of the fetus, and in a sense, of the fact that her partner has now become a part of her physical being through impregnation. She added, “Under the impact of the marked physiological and anatomical changes of the first months of pregnancy, the libidinal concentration on the self increases and leads to the integration of, and merging with, the foreign body, turning it into an integral part of herself-until the quickening disrupts this narcissistic process and undeniably introduces the baby as the new object within the self” (Bibring, 1961). As the unborn child develops within the woman’s body,

there is a psychological and physiological merging between mother and child.

Quickening refers to the early movements of the fetus inside the mother's body. This usually occurs in the fourth month of pregnancy, when the pregnant woman is faced with a second important task. The movements of the fetus force the mother to prepare psychologically for the eventual physical separation of her baby. The movements of the unborn baby also signify the emergence of the infant's own identity. The pregnant woman must relate to her child as if he were a part of the self, yet as a part of the outside world and the sexual mate as well. This presents unprecedented challenges for the new mother. Like Bibring, Myra Leifer compared pregnancy with other critical phases such as puberty or menopause and observed that psychological change is rapid during this period in a woman's life (Leifer, 1977). Qualitative and quantitative measures were used to look at the reactions of nineteen women to their first pregnancy. Leifer found that most women described feeling positive about the more overt physical signs of later pregnancy, saying that the increased attention from others and the movements of the fetus induced feelings of pride and wonder. However, many in the sample also felt that their swollen belly and ample breasts had sexual implications which made the women feel embarrassed and self-conscious. Most women in Leifer's sample felt that their pregnant self seemed alien to their previous self and that they felt relief and a return to "normal" after the birth of their child.

The earliest affective reaction to pregnancy for the women interviewed by Leifer was fear of miscarriage and fetal abnormalities. Leifer also emphasized the importance

of a woman's reaction to the fetus' movements in the second trimester of pregnancy and observed that these movements seemed to intensify the mother's fear of deformity. A second major change in affect described by Leifer sounds relatively similar to Winnicott's concept of *primary maternal preoccupation*. She found that as early as the first trimester, women show a marked increase in preoccupation with the self, a decline in emotional investment in the external world, and an increase in emotional fragility.

Leifer wrote, "rather than being a passive withdrawal, for most women the introversion of pregnancy was accompanied by active focus on the developing fetus. As such, it helped to further the development of the maternal bond and the psychological preparedness for parenthood" (Leifer, 1977). Leifer's description of a woman's preoccupation with her fetus does not pathologize the state of the mother, viewing it not as a detachment from the outside world, but as a state of heightened awareness to the needs of herself and her unborn child.

Leifer's study followed women throughout pregnancy and the early postpartum period. Although most women in her study felt a sense of accomplishment and relief after the birth of their first child, accompanying the euphoria was varying degrees of anxiety and depression. In fact, Leifer found that for two thirds of her sample, the early postpartum period was characterized by moderate to extreme negative affect. More than half of the women felt that their negative moods were more pervasive than during pregnancy, suggesting that the emotional crisis of the postpartum period exceeds that of pregnancy.

Therese Benedek also postulated that the transition to parenthood is achieved through a series of tasks. According to Benedek, parenthood is a timeless adaptation to physical and psychological changes within the self and the child and is complicated by the memories from the mother's past which are generated by the interactions between parent and child (Benedek, 1959). As the child grows, parents are continually altering their parental selves.

In her essay *Pregnancy and motherhood: interaction between fantasy and reality* (1972), Dinora Pines described the first pregnancy as a time of stress for women whether or not the pregnancy is taken to full term. She wrote, "Pregnancy, particularly the first pregnancy, is a crisis point in the search for a female identity, for it is a point of no return, whether a baby is born at the end of term or whether the pregnancy ends in abortion or miscarriage. It implies the end of the woman as an independent, single unit and the beginning of the unalterable and irrevocable mother-child relationship" (p.333). Similar to Leifer, who found that pregnant women were self-conscious about the overt physical signs of their sexuality during late pregnancy, Pines observed the significance of the bodily changes associated with motherhood. She suggested that the first pregnancy is the visible manifestation of a woman's gender identity and proof to the outside world that a woman has had a sexual relationship.

Pines also viewed the transition to motherhood as an adaptation to a series of challenges. This process begins with the marked libidinal investment in the self and withdrawal from the object world during the first trimester of pregnancy and ends in the

postpartum weeks when the main psychological task for the new mother is to adjust to the feeling of emptiness after the baby has left the womb. Pines described the challenges of the weeks following delivery when she stated, "The mother's body image has to change once again, in order to feel whole and not empty, before there can be a reconciliation with the actual birth and the recognition of the baby as a separate individual, and yet at the same time there has to merge into this child the baby that was at one time such an intimate part of her own body. As a result, the exhilaration and relief of the delivery are frequently supplanted by a period of anticlimax and depression, as may be experienced after any long anticipated achievement" (p.337).

In the previous quotation, Pines refers to the ambivalence experienced by many women during the transition to motherhood. For those who have been focused on their career, becoming a mother might feel like an intrusion; for women who are invested in their appearance and physical strength, new motherhood might be experienced as an obstacle; or, for a couple who have been a dyad for years, becoming a threesome might have repercussions for the marital relationship. Adrienne Rich, the feminist writer, wrote about her experience of ambivalence following the birth of her first child. She stated, "Nothing could have prepared me for the realization that I was a mother, one of those givens, when I was still in a state of uncreation myself. That calm, sure, unambivalent woman who moved through the pages of the manuals I read seemed as unlike me as an astronaut. No one mentions the psychic crisis of bearing a first child, the excitation of long-buried feelings about one's own mother, the sense of confused power and

powerlessness, of being taken over on the one hand and of touching new physical and psychic potentialities on the other, a heightened sensibility which can be exhilarating, bewildering, and exhausting (Rich, 1986, p.36).

Contemporary feminist psychoanalytic theory has extended our perception of motherhood beyond the work of traditional psychoanalytic literature. Modern feminist authors have effectively integrated themes such as ambivalence and guilt into a more realistic conceptualization of motherhood. This less judgmental viewpoint has made a significant contribution to the overall understanding of the experiences of new mothers. This body of literature will be reviewed in the following section.

The Transition to Motherhood: A Contemporary Feminist /Psychoanalytic Account

Contemporary psychoanalytic theorists and feminist authors have a unique way of framing women's psychological experiences within a social context. Contemporary mothers struggle to reconcile the image of modern success with that of the idealized domestic mother, leaving many feeling unfulfilled in both arenas. A review of the theoretical literature regarding female development and motherhood will shed light onto the experiences of the career-oriented women who participated in this study.

According to feminist theory, the traditional tendency to view motherhood as a predestined, biologically based pursuit has underestimated its significance, and has contributed to mothers' experience of devaluation in society. Feminist writer Adrienne Rich wrote, "Institutionalized motherhood demands of women maternal 'instinct' rather

than intelligence, selflessness rather than the creation of self (Rich, 1986, p.42). Jean Baker Miller commented on the marginalization of mothers in society and stated, "In the dominant and official culture, attending to the experience of others and of the relationships between people has been so lacking as a usual basis and requirement of all of life. It has been relegated to the alien and mysterious world of mothers and infants-and misunderstood" (in Zanardi, 1990, p.441).

The traditional, drive-related explanations for the desire to have a child have overlooked the more relational, interpersonal motivations of mothers. Deutsch (1945) challenged traditional theory by shifting the emphasis from the substitution of the child for the desired penis to view motherhood as the woman's active fulfillment of her most powerful wish. Theorists have also argued that the knowledge that a woman is able to bear children is critical to the development of gender identity, femininity, and self-esteem (Nadelson and Notman,1982, Deutsch, 1945)

In her monumental book, The Reproduction of Mothering, Nancy Chodorow (1978) challenged the psychodynamic model of motherhood. She postulated that like most gender differences, the capacity to nurture is multi-determined, that men and women are fundamentally different, but that these differences are encouraged by social pressures. Regarding the viewpoint that women are biologically predisposed to the tasks of motherhood Chodorow wrote:

> We are, of course, biological beings, and our embodiment needs accounting for. Women's physiological experiences-pregnancy, menstruation, parturition, menopause, lactation- are certainly powerful (though it is important to bear in mind that either by choice or involuntarily all women do not have all these

> experiences). In our society, and in many others, they are also given strong meaning socially and psychologically. What I wish to question is whether there is a biological basis in women for caretaking capacities specifically and whether women must perform whatever parenting children need (Chodorow, 1978, p.16).

Chodorow (1989) and Dinnerstein (1976) have written about how the differences between male and female development influence the way motherhood is viewed by society, and experienced by women. Dinnerstein, amongst others, suggested that the sexual arrangements between men and women should be reevaluated. By sexual arrangements Dinnerstein is referring to the division of responsibility, opportunity, and privilege that exists between men and women. The disparity in the care of young children, with women taking on most of the responsibility, contributes to the marginalization of motherhood and explains the ambivalence felt by many new mothers.

According to both Dinnerstein and Chodorow, society's devaluation of mothers stems from the dynamics of early mother-infant relationships. The mother or female caregiver is the child's main contact with the outside world, as well as the center of the child's sense of self and non-self. To the very young child, women come to symbolize an all-encompassing presence rather than a human being with a subjectivity of her own. As the child develops, the global, amorphous symbol of the mother becomes alien to the child's subjective experience. Chodorow pointed out that the mother becomes objectified and viewed in terms of her ability to meet the needs of others (Chodorow, 1978). Although Dinnerstein acknowledged the importance of the process of identification with the mother, she postulated that the developing girl sees the mother as a symbol of

dependence and passivity. According to Dinnerstein, the adolescent girl has deeply conflicted feelings about identifying with her mother and perceives the mother as unlike herself, even as semi-human (Dinnerstein, 1976).

Similarly, society has developed a conflicted view of mothers. According to Dinnerstein, the only remedy for this ambivalence towards mothers and women in general is for men to participate fully in the early care of children. Dinnerstein wrote, "When men start participating as deeply as women in the initiation of infants into the human estate, when both male and female parents come to carry for all of us the special meanings of early childhood, the trouble we have reconciling these meanings with person-ness will finally be faced" (p.94).

Meryle Kaplan (1992), in a study entitled "Mothers' Images of Motherhood: Case Study of Twelve Mothers," used structured interviews and projective measures to describe the object relations and internal conflicts of twelve older mothers (average age 36). Her sample consisted of highly educated, white women who had established their careers before having children. Kaplan was interested in the women's representations of their own mothers as they made the transition to parenthood. She found that most of the subjects described their mothers, who were predominantly full-time homemakers, in negative terms. Interestingly, Kaplan found that these women did not describe their relationships with their mothers in the relational, connected ways described by Chodorow, Gilligan, and Dinnerstein. In fact, although most of Kaplan's subjects experienced their own mothers as physically available, they found them to be emotionally

distant, unresponsive, and demanding. Most of the women strived to be dissimilar to their mothers, stating that it was important that they make themselves more available to their children than their mothers had been to them.

A limitation of Kaplan's study could be the narrow sample. Perhaps her findings were specific to the particular group of achievement oriented women in her subject pool. Kaplan pointed out that other studies had shown that similar samples yielded similar results (Hoffman, 1972). Interestingly, she found her subjects had overwhelmingly positive representations of their fathers and described having close relationships with their husbands. Kaplan explained that the idealization of the father figure represented the tendency for these women to use the defense mechanism of splitting. The father is preserved as the good object while the positive elements of the mother are incorporated into the father's image. These findings point to the conflicted internalized image of the mother. The way women internalize images of themselves has a significant impact on their adjustment to motherhood and on the ways they care for their children. The literature regarding maternal representations of self and baby will be explored in the following section.

Maternal Representations

The thoughts, fantasies, desires, and representations that accompany the experience of childbirth and childbearing have only begun to be explored. Attachment theorists such as Main (1990, 1999), Bowlby (1969, 1973, 1979, 1988), and Ainsworth

(Ainsworth et al. 1978), have established and elaborated the major attachment patterns which describe the ways young children and parents bond. Yet, the internal experience of mothers as they form this attachment has not received as much attention.

The notion of mental representations has been a pivotal concept in psychoanalytic theory, cognitive science, and developmental psychology. Freud (1914/1945) defined mental representation as the investment of the memory traces of important parental figures that become the foundation of inner-life experience. More recently, mental representations have been viewed from an interpersonal stance in which internal representations take into account the interactions *within* and *between* individuals over the course of a lifetime.

For example, Sidney Blatt (1974, 1993, 1997, 1998) uses a psychoanalytic/cognitive developmental perspective to define, understand, and assess mental representations. Blatt and his colleagues (1997) have suggested that mental representations have conscious and unconscious cognitive, affective, and experiential components that evolve out of significant interpersonal experiences. They have described the building blocks of mental representations:

> These cognitive-affective schemas can involve veridical representations of consensual reality, idiosyncratic and unique constructions, or primitive and pathological distortions that suggest pathology. They become the templates or prototypes that structure how one thinks and feels about oneself and about others. Thus, these schemas both derive from and, in turn, determine the experience of the self in an interpersonal matrix (Blatt et al., 1997, p.351).

According to Blatt and others (Bowlby, 1969, 1973, 1988; Main et al., 1985; Stern, 1985), mental representations or internal working models (IWMs) are formed early in life, as a result of interactions with significant others. They vary in their level of flexibility and are vital to our sense of self and other. There is a gradual transformation of mental representations in response to interactions with others and the environment. If development is optimal, schemas of self and other mature to a point of coherence. These schemas shape the quality of interpersonal relationships and contribute to the way important attachment figures and the self are perceived throughout the life cycle (Stern, 1985; Main & Cassidy, 1988). Mental representations not only reflect the imprint of early relationships, but also reveal the developmental level, impulses, affects, drives, and fantasies of an individual's psychic life (Blatt et al. 1996). These schemas both emerge from and determine the experience of self in an interpersonal matrix (Blatt, Auerbach & Levy, 1997).

The impact of pregnancy, childbirth, and motherhood on representations of the self and other have begun to be studied empirically. In their theoretical work, Solomon and George (1996) suggested that during pregnancy and the early postnatal period there is a review of relationships with one's own parents, as well as an increase in reflections, concerns, and fears about the self as mother, the spouse, and past significant parental figures. They concluded that this transitional period of self-reflection might be necessary in the consolidation of the woman's new identity as a caregiver. This transitional period is impacted by multiple factors including the level of physical discomfort during pregnancy

and birth, the social support of partner and others, and the actual appearance of the baby. George and Solomon (1996) argue that the mother's representations of self as caregiver have roots in past relationships, particularly with her mother, and in the current day-to-day interactions with her infant.

Attachment researchers and developmental psychologists have long acknowledged the importance of maternal sensitivity in the development of a healthy mother-child relationship. More recently, Fonagy (2001) has begun to isolate and describe the development of parents' capacity to sense and respond to the feelings, desires, thoughts, and mental states of their infants. He refers to this sensitivity as "reflective functioning" (RF) and describes it as the uniquely human capacity to understand and be aware of the fact that the behaviors of others reflect underlying, unconscious, ever-changing intentions and emotions. Reflective functioning is critical to a person's ability to make sense of and predict other's actions and to interact accordingly. In describing reflective functioning, Slade (2002) reflects on its complexity. She wrote:

> The term reflective functioning refers, in part to a cognitive process, namely an individual's *understanding*. In this sense, it refers to metacognitive processes such as perspective-taking, and monitoring one's attention and experience. At the same time, however, it refers to an *emotional* process, namely the capacity to hold, regulate, and fully experience emotion. It refers to non-defensive willingness to engage emotionally, to make meaning of feelings and internal experiences without becoming overwhelmed or shutting down. The complex processing and integrating that is inherent in high reflective functioning bespeaks emotional richness and depth, and a capacity to appreciate and experience the dynamics of an internal and interpersonal life. (Slade, 2002, p.4-5)

Parents high in reflective functioning are able to keep in mind the fact that infants and toddlers have complex feelings, thoughts and desires of their own. Most importantly, these parents have the capacity to link these internal states to the child's behavior. In doing so, they are able to respond to their children empathically and with their children's particular needs in mind. Slade describes the highly reflective mother as a "mother who understands that her child is fussing because he is hungry or frightened, that her child's distress has both a meaning and a trajectory of its own, or simply that he is having a feeling that she doesn't share or understand" (Slade, 2002, p.8).

Maternal reflective functioning develops during pregnancy, at which point the pregnant woman starts to imagine her baby and herself as a mother. Particularly when the baby starts to move in the fourth month, the pregnant woman with high reflective functioning begins to see the baby as a vital, separate being with physical needs. Highly reflective women are also able to acknowledge the complexity of their own emotions as the realities of motherhood unfold. Emotions such as fear and ambivalence are as accessible as joy and excitement. Once she has given birth, her capacity to understand that her child's feeling states are his own allows her to appropriately respond to his physical and emotional needs.

Ammaniti (1991, 1992) has been a leading researcher in the study of the representations of pregnant women. With his colleagues (Ammaniti, 1991 and Ammaniti, Baumgarten, Candelori, Perucchi, Pola, 1992), Ammaniti conducted comprehensive studies which explored changes in the narrative organization and content of mothers'

representations of the child, the self, the partner and the mother through pregnancy and the early postpartum period. They focused on several aspects of the experience of being pregnant including: 1) Her desire for and emotional reactions to the fetus; 2) Emotional changes for her, the couple and her family of origin; 3) Perceptions, emotions, and fantasies of both mother and father; and, 4) Future expectations of the child and the perceived changes in lifestyle associated with pregnancy and the birth of the first child.

The results of Ammaniti et al.'s research confirmed that significant changes in maternal representations occur on both a conscious and unconscious level. During early pregnancy, the image of the baby is based predominantly on fantasies that reflect conflicts associated with the mother's early attachment relationships. As the pregnancy develops, but still in the early stages, an imaginary baby unfolds which is based on the mother's present relationships and is more accessible on a conscious level. Later pregnancy bring forth a more reality-based image of the baby as the baby's movements allow increased differentiation from the woman's own body (Ammaniti et al., 1992). According to Ammaniti, from the moment of first interaction, the real infant and the unfolding relationship between mother and child confirms or disconfirms the aspects of the mother's self that she always imagined would exist once she became a mother (Ammaniti et al., 1992).

During the third trimester of first pregnancies, women in Ammaniti et al.'s study (1992) were asked to pick from lists of adjectives to describe themselves, their baby, their partner, and their mother. An interview was also conducted which revolved around

themes including: 1) the woman's and couple's desire for a baby; 2) the emotional reactions of the woman, the couple, and other family members to the pregnancy; 3) the emotions and changes in the woman's life, in the life of the couple, and in relation to the families of origin during pregnancy; 4) the perceptions, positive and negative emotions and fantasies of mother and father; and, 5) future expectations and lifestyle alterations.

Prior to the birth of the child, women in Ammaniti's study had a clear sense of their unborn child. Interestingly, the attributions used by mothers to describe their infants were found to be overwhelmingly positive and associated with characteristics of the partner rather than reflecting aspects of the maternal self (Ammaniti et al., 1992). There was a correlation, however, between maternal representations of self and infant. For example, if the mother used adjectives such as protective, affectionate, and amenable to describe the self, the corresponding image of the child was calm, easy-going, and intelligent. Ammaniti wrote that this finding supports Stern's (1989) theory that a mother's representation of her child includes not only characteristics of that child, but aspects of the way she sees herself as a mother as well.

Larney, Cousens, and Nunn (1997) analyzed maternal representations before and after the birth of a first child in 82 pregnant women. Contrary to Ammaniti et al.'s findings, the perceptions of baby and self of the middle to upper-middle class sample were stable from week 28 and 33 week of pregnancy to four months after the birth of the child. The birth of the infant, as well as the baby's movements in utero, did not radically alter maternal representations. These authors concluded that the traumatic nature of

childbirth and pregnancy is overemphasized in the non-clinical population.

Condon and Dunn (1988) developed a model for assessing the nature of the parents' first impression of their newborn. Twenty-five percent of the one hundred parents surveyed acknowledged having some negative feelings toward their unborn child during pregnancy. An additional twelve percent reported feeling a lack of emotional bond toward their unborn child. Upon seeing the child for the first time after birth, ninety percent of both parents reported having a very positive feeling toward the infant with only ten percent of the women reporting having negative feelings toward their child. Fifty-one percent of first-time mothers included in Condon and Dunn's study felt that the delivery experience was more traumatic than they had expected.

In recent generations, the transition to motherhood and the formation of the maternal self have been influenced by women's commitment to their careers. The literature regarding the balance of work and motherhood will be reviewed in the next section.

Motherhood and Work

Theories of adult development have placed great importance of work in an adult's life. Levinson (1996), for example, developed a theory of successive universal stages of adult development. During his *novice phase of early adulthood* (17-33) Levinson asserts that there are several tasks that are achieved before further development can occur. These tasks are: a) forming a *dream*, b) forming a mentor relationship, c) forming an

occupation, and d) forming an enduring love relationship (Levinson, 1996). By *dream* Levinson is referring to a personal quest or vision which provides purpose and meaning to an adult's life. Most often the dream takes the form of an occupation and according to Levinson's theory, provides a psychological basis for making major life choices in early adulthood, for generating self-esteem in middle adulthood, and for providing a legacy in old age (Kittrell, 1998). However, the importance placed on the formation of a dream and the assumptions on which many traditional adult developmental theories are based are guided by male development.

Recent theorists have found crucial differences in the evolution and nature of women's dreams when compared to men's dreams. Kittrell (1998) and Roberts and Newton (1987) have suggested a more diverse model of development whereby the conflicts between occupation and motherhood are acknowledged (Kittrell, 1998). Regarding the path of women who have aspirations in the workplace and responsibilities in the home, Kittrell (1998) wrote, "I have found that the formation of women's Dreams was complicated and delayed by their a priori commitment to marriage and family. This priori commitment, and the women's acceptance of primary responsibility for family care, created developmental dilemmas seldom experienced by the men whose Dreams tended to be more unidimensional and more sharply focused" (p.106).

Pregnant women's fears of being compromised by the physical and emotional strain of pregnancy, combined with the threat of being thought of as less competitive than male counterparts may instill mixed emotions in pregnant women regarding work and

motherhood (Bielby & Bielby, 1989, Berryman & Windridge, 1997). Concern about physical well being or the health of her unborn child, coupled with emotional conflicts between career and family, and might lead pregnant women to become inhibited at work or curtail her focus on her career. Regarding the emotional pull between investment in work and the strain of childcare responsibilities, Moulton (1979) stated, "The professional woman cannot 'insulate' herself or delegate parts of her obligations as easily as a man. In attempting to eliminate some of her roles, a choice is often involved to lower her career commitment" (Moulton, 1979, p.246).

Ann Crittenden (2001) wrote about the disadvantages encountered by mothers in the workplace. According to Crittenden, women with young children are working full-time in unprecedented numbers, yet they are not necessarily achieving in the careers for which they have been trained nor are they given positions at the most challenging levels of their profession (Crittenden, 2001). Crittenden wrote, "Young women today are urged to finish school, find a job, acquire skills, develop seniority, get tenure, make partner, work endless hours, and put children off until the very last minute. When and if they do give birth, they are expected to treat the event like an appendectomy, take a brief time-out for recuperation, and then resume the truly important business of business" (Crittenden, 2001, p.29). However, Crittenden pointed out that most women don't want to follow this model, and quoted several studies which suggest that the expectations of conventional career paths are inconsistent with motherhood.

Crittenden sighted a survey conducted by economist Claudia Goldin, who after

turning fifty in 1996 wanted to investigate how college educated women of her generation had faired in the pursuit of "having it all." She found that fewer than 20 percent of college educated baby boomers had children and managed to stay in their career of choice by their late thirties and forties. In addition, for the group of women surveyed by Goldin, those without children were twice as likely to see themselves as being successful in their career as those with children. Half of the women who had a highly successful career by midlife were without children (Crittenden, 2001, p.32). Crittenden also described a study by Deborah Swiss and Judy Walker. Over nine hundred women who graduated from Harvard professional schools between 1971 and 1981 were interviewed (p.34). Most women in their sample who were raising children were sadly dismayed by their professional prospects. Most felt they had been forced out of the best jobs after becoming pregnant. Twenty-five percent of the business school students who graduated in the 1970's had left the workplace entirely by the early 1990's (Crittenden, 2001, p.34).

Many studies have looked at the effect of maternal employment on the child and have suggested that what is critical in raising healthy children is the level of satisfaction women feel about their various roles rather than the number or nature of those roles (Isabella, 1994, Lerner, 1994, Bielby & Bielby, 1989). Berryman and Windridge (1997) found that women who have a high commitment to work during pregnancy and early motherhood tend to have rich interactions with their newborn as well as a smooth transition to motherhood and Jimenez and Newton (1982) found that women who adapt well to work also adapt well to childbearing.

Hock (1978) compared working and non-working mothers' interactions with their newborns. The results of his study suggested that working mothers felt less anxious about separations and were in general less apprehensive about leaving their babies in the care of others. Interestingly, the more highly career-oriented a working mother was, the less she took infant discontent as a personal affront (Hock, 1978). Mothers in Hock's sample who were career oriented during pregnancy but were not working after the birth of their baby felt obligated to stay home with their child and consequently felt less content with their choice of roles and with childbearing in general. According to Hock, these mothers were motivated by a sense of duty and described childbearing as involving hardships and deprivations (Hock, 1978).

Lerner (1994) found that regardless of their professional status, women remain the primary caregiver of children in most homes. Bielby and Bielby (1989) examined the process by which married men and married women incorporate work and family into their identities. They found that women, more so than men, adjust their work identity according to their level of responsibility in the home. Working mothers who described a strong identification with their role as caregiver avoided identifying strongly with their role as worker (Bielby & Bielby, 1989). Conversely, women who formed less intense commitments to their role in the family tended to identify strongly with the roles that were enlisted through their work outside of the home. Interestingly, men tended to form strong attachments to work identities regardless of level of commitment to their families. The authors observed that commitment to work and family were independent of one

another for men in traditional families, while women's commitments in these two realms tended to compete with one another.

Regardless of professional status, a woman's adjustment to parenthood is highly influenced by the extent to which she receives both emotional and practical support from friends and family (Cutrona, 1984, Crnic, 1984). The physical, relational, and emotional changes associated with pregnancy and early maternity can be buffered by an increase in social support. For women juggling work and family, childcare issues and changes in work routines create practical challenges. A pregnant woman might become more dependent on those around her and might develop unforeseen needs from spouses. The increased need for social support will be addressed by the following literature domain.

Social Support and Adjustment to First-time Parenthood

Research has confirmed that the extent of social support received by first-time parents is predictive of the level of satisfaction experienced in the first several months of parenthood. Over the past twenty years, a significant link has been made between social support and the mental health of women after delivery of the first child (Cutrona, 1984, Crnic, Greenberg, Robinson, Ragozin, 1984). Social support can come from a variety of sources. However, in many studies, intimate maternal support, meaning support provided by close family members and spouses, has proven to be the most powerful factor in the level of stress experienced by women during the postpartum months.

Particularly during late pregnancy and the early postpartum weeks, women

described a change in the type and degree of emotional and informational support needed. Cutrona (1984) investigated the link between social support, stress, and depression following the birth of the first child. Interestingly, her research showed that social support was not a significant predictor of depressive symptoms two weeks after delivery. However, it did play a significant role in women's health eight weeks postpartum. She concluded that perhaps the overwhelming effect of hormonal changes during the earliest postpartum weeks outweighed the impact of external relationships.

After interviewing one hundred expectant couples, Cronenwett (1985) found that between 67% and 91% of the women included in her sample experienced an increased need for emotional and informational support up to five months after giving birth. Changes in need for support were less significant for men. Between 63% and 85% of both men and women reported feeling satisfied with the support available to them at five months postpartum. However, almost half of the women and men interviewed by Cronenwett during this period of time reported increased stress in the marital relationship. Research suggests that marital satisfaction is a key predictor of adjustment to new motherhood (Isabella, 1994). The next literature section focuses on the impact of pregnancy and new parenthood on the marital relationship.

Changes in the Marital Relationship

The addition of a first child necessitates shifts in the pragmatic and emotional lives of all couples. Over the past two decades researchers have studied the effects of the birth of a child on the marital relationship. Several longitudinal studies of the transition to

parenthood have supported the theory that adding a child to the marital dyad disrupts intimacy and communication and contributes to the deterioration of marital satisfaction (Belsky & Rovine, 1990, Belsky, 1983, Cowan et al. 1985).

Change clearly takes place at both the individual and dyadic level (Belsky, 1983). Belsky and Rovine (1990) followed 128 middle and working class families for over three years. Their investigation focused on the idiosyncratic patterns of change in marital status during the first several years of a first-born child's life. To assess the ways in which change was experienced by each couple, both spouses were interviewed and given extensive questionnaires during the last trimester of pregnancy and again when the child was 3, 9, and 36 months of age.

Consistent with earlier findings (Belsky, 1983; Belsky & Pensky, 1988; Belsky et al. 1983) which described the transition to parenthood as a jolt to marital equilibrium, Belsky and Rovine found that a significant decline in marital quality occurred during the first three years of parenthood. The women who took part in this study were more likely than the men to become dissatisfied with the marital relationship following the birth of the first child. Although change was generally more pronounced in women, men also reported highly significant increases in ambivalence concerning the marital relationship during the three postnatal years (Belsky & Rovine, 1990).

After interviewing postpartum women, Belsky et al. (1983) found that most described a significant decline in positive interactions with their spouse from one to three months postpartum. The subjects attributed their decline in marital satisfaction to the fact

that they felt that greater burdens were placed on them than on their spouses after the birth of their baby. Wives reported an increase in household tasks in order to care for the new baby, whereas the responsibilities of men remained relatively the same (Belsky et al., 1983). Surprisingly, women interviewed for Belsky and Rovine's 1990 study that experienced a decline in marital satisfaction during the transition to parenthood were more likely to have planned their pregnancies than women whose marriages showed improvement. The authors speculated that the anxiety and doubt experienced by women who have not planned their pregnancy may guard the mothers from a negative reaction to the realities of the postnatal events.

In general, for both the men and women included in Belsky and Rovine's sample, feelings of love for their mate and open communication declined steadily over the course of the three years, yet more detailed analysis showed that some marital relationships actually improved over the transition to parenthood. In fact, more than 30% of the men and women included in their sample experienced a decrease in the frequency of disagreements and arguments over time and more than 40% of the spouses reported experiencing no meaningful change in terms of feelings of love for their mate.

When assessing the patterns of change for individual families, Belsky and Rovine found that there are multiple determinants of change. Despite efforts to identify variables that would predict marital dissatisfaction, these investigators found that it was difficult to predetermine which marriages would deteriorate after the birth of the first child and which would fair well. Interestingly, the only determinants of marital decline were the

mothers' descriptions of their infant's temperament. Those women who experienced an increase in ambivalence and experience of emotional conflict described their babies as being more irregular in patterns of sleeping and eating than those women whose marriages improved over the course of the study.

Cowan et al. (1985) explored the underlying process of change associated with the decline in marital satisfaction after the birth of the first child. They interviewed 47 expectant couples at two points in time, once at approximately 6 months postpartum, and again at 18 months postpartum. Questionnaires examined five particular points of interest regarding both members of each couple: 1) psychological sense of self; 2) partner's role arrangements and communication; 3) parenting ideology; 4) perceptions of the family of origin; and 5) social support and life stress. Their main assumption was that differences between men and women increased during the transition to parenthood and that the conflicts prompted by the growing differences between partners have a significant impact on the marriage (Cowan et al., 1985).

In terms of subjects' sense of self, Cowan et al. found that for both men and women who have recently become parents, the role of "parent" became a more salient part of themselves as children grew while the "partner/lover" role grew smaller. For new mothers, the role of "worker" grew significantly smaller from pregnancy to eighteen months after their first child was born, signifying an important decline in psychological commitment to work outside the home (Cowan et al., 1985). The authors of this study found that both parents began to assume more traditional, gender-specific arrangements

for household and childcare tasks. Parents described feeling surprised and disappointed by these shifts in role arrangements and expressed dissatisfaction with the reduction in family income and feelings of financial dependence on the part of women as a result of the decrease in work involvement.

The division of labor within the home was often the most prominent issue of conflict for the couples. According to Cowan et al. the most salient gender differences were associated with the investment in time and energy in the care of the children. Over the course of the longitudinal study, women exhibited more psychological and physical involvement in the parent role than men. Although men's involvement in child rearing increase over the period of time of the study, when compared to their wives, their involvement was usually much less (Cowan et al. 1985). Changes in the marital relationship, coupled with shifts in perception of self, lack of social support, or the physical strain of new motherhood can lead to the development of a spectrum of psychological difficulties following birth. A brief review of the literature concerning the diagnosis, etiology, and prevalence of postpartum blues, non-psychotic postpartum depression, and psychotic postpartum depression will be presented.

Types of Postpartum Disorder

A number of studies have reported a dramatic increase in psychiatric disturbance following childbirth, particularly during the first 90 days postpartum (Harris, 2002). Other studies have suggested that the prevalence and course of postpartum depression is

consistent with the rate and pattern of depression at other points in women's lives (Weinberg, 2001). There is a spectrum of postpartum mood disorders, with many cases being subclinical and therefore under reported and rarely treated. These disorders seems to be cross cultural and associated with a range of factors including marital dissatisfaction, lack of social support, personality characteristics, family history of depression, and autoimmune thyroid disease. Postpartum depressive disorders have recently been divided into three categories: 1) postpartum blues, 2) non-psychotic postpartum depression, and 3) postpartum psychosis. It is helpful to conceptualize these disorders along a continuum, with overlaps existing between these categories.

Postpartum blues is by far the most common and least severe postnatal mood disorder, with prevalence rates ranging from 30% to 75% (O'Hara, 1997, Nonacs & Cohen, 1998, Harris, 2002). It is characterized by mood lability, irritability, tearfulness, generalized anxiety, and sleep and appetite disturbances (Nonacs & Cohen, 1998). Postpartum blues refers to a relatively mild and transient syndrome in which the symptoms typically begin within a few days of delivery, peak at postpartum day four or five, and dissipate by the tenth postpartum day. One major study suggested that postpartum blues is associated with changes in progesterone level immediately following giving birth (Harris, 2002). However, no major study has confirmed the link between changing hormonal levels in post-birth women and postnatal mood (Nonacs & Cohen, 1998, Harris, 2002). The combination of psychosocial factors such as marital instability and increased need for social support during the postnatal period and biological

vulnerabilities inherent to this time period make it difficult to reliably predict who will experience some form of postpartum mood disturbance.

Postpartum depression is relatively common, with prevalence rates reported between 10% and 20% (Harris, 2002, Nonacs & Cohen, 1998, O'Hara, 1997). Postpartum depression is the most frequent complication of pregnancy and accounts for 400,000 new cases each year in the United States (Wittenberg, 2002). These rates are similar to the rates of depression in non-pregnant women. The symptoms and course of postpartum depression are consistent with major depression at other points in time. A diagnosis of postpartum depression typically requires that a woman exhibit dysphoric mood with signs of sleep and appetite disturbance, fatigue, difficulty in concentration, irritability, excessive guilt or anxiety about the welfare of their baby, and suicidal ideations (O'Hara, 1997, Nonacs & Cohen, 1998). The average length of duration of postpartum depression is at least several months which is similar to the duration of depressions that occur at other points in adulthood.

Postpartum Psychosis is a rare condition which occurs in approximately 1 to 2 out of 1000 women following giving birth. It is most similar in symptomatology and course to manic depressive illness. The symptoms are dramatic and can become evident as early as 48 to 72 hours after birth but are most commonly seen within the first two weeks after delivery. The initial symptoms include restlessness, irritability, and sleep disturbance, however, more severe symptoms develop rapidly (Nonacs & Cohen, 1998). The most common symptoms are depressed or elated mood, extreme pessimism, disorganized

behavior, mood lability, delusions, and hallucinations. There is no formal DSM-IV classification for postpartum psychosis and some researchers have argued that it does not represent a discrete diagnostic syndrome. Others have suggested that the course and onset of postpartum psychiatric illnesses are drastically different than other affective illnesses (O'Hara, 1997, Harris, 2002).

Researchers have speculated about the factors that compound postnatal psychological difficulties, however, empirical data regarding the etiology of postpartum depression has been inconsistent. The drop in estrogen and progesterone levels following birth has been sited as a contributing factor to the development of postpartum mood disorders in general; however, results of earlier studies which confirmed this hypothesis have not been replicated (Nonacs & Cohen, 1998, Watson et al., 1984). There has been no link made between postnatal affective illnesses and specific demographic factors such as age, marital status, education level, socioeconomic status, or the quality of the pregnancy and birth experience (Cox et al.,1982, Weinberg et al., 2001). However, there seems to be the strongest link between these disorders and poor marital status and insufficient social support (O'Hara, 1985).

Priel and Besser measured depression in 73 middle class first-time mothers in an urban area of Israel. They were particularly interested in the connection between personality styles and postpartum depression. Their results showed that self-critical women were especially hard on themselves when it came to the tasks of motherhood. The authors hypothesized that for these women, who seemed to define themselves in terms of

level of competence; it was particularly difficult to become dependent on others during pregnancy and the early weeks of motherhood. Foreman and Henshaw (2002) collected maternal perceptions of newborns in 82 first-time mothers and found that the 16 women who were postnatally depressed recorded less positive views of their infants than women who had no signs of depression.

Weinberg and colleagues (2001) followed one hundred and twenty-four first time mothers. The goal of their study was to document differences in psychosocial functioning of women three months postpartum who fell into four categories: 1) women who showed signs of sub-clinical depression after birth, 2) women who had a history of major depression prior to the birth of the baby but lacked evidence of depression postnatally, 3) women diagnosed with major depression both pre- and post-birth, and 4) a control group of women with no previous or present signs of depression.

The authors found that first-time mothers who had no history of major depression but who exhibited signs of mild sub-clinical depression had significantly higher levels of depressed symptomatology, reported more anxiety and psychological difficulties, experienced more negative affect, and had lower maternal self-esteem when compared to controls two months after childbirth. In Weinberg et al.'s sample, a pre-birth history of major depression, without signs of depression during the postnatal period did not appear to compromise maternal postpartum functioning. However, these results are inconsistent with an earlier study by Cohn and Campbell (1997) which suggested that women with a history of major depression may have underlying personality structures that lead to poorer

maternal functioning even if depression is not detected during the postpartum period. Other studies have shown that women with previous episodes of major depression have a 30% risk of postpartum depression (Nonacs & Cohen, 1998).

The lack of clarity regarding the etiology of postpartum mood disorders is of clinical and empirical importance considering the emerging prevalence of these disorders. While the postpartum blues can go untreated in many cases, the more severe forms of these illnesses have significant ramifications for women and families. The body of literature regarding the spectrum of postnatal disorders is growing and will undoubtedly contribute to the detection, prevention, and treatment of postnatal affective illnesses.

Summary

Winnicott's definition of *primary maternal preoccupation* is at the theoretical center of this study. Much has been written about representations of the unborn baby and the attachment relationship between mother and child. What was, and remains to be, revolutionary about Winnicott's essay is his focus on the subjective experience of the new. Similarly, this study describes the internal experiences of the fifteen women who were interviewed by the principal investigator.

The postpartum semi-structured interview was the primary source of data and was designed to examine four major themes. These themes include: 1) The emotional challenges of pregnancy and the early postpartum phase, 2) The physical challenges of pregnancy and the early postpartum phase, 3) The shift in personal and professional roles

as a result of pregnancy and birth of the first child, and 4) The impact of previous expectations on the transition to new motherhood. Each theme has emerged from the literature reviewed in the previous section.

Grete Bibring (1959 & 1961) and Myra Leifer (1977) wrote about the unique emotional challenges of pregnancy and the postpartum period. These authors described pregnancy and the postpartum period as being trying events in a woman's life. Their work influenced this study in that the idealized image of the new mother is challenged. The present investigation hopes to generate a more realistic compilation of images of motherhood that reflects the work of Leifer and Bibring who describe pregnancy and the weeks following birth as a time of mixed emotions for many women. Following Leifer and Bibring's line of inquiry, the present study explored the degree to which women describe the transition to motherhood in terms of emotional fluctuation and change.

Dinora Pines (1972) was one of the first authors to describe the impact of the physical challenges of pregnancy and the postpartum period on the self. She remarked on the psychological adaptation of pregnant women to their ever-changing pregnant body. This process of physical adaptation culminates in the separation of the fetus from the mother's body. According to Pines and others (Bibring, 1961), accepting this separation, is one of the first monumental tasks of motherhood. The present study will address the physical as well as emotional experiences of each participant as she describes her journey through pregnancy and the first weeks of parenthood.

Women who have given birth to their first child are often surprised by the impact

of pregnancy and motherhood on their commitment to their careers and their status as professionals. According to Cowan et al. (1985) and Crittenden (2001), work takes a more diminished role in women's lives after the birth of their first child. Equally unexpected is the shift to a more traditional division of responsibility within the marital relationship. Dinnerstein (1976) and Chodorow (1989) challenged the assumption that women should be the primary caregiver of children. The present investigation explores the ways the participants have assumed the tasks of caring for a newborn. Women are asked to describe the way caregiving tasks are shared with her spouse and are encouraged to reflect on how the division of labor feels in the context of the way they have seen themselves as professionals and partners in the marital relationship.

Ammaniti (1991) and Solomon and George (1996) described the transformation of women's images of self and baby from the fantasy-based illusions of pregnancy to the realities of the first weeks of the child's life. During pregnancy, women form substantial expectations of how the child will look and behave and are concerned with how they will function as mothers. A discrepancy between these expectations and the actual physical or temperamental characteristics of the child, or of the realities of motherhood, can have a deleterious impact on a woman's adjustment to motherhood. The participants in this study were encouraged to reflect upon their expectations prior to giving birth. They were also asked how these expectations impacted their experience of pregnancy, birth, and the postpartum period.

The goal of this study was to form a thorough account of the transition to

motherhood for fifteen career-oriented, first-time mothers. The themes described above serve as a template for collection of the data, but do not represent fixed categories. Additional themes emerged as data was collected. The goal of the study was to synthesize these themes to form an accurate account of the experiences of these fifteen new mothers. The methods used to collect and analyze data will be described in the following chapter.

CHAPTER III: METHODOLOGY

This study explores the experiences of fifteen women who are making the transition from career women to first-time mothers. Qualitative methods were used to gather and analyze data. These methods were based on grounded theory which strives to derive analytic categories directly from rich, detailed data, without the influence of preconceived concepts. Grounded theory is described by Smith, Harre, and Van Langenhove (1995) as a process where "you start with individual cases, incidents, or experiences and develop progressively more abstract conceptual categories to synthesize, to explain and to understand your data and to identify patterned relationships within it" (p.29).

The goals of this study were consistent with an approach described by Charmaz (1995) as a process of constructing data in conjunction with what the participant finds most meaningful about their experiences. As data emerges the grounded theorists assess how this data fits their initial research interests. They do not force preconceived ideas and theories directly upon the data. As such, the present research did not test one particular hypothesis. Instead, a semi-structured interview was employed to give the researcher the flexibility to follow the emerging themes. The aim of this project was to explain the phenomenon of first-time motherhood for this particular group of working women in order to develop relevant avenues for future research.

The Participants

The participants in the final sample were between thirty-one and thirty-eight years of age, and were married to the father of their child. Table 1 (see Appendix A) presents a summary of the demographic information pertaining to the fifteen women who participated in this research project. Fourteen of the women were employed full-time during their pregnancies. One participant was enrolled as a full-time MBA student. Eleven of the fifteen women had received a graduate degree (5 graduates of business school, 3 clinical social workers, 1 speech pathologist, 1 clinical psychologist, and one dentist). An average work week consisted of between 40 and 70 hours prior to the birth of their children. All of the participants expected to return to their full-time positions after maternity leave, and all but one individual described their level of interest in their careers as "very high." When asked to rate the degree to which they place importance on their jobs, using a scale from one to ten, all but one of the participants ascribed a number between eight and ten to their professional involvement with a mean value of 8.7.

In terms of the course of their pregnancies, one participant had experienced two miscarriages, but had no complications in conceiving or sustaining her present pregnancy. Two participants had used fertility drugs to conceive their pregnancies, but had experienced no complications related to this pregnancy. All of the women were married and living with the father of their child and the previous marriage of two women had ended in divorce.

Sampling Procedures

After receiving permission from the Institutional Review Board at The City College of the City University of New York, participants were recruited by posting fliers at various institutions in the New York City tri-state area, including obstetrician offices, pediatric offices, and parenting centers. The final sample included three participants who responded to flyers posted in the obstetrician's office and two participants who responded to the flyer posted in the pediatrician's office. The parenting center yielded only one referral. Five women found out about the study through acquaintances or colleagues of the principal investigator. The remaining four participants were told about the project by women who had been interviewed for this study. Women who had participated in the study were willing to give the researcher's information to friends and colleagues and the majority of the fifteen participants were recruited through a snowball or chain referral system.

Prospective participants usually contacted the researcher by phone to indicate that they were interested in knowing more about the study. During this initial phone contact, potential participants were informed that the investigator was a doctoral candidate conducting a research project in the Clinical Psychology Program of the City University of New York. The investigator explained the objective of the study as being "to explore the experiences of pregnancy and new motherhood for first-time mothers."

During the initial phone call, a brief interview was conducted based on the demographic criteria of the study. The investigator asked the prospective participants the

nine following questions (answers representing meeting criteria are in parentheses): 1) Are you between the ages of thirty and forty (Y) ? 2) Have you received an undergraduate degree or graduate degree from a four year college or university (Y)? 3) Are you living with, or married to, the father of your baby (Y)? 4) Do you work full-time or are you enrolled in a full-time graduate program(Y)? 5) How would you describe your level of interest in your career, with 1 being no interest and 10 being the most important aspect of your identity (5 and above)? 6) Is this your first pregnancy (Y)? 7) Are you pregnant with only one child (Y)? 8) Have you had any major complications with this pregnancy (N)? Women needed to meet all 9 criteria in order to participate.

These questions were formulated according to the specific design of this study and were used to select the participants. The reasoning behind these design choices is described below:

1. In order to avoid complications due to the incidence of fertility in older women and to assure that women had between eight to fifteen years to develop professional interests, the subjects were between thirty and forty years of age.

2. In terms of academic level of completion, all subjects received an undergraduate or graduate degree from a college or university, thereby controlling for exposure to career opportunities.

3. Given that one of the areas of interest of this study is the impact of pregnancy on the marital relationship, all subjects were be married to the father of their child.

4. In terms of occupational status, all subjects held full-time jobs as defined by the

participant or were enrolled in a full-time graduate program at the point of screening during the first or second trimester of pregnancy.

5. Only first-time mothers were included in the sample. The theoretical and empirical literatures have pointed to the dramatic changes which take place specifically during the first pregnancy and surrounding the birth of the first child.

6. Due to the added physical and emotional stressors of multiple pregnancies, only women with single pregnancies were included in the study.

7. Women who have had serious complications during pregnancy or who have given birth to children with medical conditions were not included in this group because of the potential increase in anxiety and possible influence on the experience of pregnancy and new motherhood. Inclusion of women who have experienced these complications would represent a confound to the major focus of the study.

After evaluating these guidelines to determine if the participants met the criteria, the participants were also asked to review an informed consent. This consent specified that all information shared was confidential, that pseudonyms would be used to preserve privacy, and that information specific to their identity was to be changed in the depiction of the data. The participants were told that they would be contacted by the investigator approximately two weeks after their due date.

Upon contacting the participants two weeks postpartum, the investigator scheduled the one-on-one interview session which took place six to eight weeks following the birth of the child. The interviews were conducted at a time and place that

was most convenient for the participant. All but one of the final participants was interviewed at home. One participant asked to be interviewed at a coffee shop while a caregiver cared for her infant. During the interview session, first the consent was read and signed, (see Appendix B); second, the demographic questionnaire was completed (see Appendix C); and finally, the semi-structured interview (see Appendix D) was given. The interviews took approximately one and a half to two hours. The data were recorded on audiotape and in notes taken during the face-to-face interviews. The study fulfilled the requirements of the Institutional Review Board of The City College of the City University of New York.

The new mothers were not offered a fee for participating in the study. When speaking to the participants, the investigator highlighted the importance of self-reflection during this transitional phase in the women's lives. If after completing the interview process, it became apparent that a participant was having considerable psychological difficulty, the investigator provided support and information regarding psychological services in her area. In one case, the interviewer voiced concern about the level of anxiety and depression exhibited by the participant and suggested that a diagnosis of Postpartum Depression be explored. This participant had already been in treatment with a psychotherapist for approximately one year. The investigator phoned the participant each week for four weeks following the interview. Her mood and level of emotional support from others had greatly improved by the ninth week postpartum. She did not report an increase of distress due to participation in this study.

Research Instruments

The selection of instruments reflects the main goal of the study which was to generate an in-depth, open-ended depiction of the participants' adjustment to motherhood. The tools of data collection were 1) a demographic questionnaire, and 2) in-depth semi-structured interview. The demographic questionnaire (Appendix B) was designed to collect data regarding marital, educational, and occupational status, as well as information regarding the participant's pregnancy (i.e. complications in conceiving, due date, type of delivery, gestational complications). The questionnaire was also used as a screening tool to confirm each participant's inclusion in this sample.

The second and most important research instrument was a face to face, semi-structured interview that was administered six to eight weeks postpartum (Appendix B). The in-depth interview was designed by the principal investigator to serve as a template to help elicit each woman's story. A goal of the interview was to explore the impact of pregnancy, labor, and the early postpartum period on the participant's sense of self, their commitment to their careers, and their relationships with others.

Data Analysis

The objective of the data analysis was to discern the major themes on the transition to motherhood for first-time mothers between the ages of thirty and forty who have been very involved in their careers. The most important goal was to find and

describe the most salient themes contained in the fifteen narratives.

The information generated by this form of inquiry was coded qualitatively, according to the principles and procedures of grounded theory as developed by Glaser and Strauss (1967), and refined by Strauss and Corbin (1998). This method of data analysis consisted of a series of steps which began with the investigator analyzing each narrative closely, "line-by-line," in order to identify specific themes. In the present study, the notion of "line-by-line" coding was operationalized as a thought unit, in which a complete thought was expressed. Thought units range in length from a small phrase within a sentence to an entire sentence. According to Charmaz (1995), this detailed process of coding "may take you into unforeseen areas and research questions" and "keeps you close to your data." She goes on to write, "Through line-by-line coding, you begin to build your analysis, from the ground up without taking off into flights of fancy" (p.37).

The first step in grounded theory coding is to assign a label, or code, to a section of the narrative. This first level of codes is called "substantive" codes which takes the raw interview data and raises it one level in abstraction. There are two types of substantive codes: open, and in-vivo. "Open codes" involve the researcher providing the language for a code; and "in-vivo codes" which use the participants' phrases and sentiments. Over the course of coding, particular themes begin to emerge in terms of their prominence and frequency. In the second step of coding, the substantive codes become clustered under larger, more synthesized categories which contributed to the researcher's theoretical

interpretation of what is happening in the data. Dimensions of participants' experiences became increasingly well-defined within each of these larger categories.

In the end, these categories were linked to four domains which represent the overall scheme for understanding the way the participants have articulated their experience of pregnancy and first-time motherhood. The most important domain pertains to the influence of work on the participants' experience of pregnancy and motherhood and explores the process by which the women have integrated the role as mother into their previous sense of self, especially in regards to their professional lives. The second domain contributes to the understanding of how the physical sensations associated with pregnancy, the birth process, and the postpartum period impact a woman's sense of self. The third domain describes the influence of the emotional reactions to pregnancy and the postpartum period on women's previous sense of self. Lastly, the fourth domain explores the extent to which the marital relationship is impacted by pregnancy and new parenthood and the possible influence of this impact on the woman's self-definition. The following section will use these domains to structure the presentation of the data.

CHAPTER IV: RESULTS

A thorough analysis of the fifteen transcripts resulted in dozens of open codes and twenty categories. These codes are listed in Appendix E where they are grouped under categories judged to be most salient to this group of participants. These categories were subsumed under four major domains which represent the way in which the phenomenon of first-time motherhood can best be understood for these women whose careers have been central to their definition of self. The first objective of this chapter is to present the data as it relates to these main areas of interest.

The second objective of this chapter is to present two cases in more detail. The cases were chosen because they represent different reactions to the experience of first-time motherhood. The first case depicts relatively little internal change associated with the experiences of pregnancy and new parenthood. With this participant, who is an investment banker on Wall Street, there is less evidence of a shift in sense of self, with the former self remaining fairly intact. The second case represents a more reactive stance to the experience of pregnancy, birth, and motherhood. This participant recognized that her career dominated her life, perhaps to a fault. While identification with one's career remained high for both participants, the second participant gained more insight into herself as a result of becoming a mother.

Domain I: The meaning of work and the process of integrating the new role of mother with the previous sense of self as worker

As expected, there was a wide range of responses to new motherhood, particularly when looking at the way the new role of mother was integrated into the previous sense of self. Some women remained strongly attached to their former more goal-oriented sense of self, while denying the significance of motherhood. Other participants relinquished aspects of their former self for a stronger identification with their motherhood self. The reactions of the fifteen women varied on a continuum from primary identification with the previously established "work-oriented self" to a shift toward a new "mother-oriented self." The spectrum of postpartum identification is depicted in the following diagram:

Work-Oriented Self ⟷ Mother-Oriented Self

The domain described in the following section is concerned with the interaction between the mother-oriented self and the work-oriented self and the process by which a new amalgam of self is experienced. Obstacles that interfere with the integration of the maternal self will also be discussed.

The work-oriented self and the experience of pregnancy

When asked to describe themselves, twelve of the fifteen participants said that they thought of themselves as "type A, over-achieving work-a-holics." Eight women also described themselves as being "very pragmatic" and "not easily flustered." These women said that they have always put a premium on "being good at getting many things done at the same time," "being organized," and "feeling in control." Many of these women also

stated that they typically devote over 100% of themselves to work. Eleven of the fifteen participants estimated that they typically worked between 50 and 70 hours per week. The schedules of thirteen participants were unaltered during pregnancy. Ten women declared that their overall emotional contentment was reliant on the stimulation and social interaction that work provided. For nine participants, work was the most important component of their definition of self. The thought of giving up their career was anxiety provoking for these participants, with one woman stating, "if I don't have the job, what am I going to talk about at the end of the day, and who am I without the job?"

Becoming pregnant was seen as a meticulously orchestrated part of the "master plan" for a group of participants whose description of pregnancy confirmed their belief in themselves as being competent, strong, and in control. Twelve women denied the impact of pregnancy on their ability to function as before. When asked in what ways pregnancy changed or confirmed previously held beliefs about the self, most of these women said that pregnancy validated the fact that they were physically and emotionally strong.

Eight women spoke of "handling the pregnancy" as they had handled other achievements. One woman stated, "It's not like who I am changes from one day to the next, or like from before I was pregnant to when I was pregnant or to when I was pregnant to when I had the baby and became a mom. I don't think who I am had really changes like that." Another woman stated, " I saw pregnancy as more a means to an end. It just confirmed that I could handle it physically. I have always seen myself as physically strong and it confirmed that. I didn't doubt for a second that I could handle it. I wasn't

going to complain like I hear other women doing. That wasn't going to be me. I just did what I had to do. Nothing changed. "

Even during labor, many of these women denied their discomfort and lack of control. Two women said they willed themselves to not vomit during labor because they didn't want others to see themselves in a compromised position. Five participants stated that they had expected labor to be harder than it was, and many women in this group said that they needed to "stand up for themselves" and "take control" during the delivery. Two women responded to work e-mails while in labor.

A different group of participants were more open to the experience of change. For some women the decision to work diligently until the birth of their children reflected an awareness of a shift away from the "career-oriented self." One woman declared, "I mean there was a part of me that felt when I was pregnant that work will be a smaller part of me soon enough so while I still can, I'm going to work as hard as I always have. I mean I tried to stay as consistent as I was before and I figured when the baby came I would figure out how I felt about work then."

Five participants said that having less control over their bodies and emotions caused them to see themselves differently. These women seemed to react to the changes by recognizing the opportunity to develop new aspects of the self. When asked if pregnancy made an impact on the way she thought of herself one participant said, "I can say that I have learned things about myself. I am so used to relying on myself that it has been hard to acknowledge that I need to rely on others. I have had to learn to ask for help

now and to let go, because I can't do everything I used to." For this participant, and others, change was an inevitable and expected part of the experience of pregnancy.

Other participants put pressure on themselves to live up to perceived standards and were less inclined to connect with a shift in self definition. One woman explained, "I really didn't want my boss to think that I had checked out mentally when I was pregnant and so I talked to him and he said, I wouldn't think that of you, and second of all, it's illegal for me to think that, so don't worry. So, it was more coming from me than anyone else." Another participant described the discomfort she experienced while denying her fatigue and nausea so that she would not be perceived as being vulnerable or diminished in any way because of the pregnancy.

One woman said that she sacrificed time with her newborn and physical rest for herself because her boss had the expectation that her work production would remain the same during maternity leave. She described, "Knowing that she (my boss) expected me to work right after giving birth fed my insecurities. Part of me just wanted to have this fabulous maternity leave when I would be cocooning with my baby, but it didn't work out that way at all. I worked a lot this whole maternity leave to keep up an image." There was regret on the part of this participant who felt limited in her exploration of the new experiences of motherhood because of the expectation to maintain her usual level of competence at work. Despite the fact that this participant knew it was within her legal rights to take a maternity leave, the pressure to keep her work identity intact necessitated a restricted stance to her maternity leave.

All but two of the participants were certain that they would return to work following their maternity leave. Before giving birth, four women had arranged to work part-time after maternity leave. The remaining nine participants were continuing to work full-time. Most of the women felt that there were multiple emotional benefits to going back to work after having their children. Eight women felt comforted by the routine that work provides, and ten women stated that they were relieved to have some form of work to return to.

Following the birth of their children, eight women declared that work had become far less important than before, and two women stated that they had "lost any sense of ambition." One of these women was resolved to work "just enough" to maintain her career as a psychologist, with the understanding that if she felt that she was not able to give enough attention to her child, she would quit work altogether. Four other women felt that they would be content staying home with their children, however, only two of these participants were in the financial position to do so.

Financial considerations and the decision to return to work

For ten women whose families were not reliant on their income for financial stability, the decision to return to work generated a significant amount of guilt. One woman stated, "what does that mean about me that I am looking forward to returning to work? What does that say about me as a mother?" There was particular ambivalence experienced by the women who worked in less lucrative fields. One full-time student

explained, “I’m self-conscious at how expensive this choice is right now for me. I am in school and paying tuition and a babysitter. It is a crazy choice. I think friends judge my decision, and I judge myself. It puts pressure on me to get a job later on that makes enough money to justify this choice.”

Women in mental health related fields such as social work and psychology tended to feel that they were returning to work for purely emotional reasons. One social worker stated, “I am not going back for the pay, and frankly, going back to work may cost me more than I am going to make. I attribute me wanting to go back because this is not the most stimulating thing in the world. I love having a baby, but it can be a little tedious. I mean before I had her, I would say I don’t know how I am going to feel, it was possible that I wouldn’t want to go back to work. I had a hard time imagining that I would feel the way I do, that I really want to go back to work. I am a little surprised that I do feel the way I do.” Many of the women were similarly surprised by the depths of their desire to continue working.

Other participants’ decision to work reflected a wish to remain financially independent from their husbands. One woman expressed the sentiments of this group when she reported, “There is always an undercurrent of financial stress, even though I don’t think we need to worry. But, if I don’t go back to work, I do make a nice enough living, and I don’t like to be in the position where I have to ask for money. It is like being on his payroll.” Contributing to the household income was a necessary component of their self-esteem, as was the maintenance of their former lifestyle. One woman stated, “We

might not need my income because my husband makes enough to pay the rent and stuff, but I am used to taking trips, going out to dinner, and spending money on myself. I don't want to give that up." All of the women had been financially self-sufficient by their early twenties and the thought of depending on their husbands was seen as a personal loss.

Six other women reported that their incomes were necessary to maintain the family's financial stability and basic needs such as housing, utilities, and food. The employers of three women provided the only health insurance for their families. For three of these women the need to work was a source of stress, grief, and conflict in the marital relationship. Even though these women regretted the necessity to work full-time, all but one reported that even if their financial status were different, they would still want to work in some capacity. For five of the women, the financial pressure of delivering and raising a child was a significant source of anxiety. One participant who was unhappy in her work situation described going to work during pregnancy; "work was like an emotional roller coaster for me. I worried about how this was going to affect my baby. How is this going to affect her emotionally later on? I'd get a knot in my stomach at work and people would say to me that I was too stressed out and that I was going to hurt the baby. So, you know that stuck in my mind."

The impact of pregnancy on the work identity

The most difficult aspect of early pregnancy for the participants was anticipating the reaction of co-workers and superiors. Six women declared that they were worried that

they would be treated differently after disclosing their pregnancy to other at work. Participants who worked in financial institutions were especially fearful that future advancement and financial compensation would be in jeopardy. Many waited until the fourth month to tell their bosses that they were pregnant. For most of the women, it was the first time that outside influences caused them to feel insecure and unfocused at work. One woman stated, "I've always wanted to go to the next level at work, but pregnancy in a way took me out of the rotation for promotion. It will be alright if I stay at the level I am now, as long as I don't make less money. It is just weird not to be on that fast track anymore."

Five women who had always seen themselves as part of the mainstream at work suddenly felt that pregnancy made them an "oddity." The youth-oriented corporate culture of their work places was not supportive of their pregnancies. One woman declared that she felt like a "guinea pig" because she was the first of her generation of colleagues to become pregnant. Another women working in the fashion industry stated that upon revealing her pregnancy to others, she was instantly branded "the old lady" at work. Both of these women pointed out that the driven, unmarried women in their fields were perhaps intimidated by a colleague's pregnancy. Other participants felt that their pregnancies caused superiors to become anxious about productivity. Rather than altering their expectations of themselves, the participants minimized the impact of the physical strains of pregnancy on their abilities to function at work. Two women's sense of themselves as "go-getters" and "team players" caused them to work literally in the

delivery room and within one day after giving birth to their children and seven participants felt that work expectations altered their experience of maternity leave.

Compared to the participants working in the financial industry, women working in the health care spectrum seemed to be afforded more freedom to react to the internal and external changes associated with pregnancy. The positive reactions of co-workers and supervisors created a more positive environment for most of these women. A psychiatric social worker referred to the emotional lift her pregnancy gave to the psychiatric ward. She described, “my clients have severe mental illness like schizophrenia and bipolar disorder, and a lot of things are really difficult. So, this was really a nice thing for the whole community.” For the most part, the experiences of women working in schools, hospitals, and in private practice were less circumscribed than the women in more traditionally male dominated fields. The narratives of the women in health related professions contained more complex reactions to pregnancy, with the freedom to express both positive and negative emotions. There was less denial of the impact of pregnancy on their work lives.

Maternity leave and the return to work

The majority of the participants were satisfied with the length and conditions of their maternity leave. The interaction between the participants and their supervisors regarding the conditions of their maternity leave varied. Six women made a conscious decision to remain ambiguous about their plans to return to work following maternity leave. These participants acknowledged that they could not anticipate how they would

react to motherhood and therefore did not want to narrow their options prior to having their children. For the most part, women working in financial fields felt uncomfortable about approaching their bosses. Often the discussion was delayed for fear that their bonuses would be diminished. According to six participants, it was necessary to strategize about the timing of such a discussion.

Most of the participants felt that there was a risk in leaving their jobs to seek part-time options elsewhere. A fashion editor described her interaction with her boss; "I waited as long as I could to tell my boss. It was tough, it was really tough. In my job I have to have my finger on the pulse of what's happening and I sort of felt that I couldn't keep up to a degree. I'm good at my job, but as a result of being pregnant I'm seen as a liability all of a sudden. With a big corporation where you've got a pregnant person, there is no way they were even going to elude to the fact of letting me go. They can't because they'd get sued. So, all I got was, we love you and can't wait for you to come back, but I'm not so sure. So, we'll see what happens." Feeling conflicted about their work was a new feeling for many of these women. Most of the participants reported feeling interested and excited about returning to work, but many also expressed ambivalence and fears about their abilities to "do it all."

In terms of the participants' connection to work during maternity leave, there was a variety of responses. Some women created boundaries between themselves and their work during maternity leave, while others maintained their previous level of work performance. For example, one woman worked every day since her delivery in order to

ensure that she would maintain her relationship with her clients and to assure her superiors that her commitment remained high. There were inherent sacrifices to this arrangement. She regretted the time spent away from her baby and worried about the physical effects of striving to keep up with work while she should have been resting to ensure a strong recovery after giving birth. Nine of the fifteen participants had engaged in some sort of work related activity during the first six weeks of their child's life, and three women were in contact with work on a daily basis. The development of new technologies such as e-mail and blackberries reduced the delineation between family time and work time for many participants.

A more moderate approach to work during maternity leave was established by five women who stated that they wanted as little interference as possible during maternity leave. These women wanted to give as much as possible to their babies before returning to work. Five women had delegated most of their responsibilities to coworkers before giving birth and many women put pressure on themselves to complete as many tasks as possible before their due date. One participant, who is a dentist with her own practice, described the planning that was necessary in order to go on maternity leave:

> I had to do a lot of work before I had the baby so I could put money in the bank so I could keep the practice going while I was on maternity leave. I still had to pay the rent, malpractice, disability insurance, and all that. So, I worked extra hard until two weeks before my due date so I am paying all the bills with no problem now. I worked long hours, even with the big belly. I also had to think about my patients and what stage I was leaving them at when I had the baby. Can I complete this before I have the baby? Would it be better if I waited until after I came back?

Some participants were surprised by their lack of interest in work during maternity

leave. Two women questioned whether they would return to work, stating that they could not imagine anyone else caring for their children. These women, who did not rely on their income for financial stability, felt less inclined to need the stimulation and rewards of work at this time. The lack of interest caused conflict for another participant whose family did rely on her income. She explained, "I haven't done any work yet. I need to get on board and do that. My boss wants me to check on clients, but I'm like, I'm on maternity leave, I have a right to be here and for the baby to have my focus." Pressure from outside sources constrained this participant's experience of new motherhood, and potentially altered her ability to shift toward a more maternal experience of self.

The desire to achieve a balance of work and family

All of the participants spoke about wanting to strike a healthy balance between work and home lives, with most feeling that it was necessary to have both work and family in their lives in order to be happy. One woman declared, " I am not my mom, like, I don't think I would be a good entirely stay-at-home mom, or a good type A career person. I do need the balance, and I expected it to be this way, and it is." Another participant who is an administrator at a prestigious all women's college, spoke of the lack of balance in her life prior to having a child:

> People have always told me that I have been too focused on work and about how good it would be for me to be a mom, so that people would know that I have a life outside of my career. I think people are hoping for me that this will help me balance, because I think in a lot of way that I identify myself through my work, so this will give me something. I think I needed that.

For this participant, the shift away from a predominantly "work-oriented self" toward a "mother-oriented self" was seen as being beneficial. She relished the new components to her identity. Eight women reported that they placed less emphasis on perfection in the workplace, stating that their children had become their "new number one priority."

Seven women stated that the hardest thing about going back to work was leaving the baby. Of major concern was the fact that their children would achieve developmental milestones without the participants' being present. One woman stated, "It's not like me not to be absolutely focused at work, but I think when I go back I will be thinking about what she (the baby) is doing and if she's doing new things without me. I think it is going to be hard in ways that I can't even predict right now." These women identified strongly with their babies' needs and their own desire to connect with their children. Four women said they had lost all ambition since the birth of their babies and three participants felt that caring for a newborn was "far more rewarding" than work.

Thirteen of the fifteen participants expressed the desire to maintain their previous level of work competence after maternity leave. Six participants admitted that family life would necessitate some sacrifices at work and three women lamented the fact that they might have to relinquish some responsibilities to coworkers. Most of the women were anxious about their capacity to remain competitive at work while becoming more ingrained in their "mother-oriented selves." Logistical obstacles associated with going back to work were the biggest concern, with childcare being the most daunting hurdle for

most of the participants. Fourteen new mothers felt that their work environment was not conducive to facilitating their adjustment to motherhood. For example, most women were giving up breastfeeding before returning to work because they anticipated that they would be unable to find a time or place suitable to extract their breast milk. Most of the women experienced this as a loss and an obstacle to becoming more engaged in their "mother-oriented selves."

The impact of the postpartum period on the work identity

The majority of participants found the postpartum period to be more of an emotional challenge than pregnancy. Nine of the fifteen women described the early postpartum period as being "life altering." Six women had expected their lives to "return to normal" after the birth of their child, and many of these achievement-oriented women described feeling "chaotic and disorganized" during the first weeks motherhood. This was more disconcerting than the physical and emotional changes associated with pregnancy. It was more difficult for the participants to maintain their sense of themselves as being "competent" and "in control."

Seven women seemed to adapt to a new sense of self, pointing out that their definition of "neat and organized" had changed as a result of having a child. A member of this group described the necessity of adjusting her expectations of herself when she said, "I just feel like it is a function of motherhood that I am not as efficient a person as I was before. I've just had to change the things I expect on a daily basis. I was just ignorant

about how all-consuming being a mother is."

The participants who were more likely to acknowledge a shift in self awareness during the postpartum weeks were also more likely to characterize this period of time as being a time of peaked vulnerability. Many of the participants described feeling more acutely concerned about their health or about global dangers such as the possibility of another bombing in New York City. This surprised these women who described themselves as being "level-headed" and "not easily flustered" prior to giving birth. Four women stated that they had begun to think about their own mortality, and six participants stated that they had "so much more to lose" now that their children had been born. One woman explained, "I've begun thinking about my own mortality. I never thought about it before, but now I'm confronted by it because this person will outlive me. Now there's another facet of a chain of generations and I'm responsible for that!"

Six women were surprised at how controlling they were of their child's environment. One woman stated, "it's scary in a way, because I'm the one in control. I'm the one who has to do everything! I'm a total control freak. Everyone says I'm neurotic and I try to micro-manage everyone. I'm freaked out about germs. I've never been like that. I guess that's a little surprising to me." For some women, movement away from the "competent" "work-oriented self" meant acknowledging new fears and vulnerability, while others remained distant from the process. One woman stated, "I have no problem with someone else doing the daily care like changing diapers and night feedings." Delegating undesirable aspects of mothering to others was palatable to two women, while

the majority of the group felt conflicted about handing over the care of their babies to others.

Thoughts of self as mother

When asked at what point the participants felt like mothers, there was a wide range of responses in terms of the time frame and intensity with which the women adopted their new role. For five women, the process of identifying with their "mother-oriented self" began during pregnancy, particularly when viewing sonograms or feeling the baby move. One participant stated, "It took a lot longer to get attached to the idea that I was going to be a mother than I thought it would. I was kind of self absorbed with the morning sickness and work and stuff. Then, seeing the sonogram made it more real to me that I was on the path to motherhood." A small group of participants said that they felt like mothers immediately after giving birth. A larger group of eight participants said that they developed intense feelings for their newborn within days of giving birth, but did not necessarily view themselves as mothers at this time.

Many women declared that even after giving birth, they needed concrete reminders to help them adjust to their new maternal self. The permanency of the relationship with their children and the shift in identity was made apparent in unexpected moments. For some this was a daunting transition. Ten women expressed ambivalence about being the person to whom everyone looked to for answers regarding the baby's care. One woman stated, "I look at her and I'm like, where did that baby come from?

When I hold the baby and we look in the mirror I am like, that is my baby? I can't believe I am almost a forty-year-old woman with a baby. It just doesn't compute." For another participant who had difficulty becoming pregnant, the calling of her baby's name at the first pediatrician's visit caused her to be overwhelmed with pride, disbelief and fear.

Participants ranged from feeling at ease with the daily caregiving responsibilities of motherhood to participants still felt ill at ease with the new daily routine of caring for a newborn. Seven participants stated that they did not see themselves as being competent caregivers. On the other hand, an equal number of women felt surprised at how effective they had been as mothers. One obstacle to the adjustment to parenthood was the fact that there are little concrete rewards and methods of assessment for these goal-oriented women. Many women said they longed for the type of objective assessments used in the workplace versus the nebulous uncertainty about their performance as mothers.

Several factors contributed to the confidence of the women. For the majority of the sample, the ability to nurse their newborns a marker for their success as mothers. Some women found breastfeeding to be the most difficult aspect of their "job" as mothers, while others stated that they were surprised at how easy it was. Some participants were amazed at how their bodies could produce milk and their infants' innate recognition of them as their mothers. For seven women the breast feeding experience was not so positive. Breastfeeding became a source of pain and insecurity. One woman's experience represented the pain and insecurity associated with the feeling of failure sensed by these seven participants. She stated, "I never thought this would happen to me.

I always knew that I would breastfeed. I never heard that you might not make enough. I cry every day about it. I can't believe how emotional I am about it."

The eight women for whom nursing was a positive experience tended to be less conflicted about themselves as mothers and were more likely to describe their babies as "good" or "easy." The women who found nursing to be more difficult seemed to feel equally positive about their babies, but were more conflicted about their "success" as mothers. The physical adjustment to pregnancy made a significant impact on the identification with the "mother-oriented self." The next domain to be discussed will focus on the physical sensations associated with pregnancy, labor, and the postpartum period.

Domain II: The Physical Sensation of Pregnancy, Labor, and the Postpartum Period and the Impact on Thoughts of Self

There was surprising frequency and intensity with which participants spoke of the physical sensations associated with pregnancy, labor, and the postpartum period. Body image issues and the experience of pain and discomfort were the most frequently mentioned influences on the way women viewed themselves during this period of physical and emotional transition. The diagram below describes the range of reactions expressed by the fifteen participants regarding the changes to their bodies during pregnancy, labor, and the postpartum period:

The Experience of Discomfort during Pregnancy

All of the women said that they had viewed themselves as strong and healthy prior to becoming pregnant. For some women this belief remained intact or was augmented by the experience of pregnancy. Six women stated that they felt healthier than ever when they were pregnant and one woman compared the experience of giving birth to running her first marathon. She stated, "Giving birth was the most athletic thing I have ever done." For this group of women, the physical changes were uneventful and were merely another thing to "handle." For others whose pregnancies were more physically challenging, their bodies felt less intact and fragmented in a way that was new and disconcerting. One woman stated, "I was just nauseous 24 hours a day, so, I just thought I wasn't going to get through it, for the first several weeks. I just couldn't imagine ever feeling normal again." This latter group spoke of more ambivalent feelings regarding the pregnancy and acknowledged that they felt "less in control" at work, crating an opportunity for a shift away from the "work-oriented self."

Body Image

There were an unexpectedly high number of references to body image contained in the narratives of the sample as a whole, with an especially wide spectrum of reactions to the changes in appearance associated with pregnancy. The experience of weight gain caused some women to feel less secure about their identity as being "confident" and "in control." Some women expressed resentment about feeling physically intruded upon and

a desire to return to their "normal selves." For others whose sense of self seemed to be more fluid, letting go of constricted images of beauty and body size was easier and not seen as an affront to their previous sense of self. References to the physical experience of pregnancy were more positive in the narratives of these women. They expressed a sense of achievement and a connection to a higher physical purpose, suggesting a willingness to adapt to the "mother-oriented self."

Seven women said that gaining weight was "not a big deal." Some of these women said that they were less conscious of body size than ever before. One woman exclaimed, "I'm so surprised that I feel less vain than I have ever felt in my entire life! I have a nice excuse to be bigger and I am not as up tight about it as I have been in the past. It is a nice change." Eight women enjoyed feeling and seeing their bodies change, and many of these participants described feeling fascinated by the fact that their bodies seemed to be innately programmed to respond to the pregnancy. As one woman described, " I felt like it was the first time I sort of thought of my body as you know the biology of it. It sort of amazed me and for the first time I felt like my body was not totally my own." The new image of self as vessel and protector of a new human being was incorporated into the previous sense of self.

For six participants who described having some resentment about the changes to their bodies, "looking fat" was the most difficult aspect of pregnancy. Five of these women said that weight gain caused them to feel self-conscious about their bodies to the point that they were reluctant to be intimate with their husbands. For these women who

had a complicated experience of adapting to their physical image during pregnancy, there was a sense that their bodies were distorted and unattractive. One woman stated, “It’s not that I’m not happy being pregnant. I am, but it’s just that I have always seen myself in a certain way and I have always worked hard at keeping my body a certain way and it is hard after all these years to see myself looking so different. It’s not easy to get used to.”

In terms of their postpartum bodies, there was a range of perspectives, with some women feeling disappointment with their bodies versus others who were accepting of the physical transition inherent to the physical demands associated with this time in their lives. Eight women were fairly accepting of their postpartum body. One woman spoke of her feelings regarding her body. She said, “what I have suddenly acquired is a little weird in terms of the stretch marks and the added weight, but with all of the struggles to get pregnant, I am not going to fuss if my body is not going to look like what it looked like before. If that is the price to pay, that’s really fine because I have a kid.” Six women, however, spoke frequently about their anxiety regarding returning to their postpartum weight. For five of these six women, weight gain was a highly charged emotional issue during pregnancy as well. One participant stated, “I had an excuse to be big when I was pregnant, but now there are no more excuses.”

All but three of the participants stated that the pain, exhaustion, and discomfort during the postpartum period were far worse than their overall experience of pregnancy. One woman described the first weeks of the postnatal period; “ I was so uncomfortable, so uncomfortable. I had third degree lacerations. Just even breast feeding her or sitting up

was painful. I cried when I had to go to the bathroom. I just couldn't go. I couldn't sit down. It was just so not like me." The physical demands of the postpartum weeks were more jarring to the participants' image of their "go-getter," "work-oriented selves." As in most areas of importance to these women, the adaptation to a new "mother-oriented self" was predicated on the acceptance or denial of the changes associated with this unique time in the participants' lives.

Conceiving

Most of the participants were able to conceive within three months of initiating the process while a smaller group took a year or more to become pregnant. The ease with which women were able to become pregnant created a range of reactions to pregnancy and influenced the participants' transition to a "mother-oriented self." Some women who became pregnant easily viewed the process of conceiving as a fulfillment of their expectations of themselves as being "in control" and "goal oriented." On the other hand, four participants who had experienced infertility felt as though their well organized "work-oriented self" was under attack. One woman who became pregnant through in-vitro fertilization explained, "All of a sudden it wasn't assumed that I would be a mother when I had always seen myself as having children. That was hard on my self-esteem and going to the doctor or seeing friends get pregnant only made it worse."

Six of the women who became pregnant easily ascribed their "success" to methodical planning on their part including well orchestrated ovulation tests and multiple

steps in preparation for conception. One woman declared, “I have always lived my life in a certain order. I went to college, graduate school, and then got married. The next thing was getting pregnant. It just went in order like that. I have always led a healthy lifestyle and I knew I would get pregnant.” A less methodical group of women said they were surprised when they found out they were pregnant. These women had a positive, but more nuanced view of conception. The act of conceiving was seen as being spontaneous and did not necessarily confirm or reject their previous sense of self.

Labor and Delivery

The reactions to labor ranged from women who were surprised by the lack of pain and discomfort during delivery to women who felt betrayed because no one had told them how difficult it would be to endure labor. The majority of the fifteen participants stated that their expectations of labor did not match the reality. Eight women reported that the pain was unbearable and five women were still in disbelief about the discomfort associated with childbirth. On the other end of the spectrum, eight women were positively amazed and fascinated by the instinctual nature of the process and several women commented on how much easier labor had been than they had expected.

For those participants who were more invested in maintaining their controlled “work-oriented self,” the unknown aspects of giving birth were seen as a threat. Many of these women responded to the lack of control by asserting as much control over their bodies and the hospital environment as possible while others commented that they just

did as they were told. Many of these women stated that it was very important to their self-esteem that they assert themselves with the hospital staff, especially regarding pain management. One participant who is a dentist stated, “I just told them that it was unacceptable for me to be in pain. I am a doctor too, and I would never let my patients feel that kind of pain. I just had to let them know and eventually they gave me what I asked for.” It was important for some women to rework the labor experience in a way that allowed their “work-oriented self” to remain intact.

Before going into labor half of the participants thought that they would not need an epidural. It was a surprise to these self-sufficient women that they would need medical intervention for pain. One woman explained the reaction of many of the participants, “I’ve never thought of myself as someone who complains. I think I can handle pain pretty well. When I was in real labor I thought, yeah, this hurts, and I’m pretty tough. It hurt more than I thought it would, more than I thought I could take and I guess I need the epidural because I got it and it was better.” All of the participants except for one received an epidural.

Another challenge to the participants’ sense of self during labor was the use of the drug pitocin to speed up labor. Surprisingly, all of the participants received the drug. This was viewed as a personal failure for many women who had assumed that their bodies would delivery their babies on their own. Six participants said that they were unaware that the drug is used in such frequency and many stated that the administration of the drug had altered the natural course of labor. Five women expressed that they had some regret

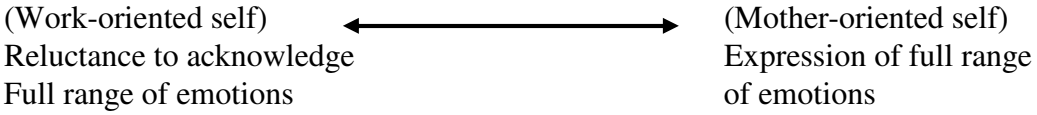
about how the labor process had been handled by the medical staff. They were also disappointed in themselves. Regarding the need to induce labor, one woman stated, "I really felt like I missed out. They induced me and I do wonder what my labor pains would have felt like, or the contractions would have felt like, if I was more natural. I do feel like I missed out on the actual delivery."

Another participant reflected on how the use of the drug altered the expected course of labor, "I was surprised that I had to have pitocin. I was hoping that everything would just go without needing any intervention. I was surprised at how fast and hard and strong the contractions came on with the pitocin. I thought it would be painful, but I thought I would be able to handle it for longer, and like within an hour of getting the pitocin, I needed that epidural, and I always thought I might not need the epidural, but I was dying." The incongruity between the participants preexisting expectations and the actual experience of labor and delivery was disconcerting to this group of fifteen women who pride themselves as being well-informed and in control.

Domain III: Emotional Reactions to Pregnancy, Childbirth, and Early Motherhood

There was a variety of responses to the emotional fluctuations that are typical of this time period. Some women denied the fact that their internal lives were influenced by the transition to pregnancy. For these women, their previous sense of self was impervious. Their "work-oriented self" tended to remain intact. Those who spoke freely about their emotions spoke about the struggle to adopt a "mother-oriented self." The other

group seemed more committed to their "work-oriented self" that was more impervious to vulnerability.



The reaction to becoming pregnant

The moment that the participants first discovered that they were pregnant was a significant memory for many women. Some women were not surprised that they were pregnant. Conceiving their first child was seen as a preordained part of a well-lived life. Other participants had a more complex reaction. Six participants stated that they panicked at the prospect of becoming a parent. Four women were immediately overwhelmed with the irreversibility of parenthood. One participant described her response to the positive pregnancy test, " I remember when I found out I was pregnant, I was not as excited as I think I thought I would feel because I didn't think it would happen so quickly, and I felt very unprepared. I just thought that life was about to completely change forever, and also it was something that you want for so long, and then it is like one of those things that, you want it, you want it, you want it, and then you get it, and you're like, oh my g-d, what was I thinking." The process of change had already begun for this woman who acknowledged her fears from the beginning.

Emotional Ups and Downs of Pregnancy

It was difficult for many women to admit that they were not as productive at work during pregnancy. Nine women denied any change to their emotional or behavioral state and many said that they needed to prove to themselves that they could handle the emotional aspects of the pregnancy without making an impact on their work lives. Almost half of the women reported that social pressure from their work environment or peer group made them reluctant to acknowledge the difficulties of being pregnant and working. Three women felt emotionally isolated as a result of the social pressure not to express ambivalence about becoming a mother. One woman expressed her discomfort with voicing negative emotions;

> You know, being pregnant was not all it's made out to be. I felt like my mind was spinning all the time, and I think socially, everybody expressed that when you are pregnant, it's perfect and you feel beautiful and sexy and happy and that there is never a negative emotion. I mean, I'm a little selfish and I'm nervous about giving up my private time, but you can't say anything about stuff like that. TV, movies, everybody, friends, acquaintances who all say it is so wonderful because that's how they are supposed to say it is. I think it is sort of kind of like the idea that we all grow with. Oh, you get pregnant, and that's just great and perfect. But, I didn't know if I would be a good mother and how I would handle everything and if my marriage would make it through this process. Everything was so new. I just felt like I couldn't express any of that. Everyone would think I was crazy.

Some participants were more open about feeling more emotional during pregnancy. Eight of the fifteen participants reported feeling uncharacteristically emotional and slightly less predictable in mood during pregnancy. Some participants stated that they felt self-conscious because of their inability to respond to ordinary stressors at work. One woman spoke of her frustration, " I was very emotional at work actually, and just feeling not competent and crying and it is not like me to cry about work. That's how I knew I was

pregnant. I am not used to not being able to handle things."

Another woman who did not readily express her emotional vulnerability during pregnancy stated, "I wasn't going to let this stop me from living, because there are so many people who get pregnant that have to watch this or stop that or can't go out or are too tired to do this. And I was like that is not going to happen to me. I'm like you can't stop life because of it." Denying the emotional impact of pregnancy was a way for a group of participants to keep their "work-oriented selves" intact.

Anxiety during Pregnancy

The participants' emotional reactions to pregnancy ranged from a lack of awareness of anxiety to preoccupation with anxiety throughout the entire pregnancy. One participant stated, "I would just pray that I was having a healthy baby. Please g-d let him be healthy. I would say throughout the whole pregnancy that was my biggest concern. I am 37 years old. I didn't let myself get too attached. That's why I said I really didn't realize that I was pregnant other than the big belly. I didn't get attached to him at all in the belly because g-d forbid anything should happen." Nine participants' reluctance to become attached to their unborn child reflected concerns regarding their advanced age. One woman expressed the fears of the group; "my husband and I were a little hesitant to get too excited at the very beginning. It took us actually a little while before we were really willing to let ourselves get excited and start reading the maternity books and planning."

Two participants were on the other end of the spectrum. These participants deflected concerns about their unborn children during pregnancy. Such concerns were thought to be unproductive. One woman stated, “you know, it was funny because I don’t think when I was pregnant I realized I was having a kid. I didn’t really connect with him then. It’s very strange, it was like I was systematically going through it, but I still didn’t realize that a baby was there. While I was pregnant I thought I’ll be worried about this kid for the rest of my life, so it’s silly to start worrying now.” In retrospect, seven women felt guilty that they did not slow down enough and many said they would have taken better care of themselves had they been more aware of the presence of the baby.

Many participants worried about not being prepared for parenthood. For the most part, these doubts dissipated as the pregnancy progressed. For some, anxiety about their competency persisted throughout the pregnancy. Four women said that they had never been interested in children. They feared that they would not have the capacity to care for their own child. One of these women felt that her mother was a poor role model and she felt she in turn would be a deficient caregiver.

> In the very beginning, there were two predominant things that I was absolutely fraught with nerves about; the labor process, that I was almost paralyzed thinking about, and also I was overcome with fear about breast feeding. For some reason, and I don’t know when it changed, but all of a sudden the idea of the labor process became much less daunting to me because I realized it is a finite thing. And I was very nervous about the breast feeding thing. But then what supplanted those fears was a total fear of being a parent. Like, Can I do it? How am I going to do it? How am I not going to make every mistake my own mother made? Do I want this little person in my life 24 hours a day? People always say you learn from your own parents, but all I kept thinking was what if I turn out like that? The only thing I didn’t want was to turn out like my mother, and there was no guarantee that I won’t make those same mistakes.

Seven women on the other hand had always seen themselves as caregivers and many stated that they had become comfortable with the image of themselves as mothers by caring for elderly or infirmed relatives and friends. There was little anxiety about competence for this group of women.

Dreams during Pregnancy

Two participants had dreams about their unborn child during pregnancy. One woman, a research analyst in her mid-thirties, described a dream in which her newborn baby boy spoke to her. As the participant explained, the dream centered on the participant's fears about the child's dependency:

> In the dream he could talk and he said, "Mommy, I'm hungry." We had trouble figuring out his name so in the dream I just called him little boy. I just said to him in the dream, "I don't know how to feed you little boy." And he said, "Just put me near your boob and I'll do the rest." I just thought he would be very self-sufficient."

This participant spoke of her anxiety about juggling a full-time career in investment banking with the daily rigors of motherhood. She later commented that she was relieved when her baby was born with a placid temperament that would allow him to be taken on business trips to Europe.

Another woman recalled a dream with a similar theme. This participant said that she did not feel prepared for giving birth. She described her dream:

> I had all kinds of dreams. I remember certain anxieties that I would have dreams about. One dream I dreamt that I had forgotten to pack my bag and her bag for the hospital, and that I was at the hospital and having my husband pack my bag, and

> he came to the hospital bringing only a bikini for me to wear. And then I had a dream about her growing up too quickly where we were taking her from the hospital to home and we were in a taxi, and from the time that we left the hospital to the time that we got home, she had developed from an infant into a teenager that was like bouncing off the walls and we didn't know what to do with her. I also dreamt that I was having a male dachshund puppy and that my dachshund was very jealous about that.

Many of this participant's dreams during pregnancy contained images of a delivery room. When she went into labor two weeks early, she felt "completely shocked." This participant added, "going into labor completely blew me away. I thought that I would be on time or late. I got up to go to the bathroom in the morning and my water broke and I was just shocked. I couldn't believe it. It was hard to fathom that I was going to have her, and my dream came true because my bag was not packed and we were in the city and I had no clothes to wear. We had this party and I had a cocktail dress and high heels and I was just totally unprepared." Most of the women interviewed said that they were surprised when they went into labor.

Emotional Reactions to Labor and Delivery

When asked to describe their emotional reaction to labor and delivery, the majority of the women said that they felt relieved that their bodies could handle the delivery. All of the women expressed some form of gratitude for their healthy children. Eight of the participants said that when they realized that they were going into labor they panicked and their initial thought was that they were not ready to be a parent. Despite planning the conception of her pregnancy meticulously, one woman stated, "when I went

into labor and I had these weird cramps and I was like, oh my g-d, if I'm having this baby I have so much to do."

All of the participants felt surprised by some aspect of the labor process. One participant reported, "it was totally the opposite of everything I had learned. When they said push I said, what do you mean? I couldn't figure it out. At Lamaze class they tell you to bring the oils and stuff and then when my husband went to touch me I said, don't touch me and in Lamaze everyone is going to do natural, and I tried to hold out, but when I got the epidural it became so much better." Nine women stated that they felt betrayed by friends and birthing classes for not providing more accurate information. Another participant had a biting commentary of the lack of accurate information given to pregnant women. She stated:

> It was not like it was a disappointment to me. I just think it is kind of funny. It's like when people leave a foreign movie and everyone says that they loved it when the truth is that nobody understood it and they really hated it, but no one is willing to say that was really dumb or that was really over my head, but everyone liked it. So, for the most part, I think people maintain a kind of socially acceptable position about things, that they are sort of bred to say.

Only two women reported feeling overwhelmed with positive emotion when they held their child for the first time. The majority of the new mothers were surprised by their lack of emotion. Eight women stated that they felt that there was no room to be emotional due to the physical pain, exhaustion, and the sterile environment. One woman reflected the sentiments of this group when she stated,

> I was surprised that I didn't cry when they gave her to me. That surprised me. I mean I was very excited when they gave her to me, but I didn't cry. I don't know, I just thought everyone cried. I just think it was like emotionally so much to take

> in, that I just didn't even. . . I think I was in shock really. Even though you know you are pregnant for nine months and they hand your baby to you, you just can't believe she came from you. It is just shocking. I was self-conscious that I didn't seem more excited when they handed her to me. I didn't know how I appeared to the staff, but I felt like I didn't seem excited as maybe they had seen before.

During the interview, many participants said that they still felt guilty about their reaction to their newborns. Some wondered about how their husbands and the medical staff had interpreted their lack of emotion.

Past Experience of Loss and Pregnancy

Movement toward a maternal identity seemed to be facilitated by the ability to enter into a state of vulnerability. Those who were able to acknowledge the emotional impact of the transition to motherhood seemed more likely to express a shift in their sense of self. For instance, some women who had experienced a significant loss of a loved one spoke more frequently of not taking motherhood for granted. For some participants who had experienced the death of an immediate family member, pregnancy presented unexpected emotional challenges. Five women had either lost a biological parent because of death or parental separation. One participant whose mother was in the last stages of terminal cancer at the time of her daughter's birth described her emotions when she found out she was pregnant as "mixed because you are feeling the loss of your mom and you know this is bringing her joy, but you don't know if she will be here to see her granddaughter." This participant, like others in this group, spoke of her desire to spend as much time as possible with her newborn daughter and of a sense of heightened sensitivity

regarding what the loss of a parent might have meant to them as young children. Although the process of becoming a parent was fraught with mixed emotions, there was little ambivalence expressed by this particular group.

Another participant spoke of the sadness and guilt associated with having achieved a milestone that was never experienced by her sister who died in a car crash during adolescence. She also fantasized about what kind of an aunt her sister would have been to her child. The death of a father before prompted another participant to question if she herself would have the chance to have more children. When asked to talk about her fear that she would not be able to have more children, this participant said, “My mom always said that if her life had worked out the way that she had wanted, she would have had a house full of kids, but she never intended only to have one. So, I think I’ve just grown up sort of cherishing everything that I’ve had. I’d love to have another kid. I don’t know if it is in the cards for us. I don’t know if my body would work again for that. So, I am always thinking that way.” This participant represents the desire on the part of many women in this group to savor the first stages of motherhood.

One participant whose biological father abandoned her mother weeks after the participant was born recalled her own fears when her husband went back to work after paternity leave, “it wasn’t a rational thought that I was feeling, but like I really depended on him. It may have been more intense because my biological father and mother divorced very soon after I was born. He left my mom soon after I was born, and so that was in the back of my mind and my mom just told me how horrifically stressful it was raising me on

her own, and also just imagining it like being by myself with a baby. It was very frightening." The marital relationship was a vital component of the adjustment to the postpartum period for most participants in general, but the support of others was especially important to the group of women whose memories of loss fueled a sense of vulnerability during this time of transition.

The emotional adjustment to the early postpartum weeks

Eleven of the fifteen women in the sample found the emotional ups and downs of the postpartum period to be more unpredictable and disruptive than during pregnancy. Regarding their emotional state during the postpartum period, nine participants said that they were more likely to express both negative and positive emotions during this stage in their lives than ever before. The move toward a maternal self was not comfortable for many of these successful women who were not used to viewing themselves as being "emotional."

When asked if the postpartum period felt like a crisis, seven women stated that they could see how easy it would be to become depressed. A small minority of women said that they were not more emotional during the postpartum period. The lives of the majority of participants had changed dramatically since the birth of their children. One woman commented on how emotional she had become since the birth of her daughter; "I am more fearful of things than I have ever been. And so, for me it is like wow! I've never been able to understand how someone could feel that way before. If I gave into this I

would choose a different path. I could really never ride the subway again. I just needed to tell myself not to let my mind overtake me in this way. I was shocked by my emotions. It's not who I have ever been before."

The dramatic changes in lifestyle were surprising to most of the participants who complained about being unprepared and disorganized. One woman said that she had wished that she had prepared better for the realities of the postpartum period when she explained, "I really didn't focus on what would happen after he came. I hadn't thought about that. I just focused on hopefully he'll be alive when he gets here. That was probably a mistake now that he's here and he's a lot of work." Another participant voiced her frustration during the postpartum period. She said "I didn't feel scared when I was pregnant. It was harder after. I started to feel like oh my g-d, what did I do? Like, oh my gosh there's this person here for the rest of my life! It's daunting." The sentiments of these two participants were reiterated by another who said, "what surprises me is that I didn't really stop and think about the lifestyle changes that would happen once we had a baby. Before I was pregnant, it never dawned on me until all of a sudden she was about to be here and I wondered if I really wanted this, and it was a little too late to be thinking about it that way." This was a common theme for this group of women who until now thought of themselves as being well prepared and on top of everything. Having a child proved to be a uniquely challenging experience.

Nine women reported feeling frustrated by their inability to "get things done." Three women felt that they were "teetering on the edge" of complete disorganization.

Seven women were more accepting of the inherent lack of control. These participants acknowledged the transient nature of the chaos. However, a larger group of women had the expectation that their ordinary household, exercise, and work routines would resume after giving birth. One woman reflected on the difficult adjustment during the weeks following the birth of her child:

> I feel like this brings out a stressed out side of me and I feel like out of control and I think the nature of a baby, you just can't control everything. I feel more on edge that I prefer to feel, but there's nothing I can do about it. I'm sort of surprised because I did a lot of babysitting and I feel like I'm sort of a natural at it and other times I feel like kind of bummed out that I'm not more patient and that I'm not more able to project that I've got the whole situation in control. I don't like that feeling of teetering on the edge. I'm not able to maintain the calm that I am used to.

Nine women were disappointed that their bodies and homes were not back to "normal" by eight weeks postpartum.

Support from their husbands was an influential factor in the positive adjustment to the postpartum period. All but three of the women said that their husbands provided their biggest source of support. However, the marital relationship was also a source of conflict for these women. During maternity leave, most of the women stayed home while their husbands went to work. This arrangement, although temporary in most cases, was uncomfortable for most of the participants who never considered taking on such a traditional role in their marriage. The final domain will focus on the marital relationship and the transition to motherhood.

Domain IV: The Marital Relationship and the Transition to Motherhood

The marital relationship was a surprising source of conflict for the fifteen participants. Most of the women felt closer to their husbands than ever before. Many spoke of having newfound appreciation for their husbands and the union of marriage. Despite feeling grateful for their children and husbands, all of the women had some ambivalence at being the designated primary caregiver of their children. They had expected a more egalitarian arrangement and were surprised at how quickly they and their husbands had fallen into fairly traditional roles.

Becoming a family

Eleven participants declared that getting married had made little impact on their lifestyle prior to having children. These women, however, commented on the dramatic changes in the marital relationship as a result of becoming parents. They attributed these changes to having become a family unit. Becoming biologically connected to their husbands changed the way they thought about their relationships. For most of the women, this realization generated positive feelings. Six new mothers commented on how much stronger their relationship felt after giving birth. One participant, whose own parents were divorced, stated, “my husband and I have always had a really strong relationship, and it made me feel happy to see my being pregnant made him so happy. It just meant that I would have the security of a family and the happiness that that brings. It made me prioritize my marriage family over my birth family. Now that the baby is actually here, I

think my husband appreciated me even more than before." Pleasing her spouse in this traditional way was new for this research analyst.

For other women whose marriages had been challenging prior to giving birth, the new biological attachment to her husband created conflict. She reported; "the child brings permanence. It's not that we were ever going to get a divorce, but with a child, there's more entanglement." It was difficult for most of the participants to talk about being dependent on their husbands. One woman said that she refused to accept financial support from her husband, even in the form of buying diapers or formula. For some women, it was important to maintain power in the relationship.

Marriage and the impact of pregnancy and the postpartum period

Nine of the participants commented on how difficult it was to maintain a positive marriage given the intrusion of the baby. Most of the women recognized that their role as a spouse would take a backseat to their role as a parent during the early weeks of motherhood. This was an anxious time for the two women whose previous marriages had ended in divorce. One participant declared, "I have been panicked about not being able to maintain a marriage throughout my time as a parent. I mean like when she's crying or when she's a teenager and she is screaming at us because she hates us. I would joke with my husband all the time about the baby being a teenager, him leaving me, but it's not really a joke. Even now I think he won't want to come home anymore because the baby is crying." It was vital to this participants self esteem to be seen by her husband as

attractive, interesting, and confident.

Ten women commented that they had been extremely responsive to their husband's needs before their children were born. In addition to being successful in the workplace, they prided themselves on being attentive wives. Five participants stated that their husbands expected the same level of attention as before the birth of the baby. Juggling her husband's needs with work, and the added stress of pregnancy caused one woman to declare, "He never knew that it was a little harder to get around maybe, or how just what I was going through. My work was taken care of, and then I had to come home and take care of him, cause he doesn't do anything around the house and I was like, how am I going to do all this when the baby comes?" Another participant commented on her husband's emotional neediness, "It was like, I just put the baby to bed and he would be like not bashful about saying he needed something too. Like, scratch my back, and I was like, you know, I am exhausted and it is like one more person saying I need something. I just wanted us both to be focused on her, instead of me focused on you. I don't need anything from you, and you still need something from me. During pregnancy, it sort of had already begun to take my focus off of being a wife, like a shift off of him, toward being a mother. I need to be careful of that."

Five other women whose marriages were more egalitarian had more positive feelings about their husbands. Their husbands had automatically altered their expectations of their wives. One woman commented, "I was a very doting wife from the beginning, but now I can't and my husband doesn't seem to mind. I still look out for him,

but I can't do the things I used to. We're both not as cuddly or focused on each other, but that will change. I don't feel bad about not being totally available and my husband is so into the little guy also. So, we both don't seem to mind." For some couples, there seemed to be a mutual understanding that their relationship would be secondary to the care of their newborn for the time being.

The need to rely on others was hard to accept for these independent women. Nine participants said that they were too self-conscious to ask for help even when they felt overwhelmed during pregnancy and the postpartum weeks. One participant said, "I'm a little bummed out that I'm not more patient with her when she cries. I am not able to project to my husband that I've got the whole situation under control. There are times when he comes home and I'm about to lose it and I don't want him to see me teetering on the edge. I am used to being able to maintain a sense of calm." Many of the new mothers were surprised that their confidence at work did not translate to confidence at home. They rarely questioned their competence at work.

Division of responsibility

Negotiating the division of parental responsibilities was an eye opening experience for the participants. Eight of the fifteen women stated that their husbands were the most significant source of emotional and physical support. One participant who is a dentist noted that her doctor husband was the primary chef and cleaner in their home. However, many of the participants had a more complicated view of the marital

relationship after pregnancy. Nine participants expressed resentment or envy toward their husbands. During the early postpartum phase, fourteen of the fifteen women saw themselves as the primary caregivers of their children, with their husbands being secondary caregivers. Some women said that they did not give any caregiving tasks to their husbands because they did not trust their judgment.

Nine women approached the management of the home in a style that was similar to how they managed their work environment. One woman purposefully planned how she and her husband would navigate differences in parenting style. She described:

> With my husband, I try not to be too controlling. Last summer we went away with our friends who have a fourteen month old and I saw how my friend ordered her husband around. She treated him like an idiot. So, after seeing that, I made sure he and I went to baby classes together so I wasn't the one showing him how to do everything and we got the same information. I mean, we don't always do the same thing. He can be good at some things that I'm not good at and the other way around. If I gave my husband a hard time that would undermine his confidence. I bite my tongue a lot. Also, it's in the way it is said. I try to say things in a way that doesn't sound like I'm judging him.

Six women were disappointed with their husbands for their lack of involvement in the daily upkeep of the home. The disparity in responsibility at home created mounting discontent for the women. Four women declared that their husbands felt like "another child" rather than a partner. What had been acceptable behavior on the part of their husbands prior to giving birth was no longer viewed as adequate. These women had become used to being self-sufficient at home and in the workplace, but this balance was no longer attainable. This was a disconcerting shift for the participants who had ordinarily refused to rely on their husbands.

All of the participants worried about how they were going to maintain their role as primary caregiver when they returned to work. They put pressure on themselves to "juggle everything." Some women recognized that their husbands would have to take on more responsibilities. The majority, however, were focused on how they were going to take care of their jobs, the home, and their child, with little mention of how their husbands' roles would change.

Two participants contemplated not returning to work after maternity leave. Nine women felt that they needed to work to maintain the balance in their relationship. One participant spoke of her expectations of marriage during the early stages of parenthood:

> In college, I was a sociology major and I always read about "the second shift." It's different when you are labeling it and studying it, and now experiencing it. I am obviously not working right now, but being home doesn't mean that I am a household maid all of a sudden. So, some of the arguments and the discussions between us have been about how we handle all this stuff. Yeah, he did go back to work, but it doesn't mean that when you walk through that door you kick your feet up and I'm doing laundry. We're still in a partnership. Just because I am home doesn't mean I am your maid, and so I think part of me wants to work so badly because I think I would resent feeling like I needed to do everything at home because I was home during the day. There is time when you are at work to do things for yourself, or surf the net. I can't do that when I am home with the baby. Not that I would trade it in, but he has to realize that it's different.

Most of the women were surprised that the division of labor between themselves and their husbands ascribed to fairly traditional roles. Several women anticipated potential resentment and were trying to come up with ways to reduce future conflict. These women said that it was important to communicate about their discontent, but many stated that there was little time to talk with their husbands.

The sexual relationship during pregnancy and the postpartum period

Pregnancy caused the participants to think differently about the sexual aspects of their marriages. Eleven women commented that they were not interested in sex at all when they were pregnant. Ten women stated that the decrease in sexual activity during pregnancy made a significant impact on their relationship with their husbands. The most salient reasons for their disinterest were feeling unattractive, fear that the baby would be hurt, exhaustion, and discomfort.

In most cases, the women had become less interested. In one case the husband had decreased libido during pregnancy. In another case the woman's sex drive was increased during pregnancy. Six women worried that labor would give their husbands' a negative image of their bodies. Four of these participants said that their lack of interest in sex contributed to their guilt about being "inattentive wives." Sex had become less of a priority for most of the women. It had become an underlying and infrequently expressed source of guilt and conflict. Several women were worried that they would continue to view sex as purely a means to procreate rather than an important part of their relationship.

On the other hand, five women stated that their sex lives were the same as before pregnancy. These women said that they felt sexually attractive and interested in sex because their husbands distinguished their sexual identity from their identity as the woman carrying their child. One participant described her husband's positive reaction to her pregnant body; "when he talked it was really beautiful and he still always seemed attracted to me, so that really helped me feel attractive and feel still you know, like I had

an identity separate from the baby. Well, I had boobs for the first time which was exciting. My husband definitely responded to that and he was very excited from the beginning about the changes going on. If anything, I would say he was more accepting of the changes to my body than I was."

Many of the women recognized that their appearance became "more sexual" during pregnancy, but this did not necessarily increase their sex drive. An overtly sexual appearance caused many participants to feel self-conscious. One woman said that when her male boss noticed that she was pregnant she wanted to hide. For the women who worked in health related fields, pregnancy was a clear sign to patients that they had had sex. Their sexuality was a challenge to their work-oriented selves. The following section will describe the obstacles two women faced while transitioning to first-time parenthood.

Case Examples

The second section of this chapter will present two cases that represent different responses to the transition to motherhood. The first case depicts Courtney, a thirty-six year old analyst for an investment bank whose sexuality remained high throughout pregnancy. The dynamics of this participant's marital relationship remained relatively circumscribed and defined by the participant. It was important for this participant to have control over her lifestyle and she relied heavily on paid help. Changes in the size and shape of her body were of major concern and a source of great frustration. She was determined to maintain her pre-pregnancy work productivity after maternity leave. Unlike some of the participants, Courtney established clear boundaries between herself and work during maternity leave. She was clear with her superiors that her job for the first several weeks of her daughter's life was to be a mother.

Courtney's narrative clearly suggested an emotional connection to her newborn daughter. Nevertheless, it was clear that Courtney strived to remain in control. The second narrative described in this section is of Kristen, a thirty one year old director of College Activities at an Ivy League institution. There were fewer themes related to maintaining control in Kristin's interview. Kristin's transition to motherhood was influenced by her father's death. As a result, Kristin seemed to question aspects of this transitional period that others took for granted. She exhibited a shift in personal goals and self expectations without losing the drive to achieve in the workplace. She was surprised

by the unexpected changes to her self-identity.

Portrait of Courtney

Conceiving her first child

Getting pregnant was pretty easy. I was pretty methodical about it, like I tend to be. I interviewed OBGYN's and went for check-ups. I tried out a few of my friend's OBGYN's. I chose mine about a year and a half before I got pregnant. About six months before I got pregnant I went on prenatal vitamins and about three months before I got pregnant I went off the pill. In the first cycle that I could have gotten pregnant I did. The first time we actually tried to get pregnant we did. I had always thought that leading a healthy life would translate into being able to get pregnant.

We were really happy and pretty surprised that it happened so easily. We were very excited and I remember it well because my husband had to travel that day, like the first day I could take the test, where it would be relatively accurate. He had to go to Boston. We planned it so that he was on the phone so that we could be together even though we weren't. So I remember it was a nice moment.

Physical experience of pregnancy

I think I had a pretty easy pregnancy, so I feel lucky. I mean it wasn't easy in and of itself but on a relative basis I think it was pretty easy. I didn't have any complications, I

didn't have any scares. I was never sick. I never had any morning sickness. I was able to work out for a little bit of it, so it was a lot less difficult than I thought it would be, but I would say my next pregnancy will be so much easier because I know what to expect. I had a joke about being this big science project. The whole thing is about learning about everything and being prepared, you know, me, physically and then also getting things ready for the baby. I needed to learn everything about what was happening to me and the baby.

I had lots of little stuff. I had lots of skin problems especially in the second trimester which definitely contributed to the image issue. My skin was a total disaster. I got it under control my third trimester. I was like oh g-d, they also say the hormones after birth cause horrible problems so fortunately I have not had that. I kind of had the opposite of what most people get. A lot of people get much thicker hair and my hair got a bit thinner but now it's actually thickened up again. So, you know I had the skin issue. My feet swelled. A lot of the little typical stuff that happens. You know, they're not serious things, they're just little things. Like my bleeding gums and you know all those kind of things.

Body image during pregnancy

The next time around I want to try to be a bit healthier about it because I gained a lot of weight so I'm kind of like, I did it that way, let's try next time to be a bit more controlled about it because I don't want to have the result to be I have all this weight to

lose. So my baby is really healthy and my delivery wasn't that bad so it's like how much more can I improve on it anyway?

I would say the hardest thing was my self-image about getting heavy and my body changing. You know I'm someone who's very athletic, independent, and you know who has always stayed in good shape. I like clothes and the whole thing. So that was definitely difficult in sort of an emotional way in that respect.

The way I looked was the biggest thing. I had really good energy. I was very mobile the whole time. Even when I was huge I was still getting around fine. Trust me, I was getting uncomfortable. Just having a hard time finding things to wear and just getting in and out of bed peeing all the time. But I didn't feel sick. It didn't really affect me. I wasn't that tired. If there was something to do that was fun I just did it.

It wasn't one moment when the physical stuff affected me. It was more a general thing. You know, you go from this one person, physically, that you've been all your life and I'm someone who doesn't look that much different. I've never done dye jobs, I've never had a lot of weight to lose. You know I've fluctuated from here to there throughout the years but never more than 5 to 10 pounds. I've never had extreme changes in my body. So, it was very strange for me to be a very physically different looking person.

Emotional experience of pregnancy

I've always had those fears that there would be something wrong with the baby. You invest all this time and emotion and hope and it's like, what happens if something

happens to the baby? Any time along the way something could happen. And you're taught, oh the probability is low, you know once you get past the milestones. The probability goes down. I was definitely worried but I was like, well, I'm going to be worried about my baby for the rest of my life so I better pace myself. Because this is just one phase of the worrying. There will be a million other opportunities to worry.

I had an amnio, so I was really scared because of the potential results that something was wrong. I was worried almost more about the fact that having an amnio was putting my baby at risk. How horrible would I feel if something happened because I had the amnio. Then, almost from the time I found out I was having a baby I was like on my g-d, I have to go through labor! I was huge and I was like how is this baby going to come out of me. And I just started to think about what actually had to happen for the baby to be born. So I worried about that as well.

Most of my expectations came from friends. And then I read a couple books while I was pregnant. I found one a little annoying so I didn't finish it. The other two books I read cover to cover. I have to say I didn't have a lot of expectations and I also knew that everyone has different experiences. I know just because my girlfriend had experience A doesn't mean I will. I also read a lot and like to know because it again, made me feel like the science experiment. Okay, this person had this experience so let me see what mine is relative to that. I was interested from a subjective and objective point of view. I had to learn about everything.

I was probably a little hormonal, but not extremely. My husband would probably

say I was, but it was more like stressed. It was less about hormones and more about being stressed about everything we had to get done. I would never say I was feeling overwhelmed, but just stressed about all the different things I had to do.

(I ask what in particular made her stressed.)

Oh, you know, between the appointments and buying all the stuff and I know nothing about children. I don't know if I'm having a boy or a girl, so I had to figure out if I'm going to address things like the room or the clothes. There are certain things you need to buy and thank g-d I did, because once you have the baby for the first couple of weeks you don't have time to go to the store. So, we moved to a bigger apartment. We bought a car. Things like that.

Sense of self during pregnancy

I was really happy that I was able to deal with the physical stuff. I've always been really healthy, knock on wood, and able to deal with stuff. I was worried that I would be sick and I would have all these problems and I was really happy that, living a healthy life, and being healthy for most of it, translated well, because it was easy for me. I felt like I was rewarded for being healthy all this time. Living healthfully, and being strong physically, it really helps when you're pregnant, and it helps the baby. Not to say that women who aren't so healthy don't have healthy babies..., it's just that it was really reaffirmed.

In terms of me as a mother, I think that I was a little concerned. I'm not that

motherly. I never babysat. I was never into babies. So, I was concerned. You know, I'm sure I thought, oh well, I'll love my baby, but I wondered how am I going to feel about her and all that.. And you hear about these extremes and I was like, I wonder where I am going to fall into that? I left it sort of open ended when I was pregnant. I figured I could feel anything. So, for me it was this combination where I feel so strongly about her, and immediately I did. And I did when she was inside me. You develop a relationship with her almost before she was born. That relationship makes more sense to me now that I actually know her. But I also immediately felt like I love breast feeding, but I don't want to stay home all day, changing diapers, breast feeding, and getting her through her fussy period. I just want her to be taken care of very well and I enjoy doing it when I'm doing it, but I don't want that to be my job.

I think I am definitely more nurturing and maternal than I thought I would be. But, that only applies to my children, no one else's children. I'm interested in other babies, but it was more of a selfish reason. I like observing to learn more and I think other babies are cute. It's not like I'm this heartless person, but it's not like I want to run a nursery school.

Relationship with spouse during pregnancy

I worked a lot and my husband works a lot. I tend to be very organized and I'm good at doing a lot of things at once. My husband is not. I remember feeling frustrated trying to get him to do stuff. I was like, "I'm doing 90% and you can't do 10% that I'm asking you to do? I mean c'mon. I was like I'm doing everything and I'm sure this is very

common, but you know I'm sure he was really scared. He tends to be like a lot of men. They avoid things if they're not quite sure how to do it.

(I ask if she found that her relationship with her husband changed during pregnancy.)

It's still something that's evolving. A lot of it is physical. The sexual relationship. A lot of it was that. Like in the beginning, sex wasn't such a big deal. Even though I was gaining weight, it wasn't like it was a baby, it was just weight. Then, as I really started showing, and the baby started moving, I didn't have a problem with having sex at all, and I think he did. It's something we're still kind of talking about. I don't know if he was freaked out because I was pregnant or because I looked so different, but it was weird. In some ways we became much closer. I found he was very sweet and very loving in a lot of ways. It was just a little different kind of loving. And again, I felt like saying, I'm a woman and it doesn't matter, and it's natural, it's safe, there's nothing wrong with it. But I think he looked at me a little differently. And again, I don't know if he was freaked out because there was a baby inside there or because I looked so different.

You hear the stereotype, it's the woman who doesn't want to have sex, the woman isn't interested, the woman's paranoid about the baby. I didn't feel that way at all. I felt more self conscious because of my looking the way I did, but as far as how I felt about all that, I didn't have a problem with that at all, until the end. Even though it wasn't necessarily comfortable or satisfying for me, but it wasn't like I worried about it or was opposed to doing it. So, I definitely think it was more on his side. And maybe it was also me changing in terms of always saying, okay, we have to do this and we have to do that.

There's an aspect of that that could have changed our sexual relationship. I could have affected the sexual relationship in that way

When I first had the baby I didn't want to talk about it. Now I'm actually allowed to have sex again and we've had sex again since having the baby. I wanted to get through that. I didn't want it to be this taboo thing. I didn't want to get into a rut. But I do think it's something we need to work through especially if we have another child. I don't want to go through this again. The amount of time I'm going to spend pregnant and nursing, I figure you're probably pregnant for a year, not really nine months, compared to the amount of time I'm going to spend with my husband for the rest of my life, is relatively short. So, you don't want to have that part of your life affect the rest of your relationship with your husband forever. My husband's not this warm and fuzzy guy. He's an investment banker in mergers and acquisitions and he's funny.

Work during pregnancy

I worked up until the very end. The last couple of months of my pregnancy I had a lot of flexibility in my job. I had the opportunity to cut back on my hours. So the thing I would do was come in later. Where I was coming in at 7:00 or 7:30 a.m., I was coming in at 8:00 or 8:30 a.m. I was always there by 9:00 a.m. I wasn't pressuring myself to be there so early.

I was promoted in December, but it didn't actually start until February. I'm basically my own boss now, I mean everyone has a boss, but I'm now much more running

my own thing. So it's a lot more about self-motivation than having someone tell you what to do. It made me a little bit less efficient with my time because I was doing stuff for the baby. But I still work quite a bit. My husband will yell at me a bit because he was like, "why are you still there? You don't have to be there? There's no need to work 12 hour days." I mean it was probably more like 10, but I did 12 hour days quite a bit. I've done more than that before but not much more.

I was traveling a lot when I was pregnant. I went to a lot of countries. I went to Eastern Europe and Chile in my second trimester, and I went to California, Seattle, and Las Vegas. It just didn't bother me, so the doctor was like, as long as you're okay, there's no reason why you shouldn't. So, it really didn't slow me down too much for work.

I was one of many women pregnant at the same time at work, which was kind of nice for me. It was nice because t made you less of an oddity. It was actually easier in some ways for me to be at work than at home, because at work I sit at my desk and do my work, whereas at home, I'm running around. In a weird way it's actually less stressful, less hectic, to be at work, because it's more of a routine.

There was that moment when you told people at work that you're pregnant, which is always fun. It was a little strange because I hadn't been promoted yet, and I knew it was a possibility, but it wasn't a sure thing. I had to think about my strategy. Do I need a strategy, or do I just do it? Basically, I didn't tell anybody really except for my husband until I was out of the first trimester. I mean I didn't even tell my parents because, you know, I'm a little older. Lots of people have miscarriages, and I didn't want to make it

into a big thing in case something happened. So, basically I told work, just my two bosses, right after I got through my first trimester. I basically reaffirmed that I was dedicated to work and to being promoted and how I feel the timing was actually really good, and it was partly planned that way and how lucky we were that it happened that way. So, they knew where my mind was.

The experience of labor

I would say that it wasn't a pleasant experience, but it wasn't horrible. And it went well. I didn't have any major problems. I had to be induced because I was a week and a half late. So it was very strange to have it so planned. So, I got there Tuesday night and they put something on my cervix to soften it in anticipation of being induced. And that put me into labor which is not unheard of, but it was not that common. And so, I actually went into labor, late Tuesday night. The problem was that I was not in a labor and delivery area of the hospital, so it took me a long time to get transferred over and to get my epidural. So, I spent a couple hours appreciating why you get an epidural. So, that was not pleasant. That was not the worst point. That was when I was four centimeters dilated. My contractions were pretty close together even though I wasn't super dilated. So, that was unpleasant, but once I got the epidural, it was great. It was a little uncomfortable, but it was bearable. I was in labor a total of 15 hours, from the time that I was feeling contractions to the time I had Amelia.

(I ask Courtney who attended the birth.)

My OBGYN, my husband, and one or two nurses and of course, various anesthesiologists, and other people. The only thing that wasn't nice was during the pushing I got really nauseous, and I wasn't expecting that. It was like, I'm pushing and I'm going to throw up. But, I didn't. What surprised me about labor is that your body just does it. You're kind of on autopilot, except for the pushing. And that was amazing to me. That your cervix just dilates all by itself! Again, sort of the science of it all. I wasn't surprised by anything that happened per se. I had read enough. I knew just from other medical experiences that you have to stand up for yourself and speak up. Like the epidural thing. If I had just hung out and sat in silence, no one was going to do anything. And even when they gave me the epidural, there was a spot that wasn't working. I've never experienced this before, so what's the right thing? I told them that I didn't think it was completely working. I was really glad that I knew about the medical profession and that I spoke up.

I was really happy and I knew I would be. I kind of cried when she was born because I was really happy, but I wasn't surprised by that. I was a lot less emotional than people said I could be. I mean, I was definitely mad about not getting the epidural and I put pressure on people to get it. But again, this was more me needing to stand up for myself. You know, I'm responsible for myself.

My husband was great through the whole thing. He was completely there. I got annoyed with him a couple of times for falling asleep while I was in intense pain, or eating in front of me when I wasn't allowed to eat. Those type of things. But he was

awesome. I'm so happy he was there. He was really helpful. And he was really good about going and taking care of stuff and I would say that it was a little bit new, in the sense that he just said, "Okay, whatever she wants, go ahead and do it." For me, I was very definitive about what I needed.

Connection with baby during pregnancy and postpartum period

I was just really happy to see that she was a healthy, screaming baby. I don't know, it seemed that she was the same person who was inside of me. I mean, people are like, it's a stranger, but in a way her personality was showing itself already while she was inside me. So it felt like I already had an attachment to her. *(I ask Courtney about the characteristics she noticed about her baby before and after she was born.)* She's very impatient. I mean she's good except for when she wants something. And she's very active, you know, she was very active inside me. She would get very active right before and right after meals. And this was the thing, she gets hysterical if she doesn't get fed. So, there's something about food for her. When I would rest a book on her stomach and read, she didn't like that, she would push it away. She's a good girl, but overall, she seems to me to be very clear about what she wants. *(I ask who this reminds her of.)*

It's funny, I'm very easy going about the things where really I don't care about either way, but then there are a couple of things where I am tenacious, when it's really something I want. There aren't many things that I really focus on, but when there's a thing I really want. It could be a problem in a sense that I just . . . the few things that I am

insistent upon, I feel like I should just be heard. So, I think she's going to be a tough girl. I'm glad. I want her to be like a strong woman.

(I ask Courtney if she knew the sex of her baby before she was born.)

No. We knew what your name would be if you were a girl, but we didn't know what you would be. (Courtney looks down at the baby as she responds to this question.) We were kind of happy, actually. We kind of knew she was going to be a girl and we were kind of hoping for a while. Then I had a dream that she was a girl, and everyone says, if you dream abut it, then that's what it is. I mean, we would have been thrilled regardless. I'm sure if we has a boy, and whatever the boy's personality was, that would have been the right baby for us at the time. I'm glad I got my girl.

I think I have a sense of her at times. Like, when she's eaten, but not eaten enough, and when she's going to get up again. You know, that sort of thing. You know, I don't do everything for her because of the baby nurse. I mean, I can change diapers and everything, but I don't. I figure, I'm doing the breast feeding all the time, so when the baby nurse is here, she does the diapers, and if she's not, my husband does. It's really great when she smiles. She does that for the baby nurse, but the nurse spends a lot of time trying to get her to smile. My husband definitely thinks she's bonded with me. The fact that when she looks at me she smiles, she's content, I'm happy with that.

The good thing about breast feeding is that it's caregiving, but it's also very close. The line is blurred with breast feeding. It's also an emotional connection, not just care

giving. I really like breast feeding and I didn't know I was going to like it so much. I also feel that because I'm going to be working I want to give a lot in that way now. I want to try to give as much as I can. I have two baby nurses. The other baby nurse kind of yells at me sometimes because I'm hesitant to give her a bottle because I want to breast feed her. We do give her one bottle a day. The baby nurse says the baby will get too attached but I feel I should really focus on this now while I'm on maternity leave. This is my job right now. This is how I can really help her and she's really little. It's not like I'm going to breast feed her until she's one and a half!

Body image during the postpartum period

Oh, but I'm so fat. So, it's not great. None of my clothes fit, and I don't want to wear maternity clothes because they're actually too big. I don't want to buy a lot of clothes because I'm not going to stay this size for long. My chest is huge, and usually I have no chest. I've literally gone up two cup sizes. It helps balance out the rest, which is good. I'm working out now. I've been losing weight really, really, really, slowly, and I'm not eating much. It's not really happening fast. Other people told me they lost the weight right away, but I'm like, screw you, it's not happening, where's my five pounds I'm supposed to lose. It's not horrible, but it's certainly not great. When I was pregnant, it was different because it was a big unknown, and it was for a good cause. I mean, I'm breast feeding, so I know that will prevent me from losing the last five to ten pounds, but no more excuses. The other part is my responsibility. So, that's really hard. Another thing to

think about, another responsibility, another thing to be disciplined about.

Emotional experience of the postpartum period

I thought I was going to have more free time, but I really don't have that much free time at all. So, it's a little hectic. I mean, it's breast feeding, that's why. I mean it's sort of a blur. Having a baby nurse makes a big difference. As far as going with the flow I think I've done pretty well. I've stayed pretty relaxed, and I think that's important because I didn't know what to expect, and every baby is different. I think now that she'll be six weeks old tomorrow, we need to get more organized. I let it be kind of free form at the beginning, you know, she's gained a lot of weight, and she's pretty happy most of the time. When she's not hungry or sleepy, she's pretty pleasant to be with. She's really cute, and she's gotten cuter. I'm biased, I can't help it.

The very beginning was hard. Breast feeding wasn't hard for me, but the first couple of days it's kind of tough because she's crying and I don't know what to do. I'm sure it would be totally different experience for me if I didn't have a nurse. I would be like, oh my g-d, what am I doing? I'm a little afraid still of giving her a bath, because the baby nurse does that. I'm afraid I'll drop her when she's slippery, and she's gotten really heavy. But I know now that the only reason she cries is when she's hungry and sometimes at just her fussy period. I know when that is now.

(I ask Courtney about the most difficult aspects of the first six weeks of her child's life.)

I don't nearly have as much independence. Part of it is that I chose to breast feed and not give too many bottles. You know, I just can't take off. We haven't taken her far. The logistics hold you back. The logistics thing of when I go back to work and the whole finding the nanny things is really hard. I mean, it's the thing that you want to get as close to perfection as possible. My husband is helping to find someone, but it's definitely more on my shoulders.

I've felt a lot of gratitude, being grateful she's healthy, and that I'm healthy, and that we had an easy time with it, and she's a good girl, and she's doing well. I feel very lucky, but I've definitely gotten more emotional, for no apparent reasons sometimes, and it's happiness emotions, but it's still like being teary-eyed crying, which isn't like me. I definitely have this huge sense of responsibility, and I just feel that something bad will happen to her. I have so much more to lose now, because I have this wonderful child. And I think my husband feels the same way, that we're lucky, and wanting nothing bad to happen to her. Actually, it kind of happens naturally, a lot of it.

Sense of self during the postpartum period

I'm more maternal than I thought I was. I think it's reaffirmed some things I thought were true about myself, like my being physically strong. I feel like everything needs to be efficient. Immediately, I was completely overwhelmed with how much I loved her. I still get emotional at times. But it's funny because at the same time that I feel this way about her, I immediately knew I wanted to go back to work. It wasn't like, oh

this is what I want to do for the rest of my life. It was a weird combination of feeling so much love for her and I was immediately caught up in what if something happens to her. Like this worry, like being scared, because I love her so much and I don't want anything bad to happen to her. But at the same time, I definitely want to work. I essentially haven't changed as a person, as far as my relationship with the outside world is concerned.

Relationship with husband during postpartum period

Based upon what other people have said, I think we haven't had a lot of stress between us, but with the baby nurse, we can still have our private time together. The fact that I'm not overwhelmed because we have help really helps. If I was overwhelmed and he came home from work and wasn't helping, and I was by myself all day, and not getting any sleep, and haven't showered yet, there would be a lot of stress between us, a lot more tension between us.

(I ask about the division of household and caregiving responsibilities shared between herself and her husband.)

Basically, I've made him in charge of diaper changing. Because if the baby nurse isn't here, I would have ended up doing it all. So, I think it's fair, because he doesn't get up in the middle of the night. But, because he's working, I've never asked him to get up in the middle of the night, and I try to stay really quiet to enable him to sleep.

We kid around that now we're really married. We've been married for three years,

so we've been married for a long time, and we've known each other for eight year, but having a baby makes us so much closer, and so much more a family unit. It's almost legal now, or biological. Although we're not literally biologically connected, we now feel we are. I think the sex thing is something left over from before and there are probably some things I want to talk to him about, because there are things that are still bothering me. It's a little difficult logistically now with the baby to have sex. You can't be as spontaneous. Other than that, I don't think that will be a problem.

Thoughts of work during postpartum period

The person who is in charge of my company, she had twins maybe two years ago. Both of my bosses are women. And then I got the promotion and things changed around a little bit. In terms of maternity leave, the company gives six weeks paid and six weeks unpaid. Not so good at all. My company is such where it's either black or white. Either you work or you don't. As soon as I get a nanny, then I can start planning exactly what I'm going to do. I know I want to go back three weeks early part time. That way, if something goes wrong with the childcare thing, I have a buffer. I told myself that I'm not going to know how I'm going to feel about going back to work until I get there. You have some idea of what you want to do, but there are too many variables. And I made sure not to commit to being back by a certain date. Although coming back a little early allows me to be back in the time frame even if something goes wrong.

It's funny, I have a co-worker who set a bad example for the rest of us, because

she had a baby just a couple of weeks before me and she started working right away. Within days after having the baby she was working from home. You know, because it sets precedence. She can do whatever she wants, but I have a little bit of resentment about it. I don't like feeling like I'm being compared to someone else. I've been there a long time, and also, I didn't miss a beat of work in my first trimester. Why would they think I would be any different? I got promoted still and I just said, I haven't given anyone any reason to believe that I wasn't dedicated to my job.

I think my biggest challenge is going to be how to be most productive at work and home. If I can focus better at work, it will help me have a better life at home with my baby and husband. And so, I know that's what I need to do, and I hope I can do it. I do a lot of analysis, and it's like, do I really need to analyze five more things to get the answer? I need to be more efficient to get the answer. I don't have the luxury now of futzing around. Like, trying the thing that sounds interesting, do I really need to do that?

I would say in terms of how I feel about going back to work, I won't waste my time. I'm expecting there will be times when I have to sacrifice things at work because of my family. I know it will be interesting to see how I handle things like that. It will probably just be something I have to think about.

The importance of work

I mean, my husband is an investment banker, he does well, but we could use the income. It's not like he's a lawyer and we can't live on what he makes, but I don't want to

be in the position of having to ask him for money. I want my independence and I don't want our lifestyle to change. I always want to have my own money. We have our own bank accounts. I'm more comfortable with that. We have a certain level of equality in our relationship. Everything would change if I all of a sudden had to ask him for things. Now, I just do everything myself.

Portrait of Kristin

Conceiving her first child

I was so content. It just sort of happened though. I mean we had talked about it, about getting pregnant. I went off the pill, but I mean we sort of laugh about what does it mean when couples try? What's different? And so, it just sort of all came together. We weren't methodical at all about it. Whatever happens, and I honestly - I felt bad because I had gone out and it was around The World Series time, and we had tickets to each round of the series. So, we tailgated. I mean it was the furthest thing in my mind that I would get pregnant that easily, so it didn't even dawn on me and things weren't happening in my body yet to change anything, but I definitely went out and had a few more beers than I would have had at that tailgate, and it was two weeks in a row.

And once I went to the doctor, and I remember saying something felt different, and I don't remember what I thought felt different, and my husband said, "oh, you should

just go get a pregnancy test", and I'm like I am sure I am not pregnant. It can't happen that fast, and I went home at lunch one day, and I did a test because I thought I am awfully tired, and I should check it out. I'm like I'm sure it's not that, and then I went. I didn't do anything kind of cute to call him. I've heard of people who like send little shoes or send flowers, and I didn't. I just called him and was like "guess what?", and he said "what?", and I said, "you're going to be a dad". So, it was just, oh - okay.

The physical experience of pregnancy

Overall, it was really great. I was more tired, at least just in the beginning though, than I was. I was very sick around Christmas and New Year's but that was my only time getting sick. During the winter I think I just had a bad cold, but with a fever and really that was it. Unfortunately, that was through the holidays and I was really frustrated because I usually don't let things slow me down. It just amazed me that I could feel that vulnerable physically because I usually just go with things. In general though, I was pretty active throughout, so I was riding the bike over at the gym, and trying to walk. I took the stairs the whole way through.

The last two weeks, physically I was ready for her to come out because I was uncomfortable. It was hot, and even my husband was just like "wow, you've changed a lot of in the past few weeks". I was just ready not to have her in me because it wasn't as easy. I had been moving around pretty easily until the very end. The walking was starting to get uncomfortable, and moving was getting uncomfortable, and I generally

sleep on my back, and through it, it didn't matter, but at the end, I was like I can't wait to sleep on my back again.

(I ask Kristin if there were any surprises in terms of the physical experience of pregnancy.)

That it was easier than I expected. Oh you're going to be tired, this is going to happen, you're not going to be able to do this. The woman who lives right next door to me had a baby in November. She had carpal tunnel syndrome - it was just - you name it, she had it, and so, I just thought it was going to be a lot more complicated than it was. It wasn't that complicated. It was just sort of okay, life goes on and then there's this belly that will produce this baby. His mom can be a little over the top in the way that she experiences illnesses and sort of all these "oh how sick she was for nine months". I don't know if a little part of me just wanted to prove that it's not so bad. My mom had a very easy pregnancy and stuff too, so I don't know if it is more genetic.

Emotional experience of pregnancy

I was really happy. I was ecstatic, and then, of course, the "am I ready for this? really?" okay - yeah, we're ready. It was immediate, yeah. I just knew we were ready. Again, it sort of worked out because I was in a one-bedroom before and things just seemed to be working out at work clearly, and a two-bedroom, we weren't going to need to think about did we have the space? Did we have? Things had just happened at work to

make me feel financially ready.

(*I ask what it was like to tell people that she was pregnant.)*

Well, we did tell - well, for me, it is just my mom - and I told my mom almost immediately. Actually no - I waited a couple of weeks until I was going to see her because I wanted to tell her in person. It was so exciting telling people. I loved it. My mom, I actually got a card for, and we had a house upstate, and I had put a card up in the bedroom that she sleeps in, and she didn't see it, so finally I went up and I got the card, and I said "are you really not going to open this?" and she's like, "I hadn't even looked or noticed", and so she opened the card, and in the card it said "grammy" or something, and then she opened and she read through the card, and then she looked over and she started crying. She had been so ready. She is a single parent. My father passed away in a car accident before I was born, so I never knew him. My mom was young, so my mom was ready for me to be a parent and couldn't wait, so she cried, and she was sworn to secrecy too, and she really didn't tell anyone, and my family was mad at her because she waited three months to tell them, but I had used her as a confidante and she kept the secret. I don't have any brothers or sisters, so it is just the two of us. So, she didn't get married again and she really was ready for another baby in her life.

I don't know if I'll ever be pregnant again, so I needed to cherish every moment of this because I don't know, and it was just a beautiful feeling sitting there feeling that. *(I ask Kristin to speak more about this feeling.)* Well, I know my mom would have wanted

many more kids if my father hadn't died, but things didn't work out like that. She's always said she wanted a big family. So, you just never know what will happen and I didn't want to take this for granted. *(I tell Kristin that hers is a perspective that I have not heard often.)* Well, I think you see things differently. I mean it was just me and my mom and I see how different things would have been for her if my father hadn't died. Her life would have been very different, so you never know.

My family is extremely fertile. Both parents come from six kids, and no one in my immediate family has had trouble. My grandmother on my side had 16 great-grandchildren. Although, it might have a lot more to do with it since my mom always says that if her life had worked out the way that she had wanted, she would have had a house full of kids, but she never intended only to have one. So, I think I've just grown up sort of cherishing everything that I've had. I'd love to have another kid. I don't know if it is in the cards for us. I don't know if my body would work again for that. So, I am always thinking that way.

Work during pregnancy

Even before I knew I was pregnant, I was being so emotional at work, and that is just not like me. That's one of the reasons I went to the doctor, because I wasn't myself. And then I remember being at work and feeling her kick inside me which was just neat. I remember my first staff meeting, and I was at work, and I felt it, and I've always been a very focused person, and so it was weird that there is this meeting going on, and it didn't

matter what was being said. It was just sort of "hi, I have this little secret going on", and it was such a wonderful feeling. *(I ask Kristin to describe this moment for me.)* It was just "huh - I really don't care what they are saying to me. It really doesn't matter. I am never going to have this feeling again.

I was not as focused at work. People have always told me that I have been too focused anyway, and people have joked about how good it would be for me to be a mom, so they would know that I had a life outside of my career, so I think people are hoping for me that this will help me balance out sort of work a little, because I think a lot of the way that I identify myself is through my work, and so this will give me something.

My schedule didn't change at all when I was pregnant, it probably should have, but there were certain things that only I could take care of. So, I think there are a lot of people who expected things to change when you are pregnant, so again, I sort of felt judged by people saying, "oh, you are pregnant, you shouldn't do that, or you should be home in bed at 9:00 o'clock.".

But, during pregnancy, I had to get things done. Dorothy, who is my supervisor and you know I got my evaluations of my staff done, and when I handed them to her, she was like, "I can't believe you did this before you left; you're so good." I got my annual report done before I left, so I needed it to be a particular way so that I could go and not think about work for a while.

I was very emotional at work in the beginning of the pregnancy and I try to separate out - I don't know how much that has to do with the pregnancy and how much of

it has to do with the job that I'm in. I have always made no secrets about the fact that I love the college and that I hope to retire here. I loved the community, and then someone left the college suddenly, and there is a lot of speculation about whether it was her only choice or whatever, and I was offered this position. There was a lot of political stuff that happened because I went into that job and speculation as to when it was offered. So, in some ways, I think it shot a little bit of venom into my sort of ideal picture of this perfect place. It didn't necessarily get better with time, and part of it is that I've come to realize that my real passion is residential life because my degree is Social Work, I like dealing with roommate conflicts. I like dealing with building community. I don't have that as much. So, while I was pregnant I realized that there are particular things that I am passionate about and that I want to do and that are important, and while I like this job and this community, I also like to use my brain in different ways, and I like to use my counseling skills and stuff, and I'll do what I need to do, but ultimately, it has helped me realize that I do have some other career goals than what I am in right now. So, I realized that I wasn't entirely happy in the job that I was doing.

I have always prided myself on always getting what needed to get done and then one of the staff left and there was no way to get things done, I just felt incompetent and I wasn't hearing enough about what a good job I was doing. I am the Director now, I needed to figure out what could slide and what needed to be a priority and stuff. So, it was also just sort of this crisis in some ways. It may just be that it was time to be honest with myself, but I don't know if it was complicated by the pregnancy. I don't know if it

was just that I was so emotional that it was okay to finally deal with that or say it out loud, but it was just, you know what, this is just a job. It's not something that is something that I will come in at 5:00 a.m. and leave at 4:00 a.m. for because it is a job, and I am still doing a good job. It's just I've always put my heart and soul into my job, and I don't as much in this position.

Thoughts of work during postpartum

Well, I actually I have a computer here and I've never wanted to be able to check email or have access to my accounts at home because I have always wanted home to be home and work to be work, but I have finally gotten that to work here so I can access stuff so that I don't have to go into the office, which in some ways I think can be a little scary because maybe that will mean that I will then do work at all hours. At the same time, if I did have work to do, or if I just needed to respond to some emails, I now don't physically need to be away from home to do it. I can watch her while I do it. I did tell them that I would be available by email after the first six weeks, but that I really didn't want to do anything work-related for six weeks. After that, if they wanted to call or something, I would be okay with it, and I've actually been good. I thought that I would say that and I really wouldn't hold true to it. I've sort of tried to stick to that, and in some ways I have. Because I know bar none that I think anywhere that I would be, any workplace, would take all the time you've got, if you'll let it. And so as long as I know, when she smiles or laughs it is equally as important as work and then getting home at

night is important. I don't think it will be that hard. It just helps me shift priorities.

(I ask if she could tell me about the decision to work after the baby.)

I think that because a lot of the women I work with I think were able to take some time off, and definitely people that I talk to pretty frequently were able to take time off. Financially, it is not possible for us. Again, my mom always worked too, though, so I never thought that I would be at home. So, for me, it wasn't hard, but I think there are those people who have said to me, "oh, you might feel differently" or "oh, it's nice when you are able to work out a way to stay home, or maybe something will work out". There's been a comment from someone who said that they didn't know if I could be a director and be a mom, and I talked to my boss about that, and she was like, "well note if there is someone who never had kids Kristin, I think you are absolutely capable of doing it." So, I have had support from people at work, especially the women who have had babies.

(I ask Kristin if there is any sadness felt about going back to work.)

I haven't felt any yet, and I have actually asked to be included in work stuff a few times, because there are some times that I miss adult company, and you sort of need someone else to talk to. I think it is going to be harder than I thought, but I don't regret it. I don't think I am cut out to stay at home for four or five years before she'd be in kindergarten. I feel bad saying that, but it feels like you are so judged for that. I feel more judged by the outside world than I judge myself. Maybe I judge myself too for saying it,

but I don't think I am that kind of person that can stay home.

Thoughts of baby during pregnancy

I think I was cognizant that there was a baby there when it was early on because it was funny to be how pregnant I felt and how pregnant you get, and that I felt so pregnant when I really wasn't even showing. Do you know what I mean? I found out that I was pregnant, and then changed my diet, and made sure that I was eating healthy and all this stuff. No one knew that I was pregnant and so it felt like I was pregnant for a really long time because of how much my life changed throughout the whole thing.

I mean by changing, I've always eaten healthy when I eat, but I used to skip lunch, so it was important for me to have a balanced lunch, and I think in some ways, it was for the baby, but it was probably healthier for me to be doing that too. I'm not sure if I realized I was doing it for the baby, but I knew it was the right thing to do.

(I ask Kristin if she knew the sex or the name of the baby before birth.)

My husband actually knew the sex. It was as important for him to know what we were having, so he found out in January, and we picked our names and colors and all that kind of stuff. So pretty early in - I mean we knew pretty much in December what the name would be. So, even though I didn't know, we had picked out a boys name and a girls name.

Thoughts of self during pregnancy

Probably just confirms things. I don't think that it really changed anything, except that I don't know how excited I thought I would be about motherhood, and it's been amazing, but I don't think it's changed at all. It confirms that I've got a stubborn streak. You know, I got a little sick around the holidays and that bothered me. I wasn't going to let this stop me from living, because there are so many people get pregnant that have to watch this, or stop that or can't go out or are too tired to do this. And I was like that is not going to happen to me. I was angry at myself for letting myself get slowed down. I didn't work out at the beginning of the pregnancy. I was emotional in the beginning and I wasn't working out, and it was after I got sick when I said I always feel better when I am working out. So starting in January was when I started really working out through everything.

So, I am trying to think if it confirmed anything? I'm fairly determined that if I had something in mind, I am going to find a way to make it happen. *(I ask if she could elaborate on this for me.)* Just even little things. People would say, "you can't do this". They did a retreat maybe two weeks before my due date around Manhattan and my mother-in-law and husband were like, "oh, I don't think you should go on that. What if you had the baby?", and I'm like you can't stop life because of it, and I was like, "no, I think that I'm going to go." I am typically very orderly. I realize that about myself. Even when it came to the due date, I expected to go on my due date. It never crossed my mind that I wouldn't. When I went into work on my due date I was kind of shocked. I never

expected that. Pregnancy definitely confirmed that for me.

Relationship with spouse during postpartum

I mean I am a Sociology Major, so I always read about the second shift and all that kind of stuff. It's different when you are labeling it and experiencing it, and I am obviously not working right now, but for me being home doesn't mean I'm a household maid all of a sudden. And so, some of the arguments and discussions that we had, because yeah, you did go back to work, but it doesn't mean that when you walk through the door, you kick your feet up and I'm doing the laundry, and we're still a partnership. So, I think if anything, it's just been "I'm not your maid". Just because I am home doesn't mean I am your maid, and so I think that maybe part of me needs to get to work so badly is in terms of our relationship, because I think I would really resent feeling like I needed to do everything at home because I was home during the day.

There was one night I was up, maybe the third day I was home, and I got up and had my little donut, I had gotten water, and the living room was sort of a mess, and my husband got up in the morning first, and then he said to me, "when you get up to feed her in the middle of the night, if you could just clean things up before you go back to bed". And I think he is used to me being a pretty strong person. I'm not letting things get me down and if daggers could have shot out at that time, I was just like, "if you had any idea what I'm going through, you wouldn't even ask that question, and no, I won't pick up, and if you ask me again, I won't do anything; I will just sit and do nothing". And he was like

"okay". So, it's not that I can't have a baby and cook a meal. It is not that I can't do things, but I can't right now, and I'll let you know when I can again, but right now no.

(I ask what it has been like to become parents together.)

Like my family was a sort of "tough it out" kind of family and his family went to the doctor for everything, and it's kind of good because I use my husband to balance this out, because he is from an opposite kind of family that reacts to every little thing. If you coughed, there are three people around you saying what you are going to have, and so it is a balance somewhere between me, who is maybe a little too sort of carefree about stuff like that, and him, who is like, oh my gosh, this is a hangnail, we need to go see a doctor. So, sometimes I think I might do things because he sees it one way, so I do it in another, when I need to just really focus on what's best for her.

Actually, his grandfather gave us this book about birth through the first six months or something, and there was a little section about fathers and mothers and one part, it said (although I don't necessarily agree that mothers and fathers are different in the way that a father will spend time with a child, there is a difference), but I don't agree with that. I think parents parent so I don't think it is about a man or woman, but the fact is that the first time he changed her diaper, I was right there.

The first time, he gave her a bath, I was right there, and then I let him, you know, but you are in their face the whole time. If he was in my face the first time I did it, he might have had something to say. So, I've tried to not go in. In the beginning, it was so

exciting just to be there, but if he keeps changing her diaper, I don't need to go in and make commentary. He needs to figure it out. There was a time when he was changing her, and she pooped all over the place, and he did actually yell "help", so I went in to help and I did say, you know, what I've learned is that if you put a diaper underneath and you get ready for it, but I try to give advice if asked or not do it in the situation, but sort of sitting there saying, in the time I've spent with her, I've learned x,y, and z. It doesn't mean you have to do it that way. So, that's the way that I do it.

(I ask if she has any fears about changes in the relationship.)

It's funny - my husband is out more and he has made plans after work with a friend on Friday, and there was one time that I was saying to him, "well, it would be nice if as you're making these plans, you start thinking of that's me and you and her. Our life has changed, so why aren't we doing things for us to all do together, and I think he has a little bit more of a fear of this changing our entire life, and I am okay with it changing our entire life, and maybe if we don't see some friends for a little while or they don't want to do things the way that we can right, then that's okay because our lives will come around again.

He's just said that he doesn't want us to not live anymore. I still want to go to museums or go out to dinner and experience things, and I said of course we will. Things might change briefly for quite a few months, but it doesn't mean we won't get there again. So, overall, he's been pretty open. I think we've been trying to accommodate each other

and try to be really sensitive to what each other needs during this too. He has two half sisters, but essentially, our moms were both only children, so we are both used to a lot of solitary time, so it has always been important, even within our marriage to have that. So, we are still trying to figure out how to do that for each other, even though there is someone else who needs to come first for both of us.

Body image during the postpartum period

My husband seems to be aware of my body since I had the baby. I mean he has always liked me in a size 6 or an 8, and it didn't matter if I was smaller, and so he keeps telling me that I'm beautiful, so I am certainly not self-conscious because I am hearing negative things at all. My chest is bigger than it's ever been, and one of my dresses doesn't fit because my chest is too big, so there are times when it is sort of like "oh, well, that part is not so bad".

Connection with the baby postpartum

Breast feeding has been fine. She took to it in the hospital, but I am convinced they tell everyone that she was great latching on. I am sure that they tell everyone what a good baby they have, but she was great. I had thought I hope I can handle the breast feeding for six months, and now I really enjoy it. We don't need formula at all, so that's not such a bad thing. So again, I don't know how much things will change when I am back at work, but Dorothy breastfed, so certainly they'll do whatever they need to do to

make it happen, if you want to be able to do that.

She's been so easy that I don't know if it has been long enough yet about what her cries mean and stuff. I mean, Dave I think still gets a little "oh my gosh, what do I do?", and he gets so upset when she cries. Generally, she cries before a bubble, and so he gets so upset. You just gotta keep patting her back and eventually it will come out. I guess I kind of know her now, but like I said, she has been so easy. But, I think that is just learned because I have done that more times burping her and that was the first few times feeding.

The experience of labor

I went in convinced I would go natural. I would not need an epidural. I took the Lamaze class, and well, really, what Lamaze is all about is convincing you that it is not going to be painful, but it really is. So, I felt bad because I got in there, and I have heard that by being induced, that the pitocin does make the labor stronger and more painful. When I was induced, my mom was able to drive in from Massachusetts to be here when my husband and I left for the hospital. My husband was like "just how I like it, a scheduled baby, everything is working out". But, I did want to go natural. I didn't want to get induced. I think partly I would have liked to have waited to see if I went natural, but since my husband only had three weeks off, I decided that I'd rather have him have time off with a daughter than time off with me being pregnant. So, I went in, and they induced me at 6:30 and I was fine until about 2:30, and the contractions were too much, so they

gave me an epidural. Initially, they put the epidural in sort of incorrectly, so only my left side was numb and I could I feel other things on my right side, and they had to adjust it, and then I guess around 8:00 at night, they said that I'd probably be ready to push around 9:00. Around 9:00 they came in and I was very numb from the epidural, I was very numb and couldn't really feel anything and my legs were so heavy. And then at 10:00, my doctor came in and said let's start pushing.

The first hour of pushing was totally useless because I was using all my might to pick up my legs, which were so numb, and then she eventually was saying that you are not pushing at all. Then they shut off the epidural entirely so that I would start slowly feeling. So, as the epidural was wearing off, I was feeling more and was more receptive. I got tired, and so it was like two hours and twenty minutes, and I was exhausted. The doctor had gotten in another doctor and they started talking about a C-section, and I honestly, I was like I didn't have any more strength. You're telling me what I am doing isn't enough. I'm doing the best that I can. I was active. I worked out the whole time. I'm not out of shape.

(I ask what that was like for her.)

It was so frustrating, and I was exhausted, and my nurse was counting like "1, 2, 3, 4, 5", so when the doctor came in, she'd get angry and say like "you can push harder, you can push harder". But that's what I needed. I needed someone yelling at me, telling me that I had the strength to do it instead of the "1, 2, 3", so that wasn't helpful. So, I

loved it when my doctor was there. There was one point that I was just so exhausted and my husband was like you wanted to do this, you really did, and I felt down and I felt her head and that was okay. This thing is coming out of me, and so then I apparently found a little bit more energy.

(I ask if she was in any way surprised by her reaction to labor.)

I've always believed mind over matter and I really went in there thinking positive. I went in there that this was going to happen, that I'm going to be fine and she is going to come out and this is going to be easy, 1, 2, 3 and it just didn't in that way. Life just doesn't always work out the way that you plan. The other thing that surprised me was that I didn't like my delivery nurse. I thought I was going to one of the best hospitals in the country and I was surprised. But I did not like my nurses in the delivery room.

Sense of self during the postpartum period

I think patience, and sort of being able to go with the flow and sort of "well, alright that sounds good but we'll see how things go", and I think my husband still wants things picked up, and we still need to live a little, but I have been more willing to let things go. I think he has been a little surprised. I no longer judge women who stay home with the children like I used to, but I think my husband judges me a bit. Like, when he comes home I say, "it was a long day - I'd like to see you here with her all day and see what gets accomplished". It is much easier said than done. Again, he said, "you know, I

do understand - I understand that being home with a baby is work, but compared to what I'm going out to do, it's more enjoyable". I say "okay", but it still doesn't change the fact that I can't do everything and get things done.

We had a few pooping accidents, and it just sort of shot all over the place, and before I had her, I thought I'd get more frustrated, but I haven't. It is sort of, well, you can get mad about it, but why? It would take so much energy, and it's like who cares, who cares if you just did laundry, whatever. I don't need to do it right away, and I think that is the difference, where I thought I'd be someone who this second had dirty laundry in the hamper, that I'd immediately do it. I will rinse it out so it won't smell, but if we can wait a few days, and we have an extra sheet, let's put the extra one on. There is no reason to have everything set. So, I have been able and willing to let go more.

(I ask in what ways she has been surprised.)

I am pretty anal in lot of ways so, I'm surprised that I have mellowed in some ways, you know. But at the same time, if we pick this up every night, I mean why - I'll just have to put it out again, or if we read books and it stays out or toys stay out, it's not so bad. My mom was laughing because someone gave us a mobile that doesn't match the room in any way, and at first, I'm like I don't want it - it doesn't match. And then, I put it together about three days ago and the baby is so excited about it, and I told my mom that I put it in and my mom was so surprised that I gave in to it. There are just so things that I have very definite answers for that if I let go a little, it tends to work out. I'm surprised

that I'll go with the flow. I've studied parenting and stuff, and it's hard when you know maybe too much. You could spend all day analyzing every day, and I'm like "what am I going to do? I don't want to ruin you - you're too perfect right now".

Maybe that there are just more things to be excited about than I realized. I can't believe how fast time goes by or that yesterday, I was calling the doctor's office, and I got nothing done yesterday, and I used to think how could someone be home all day and not cook a meal, and do laundry. I mean it is hard - it's hard to do all that because at the same time, when she is awake, I want to be there talking to her or interacting with her, or telling her about the laundry that I am folding, so that I understand things that I probably judged about before.

(I ask if she ever has fears about herself as a mother.)

Well, yeah, sure. Like even last week what I thought was a canker sore on the baby turned out to be something else and I didn't call the doctor. I feel terrible, you know, because when I noticed it, it was only one and there are four little pockets in her mouth now, and gosh, if I had just called on Thursday when I saw it. But, again, she is such a good baby. She didn't seem uncomfortable, so it is just sort of figuring out. I had taken her up to Massachusetts last week to meet my family essentially, and we brought hand sanitizer with us, and you know, before we knew it was thrush, I had thought it was canker sores, which if it was canker sores, it would be viral infection and means that they caught it from someone. So, of course, my husband was like, "you didn't have people

sanitize enough to hold her, you didn't do.....". And, I'm like .....and at the same time, the pacifier dropped. Every time it dropped I went to wash it with soap, that's all I'd do all day, and so I go back and forth between what do I do to just let life happen and let her be exposed to things, and what is me being opposite of Dave.

Emotional experience of the postpartum period

I think everything, although actually, but I am more fearful of things than I have ever been. After the London bombing, I had a dentist's appointment and I did something else, and I got down in the subway and my heart started beating fast, and I started thinking "I can't die in a subway explosion; I can't miss her first day of kindergarten, and I can't miss a smile, and I can't.....", and again, it is interesting that I was like. I called, "I don't know what to do. I 've never been scared on the subway before". His mother's name is Louise, and he's like, "okay Louise", and that honestly made me really angry. He's like you can't be afraid of everything and say well, I won't fly anymore; we won't take an elevator, we'll take stairs. And so, you know, in some ways for me, it's like "wow!" I've never understood how someone could feel that before, but it was "wow!" If I gave into this, I would choose a different path, and I really could never ride the subway again, but I can't live in Manhattan and be like that. If I'm going to live here, I need to be on the subway, and I need to get places and do things.

And so I would say that I haven't experienced any depression or postpartum depression than I've heard of, but I've definitely cried more happy tears. In the first

maybe two weeks after it, I would look at her and cry, but just so happy, not sad tears. But then, there was another day last week that I really don't want to take the subway and then that is precisely the reason that I need to take it, because I need not let my mind overtake me in this way. So, I took the subway where I needed to go.

It's been difficult to realize what it must have been like for my mother when I was born. My father wasn't there and she had the family support her, and like I said, we tend to be a family that says "buck up." But, thinking about all she must have gone through, losing her husband, and having a baby, and doing this alone, I can't imagine. She doesn't talk about it too much, but it seems overwhelming. I realize how lucky I am to have the support that I have. My mom is great and my husband is supportive. I am most afraid of who is going to care for her when I go back to work, but I'm sure it will work out, and I am nearby so I can check on her and come home for lunch. It will be okay.

CHAPTER V: DISCUSSION

The main purpose of this research was to understand the ways in which women who have been very involved in their careers adapt to pregnancy and parenthood. The data pointed to a spectrum of reactions to pregnancy, birth, and the postpartum period. Analysis of the semi-structured interviews of the fifteen new mothers resulted in a number of findings about how the participants have incorporated a new "mother-oriented self" into their former "work-oriented self." This research uncovered several themes that related to both the emotional and practical obstacles that seemed to get in the way of the participants' ability to form a "mother-oriented" identity. These obstacles comprise many of the important findings of this study and are addressed below. The aim of this chapter is to highlight the most salient aspects of the experiences of these particular women. Suggestions for future research will be interwoven throughout this section. Pertinent aspects of the experience of the participants will be illuminated to better understand what the narratives of these individuals can teach us about clinical work with first-time mothers. In addition, the two cases presented in the "Results" chapter will be discussed in terms of the underlying themes that drive the different reactions to new motherhood. The limitations of this study will also be discussed.

The "Work-Oriented Self" and The "Mother-Oriented Self"

This section discusses themes related to the way participants experience the self given the introduction of the experience of pregnancy, labor, and caring for a newborn. All

of the women who were interviewed for this study described themselves as being "driven" in their careers. For some, this drive remained fairly intact while for other participants, the pull to care for their newborn supplanted this drive to succeed. Most of the women seemed to be able to engage the "work-oriented self" and the "mother-oriented self" at the same time. For example, the new mothers answered e-mails or attended meetings and still remained aware of their newborn's sleeping and eating schedule. This integration of roles was not experienced in a seamless way. Even though most of the participants had not returned to work at the time of the interview, they spoke of their work and home lives as being at odds with one another and predicted that they would feel torn and unable to live up to the images of the "corporate go-getter" or "super-mom." This section will discuss the themes that emerged regarding the participants' struggles to consolidate their sense of self.

Desire to maintain a sense of control

All of the participants used phrases such as "Type-A personality" and "control freak" to describe themselves prior to having children. In the past, authors have suggested that women have a difficult time attributing their success in the workplace to hard work and their own competence (Applegarth, 1986). Work inhibition and unconscious conflict over success have been blamed for women's desire to have children and to remain within the confines of societal norms (Person, 1982). The women interviewed for the present study did not reflect the sentiments described by these theories. In fact, many of the women were more inhibited about taking on the role of mother than continuing their trajectory at work.

Taking on the role of mother often meant accepting aspects of the self that were antithetical with the qualities that are valued in the workplace. Edwards and Rothbard (2005) make the distinction between work role and family role. The work role requires aggressiveness, self-reliance, and objectivity while the family role might require warmth, patience, and help from others.

Success at work was predicated on the participants' ability to maintain control over their environment and those around them. Pregnancy and the road to motherhood often required relinquishing control over one's lifestyle, emotional life, and body. For some women having control over their bodies, homes, and lifestyle was paramount to their sense of self. This group of participants tended to deny the effects of pregnancy. According to these women, pregnancy didn't change their level of activity or make them more emotional. This group of women was also likely to see pregnancy as a self-determined, methodically planned part of adulthood. They tended to be concerned about their appearance and responded to the lack of control in the delivery room with anger and impatience. The unpredictable nature of the postpartum period was especially challenging for some of the women in this group.

After analyzing the data, another group of participants emerged. An unexpected finding of this project was the fact that the group of women who had experienced miscarriages, infertility, and the death of a loved one tended to react differently to the lack of control inherent in the transition to motherhood. There was less frustration expressed by this group regarding the lack of control. They spoke more freely about the impact of

pregnancy on their normal functioning and were more accepting of the changes to their bodies. Some stated that the lack of control was a small price to pay for a child. Changes in body size, physical strength, and appearance were not as threatening to these participants. They adjusted their self expectations to the new realities of pregnancy and motherhood. Some of these women said that they felt confident that they were in a transitory physical state and they recognized that they would eventually get back to normal.

Research has indicated that miscarriage and infertility have a negative impact on the experience of pregnancy, with a significant increase in anxiety (Zucker, 1999; Herz, 1984; Garel, Blondel, Lelong, & Kaminski, 1994). The participants in the current study who had experienced infertility and earlier pregnancy loss did recall intense anxiety during the early weeks of pregnancy. However, at the time of interview, they did not appear to be more anxious than others. Although the small sample size prohibits empirical comparisons between groups, this research suggests that our understanding of the adjustment to motherhood would benefit from a precise investigation of the *positive* effects of loss. Perhaps a previous sense of vulnerability lends perspective on the emotional and physical ups and downs of motherhood.

Pines (1972) and Bibring (1961) incorporated the acceptance of bodily changes to their vision of optimal adaptation to motherhood. According to these psychoanalytic theorists, it is important that pregnant women adapt to their ever-changing bodies. The findings of this study would therefore suggest that a prior sense of vulnerability allows women to accept more fully aspects of pregnancy and motherhood that are beyond their

control. To take this line of thinking one step further, the experience of loss (in the form of death of a loved one, miscarriage, or infertility) might prepare women to expand their image of themselves to incorporate the unknown aspects of parenthood (and life, more generally). The connection between loss, especially related to pregnancy, and the transition to parenthood requires further investigation.

Obstacles to Becoming Immersed in Motherhood

Psychoanalytic literature suggests that optimal parenting requires flexibility of time, body, and mind. According to Grete Bibring (1961), adjustment to parenthood entails tackling a series of tasks including the acceptance of the physical and emotional intrusion of the unborn child and the lack of boundaries between self and other that is inherent to pregnancy. Winnicott (1956) explicitly stated that the adjustment to motherhood is accomplished when the woman gives herself over to "primary maternal preoccupation." According to Winnicott, this state can only be achieved through the mother's ability to exclude outside influences. Regarding women who are not able to achieve this state he wrote:

> Some of them certainly have very big alternative concerns which they do not readily abandon or they may not be able to allow this abandonment until they have had their first babies. When a woman has a strong male identification she finds this part of her mothering function most difficult to achieve, and repressed penis envy leaves but little room for primary maternal preoccupation. (p.302)

There is an inherently patriarchal assumption in Winnicott's theory. The inability to become preoccupied with their unborn child is viewed as being deviant. Object relations

theorists and attachment researchers have also stressed the importance of maternal representations of the unborn child during pregnancy (Ammaniti, 1991; Slade, 2002). However, the majority of the women interviewed for the current project admitted to not thinking about their child during pregnancy. This disconnect has received little theoretical or empirical attention in a non-clinical population.

For the women who participated in this study, flexibility during pregnancy and early motherhood was not consistent with the realities of their lives. The average workweek of the fifteen participants was between 48.3 and 53.6 hours per week. This finding is indicative of the increasing number of hours most managers and professionals spend at work. Research by the Bureau of Labor Statistics indicates that 80% of male managers and almost 75% of female managers are working more than 35 hours a week (the website of The Bureau of Labor and Statistics, 2006). Some women were in charge of their own department within a large corporation or had developed personal relationships with clients. Time and energy taken away from their jobs during pregnancy and the postpartum weeks translated to the possibility of losing their jobs or of having mounting work following maternity leave.

The perceived necessity to work lengthy hours is consistent with the work of Kossek and Lambert (2005), who wrote about the tendency of employers to view the best workers as those who were fully committed to their work and who rarely spoke of family needs. These authors wrote, “a critical societal problem is the structural mismatch between employers’ job demands and employees’ needs and responsibilities” (p.4). Depending on

the type of industry, women in this study were strongly encouraged to maintain work performance during maternity leave.

The traditional psychoanalytic literature does not address the fact that the generation of women currently in their early 30s to late 40s has attained substantial professional achievement and employment-related satisfaction prior to having children. In recent years, women have entered various professions that in the past were dominated by men. Increasingly, they have received similar benefits in terms of salary, bonuses, and promotions and have created highly successful and satisfying opportunities for themselves in the workforce. This study suggests that for many women, at least those in the educational and class levels and racial/ethnic group sampled, the latter stages of pregnancy and the early months of motherhood may not be characterized by a preoccupation with infants. Their retrospective accounts of pregnancy suggest that they are not emotionally, financially, and sometimes physically capable of putting non-maternal interests on the back burner.

One interpretation for this more complex and gradual identification with their child and the role of mother is that these women have relied heavily on work to provided their sense of self, even prior to pregnancy. Many of the participants stated that, prior to pregnancy, they spent more time and effort focusing on their work than on their marital relationship. The personal and professional development of the participants defied the work of Gilligan (1982) which emphasized relationships over achievement and individuation. Their capabilities were more focused on relationships and human connection than other more traditionally masculine pursuits. However, for many new mothers interviewed for the

current study, the managerial and interpersonal aspects of their jobs only become of interest when they were pregnant. Interestingly, this had not been their focus in the past.

Traditional psychoanalytic theories might view this path to identifying with the new maternal self as a departure from the vision of optimal parenting. Although the women interviewed for this study expressed little negative emotion regarding their children, they were reluctant to fully embrace the vision of themselves as mothers. There was something prohibitive about diving into this new role. It can be speculated that for those who needed to work for financial reasons were reluctant to become too attached to staying home with their children. They did not allow themselves to become too comfortable in the role of stay-at-home mother. Some of these women expressed regret that they were not in the position to change their work in order to stay home with their children. For the participants whose families did not need their incomes for basic need, the decision to work made them feel self-conscious. These women adamantly rejected the societal norms of the past, but they felt guilty about this. A few women were rigid about their need to make work a prominent part of their identity. These women seemed to be unphased by the pull to mother their children. For this group of women, being open to the wonders and mysteries of parenthood was too threatening to the sense of self that had been established through their success in the workplace. There was too much to lose in terms of monetary gain, status, and power.

However, for most of the participants who took part in this study, the desire to work did not seem defensive. It was not something that was being used to keep them from embracing motherhood. Most of the new mothers were truly excited about their work. The

road to identifying with the role of mother was still complicated because of the time constraints and obligations presented by their work, but for the most part, the participants truly enjoyed both aspects of their identities. The internal and external expectations to remain competent at work complicated their adoption of a maternal identity, but there was little ambivalence. They were confident that eventually they would take in what they needed to know about being a mother. The image that comes to mind is of a computer that has been overloaded with data so the process of loading new information is slow and somewhat deliberate. These women knew that their work would complicate their ability to remain focused on motherhood, and many were self-conscious about their decision to work because of societal pressures. However, the desire to remain connected to work while developing a maternal identity seemed to be generated from health and strength.

With the advent of cell phones, the internet, and personal organizers the boundaries between work and home will continue to be blurred (Fraenkel, 2001; 2003). The present study found that many employers do not respect the parameters of maternity leave and women felt compelled to stay in touch with work during maternity leave. To label this type of complicated identification, in which an initial balance between work and parenting develops over a few weeks or months and is refined further over time, as being inherently detrimental to the bond between mother and child would shortchange the experience of a large percentage of mothers today and would potentially pathologize a generation of children.

Some participants maintained work status during maternity leave in order to stave

off the loss of sense of self. Many spoke of the disorientation felt at the prospect of not working for a lengthy period of time. All of the women interviewed for this study spoke of wanting to be good mothers. Motherhood was not secondary to work for the participants. The findings of this study suggest that women are striving to find a clear path to a satisfying experience of motherhood and career, one that they worried does not exist

The drive to continue to work caused guilt, as did the desire to become immersed in the care of their children. Either way, women felt they lose. It was interesting to find that these bright, articulate women lacked the words and insight to articulate how they were going to integrate their "work-oriented self" and their "mother-oriented self." Yet this challenge does not necessarily suggest a failure to bond with the child that will have long-term consequences for children, or the parent-child relationship.

Influence of the Body on the Transition to Motherhood

The lack of control over one's body during pregnancy and delivery was particularly frustrating for many women. This was an unexpected finding because past research has suggested that women become more accepting of their bodies during pregnancy than at other times in their lives (Rubin, 2006). Changes in body shape and size seemed particularly threatening for women who had achieved success in male-dominated fields of finance and investment banking, or the youth-oriented fields of fashion and publishing. Being seen by others as softer, more feminine, and sexual was difficult for many of the women interviewed. Other women enjoyed their burgeoning bodies and were encouraged

by their environment to reject their previous images of beauty and physical power.

Body Image and the Transition to Motherhood

There were an unexpectedly large number of references to body image in the narratives of the fifteen participants. For many women, the fear of becoming "fat" was the most significant source of anxiety during pregnancy. The changes in their body were disturbing and disorienting to some women. This is not consistent with some research that suggest that women in general fell more satisfied with their bodies during pregnancy than at other times in their life (Rubin, 2006). The connection between body image and adjustment to pregnancy has been studied in a clinical population of women who have been diagnosed with an eating disorder, and there are theoretical accounts of the adjustment to the physical aspects of pregnancy and motherhood (Bibring, 1959). However, there are few studies of this issue with a non-clinical population. The unexpected emphasis on body size and shape suggests that further research needs to be conducted to better understand the feelings generated by the changes to women's bodies during pregnancy.

In sum, the findings of the current research point to a gap in our understanding of the process by which women identify with their maternal selves. As stated earlier in this chapter, the level by which women are able to relinquish control over one's body, lifestyle, and overall functioning seems to have an impact on the adoption of a maternal self. This connection also requires further investigation in order to better understand why some women are disoriented by the change to their bodies while others feel free to develop new

images of their physical self.

Discrepancy between Expectations and the Reality of Giving Birth

One of the most surprising findings of this study related to the expectations of the birth experience. Many stated that they felt disappointed or guilty about the medical intervention necessary to deliver their children. When asked to describe aspects of the hospital experience that were surprising, all of the participants commented that they were surprised that they needed the drug Pitocin to induce or speed up labor. Even though all of the women had taken birthing classes, they were not aware of the frequency of the use of this drug. Some of the new mothers felt that the drug distorted their experience of labor and many stated that they viewed the use of the drug as a failure on their body's part to go into labor "normally." Additionally, participants felt betrayed by friends and birthing classes who had not prepared them for this type of medical intervention. The discrepancy between expectation and reality was disheartening for these women who pride themselves on being prepared and well-informed.

Another interesting finding of this study revolves around the participants' reaction to their newborns immediately after giving birth. All of the women except one stated that they recall the first moments of their child's life with a sense of guilt. The women interviewed stated that they were too consumed with exhaustion and pain to focus on their newborns with purely positive emotions. The new mothers pointed to the media as being responsible for the romantic expectation of weeping with joy when they first saw their

children. Many of the participants worried about looking callous or disinterested and stated that they had not discussed their guilty feelings with others. This was a source of pain for these women.

The findings of this research suggest that dissemination of more realistic imagery and information might make a dramatic impact on the early adjustment to motherhood. Additionally, further exploration of the connection between medical intervention and the experience of new motherhood would expand our understanding of how women internalize and make sense of these experiences.

The Marital Relationship and The Transition to Motherhood

Sexuality, Pregnancy, and the Marital Relationship

When asked if there were any areas that were not covered in the initial interview several women stated that they had been preoccupied with the sexual aspects of their marital relationship during pregnancy and the first weeks of parenthood. Most women stated that they felt less interested in sex during pregnancy. This created underlying tension for the couples who had for the most part not explicitly spoken about this conflict. Many also said that they had been surprised about their diminished sex drive because they reported that images in the media had caused them to develop the expectation that they would feel *more* sexual during pregnancy. When this was not the case, they felt guilty and embarrassed by their lack of desire. They did not speak openly about this with their husbands and hoped that the problem would rectify itself. At the time of the interview, most

of the women had not had sex for the first time since giving birth and many were anxious about not fulfilling their husband's sexual needs.

Many of the women said that they felt too unattractive to feel comfortable having sex. Others said that sex was too uncomfortable from a physical standpoint. In some cases, the husband was less interested in sex due to fear that he would hurt his wife or the couple's unborn baby. Lack of interest on the husband's part caused one woman to question her desirability and attractiveness. Some women said that they reluctantly complied with having intercourse because they knew that it was important to their husbands. Others said that they didn't mind sexual contact, but that it was less of a priority than before. For some participants, thinking of the physical needs of their husbands caused resentment. These participants felt that they were making the ultimate sacrifice by being pregnant and their husbands were not entitled to be the focus of attention.

The efficacy of intervention programs aimed at improving communication between partners as they become parents has been studied (Schulz, Cowan, & Cowan, 2006). Most of these intervention programs have focused on general communication styles and have been proven to be effective in easing the transition to parenthood. In general, marital satisfaction has been shown to decline following the birth of the first child (Cowan, Cowan, Heming, Coyish, Curtis-Boles, & Boles, 1985). However, there has been little written about the impact of the sexual relationship during pregnancy and the transition to motherhood The present research found that diminished sexual desire was a major source of conflict in the marriages of the participants. For some women in this sample, diminished sexual desire

complicated the adoption of a maternal identity. This suggests that this aspect of couples' adjustment to parenthood needs further study.

Importance placed on financial independence from husband

When asked about the motivation to work following the birth of their children, participants spoke about their desire to maintain financial independence. For most of the women in this study, the decision to work was not dictated by financial necessity; rather issues around independence, identity, and power were more compelling. In general, the number of full-time, dual-earner couples with children has increased dramatically within the past ten years (Fraenkel, 2003). Indeed, the participants' emphasis on financial gains is consistent with Barnett's (2005) work regarding dual-income families. As of 2002, 78% of employees were in dual-earner families, compared to 66% in 1977 (Barnett, 2005), and as of 1998, 40% of white college educated women earned more than their husbands. Given these statistics, it is no surprise that the decision to work was very much influenced by the dynamics of the marital relationship.

Despite the fact that the participants had been in a relationship with their husbands for a mean length of 6.8 years, they were still uncomfortable with the notion that earnings and savings were shared equally with their husbands. In fact, some women said that they had explicitly kept separate bank accounts because they did not want to relinquish autonomy. The participants stated that if they did not earn a salary the equilibrium of their marriage would be irrevocably altered. Not only did women fear that they would lose their

sense of competence and source of stimulation by not working, but they believed emphatically that their marriages would suffer dramatically if they did not work.

In sum, understanding of the influence of finances on women's perception of the balance between husband and wife requires more focused inquiry. For many women, work provides economic independence, social interaction, and intellectual stimulation. Having an identity that is separate from their husbands or children is a vital and positive part of adult development (Barnett & Baruch, 1978; Chester & Grossman, 1990; Gilbert, 1993).

A Closer Look at the Cases

There were overlapping themes as well as disparities in the experiences of Courtney and Kristin. They were both strong willed, intensely motivated, and put a premium on success in their work. Both women expressed frustration about being slowed down by pregnancy and reacted to their vulnerability by plowing ahead without complaint. There were differences that reflect the varied ways women react to this time of transition. The following section will take a closer look at these differences.

In terms of Courtney's process to conceive her first child, every step was orchestrated and managed as one might manage an important project at work. She interviewed pediatricians several months prior to trying to get pregnant. As with some of the women in this sample, Courtney never doubted her ability to get pregnant. She assumed that becoming pregnant was well within her self-determined capabilities. This is not a sentiment shared by all women in this sample. Many women worried that they would not be

able to conceive. It is also interesting to compare Courtney's reaction to conceiving her child to that of Kristin who was also able to conceive easily. Unlike Courtney, Kristin had a relaxed attitude about getting pregnant. She was shocked when the test results were positive. Kristin valued the pregnancy in a different way than Courtney. The dramatic impact of her father's death on the course of her mother's life gave her the sense that perhaps she would never be pregnant again. Kristin seemed to be more willing to let go of previously held beliefs about herself and her work.

Courtney's narrative contained many references to feeling frustrated and self-conscious about her body image. She was one of the women who felt that "becoming fat" was the most stressful aspect of pregnancy. There was also a quality of urgency to her desire to return to her normal shape and size. Courtney worried that she was unattractive and undesirable. Kristin was less concerned about her body weight. Unlike Courtney, she spoke readily of feeling vulnerable physically and said that becoming a mother made her feel "different" and less efficient. Her openness about this vulnerability might be interpreted as a sign of letting go.

Both Kristin and Courtney felt compelled to work hard until the day they gave birth. Courtney felt positive about her work and was even promoted during pregnancy. Unlike Kristin whose work environment seemed supportive and instilled a sense of ease, Courtney felt competitive with the other pregnant women at work, hoping that their performance would not outshine her own. Kristin was aware of her tendency to place too much emphasis on work. For her, pregnancy became an opportunity for change and growth. Most of the

women interviewed for this project did not share this insight. It might be speculated that Kristin's identification with her mother prepared her differently for the transition to motherhood. The experience of becoming a mother for the first time reminded her of the possibility of life taking unexpected turns that are beyond her control.

The motivation to work seemed different for these two women. Courtney spoke of the importance of monetary gains. In one part of the interview she spoke of how important it was that she could afford expensive trips and make extravagant purchases on her own, without her husband's income. Kristin had a more modest lifestyle. She lived in housing provided by her job and required her income in order to pay the household expenses. She also spoke more than did Courtney of the non-monetary rewards of her work.

In terms of the maintenance of a sense of control, Courtney managed this obstacle by relying on paid help. She looked to her baby nurse for approval and guidance. At one point during the interview Courtney wondered if her infant was more attached to the nurse than to herself. Courtney delegated undesirable caregiving tasks to others and made clear demands of her husband, modeled after the managerial style found in the workplace. The presence of an outside caregiver minimized conflict between herself and her husband. Most participants were torn about seeing a paid caregiver take care of their children. Courtney was more comfortable with accepting help from others. In a positive light, this did not threaten her sense of competence.

Kristin did not have additional help at home other than her mother who visited frequently. She and her husband were actively engaged in trying to figure out the division

of household tasks and could not avoid conflict around these issues. Like many new mothers who have been raised in an era when women compete equally with men, Kristin was disillusioned by the disproportionate level of caregiving responsibility assumed by her versus her husband. In spite of the fact that more and more women work outside of the home, the bulk of housework is still assumed by women (Dinnerstein, 1992; Fraenkel, 2003).

What these women do share is a healthy level of freedom to take a step back and see what happens as they make their way through the early stages of motherhood. A meaningful aspect of the transition to motherhood is the ability to give oneself room to grow within a new role. Courtney anticipated that the logistics of going back to work would be difficult and gave herself the structure and time to figure out what would be best for her and her child. Kristin altered her view of work to include more flexible hours and to bring technology into the home that would allow her to work. Having reached an advanced level in their careers gave some participants the security to ask for what they wanted. These benefits might ease the transition back to work, but do not inoculate them against conflict and eventual struggles.

The circumstances and characteristics of these cases are unique to Kristin and Courtney, but they represent the myriad of paths to balancing motherhood and career. Courtney represents a particularly rigid reaction to motherhood. Winnicott's notion of "true" and "false" selves can be applied to Courtney's rigidity and defensive stance to the tasks of motherhood. According to Winnicott, the "false" self is a defensive and

pathologically compliant self that might appear adaptive but lacks authenticity (Coopersmith, 1997; Winnicott, 1960). The boundaries of self definition were not malleable enough to incorporate another way of being that did not emphasize neatness and perfection. All of the women interviewed for the present research struggled with self-definition and the meaning of motherhood and work. However, in general, their reactions were more fluid than Courtney's who might be expected to crumble if life throws her an unexpected curve ball. It can be expected that someone like Courtney might present herself in the clinical consultation room given the "messy" challenges of raising a child

Clinical Implications

The women interviewed for this study represent the struggle that many women face to form a maternal identity while maintaining success in the workplace. It has become more common for women to delay pregnancy in order to reach a satisfying level in their career. Undoubtedly, this struggle brings about conflict. Movement away from the "work-oriented self" means having to face the unknown and sometimes cut off aspects of the self. There was reluctance on almost all of the women to let go of their former image of success and embrace the more relational and subjective experience of motherhood.

As clinicians, we are trained to help patients navigate developmental periods of transition. It is difficult for us to encounter dilemmas in the treatment room that have no easy answers. Even more daunting is the likelihood of encountering our own resistance and judgments about the choices that we and others have made regarding the work/family balance.

Society's romanticized image of motherhood strongly affects and may limit clinician's ability to respond fully to the goals and challenges of contemporary mothers.

To varying degrees, all of the fifteen women who participated in this study had some conflict and psychological distress over becoming mothers. They were uncertain about their ability to manage both work and family. Pregnancy, birth, and the first weeks of their child's life were often remembered with a sense of shame or guilt based on unfulfilled expectations of self. Popular culture and the media are not the only influences on women's (and clinician's) outdated view of motherhood. Many clinicians have been trained in traditional psychoanalytic and object relations theory. Traditional theory regarding motherhood suggests that a woman's reluctance to form a bond with their unborn child could taint the attachment relationship with the child after birth. According to the experiences of the women who participated in this study, commitment to work often gets in the way of forming a clearly identified connection with their child in utero. This belief is undoubtedly experienced by pregnant women in the general public and women being treated in psychotherapy. Although it may be that these women have difficulties creating a bond with their children, it seems that this process was complicated by the discrepancy between their experiences and what they knew about clinical theories of normalcy. Thus, clinical theories developed during earlier decades that differ dramatically from the realities of work/family balance of contemporary women should be viewed by clinician's with a healthy dose of reservation.

A major goal of this research was to present a broad and more contemporary picture

of motherhood, one that incorporates the importance of career without denying the fact that career-oriented women are not necessarily avoiding the tasks of motherhood. Slade (2005) stated, " Relative to other aspects of human functioning, psychologists truly understand very little about parenthood and about parental experience despite the fact that most adults describe parenthood as among the defining experiences of their lives and that, as clinicians, we know that the psychopathology of parenting is at the heart of so many of our parent's difficulties" (p.3). As more theoretical and empirical work emerges that focuses on women's subjective experience, a more modern view of motherhood will materialize. This will create more multi-faceted images of women in society and reduce the risk of inaccurate and overly harsh expectations of new mothers.

The current study challenges clinicians to reserve judgment and to develop alternative views of why women might deny the impact of pregnancy. To view such reactions as inherently pathological blocks the development of empathy between patient and therapist and reinforces the experience of shame and guilt associated with the transition to motherhood as it has been described by the first-time, career-oriented mothers interviewed for this research. It is clear from this study that first-time mothers need guidance and support to find a balance between the often incongruent aspect of the self that allow the formation of a maternal identity while maintaining success in the workplace.

The focus of this study solely on the women's experiences limits its ability to speak to the possible clinical outcomes for their children. Most of the women were doggedly determined to maintain their sense of self as competent and competitive workers. Further

research is required to predict how their investment in work might impact their children's development. According to Cohen and Slade (2000), "Making a baby is often viewed as inevitably deepening the richness, intensity, and complexity of the parental relationship. It must be said, however, that the reality of what is before them also leaves women (and men) daunted, anxious, and ambivalent; however, when pregnancies are planned and wanted, these feelings do not disrupt feelings of contentment and happiness in any substantial way. They are part and parcel of the 'working through' of pregnancy" (p.21). Perhaps if the participants had been interviewed when their children were older, their devotion to their careers might be different. It could be speculated that the child's maturation might have a significant impact on the mother's interest in work.

The findings of this study argue for revising psychodynamic theory about mothers and infants so as to view as more normative women's struggle with balancing their work/professional identity and their identity as a mother. The maternal preoccupation described and to some extent prescribed and idealized by Winnicott and others may take time to develop when women hold other, pre-existing preoccupations and attachments – with their careers and associated psychological/relational states of self efficacy, competence, intellectual activity, and creativity. However, psychodynamic descriptions of how problems in the parent-infant relationship may persevere as the child develops remain important to understanding potential sources of child (and later, adult) psychopathology. Attachment theorists have written about the effects of a woman's inability to maintain an autonomous identity while surrendering her self to her child. If a woman's boundaries of

self definition are too rigid to incorporate the baby, or if she is unable to relinquish autonomy, it is likely that she will be unable to form a healthy attachment to her baby (Slade & Cohen, 1996, Slade, 1999, Cohen & Slade, 2000,). The implications for treatment of children born to mothers whose self definition is exclusively reliant on work requires further meaningful investigation.

Limitations of the Current Study

The prominent limitations of this study were as follows: the small sample size, the reliance on volunteer participants, and the homogenous sample in terms of race and class. Intense scrutiny of a relative small group of participants allowed for the collection of rich data that helped illustrate the complexities of the transition to motherhood for the first-time, career-oriented women who agreed to participate in this research. This type of inquiry fulfilled the project's most important goal of broadening our understanding of the subjective experience of women as they make their way through pregnancy and the first weeks of motherhood.

The qualitative nature of this exploration involved a sample size of fifteen women. Due to the relatively small sample size, the results of the current research could not be generalized to a broader population and comparisons made between groups of participants could only be explored from a speculative and purely theoretical standpoint. A limitation of using a sample of this size is the fact that women of more diverse backgrounds could not be included. This sample did not represent the experiences of women of color, women who have not been married, or of lesbian women. This study also relied on volunteers, making

one wonder about the motivation of the participants. Perhaps the women who were interested in participation had an overly positive experience of pregnancy and were therefore more comfortable sharing their stories. Conversely, they may have been more conflicted than other women, and agreed to participate in the research in order to have an opportunity to talk about and further understand their experience. It was clear that the participants as a group were excited to tell their story to an interested and supportive listener.

To conclude, this research points to two major hypotheses. The first major hypothesis generated by this study suggests that the experience of past loss makes a significant impact on the experience of the transition to motherhood. The experiences of the fifteen first-time mothers interviewed for this study implies that perhaps women who have experienced past pregnancy loss, infertility, or the death of a loved one are perhaps more emotionally prepared for the tasks of motherhood. Further analysis with a broader range of participants is required for the analysis of this connection.

The second major hypothesis proposes that women's adjustment to first-time motherhood would benefit from a broader clinical perspective regarding motherhood. Clinicians and psychoanalytic theorists might still rely on an antiquated image of motherhood that was developed when work was not a prevalent part of women's self-identity. This puts women at risk of being pathologized by clinicians if they have not fully immersed themselves in the tasks of motherhood during pregnancy and the early stages of motherhood. This contributes to the pervasive feeling of guilt felt by many women who are

trying to balance work and family. Further exploration of the impact of such theory on the actual experiences of women is strongly suggested by this research. Simply put, women have a very difficult time balancing the complexities of working and caring for their family, the added pressure to adhere to antiquated and irrelevant images of motherhood is almost too much for many women to bear. It is our responsibility as clinicians and as members of the broader society to contribute to a new and more realistic image of mothers.

APPENDICES:

APPENDIX A: The Participant Demographics

Table 1

The Participant Demographics

	Subject Age	Profession	# of Years in Field	# of Hours in a Typical Work Week	Year with Father of the Baby	Level of Education	Level of Interest in Profession
1	36	Consultant Senior Manager for Money Management Firm	7	60	10	MBA	9
2	34	Equities Analyst for Investment Bank	11	60 to 65	7	MBA	10
3	36	Consultant for Investment Bank	5	60	8	MBA	9
4	30	Communications Coordinator for Pharmaceuticals Corp.	5	50 to 60	6	BA	8
5	32	Hospital Clinical Social Worker and in Private Practice	6	40 to 50	5	MSW	10
6	34	Sales Consultant for Beauty Industry and Landlord	12	40 to 50	7	MBA	9
7	33	Psychiatric Social Worker	6	40	16	MSW	9
8	33	Clinical Psychologist	10	40	2	PhD	8

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The Participant Demographics

	Subject Age	Profession	# of Years in Field	# of Hours in a Typical Work Week	Year with Father of the Baby	Level of Education	Level of Interest in Profession	
9	30	Asset Manager for Capital Investment	5	50	10	BA	10	
10	37	Special Projects Editor for a Fashion Magazine	8	50	5	BA	8	
11	33	Speech and Language Pathologist	8	50 to 55	2	MS	5	
12	38	Human Resources Manager for Food Industry	15	45	2	BA	8	
13	31	Director of College Activities for Ivy League College	5	50 to 70	10	MSW	10	
14	31	MBA Student and non-profit Consultant	7	50 to 70	11	MBA Student	10	
15	38	Dentist in Private Practice	12	10	2	DDS	8	

APPENDIX B: Informed Consent Form

To the Participant:

The purpose of this study is to explore the impact of motherhood on women. It is intended to gain an understanding of how pregnancy and the first months of motherhood are experienced by first-time mothers. This study will give women the opportunity to share their unique perspective and feel supported around their particular experience of pregnancy and new motherhood. This research is being conducted as partial fulfillment of the requirements for a Doctor of Philosophy in Clinical Psychology at The City College/ City University of New York.

First time mothers who have been very involved in their careers between the ages of 30 and 40 are being asked to participate in this study. One week following the due date of your child, you will be contacted by Hilary Cooper, the primary researcher involved in this project. If you are still interested in participating in this study at that time, an in-person interview will be scheduled at your convenience and in a place that you feel most comfortable. The interview will be conducted only by Hilary Cooper. It will take approximately three hours and will be audio taped.

I appreciate and respect your willingness to participate in this research project. Your participation in this study is voluntary and you may withdraw from this research at any time. At any time, during the interviews or afterwards, I will be available to meet with you to discuss any concerns or questions that you may have about your participation in this study.

All research data will be confidential. The audiotapes will only be reviewed by me and one supervisor and will be kept in a locked container in my office. You have the right to review all or any portion of the information you give me. In the presentation of the data, and/or publication, all identifying information will be changed and pseudonyms will be used to preserve anonymity.

If you have any questions about the research, you may call me at (914) 289-1593 or write to me at 10 Shelley Lane, West Harrison, New York, 10604. If you have any questions about your rights as a research volunteer, call or write:

Ethel Breheny
Office of Research Administration
Shepard Hall, Room 16
The City College of CUNY
Convent Avenue at 138th Street
New York, N.Y. 10031
Phone: (212)650-7903

Please sign below indicating your understanding of the above and your willingness to participate in this study of new mothers. Thank you.

Hilary Weiss Cooper
Doctoral Candidate
Clinical Psychology
The City College of the City University of New York

- -

To be completed by the participant:

I have read the above statement and understand both the purpose and procedures to be used in this study. I agree to participate in this study as described.

_____ _____
Signature Date

_____
Address

_____
Phone Number

APPENDIX C: Demographic Information Questionnaire

Subject #_____

1. Name:

2. Address:

3.Phone:

4.Age:

5.D.O.B.:

6.Relationship Status(circle): Married Living with the father of your child

7.Years together as a couple:

8. If married, for how long:

9. If not married, how long have you lived with the father of your child:

10. Level of Education Completed: 2yr college 4yr. College Masters Ph.D. M.D.

11. Major or Field of Study:

12. Occupation during pregnancy:

13. Years at that job:

14. Name of Employer (If own business, please name and describe):

15. Position(please describe in moderate detail):

16. Number of People you manage:

17. Number of hours you usually work in a typical week:

18. How would you describe your level of interest in your job before having a child?

19. Do you plan to return to work after your child is born?:

20. If you plan to work, what have you arranged with your employer?:

21. What are your plans for childcare?:

20. Due Date of this pregnancy:

21. Is this your first pregnancy?:

22. Is this pregnancy planned?:

23. Where will you give birth?:

24. Who will attend the birth?:

25. Do you know the sex of the child?:

26. Have you had any complications in conceiving or carrying this pregnancy?

27. How long did it take for you to become pregnant?:

APPENDIX D: Postpartum Semi-Structured Interview

Subject #_____

Demographic Information:
Name:
Address:
Phone:
Age:
D.O.B.:
Date of Birth of Child:
Number of Weeks Postpartum:
Sex of Child:
Name of Child:
Mode of Delivery:
Weeks Pregnant:

Pregnancy

1. Let me start by asking you about your pregnancy. When you think about the experience of being pregnant what comes to mind?

2. What are the range of physical feelings you experienced while pregnant?

3. What are the range of emotional feelings you experienced while pregnant?

4. Tell me about the process of getting pregnant.

5. When you think about the months you were pregnant what surprised you about the experience?

6. In what ways did pregnancy change or confirm aspects of the way you see yourself? (See which aspects are named and described. Then explore or probe for others.)
   A. Probe: Did being pregnant change the way you see yourself as a professional? If so, in what ways?
   B. Probe: Did being pregnant change the way you see yourself as a wife/partner? If so, in what ways?
   C. Did pregnancy change the way you see yourself as a caregiver or nurturer? If so, in what ways?

7. How did your weekly schedule change over the course of pregnancy as compared to your schedule before pregnancy? What were your reactions or feelings about these changes?

8. What was it like to go to work pregnant? (Probe for ways that pregnancy interacted with previous expectations of herself at work and the expectations of others.)

Delivery

9. Let me now ask you about the birth of your child. When you think about the experience of giving birth what comes to mind?
(Probe for both positive and negative associations.)
(Probe for both physical and emotional associations.)

10. What surprised you about the process of giving birth? What was similar to your previous expectations?
(Probe: Ask about specific fears and positive expectations mentioned in the first interview.)

11. Before giving birth, where did you get your ideas about what the birth process would be like?

12. Were you surprised in any way by your reaction during the birth process? If so, in what ways were you surprised? What previous expectations of yourself were confirmed by the experience?

13. Who attended the birth of your child? Were you surprised in any way by their reaction during the birth process? If so, in what ways were you surprised? What previous expectations regarding (person named) were confirmed by the experience of giving birth?

Life Right Now

14. When you think about the process of becoming a mother as you've experienced it up to now, what comes to mind?

14. Describe a moment for me when you felt like a mother. When it clicked in that you were the mother in the room. Perhaps a time when your baby needed something and you knew what to do.
(Probe for range of thoughts, feelings and actions.)

15. Describe for me a moment when it was somewhat hard to see yourself as a mother. When it didn't click in as smoothly. What was that experience like for you?

16. When you think about the first few weeks of your child's life what comes to mind?

17. Let me ask you about your life right now? What's a typical day like for you right now? Describe it for me.

18. What is the range of physical feelings you've experienced since the birth of your child?

19. What is the range of emotional feelings you've experienced since the birth of your child?

20. When you think about these past several weeks, what has surprised you about the act of caring for a newborn? Is it the way you thought it would be?
(Probe for both positive and negative associations.)

21. When you think about the past several weeks, what previous expectations have been confirmed by the experience thus far of new motherhood?

Image of the Self

22. When you think about the past several weeks, what have you learned about yourself during this experience of new motherhood?
A. Probe: Has anything surprised you about the way you have reacted to taking care of your newborn?
B. Probe for both physical and emotional reactions.
C. Probe for both positive and negative reactions.

23. How has becoming a mother changed the way you think about yourself? How has becoming a mother confirmed your previous vision of yourself?

24. How has becoming a mother changed the way you think about yourself as a professional/worker?

25. How has becoming a mother changed the way you think about yourself as a wife/partner?

26. How has becoming a mother changed the way you think about yourself as a caregiver/nurturing person?

Image of Others

27. When you think about those closest to you during these first several weeks of your child's life, what and who comes to mind?
(Probe: Try to allow enough time for associations to flow freely. If certain people are not mentioned like partner and parents ask more directly.)

28. During these past several weeks what have you learned about those around you? Have you been surprised by anyone's reaction or participation in the first weeks of your child's life?
(Probe for both negative and positive associations.)

29. Who has been most helpful during these first weeks of motherhood? Describe for me what made them most helpful. Has anyone disappointed you during these past several weeks? If so, in what way? How did you respond to that?

Work

30. Have your plans regarding work changed since the birth of your child? If so, in what way have they changed? What are your specific plans at this time?

31. Has becoming a mother changed the way you feel about work? If so, describe for me what feels different?

32. If you plan to go back to work, when you think about returning to work what comes to mind?

33. If you do not plan to go back to work, when you think about being a full-time mom what comes to mind?

34. Some theorists say that pregnancy and new motherhood are times of crisis in a woman's life. What do you think about that?

35. Are there any other questions you think I should ask? (Then have them answer their own questions.)

APPENDIX E: Tables of Categories

Table 1: The work-oriented self and the experience of pregnancy

I am a type A overachiever
Work is the most important aspect of my identity
I am a career person
I have always been interested in getting to the next level at work
I have reached a plateau at work
It is important that I keep up an image at work
I am autonomous and responsible for myself at work
I have always given 200% at work
I have always known that I would work, even while having a family
I am relieved that I have some form of work to go back to
My work can be emotionally challenging
Work makes me a good role model for my kids
Work provides me with a sense of routine which I like
I can be tenacious
I am very pragmatic
I always try to be the hero in every situation
I am usually in control
Perception of work has changed as a result of pregnancy
Work became less of a priority during pregnancy
I worked long hours during pregnancy because I realized work would be less important after I had the baby
Concerns that pregnancy would take them out of contention for promotion or bonus
Worked hard during pregnancy to prove commitment and not lose ground competitively
Waited to have a child to attain success at work
Felt less productive and less in control at work
Responded to work and did work-related task in the delivery room
Worked long hours during pregnancy
Felt a sense of competition with other mothers/pregnant women at work
Felt like an oddity at work while pregnant
Reluctant to discuss maternity leave with boss
There was no reason for work to question my commitment during pregnancy
My job is very flexible
I have to be on call at all times for my job
I was under pressure to complete my work before giving birth
I was promoted while pregnant
I have always been interested in the next level at work, that didn't change
I felt discriminated against when pregnant
I had mixed reactions from superiors at work
I felt like a guinea pig at work because no one else was pregnant

I felt like I missed out on opportunities at work while pregnant
There was a purely supportive environment at work
It took me a long time to realize there was a baby inside me and I was going to be a mother

Table 2: Maternity Leave

I worry that when I go back to work I will miss milestones
The hardest part about going back to work is leaving him
I had to be very strategic about how I planned my maternity leave
I have already worked most days during my maternity leave
Work cause me to devote less attention to my baby than I expected
I am dreading going back to work
I regret working so hard during maternity leave
Felt pressure to continue my relationship with clients during maternity leave
I am not happy with the length and terms of my maternity leave
I made it a point to delegate my responsibilities to other during my leave
I didn't commit to being back at work by a certain date
Before going on maternity leave, I wasn't sure how I would feel about work
I worked until I gave birth because I didn't want to waste maternity leave

Table 3: Financial considerations and work

I want to work so our lifestyle does not suffer
I need to work. We need both incomes to survive financially
I work because we need the medical insurance
If I had the choice, I would not work at all
If I had the choice, I would work part time
I work so I have financial independence from my husband
I don't want to ever ask my husband for money
Making money is important to my self-esteem
I am concerned that having a baby will cause me to make less money
One reason I am returning to work is to pay for all the future expenses of raising a child

Table 4: The desire to achieve a work-family balance

I'm afraid when I go back to work I am going to push myself too much
I am afraid that I will try to be a supermom when I go back to work
I want a balance of work and family
Work and family are equally important to my identity
I don't want anyone else to take care of my kids
I don't want to be the daily caregiver to my kids. I am o.k. with outside help
Work will naturally take a back seat to family now
I will have to make some sacrifices at work now that I have a family
Efficiency and focus will be more important so I can get everything done and get home

The logistics of childcare are the hardest obstacles to going back to work
I am returning to work to keep my mind stimulated
Work will make me a better mother
I don't have positive role models of working mothers
There are many positive role models at work
I am already frustrated trying to get work done at home

Table 5: The impact of the postpartum period of work identity

Caring for a newborn is more rewarding than work
I am looking forward to going back to work
I love my baby, but I do not have the desire to stay home
I long for a more objective view of my performance
Caring for a newborn is harder than I thought
I feel self-conscious about my decision to return to work
I plan to be more focused on managerial skills now that I am a mom
I am going back to work full time
It is much harder to get work done at home with a baby
I am amazed at how disorganized I feel now
I have decided that the financial and social rewards of my job are nothing compared to caring for my child
It is a harsh reality that I can no longer get everything done
I don't like feeling like I am not in control
I have been depressed
The postpartum period is much harder than pregnancy
I haven't changed the way I define myself

Table 6: Self as Mother

I am more expressive of positive and negative emotions since having a child
I am still not confident as a caregiver
Having a baby has mellowed me
I am no longer as independent as before
I felt like a mother instantaneously when baby was born
It took me a while to realize I was a mother
I have been irrevocably changed as result of having a baby
I didn't feel like a mother until she was born
Feeling like a mother started during pregnancy
It is scary in a way that the baby is so reliant on me
I am doing a good job caring for the baby
I don't want to be a mom who misses things
Being a mom is important to my self esteem
I am not as easy going as I thought I would be
I have created another human being, this is overwhelming to me

I have always been a caring person, now it is more a part of who I am
Someone now depends on me
I have learned that others can do things too. I am not omnipotent
I have learned to rely on others
It's hard to measure my success as a mother
I try not to have too many expectations of myself
I was overwhelmed by the amount of love I had for my baby right away
I am less independent now that I have a child
I knew that I loved my baby but that I would return to work
It has been a big effort to take things slowly and not get worked up about things that used to bother me
My definition of organized and neat have changed
I worry that I can't live up to the image of my stay-at-home mother
I was self-conscious about my reaction to the baby after I gave birth
Not being able to breastfeed well made me feel incompetent
I didn't feel prepared for the baby's birth
It was important to me that the baby look like me
I wondered what the baby would look like, but it wasn't important that she look like me
I worried all the time about the health of the baby
I was pretty mellow about worrying about the baby. I'll be worried about her for the rest of my life
I never bonded with the baby while pregnant
I used to talk to the baby when inside me
Breastfeeding makes me feel close to baby
I wasn't consumed with thoughts of the baby during pregnancy

Table 7: The Experience of Physical Vulnerability during Pregnancy and the Postpartum Period

I never felt sick
I felt very sick
My activity level never changed
I didn't connect that there was a baby inside me
I was proud of my ability to handle the pregnancy
I was tired
I loved being pregnant
I had a lot of physical complaints like bleeding gums and bad skin during pregnancy
Pregnancy made me slow down
During pregnancy I worried about the delivery
I was afraid that I wasn't eating enough or the right foods for the baby
The biology of the pregnancy fascinated me
I felt uncomfortable and swollen during pregnancy
I felt great during pregnancy

I didn't take good care of myself during pregnancy
Pregnancy made me feel healthier than ever before
I changed the way I eat for the health of the baby
I loved feeling the baby move inside me
I was surprised that the pregnancy was so hard physically
The pregnancy was easier than I expected physically
The exhaustion postpartum is worse than any aspect of pregnancy

Table 8: Body Image

The worst part about being pregnant was being fat
I didn't feel attractive while pregnant
I didn't feel sexual while pregnant
I still felt like a sexual being while pregnant
I liked the added attention while pregnant
I didn't like the added attention while pregnant
My body weight is a big problem
I know the weight will come off, I'm not worried
I was less vain about my body during pregnancy
Pregnancy gave me an excuse not to worry about my weight
There's no excuse to be heavy now that the baby is not inside me
The amount of weight I gained surprised me
The physical changes to my body made an impact on my self-esteem
When I started to show I felt really good abut my body
I liked gaining weight during pregnancy because I have always been too thin
Pregnancy made me realize that my body was no longer my own
I enjoyed watching my body change
I am not a weight conscious person but I was frustrated that my body wasn't in my control
You spend your whole life thinking that you are not supposed to allow your body to get bigger and then during pregnancy it can be alarming
I liked having large breast during pregnancy
The first month of pregnancy was the hardest. I didn't feel like myself
I worked out throughout pregnancy
I have started to work out since the baby was born
Working out during pregnancy was too hard for me
I ate everything and didn't gain too much weight
I hated having larger breasts
Breastfeeding is harder than I imagined it would be
I don't make enough milk
Breastfeeding is easier than I thought it would be
Clothing was a big concern

Table 9: Conceiving

I was methodical about getting pregnant
We were pretty laid back about getting pregnant
I was shocked when I found out I was pregnant
It wasn't a shock that I was pregnant. It was planned
I was worried that being older would make it hard to get pregnant
I didn't connect that there was a baby there
Getting pregnant was easy
It wasn't easy getting pregnant
Fertility treatment made the experience of getting pregnant impersonal
I felt very ready to have a baby

Table 10: Labor and Delivery

I was surprised that your body just does what it has to do, it's on autopilot
The delivery wasn't bad
The pain of the delivery was unbearable
I had to demand pain medication in the delivery room
I expected labor to be harder than it was
I was shocked that I was in labor
During pregnancy I was most worried about the delivery
I didn't expect the pain and nausea during delivery
It took a long time to get an epidural
I never thought I would get the epidural, but I had to, the pain was bad
I was surprised that I had to be induced with pitocin
Having the pitocin changed the delivery for me. I wish it had just gone naturally
Once I got the epidural it was fine
No one really told me what labor would be like
Delivering the placenta was the worst part of labor for me

Table 11: The reaction to becoming pregnant

I was so relieved that I could get pregnant
I was overwhelmed right away about the responsibility
I was so happy
I was so nervous. I didn't feel prepared to be a parent
It wasn't a question that I would be able to get pregnant
We had lost other pregnancies so I was afraid to be excited
My husband and I didn't get attached to the idea of having a bay until we knew it was happening
It took me many months to believe that the baby was real
I was very emotional
I was less emotional than I expected
I was scared when I found out I was pregnant

Pregnancy meant that I would have the security of a family. It made me feel more secure
I was so proud that I could make my husband so happy
I was superstitious about the pregnancy. I didn't want to talk about it at first
As soon as I found out I was pregnant I panicked. I felt like I couldn't take care of myself, how could I take care of a child?
Pregnancy meant that I would extend the family
It was important to my family that I be pregnant. It was a way to replace a family member that died

Table 12: The Emotional Ups and Downs of Pregnancy

I wasn't more emotional during pregnancy
Pregnancy didn't affect my ability to cope with stress
I felt more vulnerable to the usual daily stressors at work
I was more hormonal
I was not more hormonal
I was really happy throughout pregnancy. It was all I had hopes for
My emotions were more unpredictable
I took my feelings and frustrations out on others
I was less attached to the pregnancy than I expected
Pregnancy didn't fluster me
I am very pragmatic and that remained the same when I was pregnant
I was very content when pregnant
I felt like a science project. Like I was interested in the biology of the pregnancy
I was really happy that the pregnancy went so well
I had a hard time being more dependent on others during pregnancy
Pregnancy made me aware of what my mother must have gone through
I was reluctant to share my negative feelings about being pregnant because I was self-conscious about what others might think

Table 13: Anxiety During Pregnancy

I worried about the health of the baby
I worried about how I was going to make it through the delivery
I worried about the financial burden of having a child
I worried about how I would be as a mother
I worried about how I would be perceived by others
I had a panic attack during pregnancy
I was most worried about how the baby would make it through the delivery
I worried that my marriage would not make it
I needed to get a grip on all I had to juggle before I could relax about the pregnancy
I worried that I needed to get a lot done at work before the baby came
I worried that I wouldn't be prepared for when the baby came
I was overwhelmed by other commitments during pregnancy.

I worried about how the stress of my job would affect my baby

Table 14: Dreams About Pregnancy

I dreamed about the baby
I dreamed about what the baby would look like
I dreamed that the baby would be talking
I dreamed that the baby would be self-sufficient
In my dream I didn't know how to feed the baby
In my dream I was totally unprepared
My dream echoed my real experience of labor

Table 15: Emotional Reactions to Labor and Delivery

All I wanted to do was sleep after I gave birth
I was self-conscious about not being emotional after giving birth
Labor was not at all what I expected
I needed to stand up for myself in the labor room
I felt betrayed that no one had told me the truth about giving birth
The process of giving birth was nothing like what I expected
It was strange not being in control over my body and what was going on in the delivery room
I was scared when I realized I was in labor. I didn't feel ready
The delivery was how I expected
The feeling of lack of control is uncomfortable for me
I felt defensive in the hospital about my rights as a parent and as a patient
I felt like there was no room to be emotional in the delivery room
I was relieved when the baby came out okay
It was strange not knowing what was going on. I'm usually so prepared
We had wanted a baby of the opposite sex, so it was a shock

Table 16: Emotional Adjustment to the Postpartum Period

I have had moment when I have been overwhelmed with happiness and excitement
I am more inclined to expressing both positive and negative emotions since having baby
It was very hard for me to give the baby a bottle
I feel a sense of gratitude for my baby's health
I love my baby so much that I worry about something happening to her
I am not sure about how I will feel when I go back to work. I just have to see what happens
I have more fears about the world since having the baby
I think it will be hard to leave my baby
I have already left the baby and it was easier than I thought
My biggest concern now is finding childcare
I don't want someone else caring for my child

I feel disorganized
It is hard not being able to get things done
I am surprised at the amount of stuff I can get done
I have already found childcare and am comfortable with the arrangement when I return to work
The baby's weight is my biggest concern right now
The postpartum period has been an emotional roller coaster
My emotions postpartum are much more unpredictable than during pregnancy
The changes to my lifestyle are much bigger than during pregnancy
I feel less independent than I used to
I feel as independent as I always have. I just take him with me
Breastfeeding makes me feel incompetent
I am surprised that I like breastfeeding as much as I do
It's important to me that I am the one in control of his care
I fear that somehow I will hurt the baby, like drop her
I fear that I will mess her up psychologically by not being the best mother
It freaks me out that there is this person who I will be responsible for for the rest of my life
Things aren't in my control right now
I still think I can do it all
I have been depressed and crying a lot since having the baby
I can see that postpartum depression is real. I don't think I am depressed, but I have had episodes of unexplained crying. It frightened me
When I was pregnant I didn't focus on what life would be like once he came. I wish I had thought about it more
I think I haven't been depressed because I didn't have any preconceived ideas of what life would be like
I feel overwhelmed when I am needed by others other than my baby
I feel totally overwhelmed, like I am teetering on the edge. This scares me
I can't maintain the level of calm I am used to
It's just the nature of having a baby. I can't control everything
I have never left the baby
I feel like I'm getting a handle on things
I am more controlling and neurotic about the baby than I thought I would be
I am less controlling than I thought I would be
I feel pressure to only express the positive emotions about having a child
I have mixed emotions about being a mother
I don't know if I will ever be pregnant again, so I am going to savor every moment

Table 17: Becoming a Family

It was easier to prioritize my marriage family over my birth family as a result of becoming pregnant

Having a child brings permanence to the relationship
My husband and I are now biologically linked forever
Our baby is a product of our relationship. He is part of both of us
There is a third person now in the picture, that changes you as a couple
I can now place more boundaries between my family and outside influences like work
The hardest part is having no time for us
Having a baby has created a crisis in our relationship
We have always had a really strong relationship, this just makes it stronger
We have become closer
We make private relationship time a priority
We are a family unit now
My husband was very involved with the pregnancy
I would have liked my husband to be more involved with the pregnancy
My husband has always made me feel like a separate individual
I don't expect us to have the same approach to parenting, we are from different families
My husband is very supportive
I have to be careful not to see myself as more of a mother than a wife
Our relationship has always been difficult
Before, we used to coexist, now we are linked differently
Marriage didn't really change anything, having a baby has changed everything
I wondered if my husband noticed that I wasn't very emotional after delivering our baby
I was disappointed by my husband's reaction during labor
I was pleased by my husband's reaction during labor
The baby has become our number one shared priority
I worry that focusing on the baby will cause my husband to be less interested in me

Table 18: The Marital Relationship and the Impact of Pregnancy and the Postpartum Period

Pregnancy changed my relationship in a negative way. There was more conflict
The balance of control shifted in my favor during pregnancy
My husband was frustrated with my depression after giving birth
Differences in our parenting style produces conflict
I accept that we will have differences in our parenting style
I am critical of my husband's caregiving
I try not to be critical of my husband's caregiving
The hardest part of the postpartum period is we no longer have time for us
It made me happy that the pregnancy made my husband so happy
My husband always made me feel attractive
During pregnancy I resented the fact that I had to take on the whole burden of pregnancy
I am sometimes resentful that his life hasn't changed very much
My husband and I feel much closer
Having a baby nurse has created less stress for us

We have made couple time a priority
My husband has been much more emotive than me since baby
My husband would say that I was hormonal during pregnancy
I used to be a doting wife, I am no longer
My husband expects me to be as attentive as I have always been
My husband accepts that I can't be as attentive as I was before the baby
I think my husband is crazy to be so focused on work right now
My husband has not separated from his family of origin as much as I would have hoped
My husband pressured me to slow down during pregnancy
My husband was more protective of me when I was pregnant
I would have liked my husband to have been more worried about me during labor
Our relationship has taken a backseat to the baby. That's okay for now
My number one priority is still my relationship
My husband appreciates me more

Table 19: Division of Responsibility

I am surprised that my husband does so much around the house since the baby was born
My husband has never done any of the housekeeping, that hasn't changed
My husband has always been involved with the household responsibilities
I can be very critical of my husband
I try not to be critical of my husband
My husband wants me to let the baby cry. I won't. This creates conflict
He won't take my advice about how to care for the baby
I made sure we went to parenting classes together so we would both be on the same page
I give my husband specific tasks so he is doing as much as me
I get resentful when I think I am doing more than him
I don't want to resent my husband
Having a baby nurse has created stability in our relationship
I try not to undermine my husband's confidence as a caregiver
Sometimes my husband is like another child
I don't like my husband seeing me lose control
I never want to rely on my husband for money
We have a balance in our relationship because I make good money
My husband became more helpful around the house when I was pregnant
Seeing my husband struggle with the baby makes me feel better about myself
I haven't asked my husband to do much of the caregiving
I have to be aware that his opinion is as important as mine
I have begun to see my husband and I as a team
I am surprised at how aggravated my husband gets at the baby
My wish to stay at home with the baby has created tension in our marriage

Table 20: The Sexual Relationship and the Impact of Pregnancy

We didn't have sex often when I was pregnant
The logistics of having sex is difficult
I was physically uncomfortable having sex when I was pregnant
Concerns for the baby kept me from having sex
Concerns for the baby kept my husband from having sex
The image of my body made me too self-conscious to have sex
I have been worried that the image of me giving birth has turned my husband off
I didn't feel attractive while pregnant
I felt attractive while pregnant
I didn't feel like having sex while pregnant
I feel like not having sex makes me an inattentive wife
My husband has always made me feel like a separate being other than the carrier of his child
My not wanting to have sex has hurt our relationship
I have to remember that sex isn't just for having babies
Fertility treatment took the sexual nature of conception out of the equation
I have to make sex more of a priority
My husband was very accepting of the changes to my body

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