

AN EXPLICATION OF WOMEN'S EXPERIENCE OF AN
ALTERATION IN PSYCHOLOGY DURING PREGNANCY:
IMPLICATIONS FOR COUNSELLORS

by
ANITA SNELL
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We accept this thesis as conforming
to the required standard

Dr. R.V. Peavy, Supervisor (Department of Psychological Foundations in
Education)

Dr. B. Timmons, Departmental Member (Department of Psychological
Foundations in Education)

Dr. C. St. Peter, Outside Member (Women's Studies)

Dr. I. Dawson, External Examiner (School of Nursing)

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University of Victoria

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Supervisor: Dr. R. Vance Peavy

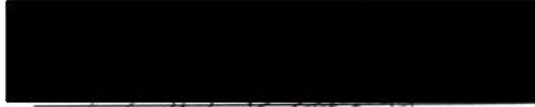
ABSTRACT

The purpose of this study was to explicate women's experience of an alteration in psychology during pregnancy. The impetus for the study arose from my conviction, developed over 20 years of midwifery practice, that it was necessary and desirable for counsellors, and society in general, to gain a greater understanding of women's psychology during pregnancy. A review of the literature details cultural and historical attitudes towards pregnant women, provides some relevant physiological information about pregnancy, and explores the limited information written in English concerning psychology in pregnancy. The choice of a phenomenological methodology is explained and the researcher's journey into the world of data analysis is chronicled, with particular attention paid to the development of the phenomenological necessity of bracketing.

What emerges from these efforts are three distinct accounts of the experience of an alteration in psychology during pregnancy. Each participant, responsible for creating and giving birth to a new being, must also adapt to profound changes in self concept. She has become a self who has another being growing inside her; a self who is now affecting someone else with everything she ingests and possibly with every thought; a self whose status in society changes abruptly and dramatically; a self who will give birth and parent this new being. From the first knowledge that conception has taken place, a pregnant woman must incorporate into her self concept many new roles that may be in direct conflict with her nonpregnant self. It could be said that a woman who is pregnant creates and gives birth to a new part of herself as well as giving birth to a baby.

Underlying themes are discussed and the results of this study are related to counselling literature and counselling practice. The results indicate the phenomenological essence of experiencing an alteration in psychology during pregnancy implies: (a) an increase in emotional vulnerability; (b) dramatic alterations in body image and sexuality; (c) marked changes in relationships with others; (d) the development of a relationship with the fetus; (e) and the psychological adjustments necessitated by these changes. Implications for further research include the need for a general increase in our knowledge of psychological processes during pregnancy. In conclusion, specific concerns such as exploring counsellors' attitudes towards pregnancy and psychotherapy in pregnancy are addressed.

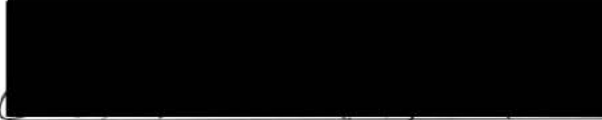
Examiners:



Dr. R.V. Peavy, Supervisor (Department of Psychological Foundations in Education)



Dr. B. Timmons, Departmental Member (Department of Psychological Foundations in Education)



Dr. C. St. Peter, Outside Member (Women's Studies)



Dr. I. Dawson, External Examiner (School of Nursing)

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I want to acknowledge my extended family (you know who you are) for all your help and love.

Emma, my wonderful, patient daughter, thank you for the light you bring to my life.

DEDICATION

The preoccupations of pregnancy are a dream that is forgotten as entirely as the dream of birth pains.

Nancy Hale

To the participants of this study and to all the women who have allowed me to be their midwife, who, without exception, have been so brave in their task of continuing our species. Medals for bringing life would be so much more appropriate than the giving of medals for taking life.

Chapter One

Introduction

Impetus for the Study

Witnessing the birth of a child is, in my experience, one of life's most profound events. Through participating in the childbearing process as a midwife, it has been my great fortune to work with many women and their families. Over the last twenty years I have had many insights as to the meaning invested in the phenomenon of birth. When I first began assisting women through the childbearing year, many impressions flooded into my consciousness; over time, I distilled a sense that many issues for the woman and her family were not being addressed.

Today there is increasing attention, along with remedial action, directed towards improving a woman's experience of labour. Present research confirms that which was "heresy" for me to discuss with medical personnel twenty years ago, i.e., the birthing woman's needs, thoughts and desires should determine the kind of support given, rather than what is expedient and/or deemed necessary by the hospital staff.

However, the illumination and support of the labouring woman's experience has not spread to cover what comes before: nine months of pregnancy. My own pregnancy, my exposure to many pregnant women's stated and observed inner lives, and hours of dialogue with other childbirth counsellors/midwives, has led me to believe there are commonalities of psychological alteration during pregnancy. There is disturbingly little theory, research, or awareness of potential psychological changes in pregnancy and the issues arising from these changes.

The impetus for this study was my desire to shed light on what I have come to understand as a "strangely neglected" time in many women's lives. My belief that scant attention is paid to the psychology of pregnant women is substantiated by my exhaustive search for theories and models on this subject; despite extensive research efforts I found minimal information in the literature available in English.

Statement of the Problem

Women are responsible for gestating our species and are usually responsible for the care of the infant. It is commonly held that the better adjusted the mother is, the better adjusted the child will be. Research has traditionally examined infant and child behavior and attempted to correlate it with observed maternal behavior (Davids, Holden, & Grey, 1963; Korner, Gabby, & Kraemer, 1980; Ottinger & Simmons, 1964).

Within the last decade, a trend has developed wherein an increasing amount of research is directed towards women's experience and psychology, for instance, menstrual cycle-related mood fluctuations (Collins, Eneroth, & Landgren, 1985). Research and ensuing theory in the field of childbearing has tended to focus on the post-partum period; post-partum depression is a well-documented phenomenon (Alder, Cook, Davidson, West, & Bancroft, 1986; Cutrona & Troutman, 1986; Handley, Dunn, Waldron, & Baker, 1980). Research of pregnancy has been restricted to physiological considerations, such as effects of environmental toxins on the fetus (Fein, Schwartz, Jacobson, & Jacobson, 1983) or directed towards specific at-risk groups, e.g., pregnant teens (Barr & Monserrat, 1978).

There is a minimal body of theory and research concerned with psychological factors that tend to arise from the state of pregnancy itself. North American society in general, and pregnant women in particular, are

presently ignorant of what may be common psychological alterations during pregnancy; therefore, appropriate support and informed understanding are unavailable to women who are pregnant.

Purpose of the Study

The purpose of this study is to develop an in-depth understanding of three women's experience of an altered psychological state during pregnancy; the participants were selected on the basis of their stated interest and willingness to discuss a perceived alteration in their psychology during pregnancy.

A phenomenological approach was used in acquiring the women's recollections. Participants were pregnant at the time of interviewing, therefore included in "experience during pregnancy" are recollections of: 1) the present experience; 2) earlier experiences in the pregnancy; 3) previous pregnancies (if applicable).

Methodological Considerations

In order to explicate the experience of any individual or individuals a methodology must be used that is congruent with the intent of the study. Phenomenological methodology allows the researcher "to describe and illuminate the meanings of human experience that constitute the activity of consciousness... It is the comprehension of the meaning of another person's experience, which requires the special mode of inquiry considered to be phenomenological" (Hoshmand, 1989, p. 22).

The intent of this study is to provide an explication of alterations in psychology during pregnancy. Unlike other methodologies, phenomenological research does not begin with an hypothesis, rather the beginning place is a clear understanding of what aspect of human experience is to be explicated. This study begins with the presupposition that some women do experience an

alteration in psychology during pregnancy - an assumption borne out with the completion of the survey forms (see Appendix C) designed to assess the experience of an alteration in psychology during pregnancy.

Phenomenological research methods "are designed to yield clear and accurate descriptions of the structures of consciousness that constitute what appears in human experience" (Polkinghorne, 1989, p. 58). It is a premise of phenomenological research that the structures of a particular experience, revealed through an in-depth study of a few individuals, may speak to the experience of many. Raphael-Leff (1991b) expresses this concept as follows:

No two pregnancies are alike. Every woman's experience of pregnancy is different from all other women and each recurrent pregnancy differs from those that preceded it even in the same woman... every pregnancy takes place within the context of different emotional, psychosocial and physical circumstances... Nevertheless, as with all life's universal events, it is possible to distil a number of experiences which are common to most pregnancies. (p. 45)

Phenomenological methodology, therefore, allows the researcher to obtain an in-depth understanding of individual experience, with the additional benefit of gaining some possible insight into the general structure of the experience under study.

Chapter Two

Review of Related Theory and Research

Overview

In order to provide a context for understanding the research results from this study on women's experience of an alteration in psychology during pregnancy the following information will be provided: a cultural and historical framework of pregnancy; a brief introduction to some relevant aspects of physiology in pregnancy; and a summary of available literature on the psychology of pregnancy.

A Cultural and Historical Framework of Pregnancy

All human societies have strongly held beliefs about the childbearing process, and the behavior of those involved in the pregnancy tends to be strictly patterned (Mead & Newton, 1967). Jordan (1983) points out that, regardless of the particular birthing practices of any culture, people share an adamant belief that their way is the only safe and sensible one.

The most commonly held belief across cultures is that during pregnancy "the way of life of the mother, and often the father, will directly affect the baby" (Mead & Newton, 1967, p. 164). This belief often leads to blaming the parent(s) if the child is not healthy. Most cultures prescribe dietary restrictions for pregnant women and in many cultures they are treated with solicitude and understood to be vulnerable. Pregnancy is often viewed as somewhat shameful (Mead & Newton, 1967).

White and Reamy (1982) in their review of sexuality and pregnancy note that "historically, the pregnant woman in our culture has been regarded as an asexual being, a woman who takes a hiatus from sexual desires and behaviors during gestation and for weeks or months after delivery" (p. 430).

A further analysis of historical and cultural attitudes towards pregnant women comes from O'Brien (1989), a feminist scholar. Having worked as a midwife, she includes her understanding of the implications of pregnancy and childbearing in her analysis of female and male power dynamics. She states that "the oppression of women is the suppression of the significance of reproductive relations on any notion of history which men have produced" (p. 300). Raphael-Leff (1991a), a psychoanalyst and social psychologist, maintains that "on a societal level, unconscious residues of universal early transactions with female primary caregivers, promote women as nurturing/waste-disposing 'placental containers'" (p. 393). She believes that the pregnant woman's placental interchange of nutrients to the fetus and waste products from the fetus parallels the way in which mothers serve as containers for society's projections; women are expected to "detoxify the fearful maternal images and waste-products evacuated into us and to hand back a metabolized version of laundered social reality" (p. 405). According to Raphael-Leff, pregnancy and motherhood are glorified and idealized within societies while women as individuals are undervalued and criticized for any perceived lapses in maternal functioning.

A recent phenomenological study by Bergum (1989) explicated the transformational process from woman to mother during pregnancy, childbirth, and parenting. Bergum stated as one of her conclusions that "the intertwining presence of the child in a woman's body needs to be held sacred at all times during pregnancy and birth so that the woman can experience her own change through this unique relationship" (p. 154).

Examining present North American cultural attitudes, Taylor and Langer (1977) found in their research of the social stigma of pregnancy that although a pregnant woman was expected to be passive, she was

simultaneously rejected for being so. Until recently, North American women were legally obliged to cease employment when it became evident they were pregnant. Taylor and Langer maintain that until the unacknowledged social rejection of pregnancy is eliminated, changes in law and policy won't be effective in reinstating pregnant women in the workforce. Davis and Lennon (1983) note that "reactions to pregnancy, a non-permanent condition experienced by 90% of all women at some point in their lives, very closely parallels reactions to the physically stigmatized" (p. 997).

A pregnant woman is therefore, culturally and historically, responsible for producing a healthy infant while remaining physically and psychologically invisible. Women who are pregnant have also remained invisible in the social sciences; Taylor and Langer (1977) suggest that:

The pregnant woman is probably a mysterious creature to all but those who are or have been pregnant. While much recent attention has been focused on creating new roles for women, little more than stereotypes now characterize discussions of the woman's role as mother-to-be.... Although many social scientists have studied the relationship between mother and child, few have dealt with the states of pregnancy and childbirth per se. (p. 27)

Relevant Aspects of Physiology in Pregnancy

Although pregnant women have largely been ignored by social scientists, they have been the "subjects" of many medical research studies. Predictably, these studies do not focus on the physiological effects of pregnancy in relation to women's psychology, rather, the objective is to study the effects of prenatal maternal behavior on neonatal outcome.

Despite the focus of the available studies (on the infant rather than the mother), they provide valuable information concerning the interaction between mind and body in pregnancy. Stott (1973) found an association between maternal prenatal stress and infant morbidity. Blomberg (1980)

studied the children of women whose application for legal abortion had been refused. She compared 1,263 children to a matched control group and found a significant difference in the two groups of children, in the form of teratogenic factors in the proband group.

Various scales and questionnaires have been developed to measure prenatal maternal attitudes (Cranley, 1981; Diskin & Heinicke, 1986; Kumar, Robson, & Smith 1984; Reading, Cox, Sledmore, & Campbell, 1984). Using these instruments researchers have correlated maternal psychological measures with neonatal outcome (Crandon, 1979; Erickson, 1976; Twinning, 1983).

It is interesting that Beere's (1979) handbook of over 230 tests and measures used in studying women and women's issues has only one instrument, developed in 1964, concerning maternal attitude to pregnancy. The statements the women respond to focus on determining the woman's present and future relationship with the fetus.

A new area of investigation, psychoneuroendocrinology, may prove to be useful in studying what predictable maternal psychological effects might be experienced from prenatal hormonal levels. Psychoneuroendocrinology is the study of the relations between hormones, neurotransmitters and behavior. The limbic system plays a major role in the regulation of basic vegetative reflexes and drives, as well as the expression of emotions, therefore "emotional variability is reflected by the psychoneuroendocrine regulation of pituitary and other hormone secretion" (Hyppa, 1981, p. 197). Our understanding of pregnant women could be greatly increased through research focused on the interaction between mind and body.

Literature on Psychological Processes During Pregnancy

During a period in which the biomedical sciences have steadily contributed a substantial body of literature on the physiology of the pregnant woman, and perhaps even more on the fetus and the infant, relatively little systematic research has been directed to an understanding of the psychodynamics of the pregnant woman.... (Shereshefsky & Yarrow, 1973, p. 1)

Although the above quote is close to 20 years in print, it remains true today. While it is recognized a woman may be challenged psychologically by her pregnant state, there is little understanding of what the challenges are or what interventions might best facilitate how these challenges are met.

The popular notion that women's psychology moves through distinct phases according to the trimester of pregnancy (Colman, 1973; Kitzinger, 1979) is unsubstantiated by research. This theory holds that in the first trimester women are preoccupied with self and body changes, the mid-trimester is a peaceful time of inward focus on the growing fetus, and the third trimester is characterized by fears of labour and parenthood. These tendencies probably do occur in many pregnancies, but the model offers little in way of expanding our understanding of psychology during pregnancy.

Raphael-Leff (1991b), author of the only research-based book that I am aware of which deals exclusively with psychological processes in pregnancy, suggests a three phase "process of growth, bridging the single entity that she was before, with the mother she is about to become" (p. 60). The phases are determined by the woman's changing relationship with the fetus. Phase one ends with the experience of discernable movement of the fetus; and phase two ends with the women's belief that the fetus could survive outside the womb if born prematurely. Raphael-Leff, a psychiatrist and social psychologist, provides many interesting observations and conclusions, drawn

from her many years of private practice and research, concerning the continuum of issues typically arising from each phase.

Another source for understanding the psychology of a pregnant woman is feminist theory. Rich (1976) maintains that our literary and visual images of motherhood come to us filtered through a collective or individual male consciousness and therefore:

As soon as a woman knows that a child is growing in her body, she falls under the power of theories, ideals, archetypes, descriptions of her new existence, almost none of which have come from other women (though other women may transmit them) and all of which have floated invisibly about her since she first perceived herself to be female and therefore potentially a mother. (p. 45)

Given the general lack of understanding of the psychology of pregnancy, it would not be surprising if women who are pregnant felt isolated. Morrison (1987) interviewed a number of women in order to write of their experience of pregnancy. She was struck by how many of the women looked forward to reading the book as a way of finding out what other pregnant women were really feeling and thinking.

Blum (1980) maintains that pregnancy is a time of heightened psychological sensibility and responsiveness. She observes that the discussion of psychological experience during normal pregnancies is "an area sorely in need of attention and study" (p. 135). She also stresses the importance of a dependable supportive environment for persons experiencing the developmental crisis of pregnancy. According to Stack (1987), with early detection and intervention, the developmental crisis of pregnancy may lead the woman to resolution of underlying problems. He notes that there is very little discussion of prenatal psychotherapy in the literature.

Raphael-Leff (1991b) believes that pregnancy is an ideal time for women to undergo psychotherapy. She claims that

the woman's motivation for accepting help during pregnancy differs in that not only is therapy sought to alleviate suffering and relieve the pressure of persistent symptoms, but it rides on a tide of emotional resurgence which both reawakens forgotten feelings and strives for reappraisal of identity. (p. 91)

In a review of studies examining depression in pregnancy Kaplan (1981) asserts that

a substantial segment of the medical profession, maintains an attitude of pluralistic ignorance toward depression during pregnancy. It would be very helpful to have carefully collected information about the emotional course of pregnancy, so that if the cultural myth of the joyful, placid pregnant woman is inaccurate, it might be replaced by a more realistic image. (p. 23)

Kaplan suggests that pregnant women may unknowingly contribute to the non recognition of depression during pregnancy through the process of suppressing memories of their discomforts in order to make their experiences more congruent with cultural expectations.

Summary

In summary, the review of the literature indicates the need for more knowledge concerning the psychology of women during pregnancy: cross-culturally, women are stigmatized by their pregnancy; research (that is reported in the English language) tends to focus on investigating possible physiological effects on the fetus caused by maternal pathology, and psychotherapists agree that there is a profound lack of research and theory concerning women who are pregnant.

To imagine the inner life of a pregnant woman, taking into account the internal and external pressures to succumb to her cultural norm, is to imagine a person having to hide what is most true for her.

Chapter Three

Method

The Phenomenological Approach

Understanding human realities is inherently problematic and must, therefore, be sought with the use of situated, creative methods that allow us to deal with the concrete realities that emerge in the vastly complex and inherently uncertain interaction that develops between any real human beings. (Douglas, 1985, p. 154)

The purpose of this study is to explicate three women's experience of an alteration in psychology during pregnancy; the phenomenological approach was chosen for its methodology that insists on the understanding of individual experience and relieves the researcher of the strict necessity to find congruence between participants.

Phenomenology, a research strategy or a paradigm, depending on one's point of view, is a method used in conducting qualitative research. Phenomenological inquiry is interested in the way people experience their world, what it is like for them, and how to best understand them (Tesch, 1990). Phenomenological methodology allows the researcher to interpret data from interviews in such a way as to distil personal themes that may or may not be common to all the participants' descriptions (Tesch, 1990). Colaizzi (1978) describes phenomenological research on humans as always being in the state of "arriving", rather than arrived, therefore conclusions are indefinite.

The philosophical and methodological values inherent in phenomenology echo my thoughts and beliefs concerning the process of developing a fuller understanding of others and myself. The philosophic basis of phenomenology contains concepts such as co-constitutionality and situated freedom (Valle, King, & Halling, 1989). I understand these concepts to mean

that as humans we are inextricably a part of our environment and any understanding we have of ourselves must include the notion that internal and external realities do not exist one without the other, and that as our environment influences and forms our lives, so too we influence the world around us and exert our will.

Phenomenological research, following the principles of phenomenological philosophy, focuses on understanding the individual's experience of herself or himself in the world. Phenomenological research is not concerned with observable behaviors, rather it makes a distinction between "what presents itself as part of a person's awareness and what might exist as a reality 'outside' of our experience" (Polkinghorne, 1989, p. 44).

The purpose of phenomenological research is to be able to describe the structure of the experience under study, or in other words, to answer the question: "What is the structure and essence of experience of this phenomenon for these people?" (Patton, 1990, p. 69). The descriptive nature of this research methodology is unique in that it focuses on a "special realm of inquiry - the structures that produce meaning in consciousness" (Polkinghorne, 1989, p. 44). (Other descriptive methodologies focus on the characteristics of the group who have had the experience.)

Although the phenomenological approach does not insist that the researcher find common themes between participants, an assumption is made that there is an essence to shared experience. Patton (1990) states that: "These essences are the core meanings mutually understood through a phenomenon, for example, the essence of loneliness, the essence of being a mother, or the essence of being a participant in a particular program" (p. 70).

A further consideration in my choice of research methodology is that my approach to the phenomenon in question (women's psychological experience during pregnancy) is from a feminist perspective. Phenomenology has much in common with the values inherent in feminist scholarship.

Oakley (1981), a feminist researcher, suggests that the traditional method of interviewing is based on a masculine paradigm, which encourages the myth of objectivity, a rigid adherence to roles, and the maintenance of a hierarchical relationship between interviewer and "subject". Feminists and phenomenologists advocate a dialogal relationship between researcher and co-researcher that is characterized by trust, respect, rapport, and mutual interest in the phenomenon.

Salner (1989) in her article, "Feminist Scholarship and Human Science Research", claims phenomenology provides the researcher with a methodology that illuminates women's experience, through its emphasis on the meaning the individual makes of the phenomenon. She contrasts this emphasis with current research methodologies that use theories, constructs, and linguistic categories that render women's experience invisible to the researcher, and often to the women themselves.

A final consideration in using the phenomenological approach is that "the relationship between researcher and co-researcher parallels the relationship between counsellor and client" (Osborne, 1990, p. 88). In learning to be a counsellor I have had to pay strict attention to the way in which my own values, beliefs, and feelings, may affect my understanding of what my client is saying (and not saying); this same way of listening is required when using the phenomenological approach to interviewing. Phenomenological researchers refer to this as bracketing, which involves the researcher bringing to conscious awareness her or his presuppositions,

assumptions, and premises about the topic and person under study and engaging in a critical self-reflection throughout the research process. Colleagues and supervisors are also utilized to gain feedback in determining the effectiveness of the researcher's efforts to listen without prejudice. This aspect of the study grew in significance for me over time (see Data Analysis).

Personal Assumptions

Before formulating the questions for the participants in this study and well before I began the actual interviews, I attempted to become familiar with the assumptions that underlay my interest in explicating the experience of an alteration in psychology during pregnancy.

An obvious beginning was my own experience of pregnancy in 1978, resulting in the birth of my daughter, Emma. Going back further in time (1972) I recalled the first birth, and preceding pregnancy, I had witnessed. Working as a midwife I have attended well over one hundred births (truthfully I have lost count), and put in countless hours working with pregnant women and their families preparing them in the months beforehand for the labour and for the far more difficult task of parenting.

I determined through this process of self-inquiry that I did indeed hold many presuppositions, assumptions, and premises. Following phenomenological practice I wrote, discussed and thought about my underlying beliefs; I have continued this practice throughout the research process.

Initially, the assumptions I identified were: (a) there are commonalities of psychological alteration during pregnancy, e.g., increased feelings of vulnerability and isolation; increased sensitivity in all spheres; a tendency towards contemplation of philosophical issues (the meaning of life); emotions are more labile; (b) knowledge of and support for (from society in general and

counsellors in particular) these alterations is a necessary and desirable objective; (c) the stated alterations have not been merely overlooked - rather, there are historical and cultural imperatives in the creation of a "conspiracy of silence" concerning the psychology of a pregnant woman; (d) pregnant women, as well as the rest of society, deny (for a number of reasons) and repress many of their feelings and thoughts that arise from the pregnant state.

My assumptions before doing the interviews were that the participants, having identified themselves as experiencing an alteration in psychology, would: (1) describe that alteration as stressful; (2) be experiencing a form of existential despair; (3) strongly feel a lack of support and understanding from friends and society in general.

After conducting the interviews and before analysing them, my assumptions were that: (1) the three participants had very unique experiences; (2) none of my previous assumptions were represented in the participants' stories.

Participant Selection

The logic and power of purposeful sampling lies in selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research, thus the term *purposeful sampling*.... The purpose of purposeful sampling is to select information-rich cases whose study will illuminate the questions under study. (Patton, 1990, p. 169)

The participants for this study were contacted through: (1) a YWCA childbirth preparation class I taught; (2) the efforts on my behalf of other childbirth counsellors. Each participant received a "consent package" containing a letter of introduction, an attitude survey form, and a consent form (see Appendices A, B, C).

The purpose of the attitude survey form was to obtain participants who had experienced an alteration in psychology during pregnancy and were willing and able to discuss their experience. Osborne (1990) states, "participants should be people who have experienced and can illuminate the phenomenon" (p. 82). After receiving the completed forms I contacted each woman by phone and answered any questions they had. We then determined when and where to meet. At the time of the interview the consent form was reviewed and issues of confidentiality and responsibility on the part of the researcher were discussed.

After receiving four replies I did not attempt to gain more participants. I did a pilot interview with the first woman who contacted me, and the remaining three women were the participants for this study.

Format of Questions

Before conducting the first interview, I determined the general areas I wanted to cover and had a colleague interview me. My colleague questioned me about my feelings and thoughts throughout my pregnancy. I used my own reactions to this interview, e.g., my initial reluctance to go into personal detail despite my friendship with the interviewer, to develop a general interview guide. Patton (1990) describes the general interview guide approach as follows:

[it] involves outlining a set of issues that are to be explored with each respondent before interviewing begins. The issues in the outline need not be taken in any particular order and the actual wording of questions to elicit responses about those issues is not determined in advance. The interview guide simply serves as a basic checklist during the interview to make sure that all relevant topics are covered. The interview guide presumes that there is common information that should be obtained from each person interviewed, but no set of standardized questions are written in advance. The interviewer is thus required to adapt both the wording and the

sequence of questions to specific respondents in the context of the actual interview. (p.280)

The next step in developing a general interview guide was to interview a friend who had recently given birth. Afterwards I used my impressions and my friend's to improve the timing and nature of the questions. With my friend's permission I had a colleague listen to the tape of this interview in order to provide feedback and suggestions. I was able to use this experience to further develop the interview guide and to improve my interviewing skills. I also relied on information in Creative Interviewing, by Douglas (1985), a sociologist. He includes many helpful suggestions for the interviewer to increase the likelihood of accurately capturing the interviewee's experience.

I was now ready to conduct a pilot interview. I contacted one of the women who had responded to my request for participants and arranged the interview. Doing a pilot interview allowed me the opportunity to reflect on my interview style and questions. When it was time to interview the three participants for this study I felt some confidence that I was asking the questions and conducting the interview in as productive a manner as possible, given my limited experience as a researcher. The taped interviews were 90 minutes in length; I found the interviewees became tired after this amount of time.

The general interview guide I developed began with questions designed to allow time for the interviewee to become comfortable. These questions were factual ones, such as, the participant's age, marital status, length of relationship (if applicable), occupation. If the participant appeared willing to speak of more intimate details, the next set of questions concerned the pregnancy, e.g., how many weeks pregnant are you? was this a planned pregnancy? I had the option at this time to ask questions that were intended

to uncover previous experiences with pregnancy and children. I also believed it was important to know if there were past or present influences on the woman's psychological state during this pregnancy such as miscarriages or stressors such as unemployment.

The next set of questions concerned the actual psychological changes the participants had been selected for. Starting at the beginning of the pregnancy the questions focused on the nature of whatever feelings and thoughts were mentioned, e.g., onset, duration, character, intensity, attitude towards, previous similar experiences, comparison to nonpregnant state. Sensory changes, body image changes, dreams, and spirituality were all potential areas of investigation in this set of questions.

Another area of interest I developed questions for concerned the woman's coping patterns. Who did she talk to, if anyone? What was there about that person that caused her to feel comfortable talking? Who did she not feel comfortable sharing her feelings and thoughts during pregnancy with? What has been most helpful? least? How did these answers compare with when not pregnant, how similar or different?

I also wanted to determine how the woman perceived of other people's attitudes to her pregnancy. The meaning of pregnancy to the woman was a question I included towards the end of the interview. I finished the interview by asking for the interviewee's recommendations for appropriate support for women during pregnancy, and I included a final question asking if the woman had anything she wanted to add.

These questions evolved from the experience I gained in being interviewed and then conducting the interview with my friend and then doing a pilot interview. I determined what it was I wanted to know by looking at my research questions outlined in my proposal for the thesis, and

by becoming very clear about what my topic was. The questions were intended to explicate the experiencing of an alteration in psychology during pregnancy. I also wanted to address implications for counsellors, therefore I included a number of questions concerning the woman's perception of herself in relationship with others during pregnancy.

Data Analysis

Phenomenological methodology does not include specific step-by-step instructions on data analysis; Polkinghorne (1989) suggests that methods based on phenomenological psychology function as general guidelines and that each researcher is responsible for developing her or his own plan of study tailored to understanding the particular experiential phenomenon that is the object of their study.

I began the process of data analysis by transcribing the interview tapes, an excellent manner in which to become initially familiar with one's data! Determining and refining the process of analysis I could best use to understand the three transcripts was a long and at times frustrating challenge. I discovered that there was a profound difference between the theoretical understanding I had gained from my previous reading of phenomenological methodology and the actual application of that knowledge. I reviewed, pondered, and read yet again the "greats": Colaizzi (1978); Giorgi (1983); Hycner (1985); Polkinghorne (1989); Patton (1990); and Wertz (1983). I would alternate between reading theory and reading the transcripts, covering the pages with colourful markers and comments. A turning point occurred rereading Tesch (1990). Her suggestion to label a meaning unit [a segment of text that is comprehensible by itself and contains one idea, episode, or piece of information] according to the "what" the unit was about but not the content allowed me to begin to organize the data.

Upon reflection I realized that the process I had gone through to find a meaningful way of achieving my goal of data analysis was the same as "learning" to be a counsellor. In the same way that the practice of counselling requires a theoretical base combined with a personal application, phenomenological data analysis requires that each person develop a method that is consistent not only with the phenomenon under study but with who they are as a person. I was able to follow Tesch's (1990) guidance in how to proceed with the data analysis because she presented the methodology according to what the aims of each step were, rather than specific techniques such as the "greats" provided; steps that probably work best for the ones originating them.

Phenomenological data analysis is about making sense, imposing order and trying to let the data speak for themselves all at the same time. As there is no precise generalized method for doing this, phenomenological methodology necessitates the making of many judgement calls. A judgement call is by definition an intuitive informed reasoning particular to the individual, therefore to perform an analysis using phenomenological methodology is to trust in one's reasoning ability.

After going through the transcripts and writing a description of the "what" of each meaning unit, I made a list of all the topics mentioned. From this list I developed an organizing system that reflected my sense of how the three participants experienced, and talked about, their pregnancies (see Figure 1, p. 25). This figure represents components of the women's lives before pregnancy, the actual pregnancy, and how the components of their lives are affected during pregnancy.

From this organizing system I was able to develop a list of codes to apply to the meaning units. It was at this point I turned to my computer for

assistance. I used the Ethnograph software program to number the lines of the transcripts and then code the meaning units according to the line number(s). The program automatically attached source information to each extracted segment that enabled me to print out the coded segments clearly labelled according to which document, and where in that document, the lines were from. (For a summary of the coding procedure used see Appendix D.)

The next step was to finally begin my actual interpretation of what the participants had said. All my work up to this point had been in developing an organizing system. Throughout this process I had become increasingly more aware of the subtleties involved with bracketing [the recognition and putting aside of one's assumptions]. I discovered that just as phenomenology described existence as being many layered, that bracketing was many layered. Over the course of this research study my understanding of bracketing had grown in depth, importance and intention. I had developed a profound respect for the participants' words, and my intellectual understanding and awareness of my assumptions, premises, and presuppositions had evolved into a strongly felt intention to let the data speak for themselves.

At this point in the analysis I became "stuck" once again - what was a theme? who was I to interpret another's words? what was the right way to do it? The solution was the same one that had worked in the past when I felt stuck - immerse myself in the data, move back and forth between de-contextualized segments (the coded lines) and the original transcripts. I also needed to remember that there was no right way to do the analysis and that the themes would emerge as I worked with the data. I began to write, using the categories in my organizing system to order the process, and themes did emerge: themes particular to the area under discussion; themes particular to

the client; and finally themes that effortlessly spoke to all the participants' experiences.

Although the categories I had created "felt" truly representative, and encompassing, of the participants' experience during pregnancy, there were moments during the process of analysis when I anthropomorphized the data as reluctant. I fancied that the data were continually threatening to revert to their rightful place as part of the complexity of existence. My impression was that I had captured a minute fraction of life and imposed a temporary causal relation between certain components and while submitting to this "taming" the data longed to return to the state they belonged in - the incredibly intertwined, historically contextualized, fluid, ever-changing state of "be-ing".

It was at these moments I despaired of ever capturing the phenomenological essence and structure of each participant's experience of pregnancy. My belief in my ability and right to discern a particular theme amidst the complexity of a life would slip away as surely as the words of the transcripts melded back into the entire tapestry of the women's lives.

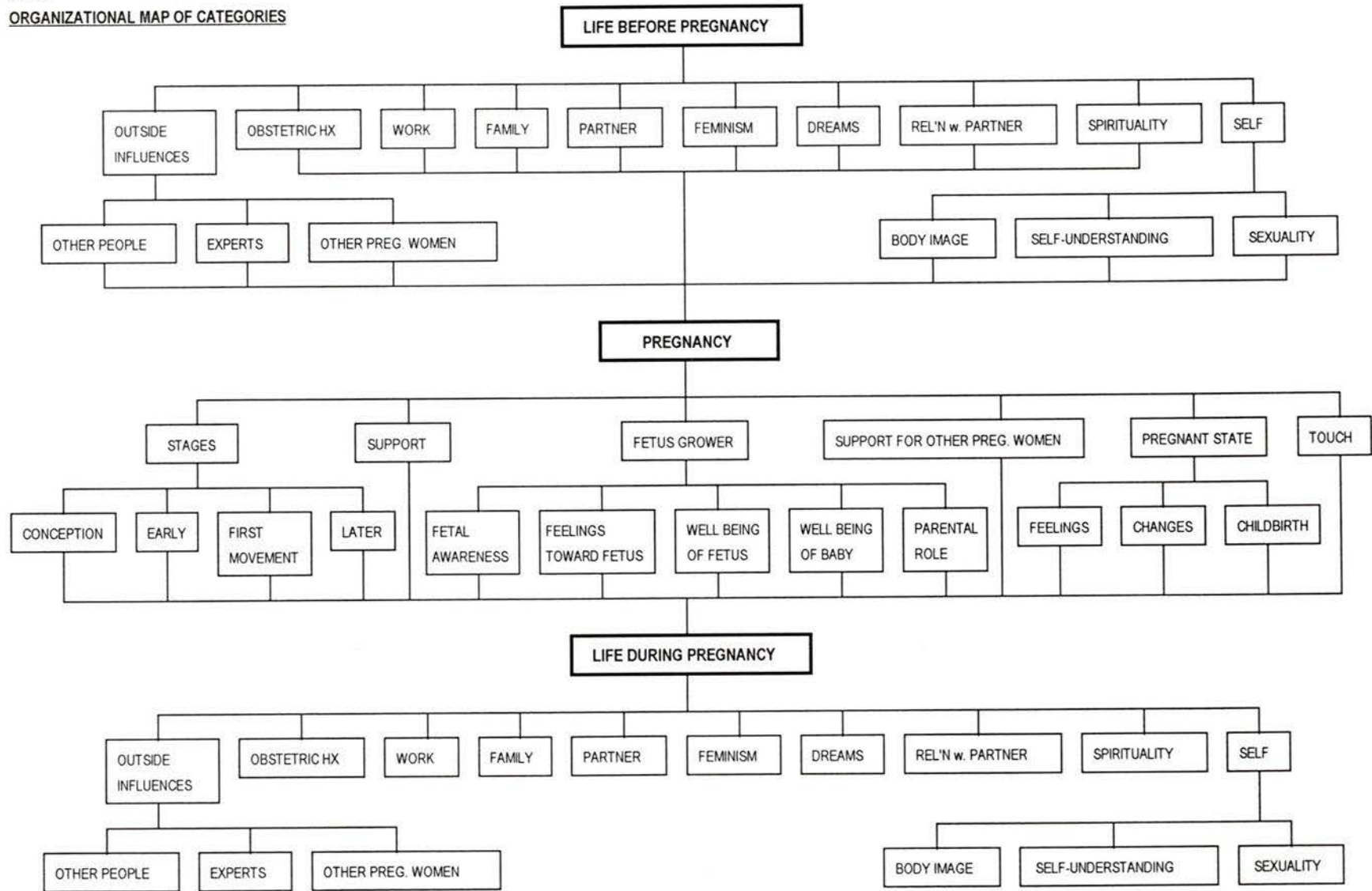
Despite these frustrating episodes with recalcitrant data, I remained committed to using phenomenological methodology. A more defined system of analysis may have provided a firmer control of the data but my steadily growing commitment to a clear bracketing of my own assumptions determined that I use a methodology that allowed the participants' stories to emerge as untainted by my expectations as possible.

One final observation about bracketing remains to be mentioned: in order to un-cover themes the implicit has to be stated. Themes are a recognition of the underlying meaning of the experience as the participant understands it, therefore the researcher must have crystalline insight into the

difference between stating the implicit versus interpreting and assuming underlying meaning according to her or his own belief system.

In order to verify my interpretation of the transcripts I sent each participant a copy of her "story" and invited her feedback and comments. The participants agreed with my analysis of their interviews, although two participants expressed chagrin over some of their attitudes during pregnancy.

FIG. 1:
ORGANIZATIONAL MAP OF CATEGORIES



Chapter Four

Research

Themes Within Individual Transcripts

Meg

Meg chose for our interview to take place in my home; she lived out of town and thought it would be convenient to coordinate the interview with a doctor's visit. I had taught Meg and her husband childbirth preparation classes, during which she had responded to my request for participants.

My impression of Meg from the classes was that she was a practical, private kind of person. She had told me she was a school counsellor and was very interested in my topic. When she arrived at my house I sensed she was somewhat nervous and perhaps wondering if she was doing the right thing by being interviewed. We sat at my kitchen table with two tape recorders and a pot of herbal tea.

Meg was raised in a Catholic home, second eldest of seven children: 3 brothers, 2 sisters, and her father's young stepbrother. Her memories of her childhood - "the old man's needs always came first" and "we were smacked and mostly hollered at, like lots of verbal abuse" - played a major role in her decision-making process concerning whether or not to have a child. Since becoming pregnant these memories had greatly influenced her feelings and thoughts about pregnancy and parenting.

Altering self-concept: Changes in understandings, perceptions, and expectations

Of all the changes and adaptations that her pregnancy initiated, for Meg the focus and greatest cause of concern centered on her ability to integrate the role of parent to the level she demanded of herself. Underlying

her experience of pregnancy was a strong fear she would not be able to live up to her own standards of what constituted being a 'good' parent.

Meg had put off having children because she "just never really saw a good model that made me want to do the job." After witnessing her older sister's severely dysfunctional relationship with the father of their four children she worried that "something had to go on in our family to make her be doing this, somewhere the ground work was laid for her to be into this kind of situation." Working as a school counsellor with abused children, she became increasingly more concerned about how she would be as a parent. She feared she might "turn into" an abusive parent. Her understanding from psychology courses and additional reading was that "it doesn't matter how much education or behavior change you go through you're always going to go back to the model that you saw as a child."

The decision to have children developed from having "a couple of experiences in my life where I wasn't afraid of jumping in with both feet and sort of realizing there is great joy in living to be had in living life and there is a whole bunch of awful rotten stuff too, and I got in some situations where I could get into both and cope with it and dealt with it ok and then it wasn't so scary having kids, and I thought well I can do this and it won't be the big scary thing that I used to think it was." Meg also began to see some "good models around"; these models ranged from "typical middle-class moms" to two of her students who were "really good with their kids, where they had to come from you'd never think that it would have worked out that way if you were looking at it on the surface."

Once she became pregnant, however, her fears returned and were greatly magnified. They became a dominant theme in her experience of pregnancy. Now that she was pregnant she was having "fear dreams" about

her "performance as a parent". She found herself resenting her parents for not providing a "good enough role to parent myself, to be a parent".

Meg consistently used words such as "job" and "performance" to describe the parenting role and said that parenting was "a new kind of thing to do" and "it looks like an interesting thing to do." Her choice of language when speaking of parenting reflected her need to control her emotions. When discussing her reluctance to have children she said, "I wanted to keep that aspect of emotional life under control."

Meg experienced a great deal of self doubt concerning her ability to deal with the lack of control inherent in parenting. Through her counselling of teenagers she was aware that problems in the family were "not under your control, like a lot times it's just circumstance that will create those situations." Meg talked about worrying if the baby was "going to look normal and will it be in need of a lot of special kinds of services and stuff like that and am I the kind of person that can cope with that kind of a challenge of a kid?." Meg spoke of having "to have a bit more faith in myself" in terms of her ability to parent.

She told me about a dream that could be interpreted as an expression of a lack of faith in her ability to make appropriate judgements in her future role as parent. In the dream she is carrying her baby around in an apple crate; she is aware of other people's reactions and disapproval but she is very confident about her behavior and says "this is the way I'm going to do it, kid stays in an apple crate, that's all there is to it!" Meg was unable at the time of the interview to attribute any meaning to this dream.

The lack of control inherent in the process of gestating, bearing, and raising a child was difficult for Meg to come to terms with; she described pregnancy as a "wishy-washy kind of a time where your body is doing all this

weird stuff and your head is doing all this weird stuff and it sort of like you want to hang on to something that's really a strong kind of anchor".

Meg's tendency in dealing with the psychological changes brought on by pregnancy was to control her behavior: "I'm allowed to be spaced out, that's been the biggest, sort of... It's almost like my memory is gone, it is sort of like amnesia, it's really odd, and saying ok, getting used to that and saying well I'm allowed to do that but don't let it go too far." In dealing with the resentment she felt towards her parents Meg again chose to control her behavior: "I've had to pretty much stay away from them so that I didn't act on that kind of anger."

Meg told me that the pregnancy had helped her realize the importance of "flexibility, being flexible and realizing that you can't manage everything....I've really had to do that with the pregnancy and say oh yeah, ok this is what is happening and I'm going to have to change." She went on to say that she is "glad it is changing" because "that was one aspect of myself that was starting to really bug me anyway".

For Meg, there were a number of differences between what she had imagined pregnancy would be like and what her experience actually was. Meg had "always imagined being pregnant would be horrible, that you would live through this unending period of discomfort until you had this big discomfort and then more discomfort for 20 years after that!" This impression had been gained from her friends she had known who had children when they were quite young. She also was affected by her sister's situation (mentioned above) and by her reaction to the role she saw the Catholic church outline for women: "they just had kids adfinitum and that's just what you did." She did not want to follow her mother's example: "have a whole

bunch of kids and wait until the dad gets home and dishes out the allowance."

The experience of accommodating the role of 'pregnant woman' was difficult for Meg as she had often felt judgemental of pregnant women; she was afraid of "focusing so much on being pregnant and being like a pregnant woman and a mother that it takes over my whole life because I don't really appreciate that in other pregnant women and mothers, that really, really bothers me." She then added that, "I'll do it. I'll turn into one of those monsters that sits around and all they do is talk about their kids, but I don't want to." Having watched her friends over the years become immersed in the caring of their children, her conclusion was that it was "not an intellectual kind of pursuit."

In contrast to her preconceived (no pun intended) impressions of being pregnant, Meg found pregnancy to be one of the least stressful times of her life. Meg found that "pregnancy has really helped because it has made me sort of slow down and be a bit more concerned for the health of someone else rather than myself." Meg believed being pregnant would have been far more stressful if she had continued to work through the pregnancy, although Meg found that "even when I was working it [pregnancy] kind of made me calm down... I wouldn't put myself into situations where I would get confrontational with anybody, kinda backing out of that."

Although not working during the pregnancy was viewed as stress-reducing by Meg, she also found "that the biggest guilt that I felt during the pregnancy was not working; it didn't have anything to do with whether I was feeding this kid right or looking after myself, I didn't feel guilty about that, but the not having a job, the not working thing was a big deal." Her husband, Dick, was supportive of her decision not to work; she believed her guilt about

not working stemmed from a pre-pregnant attitude she had not let go of: "I just had envisioned myself that if I ever did get pregnant I would work right up until maternity leave and do all the stuff and go back to work." She understood this attitude towards work and maternity to have developed from the horror and rejection she felt towards her mother's dependent role in relation to the family's income. For Meg, economic independence had always been a strongly held value. It was confusing for her to have the experience of enjoying not working and at the same time to also have made judgements about pregnant women not working. She felt as if she were "not following my own advice". Through the course of the pregnancy Meg's attitude about working in pregnancy changed to "I think not working is a really good thing to do and this sounds ridiculous - drummed out of the feminist league for saying this - I think if you don't work it's really nice". She felt willing to postpone the decision of when to return to work until after the baby was born; "like maybe I'll want to go back to work, maybe I won't".

At the time of the interview Meg was in her 37th week of pregnancy (the average length of a pregnancy is 40 weeks); she was enjoying being pregnant and "healthwise I've felt way better and that gets back to the teenager thing; I feel as healthy as I did then." The "teenager thing" refers to a feeling of resurgence Meg experienced during the pregnancy.

The experience of being pregnant: changes in body image and sexuality

Meg found that there were many similarities between being pregnant and her memories of being a teenager; she described the changes she experienced in pregnancy as "a return to adolescence". The changing of her body in pregnancy was evocative of her teen years: "the rapid change is really similar to adolescence, you know, and it's the same sort of part of your body too." She felt many of the same things she had as a teenager; she was

resentful of her parents and feared that "they are going to start to tell me what to do again, you know like the free advice you get when you're a teenager all the time". Another similar feeling was being self conscious and protective of her body, on guard about getting " a lot of outside comments about [what] my body looks like, how you get when you're a teenager". Meg had "always taken that sort of thing as a bit of an insult... I mean who cares what you look like and or what sort of physical appearance, it's never been really that important to me".

She also experienced "the other teenager thing: jealous of my big sister"; her impression was that her parents asked her questions about her pregnancy in order to talk about her sister's pregnancies. Having worked with teenagers as a school counsellor Meg wondered if perhaps she was, "sort of psychologically reacting like a teenager because I've been seeing the kids I'm working with do that for the last while."

The feeling of resurgence Meg experienced in the pregnancy carried over into her sex life. Sex was so enjoyable her Catholic upbringing caused her to wonder (temporarily) if she was "going to get punished later". Meg found that the pregnancy had helped her to "feel a lot better about the way my own body responds to sex.". She was very pleased that, "it [her body] is allowed to, I'm going to let it, which is good." She believed she was "experiencing that thing a lot of women experience, of feeling quite sexual because they are able to reproduce." She told me that "the other night I was thinking I feel like a great big sexy cow, and it was kind of enjoyable!"

A miscarriage the year before had helped Meg develop "a great deal of faith in it [her body] to do its job". She understood the miscarriage to be evidence that her "body knew what it was doing and I sorta was kept in the dark". She trusted that her body in this pregnancy would "do this job right

when it has to do it". Although the miscarriage had contributed to the development of a sense of trust in her ability to 'grow' a fetus, the miscarriage had also made her cautious about feeling emotionally attached to the child within.

Fetus-grower

At the beginning of her pregnancy Meg tried to remain emotionally unattached to the fetus. I asked her if she was aware at the time of "keeping the emotional stuff out of the way" and she replied, "yeah, and I think I even make an effort to. I sorta said to myself ok well I'm not going to count my chickens, I'm not going to put too much of an emotional investment into this because it's, there's no, because I didn't want to go through that kind of grief again." Later in the pregnancy when her doctor alarmed her by indicating something may be wrong, her reaction was: "right away I just went no more emotional energy goes towards this kid and it was just like being right back at the beginning when I was first pregnant again and saying no." When the doctor decided everything was normal Meg immediately reconnected emotionally with the fetus.

When Meg spoke of her early pregnancy she referred to her physical condition, e.g., nausea, breasts enlarging, and she talked about her fears that "it" would end up in another miscarriage. When I asked her at what point in her pregnancy had she stopped fearing a miscarriage she answered, "I think when I felt it move." As she described that day, for the first time in our interview she used the word baby. "So I felt this [movement] happen and I thought it must be the baby moving and then it didn't do that and then later that night I was lying in bed and I said I wonder if it was or not and just when I wondered that, I got this real strong tap and that was sorta like to

remind me (laughs) and that was a real spark of connection with it and that was when I started to get really connected to it."

After connecting with the baby Meg found she "accepted" the pregnancy more and "really started to enjoy it." She describes her feeling towards the fetus as "almost like a mental connection kind of idea... you kind of tell yourself that it's understanding what I'm thinking."

At one point in the pregnancy Meg had "a bad week, I was sorta of in bed for a couple of days, I was getting kicked in the same spot and it started to really hurt". She felt resentful towards the fetus but at the same time she believed she shouldn't be annoyed because "its not kicking me on purpose, like its not intentionally trying to get me; its just in a spot where it didn't want to be in and was trying to wriggle out of it or whatever. There was no intention to cause harm".

When Meg had an ultrasound [a sonogram picture of the fetus] at 35 weeks gestation, she could see a clear image on the screen and "I didn't really say well that's what inside of me but that definitely was my kid; this might sound really bizarre but there was something recognizable about the baby:'yeah, that would be mine". After this experience she "felt like its got a bit more of a character or whatever."

Despite this sense of connection with the fetus, Meg's confidence and sense of well being in the pregnancy appeared to be greatly influenced by outside sources.

In the world as a pregnant person: Emotional vulnerability to external influences

The role of so-called experts, e.g. doctors, authors, had a strong influence on Meg's emotional reactions concerning her abilities as a 'competent fetus-grower'. When her doctor suggested there may be a problem

in the pregnancy (as discussed above) she immediately tried to close off her feelings for her fetus; seemingly, despite a stated faith in her body to "do the job right" the opinion of her doctor far outweighed any internal sense of how the fetus was doing. On the day of this interview she was "really relieved" because her doctor had just told her the baby was "really healthy and everything" and wouldn't be "real premature or anything like that" if she "were to deliver now"; again it was as if the doctor controlled the progress of her pregnancy.

Meg's vulnerability to outside opinions extended to the books she had read. She told me she had stopped having orgasms in the last couple of months and she thought that might be because "some of the things I've read say that sometimes that [orgasm] can make your uterus get stimulated."

Her fears about parenting and the possibility of following her parents' modelling she believed was largely related to the "stuff you read and all the psych courses I've taken and how strong modelling plays a role in things." Meg recognized it was important to "be eclectic with everything you read and that you hear from people, like not get into one real narrow path of being pregnant and childbirth and like that; I think that can lead to a lot of expectations that will never get met and then you will feel like you didn't do it right."

Meg's sense of wellbeing was also influenced by her unconscious through her understanding of her dreams. Meg told me that "sometimes I have a lot of quite meaningful dreams; I tend to listen to them quite a bit; I find it helpful." Shortly before miscarrying with her first pregnancy Meg had experienced a dream from which she awoke knowing "something weird was going to happen." She had already been concerned in that pregnancy because

she hadn't dreamt of the baby and she took this as an indication something was wrong in the pregnancy.

At the beginning of her current pregnancy before she knew she had conceived she had a dream from which she woke and "started feeling I must be pregnant again." In the early pregnancy when she was trying to control her feelings of attachment to her fetus for fear of another miscarriage, she was having positive dreams about the pregnancy which "were sorta reassuring me that this one is going to work." She felt reassured by the dreams but "on the outside I was still trying this thing of not, we're not going to get too excited about this."

Meg and her husband moved to the Victoria area early in her pregnancy; they had been living in a small town for some time before the move. Meg commented, "it's nice living down here being pregnant where nobody knows me. I've really enjoyed that because I haven't had to listen to a lot of people say the same things a million times... 'when are you due and oh you're getting much bigger now'". She felt it was a "real relief that I don't know anyone or else I think there would be a lot of that patting on the stomach and babying and stuff." In her job as school counsellor she had witnessed many pregnant teens being bothered by "a lot of the kids at school would want to come up and feel their stomach". She could understand that kids would be curious but "it sort of floors me that adults would do that [touch a pregnant abdomen]."

With her acquaintances in Victoria, Meg found that "people tend to want to do a bit of caretaking with you and, um, 'no-no you can't eat that'. Once in a while you'll get 'well we're going to go out tonight but you sure you want to come?'"

The influence of other people on her experience of pregnancy was at times positive, "I've got a good friend in Victoria who's had 3 kids and she has been a really good support... not sticking her nose in but when ever I start talking about something she gets me back on track and tells me how things usually go... just sort of how you feel, emotionally how she felt, how she dealt with certain things, a lot of things seem to be really common with what I've been feeling".

More often, however, other people's experiences increased her anxiety; in early pregnancy her fears of having another miscarriage were increased by her observation that "most people I have known who have miscarriages have had 2 not just one." After feeling the baby move her fears changed from concern about miscarrying to feeling, "antsy that it might be premature"; she remembered the premature birth of one of her siblings and was concerned "that would happen to me too."

The resentment she felt towards her parents and their perceived lack of support was painful for Meg; she judged herself for this resentment believing it was "really kind of immature". She recalled a visit during the pregnancy to her parents' Vancouver home when her father had refused to allow her to open a window despite the cigarette smoke with which he was filling the air with. She "felt like I was trapped and I thought well I'm going through this thing where I'm trying to be healthy and he's not respecting my needs, like he's not (pause) like his needs are first".

Meg had some strong feelings about the kind of attention pregnant women receive; she believed "a lot of times pregnant women get just way too much attention and way too much fuss from everybody". She thought that all the attention "tends to set you up to think that's (pause) I don't know, that you have achieved something in your life when you are really just

undergoing a biological process". Consistent with her emphasis on parenting, Meg felt that "you can pat yourself on the back" only when "you have a 9 or 10 year old child and they are a great kid".

Looking ahead to giving birth Meg felt willing to accept whatever happened; she had learned through her pregnancy that she could not control how things turned out, "it is a living life process". She had endured pain in the past, a ruptured appendix, and felt she could withstand the pain of labour. She felt in touch with her body and her sexuality which she believed was helpful in giving birth; "I think that in a lot of ways giving birth is a sexual process, obviously, I mean that's how you got that way and that's how it is going to end up".

Tana

I met Tana through a friend of mine who works as a midwife. I had given this colleague a number of informed consent packages and asked her to distribute them to her clients. Tana phoned me to tell me how interested she was in my study; she told me a bit about her experience of pregnancy on the phone and I was excited to gain such an articulate and willing participant. We arranged to meet at her home the following week.

Tana's partner greeted me at the door of their small suburban home which bore evidence to being a work under construction. Tana was expected back any minute from her walk and meanwhile Fred offered me a cup of coffee. I busied myself setting up the tape recorders at the kitchen table and chatted with Fred. Tana arrived shortly thereafter and Fred left us alone, going to work on some uncompleted part of their home. My impression of Tana and Fred, gained from the surroundings and their appearance, was of a young (mid 20s) couple, who were, for lack of a better word, "hippies". I made

a point of informing Tana about my "counter-culture" past and told her a bit about my history as a midwife, delivering babies in the "bush".

Tana's attitude towards me - somewhat formal and distant - noticeably warmed once she had a better sense of who I was. It was a fortunate introduction, as much of Tana's story revolved around her lifestyle which included smoking "pot" [marijuana]. She may have been reluctant to discuss the particulars of this lifestyle with someone she understood to be 'straight'.

Tana was 27 at the time of the interview; the only daughter of a successful Greek businessman. Her parents are divorced and her father has been with his second wife for 18 years. Her mother was an alcoholic and the family had undergone therapy when Tana was a young teenager, "so we did lots of inward looking as kids."

In her 36th week of pregnancy - this was her first pregnancy - Tana looked back on the experience as a "roller coaster". She described the pregnancy as presenting her with "some of the hardest times but some of the best times in my life." The dualistic nature of her experience in pregnancy was evident throughout the interview. She used expressions such as, "peaks and valleys" and "ups and downs", when speaking of her psychological experience of pregnancy.

Tana began her pregnancy in the context of belonging to a fairly cohesive peer group. "Our friends are very excited but initially they're coming out of the bush, you know Prince George, they're coming straight out of the bush, they're drinking, they're smoking, and sort of not doing it too close to me. So I was there, I was really excited to share it with them but their lifestyles sort of pushed me out in a sense." For Tana, the internal adjustment to pregnancy was greatly complicated by her perceptions of her peer group's reactions to her pregnancy and her lifestyle.

In the world as a pregnant person: Emotional vulnerability to external influences

Tana was on a trip across Canada with two women friends and "I'd never done a pregnancy test, a home test or even a doctor, but this time for some reason I was off to the drugstore and we did a roadside test." Her first impulse on learning she was pregnant was "I wanted to crack out the dope, because I knew it was coming to an end." Tana described herself as "not a big drinker, I was a pretty religious pot smoker, and I smoked cigarettes."

Her friends' reactions to these habits was a source of much pain and resentment in Tana's pregnancy. "Cigarettes I cut back like immediately, but I really felt scrutinized by other people and that really bugged me." Struggling to incorporate the necessity to monitor her ingestion of potentially damaging substances for the fetus, Tana also had to deal with her friends treating her differently, "all of a sudden, I was a different person."

Tana remembered feeling "self-conscious of what I was doing to me because of what other people would think." She added that "now I think that was wrong, that you can't get into other peoples' heads and it was pretty much a waste of energy."

In the early pregnancy she also felt "a little bit of an embarrassment about being pregnant." She told me the embarrassment was about thinking Fred's "buddies" were "worried that he's trapped." Her response was to "lash back and I'd say Fred can leave whenever he wants."

Tana felt that her friends "weren't giving me what I needed, they were avoiding me." She said, "people saw me differently, sort of shocked because we are the first ones among our friends to have a kid." She remembers "how people treated you, looking in your drink and wondering what you're drinking and not passing you the pot." It was at this point she began to feel

she was losing her individuality, that she had a "different status, yeah, not someone different, just like, you know 'mother', and that's when it started, the 'vessel' instead of the person." As the pregnancy progressed that sense of how other people (not just her friends) related to her continued, "definitely I think they see me as a vessel now, not so much as a human being."

It was difficult for Tana, who described herself as very independent and accustomed to being in control, to suddenly be scrutinized and judged by those around her. Tana wanted her friends to understand how much she had changed her "habits". She wanted their support and recognition of what the experience was like for her; instead of this understanding Tana felt her friends were judging her. "Oh, it was incredible, as though that moment that they were with you was the most important moment in your pregnancy. They had no idea what, or care to know what, you do with your body the rest of the time...saying 'I'm surprised Tana, how could you do that?'" Her reaction was to feel angry, "It was like, 'piss off'". If she tried to explain how she had cut down she didn't feel they were listening. She felt "attacked" and "hurt" and "I really felt guilty or I allowed them to make me feel guilty."

Tana also wanted her friends to understand that "cutting my lifestyle back to nothing to be this puritan, this breeder, isn't, you know, is stressful and is probably hurting the fetus just as much or more." Throughout the interview Tana used words such as "breeder" and "vessel", to describe how she understood people to be relating to her. When she started swimming at a public pool in mid-pregnancy, "the first few times going out into the pool area was hell, it was like people were not shy about looking at you." She found that "the days I am not feeling healthy I probably feel the worst in public because I feel like and unhealthy mom, an unhealthy vessel." Not only did Tana experience the invasion of her privacy through friends' judgements and

strangers' stares, she found that "I have a lot of strangers who touch me [her abdomen]." Dealing with being touched was very stressful for Tana as she was of two minds about it. The old independent Tana, "the person who wouldn't get touched if she didn't have a stomach", hated the trespassing of her boundaries, yet the new, pregnant Tana felt people had a "right" to touch her, "I think it has something to do with being a parent, or coming to be a parent and not wanting to shut people out from something that is magical too?" Despite this philosophical attitude to being touched the overall effect was to deepen her sense of loss of individuality; "it's when someone touches me I start to feel more like an object, like carrying, the vessel, I don't really like that term so much, 'the vessel', but I guess it sums it up."

What changed for her through the pregnancy was a shift from feeling hurt, angry, and defensive to recognizing and accepting that the pregnancy necessitated her making many kinds of changes. At the time of the interview she still felt "excluded sometimes, but things that I have to exclude myself from, people sometimes exclude you because you are almost handicapped in some respect, you're not able to do that any more and I get angry at them until I realize I have to exclude myself."

Tana came to recognize that "maybe I was more resenting what was going on inside of me than what people were doing... actually I think I may have resented the baby at some point that it was taking over what I could do, what was ok for me to do, ... I can remember earlier on in the pregnancy saying, 'you're not dictating to me what I can do'.... like I don't like anybody telling me what to do... other people, I would get angry at them when really my anger was more internal."

Fetus-grower

For Tana, the adjustment to the inherent loss of control during pregnancy centred around having to accept that her life was changing in a very fundamental way; "I think you deny that things are going to change." She first felt the baby move when she was 5 months pregnant; she volunteered that "I think if the baby was moving at 2 months or something like that, it would be a little bit creepy, but after 5 months so many changes and stuff, and that's just the whole process so it feels good." Tana believed she had undergone a slow adjustment to the inexorable progress of pregnancy. The realization "that there is no turning back" changed from being the source of much fear and resistance, to a gradual acceptance, and finally to "I like it and it's ok."

Tana found that "I get emotional when I'm getting angsted out, when I try to deny things are changing." She came to realize that she had to "just slow down" when she caught herself thinking "what am I going to do tomorrow and how many things do I have in my daytimer today to do." She learned to "do what your body is asking for" by resting instead of keeping up the pace of her life before pregnancy.

Despite the difficult times in the pregnancy Tana, "lived in the bad things, you know, the discomforts, as being absolutely beautiful and its very exciting to have a little being in there." Tana "felt a connection from the very beginning, that there was something very small in there and intact." She fumbled for words at this point, having difficulty expressing her relationship with the fetus inside her; she added, "As I've learned more about the whole physiology of it, um, definitely it is very much part of me." Tana's sense of connection with her baby included the notion that, "I think the baby thinks what I think, not thinks what I think but knows what I think." The fetus's

movements were welcomed as a sign that "everything is ok" and Tana communicated by playing music, "I have speakers up to my belly, just sit at them, I hope that it likes the music because it's usually quite loud!"

Tana didn't "talk a lot to the baby", believing that she didn't "need to be verbal, it doesn't have to be noise for there to be contact." Believing she will be a "doting mother" Tana modified her parental behaviour even while her child was in utero. She told me that she hadn't "really considered how emotionally attached I am", but she was already "doing my best not to dote too much because I don't want to do any damage."

In her capacity as "fetus-grower" Tana experienced a marked alteration in her level of participation in her Women's Studies courses. She had been "one of the most active participants in the class 2 years before in all my Women's Studies courses"; after becoming pregnant she "rarely spoke in class." Confused herself by what she understood to be a conflict of roles (feminism and pregnancy), she had spoken up in class one day and had been "attacked" for her beliefs. Afterwards she "realized that it was almost, not the baby speaking but it was all the changes that were going on in me that were speaking and I was afraid of that." After being attacked she felt protective of herself and the baby and therefore hesitant to express herself. Comparing this attitude to her pre-pregnant reaction to having her opinion challenged, she said, "I wouldn't have felt that it was the baby and myself speaking, it would have just been me."

One of the most significant aspects of pregnancy for Tana was "getting in touch with your own physical body, and I think that it is incredible, like just being in tune with yourself." Tana told me that, "I definitely feel more like a woman." She attributed this change to the fact that, "my body is doing what it can uniquely do."

The experience of being pregnant: Changes in body image and sexuality

Tana didn't begin the pregnancy with a wholly positive attitude to her changing shape; she had "always been thin and I have always been very fit so there were stages when I was feeling not so good about myself as a woman because I was getting heavier." It was particularly difficult period for her when she had gained weight but "wasn't an obvious pregnant woman at that point." Tana, in her late pregnancy, reflected, "I know I'll never be the same, and that's ok, but maybe it wasn't as ok when the initial changes started." Her weight gain, however, "didn't bother me as much as I expected it to"; before becoming pregnant Tana had anticipated "that would be one part that would really bother me."

Tana described herself as a "real flirter" and spoke about how much she enjoyed flirting with her male friends, "they are all platonic relationships but they are fun." When her "belly started to grow" she "didn't feel as sexy to my men friends" because she had "always liked the whole sexual side of a flat belly." She felt like she was "seeing the fun leave".

With her partner, Fred, Tana found that during the pregnancy they became sexually "more innovative as you become less willing to roll around on your belly and stuff." Tana's association of having a flat abdomen and being sexually attractive ongoingly affected her sexuality in pregnancy; "you can still feel really sexy with a belly and other times there's not a hope in hell."

Another, more disturbing, alteration in her body image was experiencing a heightened sense of physical vulnerability. She had never felt "safe on the streets but especially now I've experienced fear more often." When she went for walks she would have "quite staggering" contractions and

she would worry about her ability to "protect" herself and not "jeopardize" the pregnancy in the event she was assaulted.

Tana also felt more emotionally vulnerable with Fred as a result of the pregnancy. She believed that if she hadn't become pregnant, "we [would] for sure be in a different state of mind today."

Altering self-concept: Changes in understandings, perceptions and expectations

Another change for Tana was that in the early pregnancy she recognized that she "definitely needed him [Fred], needed my partner, he was the father." She told me that before she became pregnant a friend had said to her, "Tana in order for you to get anywhere you have to make yourself vulnerable to pain." Tana "considered that a fair amount when I was pregnant, definitely time to let the guy in."

Tana expressed her vulnerability to Fred by showing him how deeply she was bothered by their friends' judgements of her drug use. She described herself as "not a crier", but she did cry in the pregnancy as "an expression to tell Fred how much these things were really grabbing me." She understood her tears were her way of "starting to let the doors down because accepting that this was going to be a guy that there was going to be real commitment to, there was going to be a forever bond with [through] the child, regardless of whether we make it or not." For Tana the greatest emotional alteration she experienced during the pregnancy was "that I was really finally opening up to someone and becoming vulnerable, allowing myself to be vulnerable." Although she was able to be vulnerable with Fred, it was also true that "one of my biggest fears about being in this situation [pregnant] is getting lost in Fred, like not being an individual". Tana had strong opinions about women who had "given their own name up" in marriage and "the child they are going

to have is not going to take their own name"; she thought this was "just blasphemy"

Although Tana was able to accept support from Fred she found that "Fred can only give me so much and my friends can only give me so much." She noted that men had received the news of her pregnancy quite differently than the women she told; "I found most men that the first time of hearing, especially if I was close to them, their reaction wasn't warm like I was receiving from women".

Having lived with "5 women for 2 years", Tana had a close network of friends but she found that she was "feeling very different because the experience [pregnancy] was very unique... I'm also the oldest amongst the women that I was living with ... so like I'd always be looked at or talked to as the oldest in the house as well so, um, I felt younger, because I felt younger this was a first for me too and I had no one to turn to." She felt isolated in her experience of pregnancy; she was the first of her friends to become pregnant and the pregnant women she met through her prenatal classes were "not as much into women's status and stuff." Tana would have enjoyed having the support and companionship of another pregnant woman who was "another feminist, a radical with me."

Tana looks "forward to being there for my friends when they get pregnant." She told me that "that roller coaster for me was the biggest area that I could of used help in and just telling someone its ok to feel that the baby is controlling you, don't feel guilty about that, don't feel guilty because you don't think these are the greatest days of your life."

Tana apparently felt a cultural expectation from people that she perceive of her pregnancy as an entirely positive experience. Whenever Tana mentioned the more negative aspects of pregnancy it was in conjunction with

a variation of the phrase, "greatest days of your life", for example, "I feel really great, other than the times when pregnancy isn't the greatest moments of my life and you're feeling like shit and you are uncomfortable and you're feeling heavy and stuff." Many times in the interview there would be direct contradictions within one sentence, such as, "it went well, that was a tough part"; "a little bit, far more alien"; "it's been very, very, special, it's been hell, not hell, people tell me it's the greatest moments of my life". Seemingly, Tana experienced some dissonance between her feelings and thoughts about being pregnant and what she understood to be the accepted norm.

Another alteration Tana underwent concerned not working or going to school. She had "a really hard time not doing anything." Her feminist beliefs and her independence were in contradiction to the new role of dependent pregnant woman. She tried to get a job but "they didn't want me because I was pregnant."

She also found that her mental faculties were affected by the pregnancy; "you lose track a lot when you are pregnant." As Tana attempted to answer my questions and verbalize her experience of pregnancy she realized how much she had forgotten of the early pregnancy; "I thought it would be easy to recall, how I felt but..." Often she had trouble "tapping into" a feeling she could only vaguely recollect. She knew "there was just so much emotional stuff going on but its just so hard to tap right now."

Overall Tana believed the pregnancy had been, "fabulous, but I guess the rough times have been just when you're not feeling good and when you're having to change your lifestyle." When asked what the pregnancy meant to her, she said, "immense, just miles and miles of gain, of learning." Over the course of the pregnancy she had learned to enjoy the special attention her friends and family paid her; "it's nice that your friends think about you

different.... it was bothering me in the beginning but then I became accustomed to it."

Tana believed her friends were "more frightened by the birth than I am"; her attitude was that "it's like delivery isn't a fearful event or it's not something that I fear as much as I did 7-8 months ago". She looked "forward to it for getting it over with and also experiencing it, knowing what it is about, living through it, saying I've done it."

Helga

Helga contacted me after a childbirth counsellor she knew told her of my study. We spoke on the phone and agreed that I would send her an informed consent package with a self-addressed return envelope enclosed. I received her reply promptly and proceeded to make arrangements with Helga to interview her.

Following her directions through the stairwells of an old house that was divided into suites, I knocked on Helga's door and she immediately opened the door and invited me in. I trailed her through a small kitchen and into the living room. She went to bring some tea for us and I took the opportunity to set up the tape recorders and look around. Helga had a beautiful collection of stones and feathers and art objects displayed on a large platform placed at floor level. My familiarity with the significance of the various decorations allowed me to make some preliminary assumptions about Helga's lifestyle. It wasn't obvious to me whether she lived alone or not but it was evident she had some mystical leanings.

I soon learned she shared the apartment with her husband and they were expecting a first baby for both of them; she was 34 weeks pregnant and 34 years of age. Helga is a very soft-spoken person who appears to think deeply before replying to a question and answers thoughtfully and without

haste. Her predilection for a metaphysically based lifestyle was evident throughout the interview and the language she used to describe various spiritual practices was often unfamiliar to me.

Helga embraced the experience of being pregnant, she "was really happy to be pregnant." Being pregnant was "something that I have always wanted to experience." For Helga there was some relief that she had conceived; she "didn't want to miss out on it, I did feel the pressure around becoming 30 and not having my mate yet, fearful the doors closing around 39." Helga also easily accepted the psychological changes she experienced as the result of being pregnant.

Altering self-concept: Changes in understandings, perceptions and expectations

Helga told me that since becoming pregnant "there's like this very soft amniotic sack around me as well [as the fetus], that protects me." She described the sac as feeling "very kind of like [pause] jello that isn't firm yet; it's, um, like a jellyfish." She also felt "quite watery, like in relation to the elements, like when it was rainy a lot I thought I would just dissolve and it was just like I can't do anything." Helga described herself as "more of an earth, very grounded earthy person... so I find it very easy to get grounded and I think being pregnant even more so." During a guided meditation in which "she was to go into a garden we created, I found it so easy to become part of the landscape, part of the earth, like I felt expansive, I could just become the earth, I really noticed that has increased in pregnancy."

In the pregnancy Helga became "more introverted, as in being more focused on myself, rather than being interested in other people." She found that "I haven't been that social in my pregnancy; I've been really enjoying quiet times, not even playing all that much music."

Along with the change to being more introverted, Helga became more dependent on her husband, Elwood, for financial and emotional support. Being financially dependent was an unique experience for Helga; "he has been paying the rent and bills and that's really different for me because I've never, ever, had anybody do that for me, I've been really independent, I always had a job." In order to deal with her change in role, Helga and Elwood, "talk it out, it's new. He feels the pressure and I feel the pressure." Financial worries were the greatest source of stress for Helga in the pregnancy; from the time she first knew a child had been conceived, the experience was overshadowed by their tenuous financial situation. When the pregnancy test proved positive she felt "joy and apprehension"; apprehension because of "not being in a house that we owned and not being financially settled." Helga wished that in her pregnancy she hadn't had "worries about rent, bills, I wish I had been totally taken care of that way."

Her joy in telling her parents of the pregnancy was also affected by her feelings about their financial situation. When she told her father she sensed he was thinking, "what about her husband and he has to show control, and what about his job?" Helga felt supportive of her husband's "fluctuating" source of income and was relieved her family did not live closer and therefore have the opportunity to put pressure on him in regards to having a set income.

Since becoming pregnant Helga had felt greater emotional vulnerability with Elwood; "if my partner or I have a disagreement about something... if he raises his voice a little bit, I just break down really quickly and the tears flow." Previous to being pregnant, when they fought Helga was "more calloused or I would assert myself more." She realized that in the pregnancy she was "very triggered really quickly."

Helga believed her heightened emotionality stemmed from being "more in touch with my childhood issues through a lot of my pregnancy." She missed her mother, "really a longing for her", in a way she described as "very primal". She dealt with these feelings by "just allowing myself to be a baby, and really crying, feeling my little childness." In the pregnancy Helga also resumed a childhood habit of sucking her thumb; "I find myself sometimes I want to do something and I'll just allow myself to suck my thumb." Helga had been shamed as a child for this behavior, but "when I look at it now it's just something I need to do and it was like really nice to get back in touch with that." Helga also spoke of long-buried feelings of "abandonment" and told me a story she knew of her own birth and first few days of life. Her husband's work necessitated some late evenings away from home and Helga, "really felt that sense of abandonment". She "realized I wanted him here at night, so we talked about that." Helga generally chose to deal with her emotional reactions to pregnancy by "allowing it and talking through it, not judging it."

All these changes were naturally accompanied by changes in her body image and sexuality; Helga tended to be as accepting of these alterations as she was of the changes in her self concept in other areas.

The experience of being pregnant: Changes in body image and sexuality

Incorporating the inevitable shift in body image was facilitated by Helga's pre-pregnant attitude towards her body: "I used to not like my body, too big this or too big that or not enough of this; I've gotten to love my body." In terms of comparing her body to the cultural stereotype of perfection, she had "let go of that one quite a long time ago".

Helga's attitude to being pregnant, "I have always wanted to experience being pregnant", led to an joyful acceptance of her changing shape and the

feeling that "I pride myself on my belly". She felt "proud of being a woman and having this honour, carrying life and feeling good in my body."

Previous to becoming pregnant Helga tended to experience her sexuality throughout her "whole body" and she felt this "even more so now that I am pregnant... my whole being feels really sensual". Helga understood this increase in her feelings of sensuality in pregnancy as being due to "finally really allowing that full woman to be, there has been so much fear in the past... of getting pregnant and finally I think that lifts, I am pregnant so..." Through lovemaking in the pregnancy she experienced that "I have just opened up a lot...just feeling really nurtured being pregnant and not having that worry of becoming pregnant".

Helga also welcomed the alterations in herself in terms of being a fetus-grower. From the time she was aware that conception had taken place, she willingly adapted her lifestyle and psychological life in order to accommodate the fetus.

Fetus-grower

A number of events in early pregnancy led to some fairly major changes in Helga's way of being in the world. After a bleeding episode in her 4th month of pregnancy [miscarriages generally occur in the first 3 months] which she attributed to intense lovemaking, Helga "felt that perhaps making love was hard on the baby." She concluded that "maybe we were too excited that time when I bled and I realized we needed to be softer." For a time after this she "wasn't inviting" concerning having sex with Elwood, "there was a holding back in that way." By the time of the interview they were "making love more easily", but with a difference: Helga found herself "mothering my partner... like I will be stroking his head and kissing his head the way I would a baby." She accounts for this behavior with the understanding that

"as the baby is growing the reality of this being coming through is making a mark on my maternal sides, energy going more into mothering."

Helga had another experience which even more profoundly affected her way of being in the pregnancy; one day while trying to meditate she felt a great deal of anger at the noise some passing planes were making and at the same time as feeling the anger she "felt the baby go in a big knot." This was the first time she had felt the baby move and she "realized then that everything is really affecting this little one." From that time on, she acted with the knowledge "that whatever I do the baby gets."

Believing "the baby is really influenced... through my reactions" Helga "protected myself by not watching the news and not seeing violent or intense movies." She "really wanted to be in a space of joy and nurturing the baby and myself during this time."

Helga had a clear sense of the separate identity of the fetus within her; she believed that "the baby feels fear or abandonment or maybe not as connected" when she was upset. She understood the fetus's awareness occurred "more subconsciously" than her own because she had "34 years of language". She was concerned about "allowing other people's psychic space to come into me too close and interfere"; on the other hand she allowed that it "may or not be, the baby might be really good at having its own boundaries".

One of the ways Helga communicated with the fetus was to "put my hands on the baby [puts hands on belly]"; she maintained that "the baby does get a lot through my hands". When she felt love for the baby she could "feel it going through my hands".

In her desire to protect herself and her baby, Helga became more assertive in the pregnancy. When a neighbour's smoking filled her own apartment with smoke, she took steps to alleviate the problem. She told me

she would not have been as assertive before becoming pregnant; "it feels necessary that I do it. I don't like being assertive all the time, I feel I need to be."

Helga spent the pregnancy readying herself to be a mother. She believed that the feelings she experienced of "childness" were "a needed regression, like going through my own childhood and maybe even a healing part in that childhood where I wasn't nurtured". She understood that she was "preparing myself for this new (pause), this little baby coming through". Helga felt "really ready" to be a mother. She took as evidence of her readiness the feeling she had at times that "something is missing, and I think is it a certain food? But no, it's cuddling my baby. It's kinda like I am already there, and it's this feeling right here (points to upper chest) the heart and chest area and where the baby's head will be".

A dream Helga had in pregnancy alerted her to an aspect of her upbringing that could affect her parenting. She told me that "I find I came from a family that is really judgemental, critical of people who weren't perfect." She recognized that "I really don't know if my baby has something like that [a deformity]". Helga felt "a little bit of fear around that, you know seeing a baby with a deformity". In her desire to be nonjudgemental of any imperfections in her child she started to notice "there are a lot of people that are disabled and have deformities and just seeing them and it is all right... they don't have to have perfect bones or perfect this, there is nothing perfect".

The influence of other people on Helga's pregnancy tended to be secondary to her own experience of herself pregnant.

In the World as a Pregnant Person: Emotional vulnerability to external influences

What impact other people had on Helga's experience of pregnancy tended to be positive. Her family were supportive, telling her she was "the perfect sort of mother person". One of her few regrets in the pregnancy was that she did "miss my family, my sisters". She felt her friends, with whom she was "so curious about how their births have gone", were "not as close in the same way as related".

When Helga bled in her early pregnancy she relied on the experience of her friends to help her deal with her fears and to make a decision about what course to take. The bleeding was frightening for her and "what relieved me was other women relating their experience". She and Elwood "talked to a few other people" when making the decision whether or not to have a certain diagnostic test.

She also had found that "it is a real struggle to be focused with yourself. I feel like you really do almost have to do it on you own... to be how you want to be with your baby, pregnancy". She believed that "its [pregnancy] not as honoured as it really should be". She noted that "women still feel this urge that they have to work and have money, until the very end..." She also felt "the pressure of what women should look like in magazines... its really far removed from bearing a new life." She imagined a "get together for women who feel their body and not your conventional prenatal class... for pregnant women to come to a place that is nurturing". She felt the need for this kind of support because "there is so much out there that you have to bounce off you".

Helga experienced the phenomenon of strangers touching her belly and generally she was accepting of this. She believed that the touching was "just wanting to connect with that new little spirit and welcoming it"; she thought

perhaps it was "an innate want to be in contact with that". The one example she had of not wanting to be touched was in regard to someone she knew, who would come "into my space without asking me... she'll really quickly rub my belly". Helga preferred people who would "come in nice and slowly".

Earlier in the pregnancy Helga did not feel as visible, "it was like 'maybe she has gained some weight'." At the time of this interview Helga found that "it is pretty obvious that I am pregnant", therefore she was "just getting to the point where I want to be invisible sometimes". She added that she recognized that when she wasn't pregnant she "really wanted to do that [touch a pregnant belly] too".

For Helga, the upcoming labour and delivery would be "an initiation into a different (pause), just giving birth and getting in touch with that real lessons of primal place of creation". She also was starting to realize "god, I really have to push this baby out"; she recognized she had been "kind of still in the fantasy" earlier in the pregnancy when the labour was just an idea.

Chapter Five

Analysis

Overview - The phenomenological structure emerging from the transcripts.

I was prepared for and open to discovering that the three participants had radically different experiences during pregnancy, and I was determined to not impose my beliefs about what kind of alterations in psychology might be discussed. My first impressions were that there was little commonality amongst the participants' experiences but, after completing the individual analysis and beginning to look at the overall picture, common themes did begin to emerge.

Figures 2, 3, and 4 (p. 65-71) provide examples of direct quotes from each category used in the analysis of the data (see Fig. 1: Organizational Map of Categories, p. 25). These figures are included in order to aid the reader in acquiring an overall sense of the transcripts. Table 1 (p. 64) represents the themes I believe to be most interesting and relevant to the research purpose. I will briefly discuss the themes which form the phenomenological essence of the experience of pregnancy for my three participants.

Explication of the Data into General Themes

Opening up to the father of the baby: The three women all made a point of mentioning the positive shift in their spousal relationships; they experienced themselves as more emotionally vulnerable with their mates and others. Tana told me that she and her partner would "for sure be in different state of mind today" if she had not allowed "myself to be vulnerable". Before Meg miscarried her previous pregnancy she had enjoyed "the kind of relationship it set up between me and my husband"; after the miscarriage "it

wasn't that great" but once pregnant again their relationship improved. Helga felt "really nurtured being pregnant" and found that "whenever we do make love I have just opened up a lot". She also found that if she and her partner had a disagreement she would "break down really quickly and the tears would flow", whereas before she was pregnant she was "more calloused or I would assert myself more".

Relating to pregnant self as fecund: For these three women the state of being pregnant created an added dimension to their understanding of themselves as female. Meg felt "like a great big sexy cow"; she associated her obvious fertility with her newfound ability to feel an unrepressed sexuality. Fear of pregnancy and lack of trust in her previous partners had inhibited Helga's sense of herself as wholly female. She found that in her pregnancy she was "finally really allowing that full woman to be". Tana had always liked to "hang out with the guys". She told me that once pregnant she felt "a lot more female" and she had added a new understanding of herself in that her body was "doing what it can uniquely do".

Feeling "spaced out": All three participants referred to having the sense that they weren't quite as mentally acute as when they weren't pregnant. Each woman reacted differently to this feeling of being "spaced out": for Meg it was something she needed to control and not "let it go too far"; Helga accepted it as part of the pregnancy; and Tana regretted her diminished ability to communicate clearly and remember events and feelings of the recent past.

Pregnancy as a life lesson: Although largely inarticulate about exactly what they were learning, the three participants were in agreement that being pregnant provided an opportunity for insights that would otherwise not be discovered.

Fearing a miscarriage: The experience of pregnancy for these three women was shadowed by the possibility of miscarriage. Meg was reluctant to become emotionally attached to her fetus - the miscarriage the year before had a profound effect on her experience of this subsequent pregnancy. Despite a multitude of ambivalent feelings towards the pregnancy, Tana felt connected with her fetus and "didn't want to lose it once I got pregnant". Helga associated a bleeding episode in her fourth month of pregnancy with having had vigorous sex; her concern and attachment to the fetus caused her to then modify the sexual contact she had with her partner.

Incongruence between needs and community support: The three participants all believed that the community childbirth preparation classes did not match their needs for support and information during pregnancy. Tana and Helga had specific models of what kind of support would be appropriate and helpful. They also felt the lack of, and wished for, a close connection with other like-minded pregnant women.

Allowing the change from prepregnancy functioning to pregnancy functioning: Each of the women adapted to the changes in themselves and their lifestyles in a manner that was in keeping with their character and was influenced by their issues. Meg admitted early on in the interview to wanting to keep her "emotional life under control"; control was a major issue for Meg and the inherent lack of control in the process of gestating, birthing, and parenting a child was a source of much conflict for her. At the time of the interview she was learning to be more "flexible" and she embraced this change. Helga, who from conception on easily incorporated the changes brought on by being pregnant, made a decision to "be in a space of joy and nurturing the baby and myself during this time". She did not experience a conflict between her 'old' self and the 'new' pregnant self. Tana had great

difficulty in making the shift from her free spirited, independent, "pot-smoking" self to a self who had to put someone else's needs first. Over the course of the pregnancy she learned that her initial resentment concerning the perceived judgements of her peers in regards to her "habits" was actually disguising an internal battle with the feeling of being controlled by her fetus. Once she accepted she would have to change she was able to allow the necessary adjustments required by the pregnancy.

Believing the fetus has awareness of mother's contents of consciousness:

The notion that the fetus is "understanding what I'm thinking", as Meg put it, was common to all three participants and is, in my experience, a very commonly held belief by pregnant women. Helga believed that "the baby is really influenced by a lot of that [other people's problems and energies] through my reactions". She would not watch the news or violent, intense movies and she monitored her emotions in order not to expose the fetus to negative feelings. Meg, on the other hand, did not believe the fetus was affected if she became upset, despite believing the fetus was in tune with her thoughts. Tana also believed that the baby "knows what I think". She would put speakers up to her abdomen to play music for the fetus. She believed that "I don't need to be verbal, it doesn't have to be noise in order for there to be contact".

Having mixed feelings about being touched: The three participants resented and disliked the phenomenon of strangers taking the right to touch a pregnant abdomen and yet they strove to be understanding and accepting of this behavior. Tana believed that she did not stop strangers from touching her because she was "coming to be a parent and not wanting to shut people out from something that is magical too." At the same time she did not like being touched by strangers and found "it's when someone touches me I start

to feel more like an object, like carrying, the vessel". Helga told me that "I'm getting to point where I want to be invisible sometimes, but I realized when I wasn't pregnant that I really wanted to do that too" [touch pregnant abdomens]. She believed that people were "just wanting to connect with that new little spirit and welcoming it". She found that as long as people "come in nice and slowly" she could tolerate being touched. Meg did not experience strangers touching her (her presence does not encourage familiarity) but she felt she would have disliked it immensely had anyone tried to feel her abdomen. She thought it was "weird, it's almost like being touched in some sort of private area". Meg accounted for this kind of behavior with "maybe it's just curiosity, maybe they think it's a cool thing to do or maybe they think that pregnant women would like it."

In-the-world-as-a-pregnant-person: The three participants were all very aware of being the focus of attention in public and with their friends; their reaction to this heightened visibility depended on the meaning they attached to it. Meg was very relieved she no longer lived in the small town she began her pregnancy in. She had witnessed friends being endlessly subjected to comments on their pregnancies and she did not want similar kind of attention. Meg told me that "when I set out that I have been experiencing nil stress I think that is one of the main factors why I'm not because I don't know anyone and I'm not getting any comments, not getting my gut patted." Other peoples' perceived judgements, comments, and attention were the most stressful part of Tana's experience of pregnancy. She felt scrutinized and judged by her peers, and gawked at by strangers. Tana made many references to her negative reactions to this largely unwelcomed attention; however, by the time of the interview she was starting to enjoy her special status, "it's nice that your friends think about you different, like they are

thoughtful in some respects". Helga also experienced the sense of a heightened visibility; her reaction was "mostly I would enjoy it, I pride myself on my belly". Helga felt that due to her pregnancy she was "more special in a way"; however, she did not always enjoy her special status, "I'm getting to the point where I want to be invisible sometimes".

TABLE 1: THEMES EMERGING FROM THE DATA

THEMES	MEG	TANA	HELGA
opening up to the father of the baby.	the most positive thing about it [pregnancy] is that it has helped develop a really good relationship between me and my husband	I was really finally opening up to someone and becoming vulnerable, allowing myself to be vulnerable.	I have just opened up a lot [with partner] and I think more so just feeling really nurtured being pregnant.
relating to pregnant self as fecund	I've been sort of experiencing that thing a lot of women experience, of feeling quite sexual because they are able to reproduce.	I definitely feel more like a woman... because my body is doing what it can uniquely do.	...finally really allowing that full woman to be.
feeling spaced out	...like I'm allowed to be spaced out, that's been the biggest sort of, it's almost like my memory is gone, it is sort of like amnesia.	...losing track, you lose track a lot when you are pregnant I've been told.	I've been feeling quite watery, like in relation to the elements, like when it was rainy a lot I thought I would just dissolve and it was like I can't do anything.
pregnancy as a life-lesson	It's [pregnancy] a really good experience for learning different things about yourself.	It's [pregnancy] meant immense, just miles and miles or gain, of learning.	It is an initiation [pregnancy and labour] ... getting in touch with the real lessons of primal place of creation.
fearing a miscarriage	I'm not going to put too much of an emotional investment into this because I didn't want to go through that kind of grief again [from previous miscarriage].	The first few months I was pretty high risk, I had really bad cramps so I was often nervous and scared, like I didn't want to lose it once I got pregnant.	After that first spotting something changed where I felt that perhaps making love was hard on the baby so I wasn't that inviting to it.
incongruencies between needs and community support	I had a real fear that if I went into a prenatal class there would be a lot of "this is how it is done" ... it is a living life process and no life processes ever work like that.	I think there is just nothing... they talk about it [psychological alterations] in the more cosmopolitan prenatal classes that she may cry once in awhile but I think that that roller coaster for me was the biggest area I could have used help in.	I would like to have a get-together for women who feel their body and not your conventional prenatal class... like there is so much out there that you have to bounce off of you.
allowing the change from pre-pregnancy functioning to pregnancy functioning	... being flexible and realizing that you can't manage everything, everything doesn't have to be in a little time slot... I've really had to do that with the pregnancy and say "oh yeah, OK this is what is happening and I'm going to have to change, rearrange my little schedule.	I think that I get emotional when I'm getting angsted out when I try to deny things are changing and when I'm thinking "oh what an I going to do tomorrow and how many things do I have in my daytimer to do"... just slow down.	I've decided, specially seeing other women who work right to the end, and I've decided it's really important to not be that active, just focus on relaxation.
believing the fetus has awareness of mother's contents of consciousness	It was almost like a mental connection kind of idea... you kind of tell yourself that it's understanding what I'm thinking.	I think that the baby thinks what I think, not what I think, but knows what I think.	I feel it is more subconsciously the baby feels fear or abandonment or maybe not as connected.
having mixed feelings about being touched [on the abdomen]	1) Nobody has done the [touched] which is good. I would probably react by touching them back not real nice. 2) Maybe it's just curiosity, maybe they think it's a cool thing to do or maybe they think that pregnant women would like it.	If people are so really blown away by it [reproduction] and they see it as beautiful, then they almost have a right to touch me but I think that's something that I am carrying that is wrong because they don't have a right to touch me, I know that.	I'm getting to the point where I want to be invisible sometimes but I realized when I wasn't pregnant that I really wanted to do that too [touch].
in-the-world-as-a-pregnant-person	It is a real relief that I don't know anyone or else I think there would be a lot of that patting on the stomach and babying and stuff.	Days that I am not feeling healthy I probably feel the worst in public because I feel like an unhealthy mom, an unhealthy vessel.	I am getting more visible, it's very obvious, before it was like maybe she has gained some weight, but now it is pretty obvious that I am pregnant.

FIG. 2: LIST OF QUOTES FROM "LIFE BEFORE PREGNANCY" CATEGORIES

OTHER PEOPLE

Meg: I just never saw a good model that made me want [to parent].

Tana: I have always dealt with things internally but there are certainly times when I have spoken to a woman friend and come out and said, "Wow, did I need that!"

Helga: I had a lot of support from my family because they wanted me to be pregnant for awhile, I'm the last one.

EXPERTS

Meg: That's just what women were expected to do in that religion and they just had kids adfinitum.

Tana: I was talking to my mom... it was terrifying to hear what those women went through [during labour]. Kept in for a week, confinement period. Confinement period!

Helga: I asked her [mother] how it was [labour] in the hospital and she said it was horrible. She was really alone, they strapped her down, this was '58, they gassed her and I was taken away to the nursery.

OTHER PREGNANT WOMEN

Meg: I'm like one of the only ones who came through teenagerhood and early adulthood unscathed by an unwanted pregnancy.

Tana: I've seen a couple of friends have abortions and it doesn't interest me, when I was younger I probably would have done it.

Helga: I remember my sister when she gave birth and she said that she wanted to suck her thumb afterwards and it felt so good and that was like kind of like allowing me to do that.

OBSTETRIC HISTORY

Meg: I miscarried... about a year and a half ago... I was quite surprised at how devastating it was.

Tana: We practiced what we called the "relent" method [of birth control] which is no method.

Helga: We haven't really been using anything [birth control].

WORK

Meg: I had just envisioned myself that if I ever did get pregnant I would work right up until maternity leave.

Tana: I've been really independent. I always had a job.

FAMILY

Meg: It was a very sexual-stereotyped family that I grew up in.

Tana: [We had] psychoanalysis and counselling when we were kids because my mom was an alcoholic so we did a lot of inward looking ... we always acknowledged our feelings.

Helga: I find I come from a family that is really judgemental, critical of people who weren't perfect.

PARTNER

Meg: [He didn't] really understand I was grieving for something [after miscarriage]. He took a real kind of biological approach

Tana: Fred has more cousins who have more infants in the family.

Helga: I have a really supportive husband, he's very sensitive to women. He's got male issues but he's pretty there.

FIG. 2: (CONT.)

FEMINISM

Meg: I don't want to do what my mother [did] - have a whole bunch of kids and wait until the dad gets home and dishes out the allowance.

Tana: In the year before I got pregnant I had a really interesting year of Women's Studies. It was very empowering yet difficult, draining.

DREAMS

Meg: Sometimes I have a lot of quite meaningful sort of dreams.

RELATIONSHIP WITH PARTNER

Meg: It was easy to make the decision [to get pregnant]. It was something we both wanted to do.

Tana: We've been together for a few years and we took a year off and we had just been back together for a few months when I got pregnant.

Helga: My partner and I, we were very sexual in the beginning and turned on a lot.

SPIRITUALITY

Meg: I was sent through the whole thing, the Catholic girls' school.

Tana: Just being in tune with yourself and that's why I went off birth control... because I didn't want to control my body.

Helga: I tend to be more of an earth, very grounded earthy person.

BODY IMAGE

Meg: Who cares what you look like... it's never been really that important to me.

Tana: I have always been thin and I have always been very fit.

Helga: I used to not like my body, too big this or too big that or not enough of this, I've got to love my body.

SELF-UNDERSTANDING

Meg: I think that's what took me such a long time to have kids... I just never saw a good model [of parenting].

Tana: I'd wanted kids a lot for the last 6 years, I fought it, I don't know, I fought it just knowing it wasn't right.

Helga: I really searched out my boundaries because it was necessary because I didn't want to allow other peoples' problems and energies into me.

SEXUALITY

Meg: Most of my early life was a really conscientious effort to shake all that crap [Catholicism and sexual repression].

Tana: I've always liked the whole sexual side of a flat belly.

Helga: When I was single I would dress up a certain way... I don't flaunt my body in that way since being in a relationship.

FIG. 3: LIST OF QUOTES FROM "PREGNANCY" CATEGORIES

CONCEPTION

Meg: I was quite happy but then of course I was really paranoid, I thought it would end up in another miscarriage.

Tana: It was real true amazement, that its one of those things you think will never happen to you.

Helga: When I first knew, it was a little emotional really realizing, and we cried together.

EARLY

Meg: ...acknowledging all the physiological changes but just keeping the emotional stuff out of the way.

Tana: I know I;ll never be the same, and that's OK but maybe it wasn't as OK when the initial changes started.

Helga: In the first few months I was really missing my mother... and just allowing myself to be a baby and really crying.

FIRST MOVEMENT

Meg: That was when I started to get really connected to it.

Tana: When I really knew it was the baby moving I wanted to feel it more, it was special, I guess that was by 5 months, so I think if the baby was moving at 2 months ... it would be a little bit creepy.

Helga: I really felt that was the baby kicking, before that I wasn't really sure if it was gas or not.

LATER

Meg: I sorta felt like I had been in one sort of stage of paranoia, after another, you know, miscarriage then I thought prematurity.

Tana: I obviously feel a lot better about the whole pregnancy, feel better inside that peoples' eying doesn't get to me as much.

Helga: I am getting more visible, its very obvious, before it was like maybe she has gained some weight, but now it is pretty obvious that I am pregnant.

SUPPORT

Meg: I've got a good friend in Victoria who's had 3 kids and she has been a really good support.

Tana: I wasn't getting what I needed from anybody, but I think it was because I wasn't really giving myself what I needed.

Helga: What relieved me was other women relating their experience, "oh yeah, I spotted a lot through my pregnancy".

FETAL AWARENESS

Meg: You kind of tell yourself it's understanding what I'm thinking.

Tana: I think that the baby thinks what I think, not thinks what I think, but knows what I think.

Helga: I felt the baby in a knot because I was so angry... [!] realized then that everything is really affecting this little one... whatever I do the baby gets.

FEELINGS TOWARDS FETUS

Meg: So after that [an ultrasound] it's been really interesting. I felt like it's got a bit more of a character.

Tana: I felt a connection from the very beginning, that there was something very small in there and intact and as I have learned more about the whole physiology of it -definitely it is very much part of me.

Helga: I think the baby does get a lot through my hands, because when I feel love I'll quite often put my hands on the baby [puts hands on belly].

FIG. 3: (CONT.)

WELL-BEING OF FETUS

Meg: I've been pretty much trying to eat the right stuff.

Tana: ... cutting my lifestyle back to nothing to be this puritan, this breeder, isn't, you know, is stressful and is probably hurting the fetus as much or more.

Helga: After that first spotting something changed where I felt that perhaps making love was hard on the baby so I wasn't that inviting to it.

WELL-BEING OF BABY

Meg: So that was really reassuring to have that ultrasound... I was sorta thinking "is it going to look normal".

Tana: I want them [friends] to be there as soon after the baby is born as possible because I feel that bonding is super important.

Helga: I really don't know if my baby has something like that [deformity] and a little bit of fear around that, you know, seeing a baby with a deformity.

PARENTAL ROLE

Meg: I sort of see it as a new kind of thing to do [parenting].

Tana: There's fear as far as the commitment and responsibility... we get a chance for hit and miss, you know, molding a little being.

Helga: Sometimes when I am lying there something is missing, and I think is it a certain food but no, it's cuddling my baby. It's kinda like I am already there [parenting].

SUPPORT FOR OTHER PREGNANT WOMEN

Meg: [They should] not buy into one idea of how it should be and how it should go [pregnancy and labour].

Tana: I'm really looking forward to being there for my friends when they get pregnant... I think there is just nothing [in way of support] ... just telling someone it is OK to feel that the baby is controlling you.

Helga: I really feel that there's a real lack of just support of them [pregnant women] as people.

FEELINGS

Meg: My performance as a parent... it's kind of a big concern of mine.

Tana: It was all the changes that were going on in me.. I was afraid of that.

Helga: Tears come really easily... I'm very triggered really quickly.

CHANGES

Meg: Like I'm allowed to be spaced out, that's been the biggest sort of, it's almost like my memory is gone...like amnesia.

Tana: I feel excluded sometimes but things that I have to exclude myself from, people sometimes exclude you because you are almost handicapped in some respects.

Helga: I am more outspoken in the pregnancy about the smoking, toxic stuff around, I am more verbal... it feels necessary that I do it, I don't like being assertive all the time. I feel I need to be.

CHILDBIRTH

Meg: I'm not too worried about it [giving birth].

Tana: It's like delivery isn't a fearful event or it's not something that I fear as much as I did 7-8 months ago.

Helga: Once in awhile I get this flash that "god I really have to push this baby out".

FIG. 3: (CONT.)

TOUCH

Meg: I would probably react by touching them back not real nice, I don't think I'd appreciate that [being touched on the abdomen]

Tana: I don't like it when people touch me... I have a lot of strangers who touch me... it's when someone touches me I start to feel ore like an object.

Helga: I'm getting to the point where I want to be invisible sometimes, but I realized when I wasn't pregnant that I really wanted to do that too [touch pregnant abdomens].

FIG. 4: LIST OF QUOTES FROM "LIFE DURING PREGNANCY" CATEGORIES

OTHER PEOPLE

Meg: People tend to want to do a bit of caretaking with you.

Tana: ... that's when it started, the "vessel" instead of the person.

Helga: Most [people] are pretty sensitive and some people are a little jarring.

EXPERTS

Meg: [It's best to be] eclectic with everything you read and that you hear from people.

Tana: That is one of the more serious parts of pregnancy, is what sort of information are you getting.

Helga: The books I've read say its really important to be really relaxed and be prepared for the welcoming of the baby.

OTHER PREGNANT WOMEN

Meg: I think a lot of times pregnant women get just way too much attention and way too much fuss from everybody.

Tana: Maybe some women eat all day long, just little meals and people comment on and say, "all the time you're eating!"

Helga: Women still feel this urge that they have to work and have money until the very end and that then they might get a little bit of pregnancy leave.

OBSTETRIC HISTORY

Meg: I didn't want to go through that kind of grief again [from miscarriage].

Tana: The first few months I was pretty high risk... so I was often nervous and scared like I didn't want to lost it once I got pregnant.

Helga: I had some bleeding actually past the point where miscarriages occur...it was a shocking situation.

WORK

Meg: The biggest guilt that I felt during the pregnancy was not working.

Tana: I've been having a really hard time not doing anything.

Helga: Seeing other women who work right to the end I've decided it is really important to not be that active.

FAMILY

Meg: I've been starting to really resent my parents.

Tana: He [father] was a tough one to tell [about pregnancy] because we are very close, I'm sort of the daddy's girl... my dad has always been my man. I guess Freud would have something to say about that.

Helga: I think it is a needed regression, like going through my own childhood and maybe even a healing part in that childhood where I wasn't nurtured, before I actually give birth.

PARTNER

Meg: He was quite committed to it [the pregnancy] and he still is.

Tana: Fred is a couple of years younger, so for him, he's nervous but excited, more excited.

Helga: He [partner] has been paying the rent and bills and that's really different for me.... it's new, he feels the pressure and I feel the pressure.

FIG. 4: (CONT.)

FEMINISM

Meg: This sounds ridiculous, drummed out of the feminist league for saying this, I think if you don't work it is really nice.

Tana: I really felt I was co-opting out of women's issues in a lot of respects... there's a role all of a sudden... I just felt I wasn't the same concerned woman.

Helga: The pressure of what women should look like in magazines and they lose their shape and all that, it's so, it's really far removed from bearing a new life.

DREAMS

Meg: All the dreams I had in the early period were positive.

Tana: I'm certainly not interested in intercourse lately... so that's what my dreams have been like, they have been sexual, that sort of surprised me.

Helga: There are a lot more that I remember [as compared to before pregnancy] ... just really connected to the dream world.

RELATIONSHIP WITH PARTNER

Meg: It [the pregnancy] has helped develop a really good relationship between me and my husband.

Tana: Fred and I hadn't discussed what sort of habits I was going to have, so he wasn't supportive of what I was doing.

Helga: Sometimes I feel like I am mothering my partner... I will be stroking his head and kissing his head the way I would a baby and he says he likes that.

SPIRITUALITY

Meg: I thought there has got to be a reason why it [sex] feels this good, I'm going to get punished later.

Tana: This is certainly coming on to or have been some of the most, not traumatic but some of the hardest times but some of the best times in my life.

Helga: I find it very easy to get grounded and I think being pregnant even more so.

BODY IMAGE

Meg: The rapid change is really similar to adolescence.

Tana: I was feeling not so good about myself as a woman because I was getting heavier and that was the pregnancy too but I wasn't an obvious pregnant woman at that point.

Helga: [I feel] proud of being a woman and having this honour, carrying life and feeling good in my body.

UNDERSTANDING OF SELF

Meg: I've experienced a different kind of psychology, and my head space I've been a lot happier, a lot calmer, not as annoyed.

Tana: I felt a lot more female, not that I wasn't in touch with the feminine side of me, but I definitely feel more like a woman than one of the guys.

Helga: Whenever we do make love I have just opened up a lot and I think more so just feeling really nurtured being pregnant and not having that worry of becoming pregnant.

SEXUALITY

Meg: I feel like a great big sexy cow.

Tana: You can still feel really sexy with a belly and other times there's not a hope in hell.

Helga: Now that I am pregnant it's not just that area [genital], my whole being feels really sensual.

Chapter Six

Discussion and Implications

Overview - A context for the interpretation of the results of this study.

It has been detailed elsewhere in this study (Methodological Considerations and the Phenomenological Approach) that phenomenological methodology involves the in depth study of the meaning one or more individuals ascribe to a particular aspect of experience. Through rigorous analysis a general structure emerges which may potentially apply to others experiencing that particular phenomenon.

It is necessary to state that the participants for this study were very similar in age, race, health, marital and economic status, to name but a few of their shared characteristics. Nonetheless, it is possible to extract a phenomenological essence of what it means to a pregnant woman to experience an alteration in her psychology during pregnancy. In no way is this meant to obscure the vast variety of individual contexts for experiencing a pregnancy.

In the discussion of the results I use the terms "results" and "findings" interchangeably. These terms are used in the phenomenological sense.

Summary of the Results

The purpose of this study was to explicate three women's experience of alterations in their psychology during pregnancy. I began this research after 20 years of working with pregnant women as their midwife, therefore I had some very entrenched assumptions about what was going on, psychologically speaking, during pregnancy. As I detailed in Chapter III, the process of acquiring and analysing the data relentlessly eroded not only my presuppositions but any attachment I had to having them confirmed. I truly

became immersed in the data and what emerged as the end result when it was time to step back and get a sense of any possible structure shared by the three participants, was a surprisingly similar essence. The individuals had their distinct stories to tell but the underlying, common themes surfaced easily and without coercion.

It was during the process of analysis of the individual transcripts that I came to understand, in a new and deeper way, the phenomenological essence of experiencing an alteration in psychology during pregnancy. The alteration in psychology I have witnessed in so many of my clients began to be understandable as the end result of the formation of a new identity, or a new part to add to the other parts of identity. As well as being responsible for forming and birthing a new being, a pregnant woman, particularly with a first pregnancy, needs to create a self who has another being growing inside her, a self who is now affecting someone else with everything she ingests and possibly with every thought, a self whose status in society changes abruptly and dramatically, a self who will give birth and parent this new being. From the first knowledge that conception has taken place, a pregnant woman must incorporate into her self concept many new roles which may be in direct conflict with her nonpregnant self. It could be said that a pregnant woman creates and gives birth to a new part of herself as well as giving birth to a baby.

I chose to present the participants' stories organized by the components of the "new self". The details of the alteration in psychology experienced by these women during their pregnancy naturally fell into the following two categories: psychological adjustments to internal events and reactions to external influences. The internal psychic experience of pregnancy involves (a) changes in body image and sexuality, (b) changes in understandings,

perceptions, and expectations brought about through the experience of being pregnant and (c) incorporation of "self-as-fetus-grower". Social considerations (in-the-world-as-a-pregnant-person) include a heightened vulnerability to other people's judgements and behaviors. Pregnant women also often have to deal with acquaintances and strangers touching their abdomens without prior permission to do so. Heightened vulnerability to other people includes a keen sense of the level of support that is offered by others.

The three participants were selected for their stated experience of an alteration in psychology during pregnancy and the results suggest that the alteration was in essence very similar. The women all expressed a profound sense of feeling emotionally vulnerable: a welcome vulnerability in the case of their relationships with their partners and a more unwelcome vulnerability to and awareness of other people's attention and comments. They all experienced themselves as having changed in very fundamental ways, as in their sexuality, their mental acuity, and struggling with acknowledging the need to slow down (particularly for Tana and Meg). They all lived with the sense that the fetus inside them was psychically linked with them, and they all expressed dissatisfaction with the kind of support available to them and other pregnant women. Meg, Tana, and Helga lived with the fear of miscarriage or fetal anomalies and they felt immeasurably enriched by the "life lessons" pregnancy had brought them.

In addition to these themes which were experienced by all three participants, there were other themes that were either not as pronounced or were experienced by only two of the participants. These are: (a) difficulty adjusting from an economically independent status to a dependent status, (b) feeling more connected with the fetus once movement was felt, (c) experiencing "regression" or increased reflection on family of origin issues,

and (d) increased curiosity and awareness of other women's (particularly their mothers') obstetrical experiences.

Overall, Tana and Meg tended to experience the same kind of issues in their pregnancies: (a) the inherent lack of control throughout the childbearing process was problematic for both of them, and (b) they were both vulnerable to and resentful of the kind of attention pregnancy brought them. Helga differed from the other two participants in her willingness to embrace the many changes and losses incumbent in the pregnant state.

Noticing lack of warmth from men in pregnancy: Helga and Tana did share an observation I thought interesting enough to include. Both Helga and Tana commented on the differences they experienced between women's and men's reactions to their pregnancies. Helga said, "Men I find are, like the support I do get in society is mainly from women, like men just don't, they don't come very close". Tana noted that "I found most men, that the first time of hearing, especially if I was close to them, their reaction wasn't warm like I was receiving from women".

Results related to Counselling Literature

At this time there is little information available for a counsellor to turn to in attempting to understand what might be some of the issues for her or his pregnant client. The findings of this study indicate pregnant women may tend to experience increased emotional vulnerability as well as dramatic changes in many aspects of self-concept. It is obvious, therefore, that some women may encounter difficulty in dealing with these changes. Raphael-Leff (1991b) states that "the pregnant woman undergoes profound psychological and physical upheavals condensed into a relatively short period of time, which may necessitate some external therapeutic intervention to prevent her becoming overwhelmed" (p. 92).

Turrini (1980) considers pregnant women to have two critical tasks: (a) to adapt to the major body changes occurring in a short period of time; (b) to attach to, and at the same time differentiate from, the developing baby. Turrini, a psychoanalytic therapist, believes that even women with well-developed ego functions will be deeply challenged by these critical tasks. She states:

Some denial, regression in the service of the ego, and mood states of depression, anxiety, unusual fears, and guilt can be considered normal in pregnancy. Women with less structured egos, and less self-protective functions, particularly those without object constancy, will experience severe stress and will need even greater support and help. (p. 147)

It is one thing to acknowledge the catalytic nature of pregnancy, it is another to understand the specific meaning this has for a particular pregnant woman. The findings of this study demonstrate the range of response possible within the same theme, for example, while all three women stated having the experience of having to change the pace of their lives, for Tana and Meg this was a stressful and difficult adjustment involving issues of control and surrender, yet Helga, feeling the same need to change, easily yielded to the demands of the pregnancy. Raphael-Leff (1991b) has developed a model of psychological processes in pregnancy which offers an explanation for these marked differences between the participants' reactions. This model proposes that there are two general orientations towards maternity, babies and motherhood: the Facilitator, who gives in to the emotional upheaval of pregnancy; and the Regulator, who holds out against changing. Women tend to be closer to one end or the other of this continuum and they tend to follow a predictable pattern after the birth according to their orientation during pregnancy. Raphael-Leff points out that this model is useful in that its main

value "is to make sense of confusing and seeming contradictory patterns, where in their demands of professionals, some women appear to want just the opposite of other women during pregnancy, labour, birth or early motherhood" (p. 89).

One of the findings from this study was that the women all experienced a marked alteration in their sexuality and body image. Meg was reminded of being a teenager and Raphael-Leff (1991b) concurs that in pregnancy the physical changes are more rapid than at any other time in adult life which she suggests may engender "an emotional flashback to pubertal ferment" (p.91). Meg described a similar sense of feeling as physically conscious of her body and as emotional as when she was a teenager.

Heightened emotionality, anxiety and vulnerability were characteristic of all three women's experience during pregnancy; Raphael-Leff (1991b) refers to this as "freewheeling". She maintains that it is common for pregnant women to experience "overreaction to minor incidents, inappropriate over sensitivity or acute awareness of subtle gradations in other people's responses to her" (p. 63).

The results from this study indicate that the three participants each experienced some anxiety in accommodating to the many changes brought about through being pregnant. Meg found herself deeply resenting the way she was parented and in turn she feared she would be an incompetent parent. Tana rebelled against her sense that the fetus was controlling her and she deeply resented having to change her lifestyle, and Helga regressed to a childhood habit of sucking her thumb as she worked through issues from her childhood.

The counselling literature, although deficient in providing models of psychological processes in pregnancy, is in agreement that "the destabilizing

effect of pregnancy provides the opportunity and energy for psychotherapeutic intervention" (Stack, 1987, p. 108). Stack maintains that pregnancy constitutes a major developmental task and, as during other developmental stages, major shifts and reorganization can take place.

The findings of this study depict intense changes in each participant's relationship with herself and with others. Raphael-Leff (1991b) also notes the intensity of the psychological state during pregnancy. She states that what she finds

markedly apparent during pregnancy is an involuntary 'permeability', a loosening of internal barriers between levels of consciousness and within memory. Thoughts, feelings, and fantasies which are usually subliminal suddenly seep into consciousness and must either be attended to or effortfully kept at bay... At some time during their pregnancy most women will experience a whole gamut of inexplicable mood swings, intense urges, heightened emotionality, altered states of consciousness, memory lapse and sudden flashes of insight. (p. 49)

It is evident from the results and the related counselling literature that during pregnancy some women may experience marked alterations in their psychology and that this is an optimal time for women to engage in psychotherapy.

Significance and Implications of Results for Counsellors

Although the counseling literature has in recent years featured many articles dealing with counseling women and training them in assertiveness strategies, little emphasis has been put on counseling of pregnant women. Yet pregnancy and childbirth are unique female experiences that can be both physically and psychologically difficult and stressful for the woman involved. Therefore, the counseling profession should become aware that pregnant and parturient women represent a distinct population that often is in need of counseling services and for whom counseling may have important implications for the outcome of the pregnancy. (Morford & Barclay, 1984, p. 619)

The results of this study indicate that psychological disturbance may occur on many different levels during pregnancy and that each woman reacts to the inevitable changes inherent in a pregnancy according to her own unique context. A major purpose of this study is to heighten awareness of what may be common psychological processes in pregnancy and to provide some specific detail as to how these processes manifest in individual women. If women are experiencing altered emotional and cognitive states during pregnancy, then it is important for counsellors to have a model or models of pregnancy-related psychological alterations to aid in their understanding of the pregnant client.

A framework for anticipating the client's possible coping responses would assist the counsellor in developing strategies appropriate to a model of pregnancy-induced changes. If we believe that pregnant women can benefit from appropriate psychotherapeutic support in pregnancy then the corollary is that without that support issues arising from the pregnancy are left unresolved, and therefore may create dissonance during the pregnancy, birth and future parenting. A pregnant woman's relationship with her mate, family and friends may be affected as well.

The findings of this study suggest that there is a phenomenological general structure to the experience of an alteration in psychology during pregnancy, yet each woman remains unique in the meaning she invests in the sharing of her body with the fetus. Raphael-Leff (1991b) maintains that "how she resolves this existential experience of two people cohabiting inside her body-boundary determines the psychological nature of her pregnancy" (p. 47).

Counsellors, therefore, need to explore the specific effects the pregnancy is having on their client. Areas of particular focus, according to the findings,

could be: (a) issues about sexuality and body image (b) manifestations of unresolved childhood issues; (c) stress related to changing status with partner and friends; (d) problems coping with sharing one's body with another being and the contingent responsibilities; (e) issues arising from perceived societal expectations; (f) and feelings of isolation due to a lack of support.

In terms of support available to women who are pregnant, the results indicate that the participants did not perceive of childbirth preparation classes as capable of meeting their needs. In Canada, pregnant women and their partners have only one relatively inexpensive resource to turn to for their prenatal educational and supportive needs: childbirth preparation classes. There are childbirth support persons available but these services are costly (approximately \$700). It is therefore significant that all three participants commented on the lack of appropriate acknowledgement of, and assistance with, issues arising from the experience of pregnancy in the context of the prenatal class which serves as the primary source of information and support available in the community. It is therefore essential the counsellor determine what a pregnant woman considers to be her needs for support in the pregnancy.

I believe that what underlies the participants' dissatisfaction with the kind of support available in their communities is our society's need to deny the intensity of the experience of pregnancy. Counsellors need to be aware of the degree of resistance within pregnant women, and society, concerning the illumination of what has been a "taboo" area. Counsellors need to examine their own resistance and assumptions about women and pregnancy.

Counsellors also need to be aware of what might be contributing factors to the scarcity of counselling research and theories about psychological

processes in pregnancy. The following are my assumptions about why so little is known about women's psychology during pregnancy: (a) pregnancy "cures" itself (pregnancy is a temporary state); (b) research is primarily practiced and funded by men, who are unaware of the subjective experience of pregnancy; (c) in this society male is seen as normative, therefore a uniquely feminine experience is invisible or minimized; (d) women resist being just a vessel, a "belly", therefore they resist connections being made between their psychology and their pregnancy since they want to remain "themselves"; (e) the therapist may fear the results of deep exploration with the pregnant client. Her mental health is important in the outcome of the pregnancy, therefore, there may be an attitude of "just leaving well enough alone"; (f) women have difficulty in articulating the profound experience of gestating another human being.

Regardless of how the scarcity of information on the psychology of pregnancy is accounted for, I believe it is time for counsellors to acknowledge and learn about this challenging developmental crisis.

Implications for Further Research

There has been so little research designed to understand women's experience of pregnancy that it is difficult to know where to begin this section of the study. However, the findings do suggest many interesting avenues for future research.

It would be particularly interesting to study the variety of response to single issues, e.g., changing body image. Research into counsellors' attitudes to pregnancy, and psychotherapy in pregnancy, would be very enlightening. Exploring societal attitudes to pregnant women would also be a valuable contribution to our limited knowledge in this area. Determining what

pregnant women want in terms of community support is another important area of inquiry.

Often qualitative research is used to determine the basis of quantitative study in a particular area - a possible use for this study. Knowing the phenomenological nature of three women's experience of an alteration in psychology during pregnancy allows for creating specific areas of inquiry.

I am in correspondence with Dr. Raphael-Leff and she has sent me her preliminary questionnaires to be used as an instrument in gathering quantitative data concerning psychological processes during pregnancy; the questionnaires are at this time being validated. She developed the questionnaires from her observances of the women in her private practice. In the same way this study could be used to generate further research.

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Appendix A: Letter to Prospective Participants

I am working on my Master's Degree in Counselling at the University of Victoria and I am seeking participants in a study I am conducting concerning women's psychological experience during pregnancy.

I am looking for women who would be willing to discuss any noticeable changes in moods, thoughts and/or emotions they may have experienced in their pregnancy. I am interested in talking to you about your experience.

I will be taping our discussion, which will last approximately 60-90 minutes. All communication between us will be strictly confidential and you have the right to withdraw from the study at any time.

I would really appreciate your participation so please feel free to ask me any questions you may have. If you are interested in being interviewed please fill out the attached attitude survey form and consent form and I will contact you soon.

Sincerely

Anita Snell, R.N.

381-5274

Appendix B: Consent Form

Researcher: Anita Snell

I, _____
consent to being a voluntary participant in this research study on women's psychological experience during pregnancy.

I understand that I may freely withdraw my participation at any point in the research process, as a completely voluntary participant.

I am aware that I will be interviewed by the researcher and asked to describe my psychological experience during pregnancy. I will be asked to review and comment on the analysis of my narrative.

I am satisfied that all reasonable steps are taken to insure my anonymity: only the researcher will listen to the tapes, and then erase the tapes. Names and other identifying information will be changed. Furthermore, any information I may wish protected will not be used at my request.

Finally, I understand that the researcher will be available to me to respond appropriately to any feelings that may be engendered by the interviewing process.

Signature _____

Date _____

Appendix C: Attitude Survey Form

Name: _____ Tel.#: _____

Please complete each question by putting a circle around the answer which most closely applies to you. All information given will be treated in strict confidence.

1. Have you noticed significant changes in your moods, thoughts, and/or emotions since becoming pregnant?

Not at all A little A lot Very much

2. Have you discussed these changes (if any) with anyone?

Never Rarely Occasionally Often

3. Are you interested in discussing the psychological changes you have experienced in this current pregnancy as a participant in a research study?

Not at all A little A lot Very much

4. Please feel free to add any comments:

Appendix D: Coding Procedure

1. read through transcript(s) delineating meaning units [a segment of text that is comprehensible by itself and contains one idea, episode, or piece of information]
2. label meaning units according to what content is about - topic of meaning unit not content
3. create list of topics
4. study list of topics and experiment with an organizing system (flowchart, map) that describes the relationship of the topics to each other and to the research question(s)
5. refine organizing system to include all relevant topics from all transcripts
6. create codes from the organizing system and label meaning units with one or more codes
7. using the Ethnograph number the lines of the transcripts and enter the codes for the lines
8. the Ethnograph will print out the coded segments complete with source information

VITA

Surname: Snell Given Names: Anita Joanne

Place of Birth: Ottawa, Ontario Date of Birth: December 8, 1952

Educational Institutions Attended:

University of Victoria	1987 to 1992
Camosun College (Victoria)	1983 to 1986
Carleton University (Ottawa)	1970 to 1972

Degrees Awarded:

B.A.	University of Victoria	1990
Associate of Arts in Nursing (R.N.)	Camosun College	1986

Honours and Awards:

University of Victoria Fellowship	1990-92
University of Victoria Faculty Scholarship	1989
B.C. Government Scholarship	1984

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Title of Thesis: An Explication of Women's Experience of an Alteration in Psychology During Pregnancy: Implications for Counsellors

Author



ANITA JOANNE SNELL

Dec. 18/92