A Study of the Relationship

Between Maternal Empathy and a Mother's Satisfaction

With Her Decision to Remain at Home or to Work

After the Birth of Her Infant

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Janice B. Cook

THE CALIFORNIA INSTITUTE FOR CLINICAL SOCIAL WORK

A STUDY OF THE RELATIONSHIP
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A dissertation submitted to the
California Institute for Clinical Social Work
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in Clinical Social Work

By

JANICE BRYAN COOK

June 6, 1992

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We hereby approve the dissertation

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Abstract

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The trait of maternal empathy is considered important

in fostering social and psychological growth and development

in children.   Several studies have explored the effect of

maternal employment upon the developing child.   This study

focused upon the relationship between maternal empathy and

the mother's commitments to mothering and to working.   It

further examined the effect congruence of her work decision

has upon her sense of well-being.   The significance of the

findings were discussed in relation to self psychological

theory.

The sample consisted of 48 first time mothers who lived

in a committed relationship and had an infant under 6 months

of age.   The mothers were divided into two groups based upon

the congruence of their desires and their intentions

regarding work after the birth of their first child.   There

were 24 mothers in the congruent group and 24 mothers in the

noncongruent group.   The methodology employed a written

questionnaire which was completed by each mother.

The study found a weak to moderate positive association

between maternal empathy and commitment to mothering.   There

was no significant association between maternal empathy and commitment to working. In addition, the study found no significant differences with respect to maternal empathy between the congruent and noncongruent groups. It also found no significant differences between the congruent and noncongruent groups with respect to a positive sense of well-being.

In summary, the study found that new mothers adjust positively to their situation regardless of whether it is congruent or noncongruent, and that situation has no significant effect upon the capacity for maternal empathy. Maternal empathy is positively associated with a commitment to mothering.

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from the beginning of the doctoral program. All of these friends have offered a unique contribution to me and to my efforts to write this dissertation.

I would also like to acknowledge other important cheerleaders for me. They include my parents, Louise and Harold Joplin; my sister, Jeanne Talerico; my confidant, Joan Schain and my friends and other family members who have remained believers in my ability to accomplish the task.

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CHAPTER I

INTRODUCTION

Motherhood and involvement in meaningful work are two important aspects of the lives of adult women. Theorists and researchers believe that development continues beyond childhood and throughout adult life (Benedek; 1959, Erikson, 1959; Csikszentmihalyi, 1985). It is interesting to explore the significance motherhood and career play in the developmental thrust for women. What needs do these roles fulfill? How are work and motherhood choices made? What is the interplay between the woman's internal needs and desires and the external influences upon her life?

A basic thrust of social work philosophy is that there are both social and psychological determinates to human behavior and it is the interplay between these forces which determines how individuals choose to make decisions that influence their lives. This study focuses upon that interplay of psychological and social realities which enter into a new mother's decision of whether to stay home with her infant or to go to work during the infancy period. It is certainly true that the issues of commitment to work and commitment to infant caregiving involve fathers as well as mothers. This study could just as easily have focused upon fathers; however, the choice was made to limit this study to new mothers, since women are still seen as the main caregivers during the newborn period. Researchers have

studied the effects of a mother's employment upon the baby's emotional development (Etaugh, 1974; Hoffman, 1974; Riesch, 1984). Pediatric specialists and educators have offered a variety of opinions about the effects of having the mother as the main caregiver instead of using a sitter or nursery school to care for infants. Fewer studies have been done on how this decision is made or how it affects the mother's emotional well-being. This study will focus upon the mother rather than the baby and the interplay of internal and external forces she experiences relative to making the decision to stay home or to work during her first few months as a mother.

Issues of Mothering and Working

The question of whether mothers will work or not is complex. The question of whether mothers of newborn babies will work is even more complex. Each mother must address this issue in her own way. There are the following questions: Who will care for the baby in her absence? To whom will the baby attach? Will the mother and baby have enough time together? What happens when the infant gets sick? What if the caregiver can suddenly no longer care for the child? What is the father's attitude toward dual or single incomes for the family? There are a host of factors to be considered. It is this researcher's opinion that the interplay of these aspects and the particular emphasis each woman places upon their influence will determine what she

will decide to do. They affect her decision, and also affect how she will feel about that decision and how she will feel about herself. The resulting sense of how she perceives herself as a person and a mother in turn influences how she affects others, particularly her husband and baby.

In the 1940's and 1950's, there was less conflict between the urge to be at home and the urge to go to work because there was less choice. The grandmothers of the infants in this study were more likely to have felt an expectation by the larger society to remain at home with small children. During the 70's and 80's, the ideal for women became to excel at home as a parent and to find fulfillment and success in a career outside the home.

The popular views of work and motherhood emphasize different concerns. Some say that staying home is very beneficial for the children but that it makes the woman dull and uninteresting. Others feel that working may make a woman more interesting but can create problems for the children. In the recent past the focus was upon ways to enhance the combination of working and mothering. Now popular articles have begun to take a kinder attitude toward those who choose to stay home (USA Today, 5-10-1991; Wingert & Kantrowitz, 1990; Berg, 1990). There are increasing numbers of articles and books underscoring the possible benefits to mothers who decide to be the main caregiver during the day (Block, 1990; Eagan, 1985; Genevie &

Margolies, 1987). While there may be more mothers staying home, it is not necessarily a trend. Society is now legitimizing both the options of working or staying home for mothers. For a time it seemed as though any sophisticated, educated, upwardly mobile woman would <u>want</u> to return to work as soon as possible. Childcare was thought to be boring and unable to meet the needs of the mother, but there seems to be a trend now towards seeing opportunities for self-fulfillment in both work and childcare. Perhaps this reflects the aging of new mothers who have already been in the work force and now want to experience something different. They may want to enhance another aspect of themselves.

<u>What Are The Possible Meanings of Some of The Issues A New Mother Must Consider In Deciding to Work or Not?</u>

An overview of the literature identifies several concerns that affect the timing of a return to work, if not the actual decision. These include previous employment, maternity leave policies, and the number of children in the family (Hock, 1980). A main consideration seems to be financial need.

It can be argued that, because of financial commitments, few women today have a choice about whether to work. New parents may decide they need the financial contribution the woman makes to the family resources. Over fifty percent of women whose children are under three are working (Brazelton, 1989). In the 1960s, Bowen and Finegan

(1969) showed that economic need was positively related with the decision to work for women with children under six years of age. Again in the 1970s, studies by Nye (1974) and Molm (1978) showed economic need as an important determinant for women's participation in the work force. By 1980, Gordan and Kammeyer found that economic need was the factor most highly correlated with employment. As we enter the 1990s the trend remains the same. Many women, whether the head of a single parent family or a partner in a dual-income family, commit themselves to their career and depend upon their earnings from that career.

These financial needs are real but, like everything else, a woman's financial needs are influenced by who she is as a person. One woman will want to go to work in order to maintain a lifestyle congruent with people of her educational level and social circle. Another may choose to make life-style changes which make it financially possible for her to remain home with her baby. Each decision results from the interplay of intrapsychic, interpersonal, and social forces.

Working can offer more than just financial rewards. For some it provides a career identity in which women can feel they contribute something valuable and meaningful to their family and to society. Many women who have left the work force miss the status and sense of personal power they had at work. At work, they felt respected for what they accomplished. The networking with co-workers contributed to

the social interaction and feedback that enabled them to feel good about themselves. For others work outside the home is a necessity that is endured but not necessarily enjoyed. They may feel unappreciated for their efforts or find co-workers to be people with whom they would not normally chose to associate. The satisfaction and meaning that work holds, like every other aspect of an individual's life, varies for each person.

As with working, the experiences of being a new mother can be viewed as either thrilling and satisfying, or overwhelming, boring, or stifling. One woman's need to continue working can be as strong as another's wish to stay home with her baby. The strength of this feeling influences her decision process regarding employment after the baby's birth. On the one hand, the experience of being a caregiver and of sharing a relationship with an infant is very rewarding for some women. For this type of woman, leaving her baby in the care of another results in feelings of sadness and guilt. She believes she is the best one to interact with the baby and provide the nurturing and empathic atmosphere that promotes growth and development. Perhaps based upon her own childhood experiences, her identification as a mother compels her to be at home.

However, identifying one's self primarily as a "stay-at-home" mother has usually had less value in our larger society than identifying one's self as a working woman. Within an individual woman's smaller social world, though,

that may be different.   Everyone in her environment has an
opinion about whether she should work.   Her husband,
parents, siblings, and friends, as well as his parents,
family, and friends, may try to influence her decision
whether to work or stay home.   The importance of these
external voices varies with the individual.   A new mother
with a strong need to please the adults around her will be
more strongly influenced by their opinion, whereas a new
mother with a stronger confidence in her own internal
desires may be more likely to heed those desires.

What about combining part-time work and primary
caregiving?   There are appealing aspects of both work and
staying home.   Many women are choosing to make compromises
which enable them to retain some of the benefits of both
worlds.   The personal satisfactions they receive from both
areas of their lives are important to their self-esteem.   In
order to make the choice to combine work and mothering on a
more equal basis there are prerequisites that must be
present.   If the woman has a business that enables her to
work within her home then she has great control over the mix
of work and childcare.   If however, she is dependent upon an
outside employer it is more difficult.   Therefore, one
prerequisite to working is acceptable child care
arrangements that enable the mother to feel confident her
child is receiving the care it needs.   This frees the mother
to enjoy her work without worrying about her child.   A
second criteria is that she make enough money to afford to

work only part-time. A third criteria is that the employment lend itself to part-time or flexible hours. At this time the majority of jobs do not offer a wide range of alternative work patterns, though it is a benefit more women are requesting (Christensen, 1989). In response to these requests, employers are beginning to offer flexible staffing, job sharing, and flexible scheduling. Employers are coming to realize that such arrangements enable them to retain trained and valuable staff. The benefits are mutual.

There are, of course, pros and cons for those who work part-time. Aside from the financial reality of having additional family income, there are women who have made creative use of part-time work options. By working part-time, they are able to engage in a meaningful activity outside of parenting while still having time to meet their caregiving needs. On the other hand, many women find that combining two such demanding roles does not allow a mother to be at her best in either world. Not only does it imply that she cannot give as fully to each area, but the rewards available from each are compromised. Promotions and advancement in her field may be less available. Many employers use part-time employment to avoid supplying health care benefits. At home she may feel a similar limit to her time, goals, and involvement with her growing child. The important issue is whether by combining work and home the woman feels enriched or diminished.

Thus two main options exist in a new mother's decision regarding work. One is to stay at home to be with her infant as a full-time caregiver. The second is to choose to go to work either full- or part-time and seek good substitute childcare during her absence from home. Each of these choices has inherent issues to be considered. For instance, a woman is influenced by all kinds of sociological factors. Are working mothers accepted in her culture? What does it mean to others if she works? Does the family need the money? These are external factors to her as a person which are influenced by her own internal psychic makeup. How she interprets the world is a factor of her internal personality. It is influenced by her personal history and by her interpretations of what happens. She bases her behavior on some of this personal history, thus her internal world modifies her external world just as her external world modifies her internal world. There is an interdependency that results in an ever-evolving life thrust.

The reader will see that there is an interplay of beliefs, internal and external constraints, and psychological and social forces with which the new mother must deal in making her decision. No matter what her circumstances, the woman does make a choice or series of choices about whether she will work while her baby is very young. How she feels about her choice will affect her perception of herself as a person and as a mother.

Consequently, how she feels also affects the nature of her interaction with her baby.

This study explores how a mother feels about herself and her choices. Recognizing that the decision about work is the result of this dual process of external and internal realities, the focus of the study is on the internal intrapsychic nature of the decision. Her internal intrapsychic state comes from internalized thoughts and feelings that have occurred over the course of the mother's development. A strong set of these internalizations are the images of her own mother and what it means to be a mother as well as a woman. These unconscious internalizations influence how a woman seeks to meet her needs given the external options available to her. This paper explores the woman's developmental need to provide satisfying experiences for herself by the choices she makes. The interplay of internal and external realities leads to the final decision regarding work and the affective experiences resulting from that decision.

Concurrent with the mother's own intrapsychic struggles is her important interaction with her infant. Brazelton (1981) speaks of a parallel need between mother and child to interact with each other in an intersubjective manner. That need is such that both mother and child derive benefit from the give and take of their interactions. While most people acknowledge theories of child development, and more or less subscribe to them, fewer people acknowledge a developmental

process in adults. In support of a view of adult development, Papousek and Papousek (1979) have reviewed evidence that for adults there is a biological preparedness for caregiving. They suggest it is part of a developmental drive in the adult. In addition, Emde (1989), in his paper on empathic availability and therapeutic action, accepts the existence of such a biological drive and asks whether some people have more of this biological preparedness for caregiving than others. He also asks if during the course of adult development some people have more need to experience and express this need for attunement. If the motivation exists to experience caregiving with a child, then it is understandable that some women may simultaneously struggle with the desire to care for a child and pursue a career outside the home. This study focuses upon the caregiving trait of maternal empathy and its relationship to the work decision.

Focus of the Study

The focus on maternal empathy involves the sense of well-being a mother experiences as she makes the decisions regarding work. It differs from other studies that have explored both the short-term and long-term effects working has upon the child (Riesch, 1984), how the mother feels after she has returned to work (Hook, 1978), or the quality of the mother-child relationship based upon work status (Riesch, 1984). Most of these researchers agree that the

actual decision a woman makes may not matter as long as it meets her particular needs. They do not elaborate upon what her particular needs are or what happens when there is an inherent conflict in meeting those needs. In addition to focusing upon maternal empathy, this research addresses that conflict and how the resulting dissonance between a mother's preferences regarding work or staying home contribute to her overall sense of well-being.

What are the possible sources of dissonance between preference and actual behavior? There are many ways in which it can occur. The new mother seeks to feel good about herself not only as a parent but as a woman and as a person. These are parts of a whole that include more factors than can be considered in a paper of this scope. Generally, we do know that if all is going well in the various worlds within which she functions, then she will likewise function more smoothly in those worlds. She will have more to give and can be more available as a nurturing and responsive mother for her infant. Just how is a level of dissonance determined? One way would be to describe a positive sense of well-being as an indication of a low level of dissonance between external needs and internal desires.

There are many components that contribute to a sense of well-being. It is not necessarily how the mother feels about herself at any given moment but her overall sense of herself. It involves experiencing her psychosocial world as comfortable and satisfying.

There are many women who have to make choices that compromise not only the quality of the mother-child relationship, but also their own growth and sense of self. A mother may have creative ways to meet her personal needs at this time or plans that allow her to project the fulfillment of some of her needs into the future.

If it was understood more clearly what women in their mothering roles require for optimal self-worth, it might be possible to make changes that allow those needs to be met. Although many factors determine an individual's behavior and feelings, this study will focus on one specific component. One of the most meaningful aspects of the mother-infant relationship is the emotional attunement between the two. An essential element of attunement is maternal empathy. This study will examine the relationships among maternal empathy, commitment to mothering, and commitment to working. Further, it will determine whether maternal empathy and feelings of well-being differ between those mothers with and without dissonance in their decisions regarding work.

Assumptions

Several assumptions are important as the basis of this study. An understanding of these assumptions provides a view of how the researcher made connections between the concepts of maternal empathy, self-object needs, and affective experiences. One assumption is based upon self psychological theory and states that there are some

intrapsycic functions that one cannot perform for oneself. A self-object performs those functions. A self-object can be good or bad, soothing or mirroring, etc. One seeks the experience of the mirroring, the acceptance or the soothing. One does not seek a self-object; rather one wants, seeks, needs the _functions_ provided by a self-object. All people have self-object needs that are expressed and fulfilled in a variety of ways. Involvement in work can serve to meet a self-object need. Likewise, caregiving interactions with an infant can serve as self-object experiences for a woman. These are the two examples germane to this paper.

A second assumption is that affective components are the emotional reactions or feelings. There are affective components that correspond to the choices that a woman makes in order to meet her self-object needs. If her affective responses to her decisions and choices are positive, she will likely feel good about her self and her situation. Conversely, if her affective responses are negative, then she probably will feel anxious, angry, or depressed about her situation.

The mother's sense of well-being has an impact upon the quality of the relationship with her infant (Hock, 1980; Stuckey, 1982; Schubert, 1980). A relaxed, pleased mother will be more available to the relationship with her infant because she will not be so preoccupied with her own thwarted needs.

Emotional and psychological development is a continuous process throughout life and it does not stop when we reach adulthood. We each have a thrust for our life -- a direction we move in that has been called by Kohut a "life plan" (Wolf, 1988). In order to feel that we are proceeding along this individually determined path, we must meet ever-evolving needs. In this paper such needs are referred to as self-object needs. If these adult developmental needs are met, then one is freed to move forward and grow. If they are thwarted, one may feel dissatisfied, anxious, or depressed. Discomfort leads to behavior changes and choices that seek to ameliorate the discomfort by changing expectations or changing methods of meeting the self-object needs. Along this line, some women lean more toward seeking the intrinsic rewards of working while others seek the empathic caregiving rewards of child care. A woman's particular internalization, developmental needs, and capacities will determine where she chooses to invest herself in an effort to meet her particular self-object needs.

This has been a brief overview of the internal issues involved when a new mother faces the decision to work or stay home with her infant. The following research questions further define the scope and focus of this study.

Research Questions

Research question 1: Does maternal empathy differ between those women whose preferences and intentions regarding work are congruent and those women whose preferences and intentions regarding work are not congruent?

Research question 2: What is the relationship between maternal empathy and commitment to mothering?

Research question 3: What is the relationship between maternal empathy and commitment to working?

Research question 4: Do feelings of well-being differ between those women whose preferences and plans regarding work are congruent and those women whose preferences and plans are not congruent?

Definition of Terms

Maternal empathy: The mother's attunement to her infant's needs and her willingness and desire to respond to those needs in an appropriate, nurturing, and timely manner. It includes a recognition of the self in the other person and a willingness to "think oneself into the inner life of the other person" (Kohut, 1975).

Self-object experiences: Those experiences one seeks outside one's self in order to feel good about one's self. By meeting these needs the self maintains its balance, cohesion, and vigor.

Affective responses: Affects are feelings or emotions. An affective response is the feeling in response to something. It is the emotional response of the self to an experience.

Congruence: Agreement or harmony. For the purposes of this paper, it refers to the agrrement between the mother's desires regarding work and her intentions or plans regarding work after the birth of her infant.

Significance of the Study

It is hoped that this study will contribute to the understanding of the way in which the relevance of work and motherhood affect a woman's sense of well-being. That sense of well-being is based upon her ability to meet effectively her needs in each of many areas. This paper examines some of influences that effect the decisions regarding working or staying home with a baby. This may help those who work with female clients to understand the client's struggles as she attempts to balance personal needs with responsibilities in the mothering role.

Summary

Mothers who recently had their first child were the subjects of the study. The babies referred to in the study were one to six months of age. The goal was to survey mothers when they were still likely to be consciously aware of their thoughts and feelings regarding whether to stay home with their infant or to work. Some issues may be more in the forefront for the mother at this time than they were before the birth of her baby, yet those issues may not be resolved. This first six month period is a time of emotional reorganization for the mother, and perhaps of

increased self-awareness.   It was hoped she would be more reflective of her thoughts and feelings at this time.

The study explores the relationship of maternal empathy with commitment to mothering and with commitment to working. Further, possible differences in maternal empathy and feelings of well-being are explored between new mothers with and without dissonance in their decisions regarding work. The following chapters review the previous literature on this subject and theoretical framework for this research. They are followed by a description of the study design and methodology. Finally, presentation of the findings and a discussion of their possible meanings conclude the paper. For ease in reading, the feminine pronoun is used to refer to the caregiver throughout the paper.

CHAPTER II

REVIEW OF RELATED LITERATURE

This chapter reviews the literature related to this

study. The chapter is organized to discuss several

variables within the framework of adult development. These

variables include motivational thrusts towards caregiving

and working, the sense of integrated well-being that results

from an optimal developmental process, the capacity for

maternal empathy and the expression of maternal empathy. In

the literature search, the focus is broader than the

developmental process and the optimal end result of an

effective mother capable of maternal empathy. The

literature review also focuses upon the areas of possible

dissonance found in each of the variables. This dissonance

results from the disparity between what a mother's cognitive

self sees as important and what her emotional self embraces.

The literature was searched for the effect dissonance has

upon the affective state of a woman.

Adult Personality Development

The growth and development of human personality proceed

long after childhood ends. The social and psychological

lines of development progress at their own uneven rate,

depending upon the endowments of the individual and the

results of that individual's interactions with the social

and physical environment. There is a myriad of theoretical

literature concerning the infant and child. This study

focuses upon the adult. Specifically, it focuses upon the development of a mother both in concert with her infant and propelled by her own desires and needs.

Researchers such as Brazelton (1978) talk about parental development that occurs as a result of the parent-infant interaction. Parents learn about the dual aspects of growth, i.e. theirs and the simultaneous growth of the child -- as each new stage in the infant's development presses them to adjust. The excitement and pain of disruption of a comfortable stage is followed by the gratification of homeostasis when a new plateau is reached. The pain is the feeling of discomfort or disorder one experiences when old ways of behaving and believing are no longer are adequate for the interactions needed. In this way mothers and fathers learn about their own development while they enjoy the growth of their new babies.

Not only is a mother developing along with her infant, she is also proceeding along her own path of change and growth. Eagan has explored the changes and phases of growth that mothers in particular experience in the infant's first year of life (Eagan, 1985). Different authors refer to the process of adult development in different ways: the encompassing concept of life themes or life plans (Csikszentmihalyi, 1985; Wolf, 1988) and the organizing concept of psychological careers (Brown, 1982) are two of the ways discussed in this review. Life-span developmental

processes have been discussed by Erikson (1950), Leowald (1960), Benedek (1970), Fleming (1975), Sander (1985), Settlage (1980), Emde (1980), and Bowlby (1988). The concept that best supports this study is that people move through life as a result of developmental thrusts. They move themselves in directions that are unique and appropriate for them as individuals. The path they choose is consistent for them as individuals and largely intrinsically determined. If they move in a direction that is in harmony with their desires and needs, they will experience a sense of integrated well-being or a cohesive self. This state enables further growth, and indeed propels them toward further growth.

Motivation

When studying adult development, one has to account in some way for the choices an adult makes along his or her life path. For example, what motivates a new mother's decision either to stay home with a new infant or to work part-time or full-time? In the literature, theories of motivation are presented to explain behavior on many levels. Behavior is determined not only by external demands or challenges but also by internal intentions both historically determined for that individual and growth seeking.

Some theorists (Brody, 1980; DeCharms & Muir, 1978; Gleitman, 1981) divide motivation into two areas: the first biologically based and the second socially based. Freud's

views fall into the biologically based area. Freud wrote in his Outline of Psychoanalysis, that the true purpose of the individual organism's life was the satisfaction of its innate needs. These needs give rise to tensions, the forces behind which (the instincts) "represent the somatic demands on mental life" (Freud, 1938, p. 19).

Maslow bridged the biological/social theories by presenting the idea that higher and lower needs were the starting point for motivation. He stated that the chief principal of organization in human motivational life is the arrangement of basic needs in a hierarchy of less or greater priority; i.e., hunger, safety, love, self esteem, self actualization. In this theory of "metamotivation" and "growth motivation," Maslow says that motives develop as a result of experience (Maslow, 1955).

Among the social theorists is Adler. Adler felt that an organism's inferiority was a source of compensatory striving and that aggressive and power motive were important constituents of the motivational life of man. Later he emphasized social interest and striving for perfection (Cofer, 1964).

Likewise, Rogers' concept of the "fully functioning person" is also based upon a social motivational system (Rogers, 1961). Social learning theorists related motivation to social needs such as "self-efficacy" (Bandura, 1977), achievement (Atkinson & Raynor, 1975; McClelland,

1961), obedience (Milgram, 1974), or attribution (Weiner, 1972).

C.G. Jung took the social aspect of man and incorporated that into his individual striving above and beyond the social arena. Jung stressed the future in his account of the conduct or goals of the individual. He called it "self-actualization" and meant the fullest, most complete and harmonious blending of all aspects of man's total personality (Cofer, 1964).

While these theories all address important components of motivation, they do not adequately elaborate upon the aspects of motivation that occur as a result of the interaction between the internal individual and that individual's discovery of new experiences as he or she interacts with the social environment. Csikszentmihalyi (1985) is a theorist who has explored this concept in a manner that is helpful in conceptualizing this research.

Csikszentmihalyi explores the relationship between emergent motivation and the evolution of the self. He discusses the sources of motivation an individual might discover in his or her own lifetime as new modes of interaction, and hence new experience, are encountered in the environment. Emergent personal motives arise from within although they have a basis in social interaction. They were not there "before" in the matrix of the person's genes, brain cells, or learned behavior patterns. They are

not based upon some external, extrinsic goal. They are triggered by specific experiences which provide unique rewards never before encountered.

To select, process, and store information about one's self requires the allocation of a finite human resource, namely attention or psychic energy. Information registered in the consciousness is seldom neutral. It is interpreted as either negative or positive, depending on whether it is congruent with or conflicts with the goals held in consciousness. Information that conflicts with goals produces disorder in the self-system. That disorder requires that attention or energy be withdrawn from processing further information for growth, and be used instead to restore order in the consciousness. Disorder in the self-system decreases the predictability and efficiency of consciousness. Subjectively, this sense of disorder might be experienced as self-consciousness, depression, anxiety, loneliness, or anger. The disorder is caused by a reaction to the information that conflicts with specific goals around which the self is structured. The opposite state is characterized by ordered processes of consciousness, when information does not conflict with goals and attention is efficiently deployed. The corresponding internal states are unselfconsciousness, joy, serenity, involvement, and/or happiness.

The goals which receive most of our time and energy are those necessary for us to survive as biological organisms and those related to social needs. However, some goals relate to self development. An individual person will feel good if any changes in goals are expressions of his/her own choice. It is the act of choosing -- the selection of an emergent goal -- that liberates the self. If a person feels she has no choice, then psychic energy must be spent justifying the experience and making it acceptable. Csikszentmihalyi states further that self-development can take many forms, but that it generally starts from the one condition -- namely, a threat to the self due to an inadequacy of goals -- and that it tends to correct such conditions by instituting a new motivational system centered on a new set of goals. The searcher who gives up his old goals usually embraces a new set already available in the culture. This idea speaks to the situation of the mothers in this study. Prior to pregnancy, a woman at least partially defines her "self" by the goals she sets related to the roles she assumes. With the birth of a baby and the incorporation of "mother" into her identity, her old self-structure must be revised. She has outgrown the parameters of that definition of her "self." She now must decide the nature of her new roles and how they fit into her ultimate view of herself.

Csikszentmihalyi explored the internal and external motives of those who strive toward personal goals. A motive, in this context, refers to the focusing of a person's attention (i.e., conscious energy) on a goal which the person intends to achieve. We all have ultimate goals. These are goals we believe we originated or at least accepted as being congruent with our purposes. The goals that conflict with our purposes are accepted only to the extent that they are seen to help the eventual achievement of these ultimate goals. Csikszentmihalyi does not discuss the nature of the conflict which can occur when a person has two or more ultimate goals that at this time conflict in need for attention, energy, and time. Such is the case with many of the women in this study who want to <u>both</u> care for a child and to maintain employment. For them it is not a matter of justifying not doing one or the other, but how to do both.

We have motives for why we proceed along certain lines. Exogenous motives are intentions a person perceives as being forced upon him by external circumstances (financial needs, for example). Endogenous motives originate within the individual (desire to be successful in a career or desire to raise a family). They exist before the exogenous (external) motives. The question Csikszentmihalyi seeks to explain is whether a behavior can best be explained by relating it to causes already present in the organism or in its

environment, or to reasons emerging from the organism's interaction with the environment. People do not do things only because they have to, but also because they want to.

Psychological Career

In examining the concept of motivation and the emerging self, we find that others have taken a slightly different approach to how one pursues goals. In her research, Brown (_Parenting as a Psychological Career Path for Women_, 1982) presents a useful concept regarding the investment of self that a woman makes when choosing how to define her roles and thus herself in life. She describes a "psychological career" as one pursued by an individual over time that requires purposeful direction. One must continuously acquire and master new behaviors and values that evolve within that career. She studied the career of parenting, but this concept could also be applied to the individual's working career. Indeed, it is a concept that applies to anyone pursuing a desire.

"Psychological career" is a concept that integrates the idea of motivation discussed above with the functioning of adult personality and the development of personality. The mother is motivated within the context of her psychological career to find out "who am I?" and to "feel good about myself." When the information gathered and the affective value of the experience are both positive and compatible, then the mother proceeds along her chosen path. Once again

we see evidence of the need for a positive affective experience in order for growth to proceed successfully. This synchrony is a result of the cognitive and the affective aspects of her decision being in harmony. From a developmental perspective, the adult personality changes first as the career emerges, then within the career as functions change over time, and finally changes with the disappearance of the career when the mother no longer defines herself in terms of the results of that career. From Csikszentmihalyi's perspective one would say that a woman's emergent motivation to achieve something specific moves her from one set of goals toward a new set.

Reading these theorists, one might get the picture that a set of goals or phase of development is completed before a person proceeds to the next stage. However, we know from Kohut's theoretical formulations of self-psychology and Stern's descriptive formulations of the "domains of relatedness" that both theorists stress that these are not phases which are outgrown but are open to re-entry, overlapping, and development over the life cycle (Elson, 1988). Basch adds to this an understanding of the pattern matching, organizing function of the brain and a developmental line of affect which informs and controls that function. Basch is quoted by Elson as saying,

> all aspects of the feedback cycle -- reception,
> transformation, comparison, decision making, and

behavior -- have an affective component which influences the desirability of pursuing a particular goal. Nor are affects singular: several different and contradictory ones often co-exist. So not only can one have possibly conflicting goals but one can hold conflicting affective states around those goals" (Elson, 1988).

This once again illustrates evidence of the amount of possible dissonance a woman may tolerate in order to meet multiple objectives.

It is clear that the literature supports the assumption that a disparity in a mother's vision of herself as a good mother may not match the reality of how she must live her life and of the roles she must assume. A mother who experiences harmony of desire and reality of her life situation will likewise have the positive affect, vigor, and energy necessary to interact with her infant. A mother in a state of discord over these two aspects may experience negative affect and energy that must be spent coping with the dissonance. She may in turn have less of her "self" available for the mother-infant relationship.

This study addresses one aspect of the early stage of "becoming" a mother. At this stage, when the birth of an infant launches the woman into motherhood, there is an anticipated future that motivates her to "find out about" and "feel good about" who she is becoming. While she is

becoming a mother, she often must decide whether or not to also have a career. This raises questions about the woman who has the choice to work or not to work after the birth of her baby. What leads her to work full-time, or to stay home full-time, or in some cases to balance the two "psychological careers" with part-time work?

Motivation Toward Full-Time Caregiving

Factors That Affect the Decision to be a Caregiver

Riesch (1984) studied the concept of commitment in relationship to motherhood and occupation. The definition of commitment was borrowed from Becker (1960). In his point of view, commitment was seen as a persistent human behavior, within a social organization, demonstrated by consistent lines of activity. For a commitment to be developed and maintained, it must be valued by society, a result of the investment of something of extreme personal value, and congruent with one's life goal(s). The issue of whether to commit to be home with a child, to work part-time, or to work full-time involves a look at the other issues that affect these decisions.

What leads a woman to want to care for a child when she usually has already entered the working world and established a role in that arena? Papousek and Papousek (1979) have reviewed this and found that there is clear evidence for a biological preparation for caregiving. Therese Benedek (1970) states that the human female derives

her mothering behavior from two resources. One is her physiology and the other, Benedek believes, evolves from her personality. Her particular style of mothering is determined by her environmental influences. The actual task of motherhood activates the psychobiologic organization of the mother and becomes instrumental in the development of the child and the mother. Both are in constant interaction with each other and therefore mutually influence the growth and satisfaction experienced.

In a study of 1,100 mothers, Genevie and Margolies found that most women seek to have children in order to affirm their need and desire to nurture (1987). However, they also discovered that on another level the need to have a child was related to a need to take care of the child within oneself. This is certainly consistent with psychoanalytic theory that describes behavior and motivation as emanating from several different aspects of the self.

Genevie and Margolies also found there was a feeling of fulfillment that among most full time homemakers surveyed. This was related to their feeling they were doing something important and that they were needed. They felt that motherhood was a full-time career with its own rewards. Many had previously proven themselves in the working world. They were now feeling challenged by the experiences of mothering and caregiving. These were women who wanted to be an integral part of their child's everyday life. Genevie

and Margolies found that this chosen life style allowed the mothers to experience the positive feelings of contentment.

Not all full-time caregivers feel such harmony. Genevie and Margolies learned that about 30% experienced conflict and dissonance. For some it was related to lowered economic freedom. For some it was a matter of not feeling fulfilled and of wondering, "Is this all there is?" These women felt trapped and stunted in their personal growth. They felt they were losing their sense of self-worth. In part this was because they believed their working counterparts viewed them negatively. They felt they were perceived as being less of a person, unable to make it in the working world, and were choosing the perceived boredom of being at home all day with small children.

The study by Genevie and Margolies pointed out an interesting concept of the difference between working women who feel conflicted and homemakers who feel conflicted. Feeling conflicted about staying home leads to a greater number of negative personal consequences than do conflicts about working. "The conflicts expressed by the working mother are all related to redefining her role: She feels that her place is at home with her children, yet economic realities dictate that she work. The conflict expressed by the homemaker, however, reflects on who she is as a person: she does not feel valued; her self-esteem is low; her identity is unclear. In addition, conflict about working

often results in feelings of personal growth, whereas conflict about staying at home does not" (1987, p. 404). However, it is not necessarily so easy to separate and label the two as extremes. There are many possible reasons for internal conflict, but what is important to realize is that each individual mother will be trying to make sense of her internal feelings in terms of her external opportunities.

The important point is how the woman feels about herself. Her perception of whether she is doing a good job can influence that self-perception. If she perceives her performance as positive and feels good about herself, then there is congruence. Whether or not a woman perceives she is doing a good job as a mother may also influence her motivation for staying home. Ramona Mercer (1985) has done extensive research on maternal role attainment. She found that women of various ages were strikingly similar in the challenges they faced and in their behaviors as mothers during the baby's first year of life. She interpreted this to mean that there were no significant differences in role requirements or self-image. The exception to this was in the degree of reported gratification in the role of mothering. Older women had more expectations of themselves to be good nurturers, while younger mothers pictured an ideal mother as one who provided good physical care. The ability to measure one's success at achieving these ideals varied according to the expectation.

Motivation Toward Working

Factors That Affect the Decisions Regarding Work

Hock (1980) has researched how individual differences in maternal emotional functioning may affect decisions regarding work/home balance and contribute to attachment outcomes. Several aspects specifically related to maternal employment (e.g., timing of maternal return to work, quality and stability of child care) have been linked to differences in maternal personality and emotional states (Caldwell & Hersher, 1964; Hock, Christman, & Hock, 1980; Plunkett, 1980). Mothers who have had an opportunity to become acquainted with their baby and to form a good attachment feel better returning to work. They are secure in the baby's attachment to them. Good child care assures the mother that her child is well provided for in her absence. A few studies have reported associations between maternal role satisfaction and both the timing of maternal return to work in the first year and changes in maternal plans to return to work. (Hoffman, 1963; Woods, 1972; Yarrow, Scott, Deleeuw, & Heinig, 1962). The literature suggests an association between maternal role satisfaction or comfort and timing of return to work. It also points to an influence of maternal role satisfaction or comfort and the timing of return to work when choices are available.

It is not just a question of when to return to work but one of whether to work at all after the birth of the baby.

In Hock's review of the literature (1985), she states that
there were several variables that were salient in enabling a
woman to feel good about a decision to work: career
orientation (Fogarty, Rapoport, & Rapoport, 1971); the
husband's support (Hawley, 1972); the number of children
(Beckman, 1978); and a perception that children do not
require that care be given exclusively by the mother. It
could just as easily be done by the father or a caregiver
(Gordon & Kammeyer, 1980).

Hock quotes Winters and Sorenson (1975) as follows:
"... to understand employment decisions made by mothers
one must examine not only educational and occupational
opportunity, but also a complex array of role
expectations and reality demands. While mothers may be
subject to the influences affecting other women such as
economic need, family support and job availability,
they appear to be unique in regard to certain role and
child-related influences. Specifically, mothers of new
babies may have unique beliefs about women's roles and
their satisfaction within these roles, and special
physical and emotional demands arising from having had
a baby and arranging for its care" (Hock, pp. 384-385).

Hock (1985) studied three main areas of a woman's life
that have an effect on work decisions. They were
demographic variables of socioeconomic status, maternal age,
and education; maternal characteristics, such as career

orientation, attitude toward the maternal role, and importance of the homemaker role; and maternal perception of infant needs, especially the need for exclusive maternal care.

Lerner and Galambos (1986) found that the mother's decision to be employed may be affected by the child's temperament. Their data suggested that the mothers of more difficult to care for children tend to choose the homemaker role. One might think the opposite would be true. There are babies who need special care, who cry a lot, or who are perceived as physically fragile. Mothers of these infants often feel more needed by their infants for care and understanding. A mother in such a situation may be more likely to want to provide most of the care and only seek respite help when she is overwhelmed or in need of a break.

Marie Clark (1988) discusses some previous findings as well as her own in a study of working and non-working mother's perceptions of their careers, their infants' needs, and their satisfaction with mothering. For many older and well-educated women, who have taken time to establish careers before beginning a family, the issue of how to balance their own needs and those of their family is particularly important. They must come to terms with their feelings about their maternal roles and about separating from their infants in order to continue to pursue their own career interests. Moulton (1980) suggested that this

dilemma may result in anxiety, insofar as women must choose between a traditionally child-oriented role and the new options available to them.

Hock considered these feelings to be a form of maternal separation anxiety, which she defined as apprehension or concern that is uniquely associated with mother-child separation. She believed that maternal satisfaction is related to the degree of congruence between a mother's perceptions of her infant's needs and her perceptions of her own needs. She addressed the negative feelings as part of separation issues. However, she found that there was no significant difference between working and non-working mothers related to maternal separation anxiety and perception of the effects on the child.

Hock found significant group difference in the variable of home and career orientation. Working mothers were more career oriented than non-working mothers and less concerned about leaving their children for the purpose of pursuing a career. The cause and effect relationship between work status and reduced concern about leaving a child is not known. Being comfortable leaving a child with a caregiver could certainly function to lessen a mother's anxiety about returning to work; alternatively, one could argue that the comfort arises after work status is determined. A reasonable resolution is that both forces are in effect: i.e., a mother who intends to work after the birth of her

child does believe that the child will fare well in her absence, and after returning to work and experiencing repeated separations she may find that her child is indeed doing well in her absence, further confirming her beliefs.

The Clark study suggests that women who are career oriented and return to work after the birth of their children develop (or have always possessed) perceptions about how the children will fare in their absence. When working mothers are considered, those who are more career oriented tend to be less anxious about leaving and they are less apprehensive about other caregivers. Satisfaction with mothering was not significantly related to maternal separation anxiety or perception of separation effects on the child in either working or non-working mothers.

Wilkie (1981) suggests that women who delay parenthood generally have more education, higher occupational status, and greater opportunities for developing diverse interests and skills than do women who begin childbearing at an early age. As Birnbaum and Beckman (1978) suggest, the character and range of the older mothers' networks, employment experiences, and personal goals have led them to develop multiple non-familial involvements, commitments, and roles from which they were able to gain personal fulfillment and satisfaction. Thus to the older mothers, motherhood may be seen as only one of several experiences from which to derive a sense of self-worth and satisfaction. Therefore, less

commitment to exclusive maternal care by the working mothers may reflect their relative lack of support for the "motherhood mandate" and the traditional idealized view of motherhood.

Contrary to this, the older, well-educated mother who stays at home may actually grow comparatively more convinced about the value of caring for her infant and more resistant to or threatened by the idea of daily employment-related separation (Rubin, 1984). Having had time to experience a wider variety of opportunities than a younger mother, the older mother may be making choices based upon an integration of experience and an internal sense of self that enables her to be more clear about what is important to her and to her child. She, therefore, does not feel just an apprehension about leaving her child but has a clear idea of what difference her absence might make for the child and for herself.

DeMeis, et al (1986) indicated that maternal concern about separation and about balancing employment and motherhood are not static issues; rather, mothers seem to readdress the issues in order to develop a consistent set of attitudes towards separation, employment, and the maternal role.

Whereas, Hock attributes the anxiety a new mother feels to maternal separation anxiety, Moulton attributes that anxiety to role dilemmas regarding traditional roles and

career-oriented roles. Whatever way one chooses to look at the dilemma, there is an essential dissonance the mother may experience between her needs and her desires, as well as between her needs and those of others. For many there may be an assumption that a woman's <u>own</u> need and that of her family are at variance with each other. This produces dissatisfaction. One way to resolve this variance is to go to work. However, the reason for going to work in this case is to resolve or balance conflicting needs, rather than the intrinsic satisfaction of the work. The literature does not specifically address these two motivations for work in the working mother literature --the wish to work for the nature of the work itself and its rewards, versus the necessity to work due to family needs. This leads the reader back to the issue of dissonance between internal and external motivations.

This study looked at the anxiety that might emanate from the mother's conflict with her inability to satisfactorily be able to have harmony between her wish to do one thing and her wish or need to do another. Affectively, that anxiety hampers the mother's sense of self-worth and cohesion. A cohesive self has a sense of integrated well-being which will be explored next.

Sense of Integrated Well-being

Earlier, when the concepts of psychological careers and life plans were discussed, it was noted that the successful

pursuit of these developmental activities was conducive to feeling good about one's self. Generally, it is believed that if you are doing what you feel you need to be doing to meet your needs you will feel energized, have a sense of vigor, and be happy and more content. If you are not -- if you are thwarted in some way in this thrust, or diverted from your goals -- you are likely to feel depressed, sad, tense, or anxious. These feelings of disharmony or disequilibrium will urge you make choices that will reduce the disharmony and be more in line with what you want to be doing. If you make the corrective changes, then your emotional equilibrium will be re-established and positive feelings will result. A person in this state of integrated well-being is better able to relate to an infant and to be available empathically for that child.

Alvarez (1982) compared the mothers of malnourished infants with the mothers of healthy infants. The findings suggest that malnourished infants live with mothers who are dissatisfied and depressed. They were emotionally depleted and unable to communicate non-verbally in such a way that the infant got the feeling of being understood and nurtured.

In Maternal Bonding, Sluckin, et al (1983), described a situation during World War II when nurseries were set up for working mothers. It was during this time that Bowlby postulated that prolonged separation from the mother before age 5 would harm the child's psychological health. Spitz

(1946) documented problems with children separated from their mothers. As a result of this information, he concluded that mothers felt guilty and anxious when leaving their children in daycare, believing it was causing them harm. They may have misunderstood the full explanation for Spitz's findings. The important issue was that their belief that they were failing in their roles of protectors and caregivers for their children caused the mothers to feel fearful and influenced their behavior toward their children.

Benn (1986) researched the factors that promoted secure attachment relationships between employed mothers and their sons. She found that the effects of maternal employment on mother-son attachment are mediated primarily by a woman's affective state, which becomes manifest in her style of caregiving and child-care decisions. Hock (1984) also states that congruence between employment status and one's attitudes, or satisfaction with one's employment status, to be related to higher quality mother-child interaction. These studies support the idea that satisfaction or well-being contribute to the mother's ability to be happy and to relate well to her infant.

There seems to be a correlation between a woman's satisfaction with herself in other areas of her life and satisfaction as a parent. The higher the correlation, the more likely a woman is to feel good about herself (the higher the degree of self cohesion). The better she feels

about herself (the more cohesion that exists), the more she can be empathic with her infant. It is evident, according to self psychology theory, that when she is in a state of integrated well-being, she will more likely be able to participate in an empathic relationship with another person. The experience of empathy or empathic understanding is necessary for optimal development. A sufficiently developed adult would possess the capacity for empathy. In order to be a good parent you must have the capacity for empathy.

Empathy

One of the reasons for this researcher's investigation of empathy in this study is that it is one of the central prerequisites of adequate parenting. Indeed, empathy has been given an esteemed position in the traits of adults. Kohut (1975) describes empathy as follows:

(1) Empathy, the recognition of the self in the other, is an indispensible tool of observation, without which vast areas of human life, including man's behavior in the social field, remain unintelligible. (2) Empathy, the expansion of the self to include the other, constitutes a powerful psychological bond between individuals which -- more perhaps even than love, the expression and sublimation of the sexual drive -- counteracts man's destructiveness against his fellows. And (3), empathy, the accepting, confirming, and understanding human echo evoked by the self, is a

psychological nutriment without which human life as we know and cherish it could not be sustained. (Kohut, 1975, p. 705)

Definitions of Empathy

The American Heritage Dictionary (1985) defines empathy as "the identification with and understanding of another's situation, feelings, and motives."

Kohut defines empathy as "vicarious introspection" (1975, p. 209). Vicarious introspection is thinking oneself into the inner life of another.

Olden's definition of empathy is the capacity of the subject instinctively and intuitively to feel as the object does. Empathy is a process of the ego, more specifically, an emotional ego expression "...the subject temporarily gives up his own ego for that of the object" (Olden, 1953). An empathizer or subject accepts, for a brief period, the object's total emotional individuality, not only his simple emotions but his whole state of being --the history of his desires, feelings, and thoughts, as well as other forces and experiences that are expressed in his behavior. The object senses the empathizer's response and realizes that for a brief point in time the two have fused. Empathy presupposes the existence of the object as a separate individual, entitled to her own feelings, ideas, and emotional history. The empathizer does not make judgement about what the other should feel, but solicits the expression of whatever he does

feel and, for brief periods, experiences these feelings as his own. The empathizer oscillates between this subjective involvement and a detached recognition of the shared feeling. Secure in his sense of self and in his own emotional boundaries, the empathizer attempts to nurture a similar security in the other (Paul, 1970).

In reviewing the literature on the broader concept of empathy, it seems reasonable to think about empathy in terms of two general categories -- therapist's empathy and maternal empathy. The review of therapist's empathy is presented first.

Therapist's Empathy

Many clinicians have come to recognize the importance of empathy in psychoanalytic work (Kohut, 1959; Schafer, 1959; Beres and Arlow, 1974; Friedman, 1978; Shapiro, 1981; Stolorow, et al., 1987). In her study on professional empathizers, Di Raffael (1990) was able to identify three broad categories of commonality among professional empathizers (therapists). These included particular traits, life experiences, and personal skills. The traits included sensitivity to external stimuli, imagination, and curiosity. Di Raffael suggests that professional empathizers are made, not born. These traits may predispose an empathic ability, but " ... it is the impact of specific kinds of experiences and the development of unique skills that shape the capacity to use empathy in a professional way" (Di Raffael, 1990, p.

134). Di Raffael's research supports the idea of the need for a certain amount of self-integration and cohesion in order to be able to empathize well.

When discussing empathy in terms of the therapeutic relationship, Emde views empathy as an enabling factor in development. This view is based upon two principles from the theory of adult development. One is that development is an ongoing, continuous process. An individual integrates new information and continuously reorganizes as she grows. "Because of the symbolic capacities of the human, development makes use of past so as to have a future orientation in the present" (Emde, 1989, p. 883).

The second principle states that development occurs in the context of social relationships. Relationships perform different functions at different times in the individual's life. In early caregiving relationships, the internalization of relationship experiences is occurring at the same time as representations of self and others are first taking place. In this way the self begins to develop. Throughout one's life, relationships "shape" or influence development. Furthermore, later relationships can have healing or growth-promoting influences on early internalized relationships that were problematic. This can occur when such relationships are intimate (i.e., when there is an atmosphere of commitment, trust, and emotional availability) and when the conditions exist for new dialogues and

explorations to occur. Emde thus sees development as always, to some extent, mutual and shared between the self and others in relation to the self.

Emde believes that the empathic response of the therapist models the role of the caregiver's response, not the infant's response. Therapeutic care makes use of adult caregiving functions, and so we see a link to maternal empathy.

Maternal Empathy

Maternal empathy differs from therapist's empathy in some ways. A therapist's use of empathy is in many instances more of a cognitive experience for the therapist. The therapist must be aware in an empathic way of the affective and emotional state of the client; however, the use of that empathic information and whether or not it is acted upon is based upon the client's therapeutic needs. Maternal empathy uses a level of attunement and action that the therapist does not usually act upon. Maternal empathy calls for a different level of interaction or reaction depending upon the needs of the infant. Those needs tend to be more immediate and require a more direct response.

Winnicott (1960) was one of the first to attend to the mother's part in the mother-infant interaction. He thought that we must not only think about the infant's side of the experience but also about the mother's side of the experience. In particular, we need to think about the

qualities and changes in the mother that allow her to meet the developing needs of her infant.

Benedek (1970) studied mothers within her framework of a psychoanalytic view of empathy. She believes that empathy is a specific human quality and psychic apparatus which enables one to sublimate. It is an unconscious function of the psychic apparatus, a manifestation of Freud's broadest definition of libido, according to which "libido is integrating psychic energy." Empathy in itself is just an energy charge which directs the ego's attention and facilitates perceptions and further integrations within the psychic apparatus.

Closest to its biologic source is the mother's empathy for her infant, which gives impulses to the variety and subtlety of parental responses and adds up to successful mothering. Empathic response is a direct instinctual or intuitive reaction to the child's need. Empathic understanding, in contrast, is arrived at by a preconscious process of self-reflection that leads the parent to an understanding of the motivations of his own reaction to the child's behavior.

Benedek believes empathy by itself is not enough. It can be too much or too little; it can also give false advice originating in the mother's neurotic needs and distorted ideas about child-rearing. The mother's empathy has to be confronted by her thinking and her evaluation of the

immediate need and situation, but also with the
developmental tasks and goals of that growing child. Thus
the choices that mothers make begin early and probably never
end. The nature of the choices change with age, maturation,
and life situations, and they do not end, so long as the
mother is in active interaction with her child (Benedek,
1970).

Whereas Benedek thinks empathy can be too much or too
little, Kohut differs sharply. He views empathy not as
something one gives or gets but as an introspective empathic
observational tool. It cannot be too much because one's
empathic attunement -- that is, one's empathic observations
-- tell one when to back off or to come near.

Stern (1985) also comments on empathy. His main body
of literature is on intersubjectivity, which is a concept
that includes a wider range of relating behaviors than just
empathic interactions. Intersubjectivity is only possible
when the infant becomes capable of holding the concept that
he is different and separate from others. This does not
occur until age seven to nine months. A complete review of
intersubjectivity is beyond the scope of this paper.
However, part of the interactions of a mother with an infant
are called attunements. This is similar to empathy but
differs in important ways. Stern defines empathy as opposed
to attunement in the following way:

Attunements occur largely out of awareness and almost automatically. Empathy, on the other hand, involves the mediation of cognitive processes. What is generally called empathy consists of at least four distinct and probably sequential processes: (1) the resonance of feeling state; (2) the abstraction of empathic knowledge from the experience of emotional resonance; (3) the integration of abstracted empathic knowledge into an empathic response; and (4) a transient role identification. Cognitive processes such as these involved in the second and third events are crucial to empathy (Schaffer 1968; Hoffman 1978; Ornstein 1979; Basch 1983; Demos 1984). Affect attunement, then, shares with empathy the initial process of emotional resonance (Hoffman 1978); neither can occur without it. The work of many psychoanalytic thinkers concurs on this formulation (Basch 1983). But while affect attunement, like empathy, starts with an emotional resonance, it does something different with it. Attunement takes the experience of emotional resonance and automatically recasts that experience into another form of expression" (Stern, 1985, p.145).

An attunement with an infant does not mirror exactly what the infant is communicating affectively but selectively reacts to parts of the infant's and the mother's interaction. Attunement thus need not proceed toward

empathic knowledge or response. Attunement is a distinct form of affective interaction.

It is best to be aware of the differences between attunements and empathic responses. Therapeutic empathy integrates various levels of relatedness as well as what Schafer (1968) has called "generative empathy" and Basch (1983) has called "mature empathy." Attunement and empathy do have some important similarities in function, especially the mutual influence of one person's subjective state upon that of another, but attunement between mother and infant and empathy between therapist and patient are operating at different levels of complexity, in different realms, and for ultimately different purposes.

There is a related issue. Self Psychology suggests that failures in maternal empathy in the beginning of life contribute to the deficits and weaknesses in self-cohesion that are manifest as borderline disorders. Stern believes that while this may be true, deficits may occur at other levels of development that also account for later problems. It is important to maintain some perspective regarding contributions to growth and inhibitors of growth.

Empathy Summary

Not surprisingly, therapeutic empathy and maternal empathy are alike in the acknowledgement of the interaction between the two people involved, but they differ in important ways. The empathic position of the therapist

enables him to understand his patient's point of view and to shape his responses in a manner that will facilitate enhanced self-cohesion and functioning. Maternal empathy enables the mother to assess cues, from her infant, to determine the optimal response to those cues and to respond in a timely manner. There is also the issue of what the empathic response means to the empathizer. What narcissistic functions does it provide for therapist or mother? This issue was not covered well in the literature. It has some relevance for this paper. One of the areas of exploration in this paper is whether the satisfaction derived from the empathic experience is more important to some women than to others in the mothering role.

Chapter Summary

This review of the literature has explored adult development, motivation toward mothering, motivation toward working, and empathy. While there is literature on many aspects of the issues facing working mothers and their children, none has adequately addressed the relationship between maternal empathy and the mother's satisfaction with the decision to work or not. Nor does it specifically address the problems of dissonance between what the mother wants to do regarding work and must do regarding work. The literature does support the idea that dissonance or lack of harmony and congruence in her internal and external perceptions will effect her level of satisfaction.

The next chapter discusses the theoretical framework of Self Psychology. This perspective has been found to be the most useful in understanding the effects of self-cohesion and self-esteem upon satisfaction and maternal empathy.

CHAPTER III

THEORETICAL PERSPECTIVE OF THE STUDY

This study is viewed from the theoretical context of self psychological theory. This chapter outlines the concepts of self psychology pertinent to the issues addressed in the study. Self psychology has been selected as the theoretical framework because it offers meaningful conceptualizations for the major variables in this study: a sense of well-being, empathy, and motivations for decisions made during the process of adult development. The "life plan" as discussed by Wolf (1988) is presented first as a means of understanding motivations in adult development. This is followed by an overview of the self psychological concepts of the self-object, affective responses, and self-cohesion. Finally, a look at the importance for the capacity for empathy in the mature cohesive self is presented in the context of both adult development and functioning.

Life Plan

A comprehensive overview of self psychology theory can be found in sources such as Grayer (1981); Palombo (1977); and Wolf (1988). This theory is evolving as more and more professionals and theorists work within it's framework and observe alternative ways of explaining human behavior. One of the original and still intriguing ideas is the proposal that individuals strive toward a life plan (Wolf, 1988).

Wolf postulates that a person who lives in harmony with the self's life plan enjoys a sense of fulfillment. A person who deviates in significant aspects from the self's life plan suffers from chronic discontent and lack of fulfillment. Two main considerations of this study are as follows: the compelling nature of aspects of the life plan to the individual (in this case, a mother) and the affective response of the individual when the plan is either successful or thwarted.

This paper proposes that investments of the self in the psychological careers of working and mothering can serve as self-object functions for women. The process of engaging in the activities important to her serve to fulfill internalized needs and desires. Some women will feel a compelling need to be full-time caregivers in order to feel cohesive and fulfilled. Others may not feel as strong a need to be at home with their children and will choose to go to work in order to seek a sense of personal fulfillment. For many, the successful combination of work and home careers will enhance self-esteem. If the mother is unable to follow her motivations in making these choices she may feel a diminished sense of self. The choices of how these various options are played out will to some extent determine the woman's affective experience and sense of self-fulfillment.

In order to more fully understand this line of thinking it will be helpful to review some basic tenets of self-psychology. The most fundamental finding of self psychology is that the emergence of the self requires the presence of others. Wolf states that the functions provided by those others are internalized and are understood to be objects. The functions and the affective meaning of those object functions for the person provide certain types of experiences that will evoke the emergence and maintenance of the self (Wolf,1988). These experiences are termed self-object experiences usually abbreviated as self-objects. Proper self-object experiences favor the structural cohesion and energic vigor of the self; faulty self-object experiences facilitate the fragmentation and emptiness of the self. Along with food and oxygen, every human being requires age-appropriate self-object experiences from infancy to the end of life. However, the infant requires the concrete physical presence of the caregiving object as the provider of proper self-object experiences. The mature adult can maintain his or her structural integrity by self-object experiences generated in symbolic representations. These representations are of the original self-object experiences.

Perhaps an example would be helpful. A woman may feel a sense of value and importance as a result of the status and recognition by others of her position at work. She may

feel creative and confident as a result of what she is able

to produce. She may gain personal satisfaction from her

ability to work with others or to manage projects to

completion. All of these benefits are manifestations of

internalized self-object needs being met. They were

originally functions provided by others in her world;

however, with maturity the functions were internalized and

can be met in a variety of ways that don't necessarily

involve another person.

Understanding of Concepts

Dual Axis Theory of Development

Kohut (1978) originally postulated a dual axis of

development. One axis was "object love" and one was "self

love." The two lines simultaneously proceed forward on

their own and in interplay with each other. These self-

object experiences lead to an emerging self structure which

is understood to be bipolar. One is the pole that

originates out of the mirroring experiences. Mirroring

experiences are those that "mirror" back to the person his

positive attributes. Mirroring sustains the self by

providing the experience of acceptance and confirmation of

the self in its grandness, goodness, and wholeness. This

pole becomes the source of the need to be confirmed and the

basic ambitions for power and success emanate from it. The

other pole precipitates out of idealizing experiences.

These are experiences of identifying with the calmness, power, wisdom, and goodness of an idealized self-object. For example, a child falls and hurts his knee. His mother's soothing, calming response to the experience helps to calm him down. He experiences the soothing function she provides and is able to use it for himself. Later he will internalize the soothing and calming quality and be able to perform this self-object function for himself. This pole is the center for the basic idealized goals. An intermediate area of basic talents and skills is activated by a <u>tension-arc</u> that establishes itself between the poles of ambitions and ideals.

> The patterns of ambitions, skills and goals; the tensions between them; the program of action that they create; and the activities that strive toward realization of this program are all experienced as continuous in space and time -- they are the self: an independent center of initiative, an independent recipient of impressions (Kohut & Wolf, 1978, p. 414).

At the time when an individual's self first comes into being as a unique, specific, and cohesive structure, the whole configuration of poles and tension arc beginning to be laid down is the core of this <u>nuclear self</u>. Infancy is a period of the establishment of the nuclear self. This unique core configuration gives the self an idiosyncratic

and specific direction that in its lifelong unfolding can be called a <u>life plan</u> for the self.

A challenge comes to the nuclear self as a woman begins to incorporate and accommodate the experiences of working and of giving care to an infant. One of the main tenets of this study is to look at the possible dissonance between the woman's plans for working or staying home and her preferences regarding working or staying home. Her perception of her self based upon the internal desires comes into play with the external situation that she is called upon to accommodate. Does she experience dissonance or harmonious integration of the two?

This concept of dissonance or tension can be superimposed upon Kohut's tension arc. One pole would represent her plans and one would represent her desires or preferences regarding working. In this case the dynamic tension between the two positions energizes the working/non-working issue for a new mother. Her nuclear self responds to the external situation and creates an evolved self acting upon the plan of action she chooses.

This is a rather concise overview of the developmental concepts of self psychology. "Self-object experience" is a pivotal concept in understanding the premise of this study because the mother's investment in working and/or mothering is considered a self-object experience for her. It provides the function of fulfilling needs that when satisfactorily

fulfilled create the cohesive self. It may be helpful to describe further the nature of the concept of self-object.

The Self-object

The self-object function is performed frequently by a person, but it is important to remember that the self-object is neither the self nor the person. Rather it is the function provided by the internalized object that the self cannot perform for itself. There is a subjective aspect or feeling associated with the self-object function. As such, the self-object relationship refers to an intrapsychic experience and does not describe the interpersonal relationship between the self and other people. To be sure, most of the earliest self-object experiences are experiences brought about by persons; that is, they are brought about mainly by the earliest caregivers. Thus, it has become convenient to talk about objects having self-object functions, and it would be awkward to constantly remind the listener or reader that one really means the experiences evoked by these objects. In brief, the theory of psychoanalytic self psychology postulates that a "self" comes into being and stays whole in consequence of that person having sustaining self-object experiences. The self cannot exist as a cohesive structure -- that is, cannot generate an experience of well-being -- unless the person experiences herself consciously or unconsciously as surrounded by the responsiveness of others.

What types of things do we need from these experiences for cohesiveness and well-being? A key component is the concept of empathy. Through empathic interactions needs are met in such a way as to promote growth for both the empathizer and the receiver of the empathic response. These needs vary with age and development. A neonate needs self-evoking experiences with a real-life person who, by providing certain attuned responses, functions as a self-object for that neonate. An adolescent needs a self-sustaining experience with real people or with symbols, such as provided by the adolescent subculture in the form of speech, clothes, music, idols, and so forth. The meanings of these things to the adolescent function as self-object experiences for that particular adolescent. An adult needs a self-sustaining experience with real objects or with symbols, such as those provided by art, literature, music, religion, and ideas. These function as self-objects for that particular adult (Wolf, 1988). Both conscious and unconscious processes help each adult chooses for herself the specific experiences, relationships, and involvements that will meet her self-object needs.

Early developmental levels are characterized by the need for the nurturing provided during the physical presence of caregiving others. In more mature levels of development, the needs for self-object responsiveness are often highly

complex and can be met by symbolic representatives supplied by and characteristic of the general culture.

A self-object experience has both intrapsychic and interpersonal components. When functioning appropriately, the presence of the person who acts as a self-object evokes and maintains the self and its concomitant sense of selfhood. This is an intrapsychic event that is subjectively experienced. Self-object experiences are events in an interpersonal context. The interpersonal relations between persons may give rise to self-object experiences. One may then guess at the self-object experiences that accompany certain relations between persons.

The mother's intellectual, physical, and social experience of being in the mother-infant dyad with the baby can become a self-object experience for her. The relationship itself is not the self-object function. It is the experience of the relationship that provides the self-object functions. A mother may seek the self-object experience of providing a nurturing and empathic response to an infant. She needs not only the presence of the infant but the interplay with that infant in order to experience the opportunity for the empathic interaction. Without the interplay those self-object needs go unmet or will be directed in some other manner to seek fulfillment.

It is affect that gives meaning or a sense of purpose to our thoughts and behavior (Basch, 1988). Affect is a feeling or emotion as distinguished from a thought or action. An affective response is the feeling associated with an experience. Affect colors and enriches our experiences and provides feedback to the self. It does this by communicating with the self about the meaning and the quality of the experience, as well as the quality of the relationship of the self to an other. At the same time, the subject is telling us something about her experience of herself (Schwaber 1979). It is via this affective response that the self knows whether the self-object experience favors structural cohesion and energetic vigor or whether it was an unsatisfactory experience facilitating fragmentation and emptiness of the self. An experience that favored cohesion or the strengthening of the self is one that feels positive or conducive to what the self perceives as reinforcing and "right." There is a feeling of satisfaction. A need is met, and the self can move forward to pursue other needs and desires. A negative affective response would result when the experience left the self feeling depleted, wanting, unsuccessful, and possibly frustrated. A mother might experience this negative affect when she is unable to comfort a crying infant and unsure of the reason for the infant's distress. It makes the mother question her effectiveness and reduces her self-esteem.

Affective Responses

It is affect that gives meaning or a sense of purpose to our thoughts and behavior (Basch, 1988). Affect is a feeling or emotion as distinguished from a thought or action. An affective response is the feeling associated with an experience. Affect colors and enriches our experiences and provides feedback to the self. It does this by communicating with the self about the meaning and the quality of the experience, as well as the quality of the relationship of the self to an other. At the same time, the subject is telling us something about her experience of herself (Schwaber 1979). It is via this affective response that the self knows whether the self-object experience favors structural cohesion and energetic vigor or whether it was an unsatisfactory experience facilitating fragmentation and emptiness of the self. An experience that favored cohesion or the strengthening of the self is one that feels positive or conducive to what the self perceives as reinforcing and "right." There is a feeling of satisfaction. A need is met, and the self can move forward to pursue other needs and desires. A negative affective response would result when the experience left the self feeling depleted, wanting, unsuccessful, and possibly frustrated. A mother might experience this negative affect when she is unable to comfort a crying infant and unsure of the reason for the infant's distress. It makes the mother

question her effectiveness and reduces her self-esteem.

Fragmentation means a regression of the self toward lessened cohesion, more permeable boundaries, and diminished energy and vitality. It disturbs the integrity of the self. The person who regresses from a state of cohesion to one of partial or total loss of structure experiences this as a loss of self-esteem, or as a feeling of emptiness, depression, worthlessness, or anxiety. It is possible, then, that a woman may experience various levels of negative affective responses if her plans and preferences regarding work and caregiving are not in harmony. The extreme of this experience would be fragmentation. The research question in this study which asks whether feelings of well-being differ between those women whose preferences and plans are congruent and those women whose preferences and plans are not congruent addresses this possibility.

Anxiety does not have to cause disintegration. It can serve a useful purpose insofar as it signals the presence of an unresolved issue and brings one's cognitive resources to bear on this threat to inner order. Anxiety is a communication to the self-system to mobilize its available resources to cope with some stress. If the stress is resolved in a self-satisfactory manner, then the result is energy and a thrust forward on a plan of action. However, the failure of that resolution may result in depression, which is a general protective mechanism available to a self-

system that is unable to restore order. Depression indicates that the self has had to retreat to a lower level of functioning in the face of its inability to meet higher goals.

In summary, through the affective responses, individuals can be energized to continue to pursue their goals and life experiences, or they can become fragmented in their energy output and direction and reap less benefit from their pursuits. Positive affective responses reinforce the self and provide increased confidence to move forward. An individual becomes fragmented in her energy output when some of the forward thrusting momentum must be diverted to protect the self and find alternative ways of meeting thwarted needs. It is part of every individual's experience. The redirection in itself is not necessarily bad as it can lead to an altered and possibly better path. It does, momentarily at least, deplete and divert the self.

Self-Cohesion

Kohut offers a unique view of how the "self" develops as an integrating, self-motivating force. The self aims to fulfill an evolving, future-oriented program. Kohut views the individual as acting out of the inherent goals of its self, which is perceived as an "independent center of initiative."

Once the self has crystallized in the interplay of inherited and environmental factors, it aims

towards the realization of its own specific programme of action -- a programme that is determined by the specific intrinsic pattern of its constituent ambitions, goals, skills, talents and by the tensions that arise between these constituents. The patterns of ambition, skills and goals; the tensions between them; the programme of action that they create; and the activities that strive towards the realization of this programme are all experienced as continuous in space and in time -- they are the self, an independent center of initiative, an independent recipient of impressions (Kohut & Wolf, 1978, p. 414).

Basch (1979) refines Kohut's definition to describe the self as a "form of symbolic abstraction" of the developmental process, or "the symbolic transformation of experience into overall, goal-oriented construct." Gedo (1979) sees self-organization as a cohesive structuring of goals and values into potentials for action. These definitions lend themselves to the life plan theory set forth earlier, with its focus upon the direction of growth.

Rapaport (1967) has a different point of view. She speaks not of the self but of self-image. Self-image is described as referring to the way a person feels about, thinks about, and portrays herself today. She used the

phrase, "projective hypothesis." In all segments of her behavior, the person is expressing some aspect of her inner self-image. There is usually detectable over time a consistent motif or theme that more or less characterizes the core aspects of the person's sense of her self, a set of qualities or characteristics that often have surprising consistency and coherence.

One of the important dimensions of the functioning of the self is it's continuous definition and expression in interaction with objects. A woman simultaneously experiences and expresses a central view, an attitude, and set of feelings about herself as a woman. The particular interpersonal (object) relations or experiences that assume major significance in expressing the functioning and characteristics of her self are those of the greatest emotional importance to her. The more intense and meaningful these relationships are, the more effectively they represent aspects of her self-image. Therefore, a woman will choose to be in relationships with people who mean a lot to her. The more the relationships with these people meet her needs, the more important the relationships become to her. This is also true of a career choice. The resonance of the relationship or the career helps define who she is as a person.

Is the main motivation for the choices we make to pursue a life plan that leads one to fulfill certain self-

object needs? Or is it that the self exists and the nature of that nuclear self will resonate with those events and experiences that enhance, enrich it, and confirm it? It is only in viewing the self over time that we can see a pattern.

The life plan is a helpful concept for this study because it speaks to the developmental trends and directional channeling of the self consistent with its uniqueness but in interplay with its environment. In terms of women as mothers and workers, it speaks more to the goal-directed side of the question. However, Rapaport's theory eloquently affirms the here and now interaction of the external realities with the woman's idealized vision of who she is and what is meaningful to her. Her preferences regarding behavior, work, and caregiving involve this dynamic interplay of who she feels she is and what she chooses to do. Rapaport quantifies the effectiveness of the woman's attempts at cohesion and well-being by the degree to which there is a good match in experience and emotional importance to her which leads to a more effective true self.

Empathy

Buie (1981) has studied empathy in therapists and offers a theory of empathy that is somewhat revised from previous theories. Though much of his theory does not apply to maternal empathy, the following ideas contribute to our understanding of the empathic process. Buie believes that

empathy is a capacity which evolves with neuropsychological maturation and interpersonal interactions in the course of individual development. It depends on sensory perception of behavioral cues from the object about the object's inner state. The empathizer compares these cues with referents in his own mind and then infers that the inner experience of the object qualitatively matches that associated with the empathizer's referent. The problem with this is that the inferential process is inherently uncertain. The referents in the mind of the empathizer may be inadequate in some way.

Like Buie, Davis (1980) has explored the components of empathy. Four factors of empathy were identified by Davis in his development of an empathy measure. The factors are fantasy, perspective-taking, empathic concern, and personal distress. Fantasy was described as a tendency of the person to identify strongly with characters in books, movies, or plays. There is much evidence for the concept of identification as an important aspect of empathy. Freud (1921), Furer (1967), Greenson, (1967) Bachrach (1976), and Fliess (1942) all speak of identification in one form or another with another person. Fenichel (1926) spoke of "narcissistic identification."

The second factor is perspective-taking. As with fantasy, this is viewed as a cognitive factor of empathy. Perspective-taking reflects a tendency or ability of the

empathizer to adopt the perspective, or point of view, of another person.

The next two factors are more affective in nature. Empathic concern is the tendency to experience feelings of warmth, compassion, and concern for others undergoing a negative experience. Personal distress, on the other hand, occurs when the empathizer experiences feelings of discomfort and anxiety when witnessing the negative experience of another. Furer (1967) attributes this to a superego function. Buie refers to this as object-centered empathy. There must be available an inner world of object and self-representations. When a self- or object-representation is located as a referent that "fits the observed cues, it becomes a resource for understanding the nature of the other person's inner experience" (Buie, 1980, p. 289). Though Kohut did not discuss the various components of empathy he did identify it as important in counteracting man's destructiveness against his fellow man (1978).

Generally, according to self psychology theory, if you are in a state of integrated well-being (or self cohesion), then you are able to participate in an empathic relationship with another person. The experience of empathy or empathic understanding is necessary for optimal development (Grayer, 1981, p 126). A well-developed adult would possess the capacity for empathy. Indeed, in order to be a good parent

you must have the capacity for empathy. Empathy is one of
the most important factors in good parenting.

In the review of the literature, there is a more
extensive exploration of empathy. It is important here to
note the link between empathy and self-object experiences.
One of the questions to explore is whether a mother who
experiences greater maternal empathy, and therefore a
greater subjective experience, would gain more fulfillment
in her role than a mother who feels less maternal empathy.
The relationship experience holds more meaning for the first
mother. If she cannot be in that role (experience) to the
extent she feels she wants to be, will she then experience
more discontent and a diminished self-fulfillment? Isn't it
possible that the mother with less maternal empathy does not
miss what she does not feel she needs? Her personal
fulfillment may come from other areas of her life.

Chapter Summary

This chapter reviews the concepts of self psychology
pertinent to this study. There were three major areas
discussed. The first of these was Wolf's idea of a life
plan that evolves with the individual over time and is
consistent with her self-object needs. That life plan
includes not only her internal desires but her plan for
balancing internal desires with external demands. The
second area of review was an overview of the theoretical
concepts of self-object, affective responses, and self-

cohesion. This cohesive self is the result of the interplay between aspects of the self during development. The third area of discussion was the capacity for empathy as an important aspect of a mature cohesive self.

CHAPTER IV

METHODOLOGY

The first part of this chapter describes the study
design, the sample criteria, and the sample recruitment
procedure. The next section describes the operational
definitions of the variables and the instruments used in the
questionnaires. After a description of human subjects
protection procedure, an overview of the data analysis
concludes the chapter.

Design of The Study

This study used a comparison group design with
correlational study elements for some questions. The
overall purpose was to determine what relationship existed
between maternal empathy and a woman's satisfaction with
choices regarding working or not working after the birth of
her first child. For the purpose of making comparisons,
respondents were divided into two comparison groups based
upon their responses to questions regarding their plans
about returning to work. The groups were categorized as
"congruent" or "noncongruent." Congruent subjects were
those who preferred one course of action regarding working
or staying home and who intended to follow that course of
action. Noncongruent subjects were those who preferred one
course but were choosing another. For example, a mother who
wanted to stay home with her infant and was able to do so
would be grouped in the "congruent" category. A mother who
wanted to stay home but chose to go to work instead was

termed "noncongruent." Satisfaction with choices regarding work was related to the congruence of her decision and her feeling of well-being.

A self-administered pencil and paper survey design was chosen to facilitate gaining a substantial number of participants for the study. An observational design or personal interview design may have been preferable but was not feasible given the resources of the researcher. To do an observational study, each mother-infant dyad would need to be interviewed, observed, and possibly videotaped in a controlled setting. Additional researchers would need to be involved in verifying observations of the behaviors between mother and infant. It was decided to select questionnaires that might assess some of the same information. In addition, the object of the survey was to explore the mother's perception of how she feels, as well as her empathy traits. Observational measures alone would not generate that introspective information.

Sample Selection

The subjects in this study were new mothers who had given birth to their first child during 1990 or 1991. They lived in the greater Seattle, Washington area. Sample criteria required that the mother be married or living with someone and have no other children. Data were collected from each mother when her baby was between one month and six months of age. A total of 156 surveys were distributed to

the leaders of several mother's groups and to individual mothers referred from various sources for participation in the study. There were a total of 53 respondents, of whom 48 met the study criteria.

The following organizations provided the majority of the study's respondents:

    a) reunion mothers in childbirth education classes after the birth of their child;

    b) mothers in parent education and support groups;

    c) mother's clubs and baby sitting co-op groups;

    d) adoption placement social workers.

The researcher met with the group leaders to explain the nature of the research and the criteria for participation. The leaders then took the questionnaires to their meetings and invited any who wanted to do so to participate. The mothers completed the questionnaires at home and then mailed them to the researcher in the envelopes provided.

Adoption social workers were contacted by telephone to see if they might have some clients who would be willing to participate. One social worker requested 12 questionnaires for her post-placement clients. The questionnaires were mailed to the social worker, who then distributed them. Six of these adoptive mothers returned the surveys. These mothers met all sample criteria.

Procedure for Data Collection

A self administered questionnaire was developed for this study to gather demographic information about each respondent and her family. The information sought included marital status, age, age of infant, race, family income, employment information and history, and plans regarding employment and child care. Scales measuring empathy, commitment to work, commitment to mothering, and commitment to exclusive maternal care, as well as a profile of mood states, completed the questionnaire.

Mothers were given a letter with the questionnaire packet inviting them to participate and informing them of the nature of the study (See Appendix A). The letter stated that returning the completed questionnaires indicated their willingness to participate. All responses were anonymous; however, respondents were offered an opportunity to volunteer to be interviewed later on the same issues. Volunteers could send in the letter stating their willingness to do this in a separate envelope. When this was the case, some returned the interview-interest form in the same envelope as the finished questionnaire. Questionnaires were stored separately from the interest forms to maintain anonymity. Of the total number of respondents, 39 volunteered to be interviewed at a later date. Due to time limitations no mothers were interviewed for this research project.

To fulfill sample criteria, the cover letter stressed that the questionnaires were to be answered prior to the infant's six-month birthday. To verify this, within the information questionnaire, the baby's date of birth was requested and later in the questionnaire the baby's age at the time the mother returned to work or planned to return to work. Also within the total questionnaire packet there was an opportunity to date the questionnaires with the date it was filled out. Not all respondents filled in the date.

Measures

This section describes the principal variables explored in this study and instruments used to measure them. The variable of maternal empathy is presented first, followed by commitment to mothering, commitment to work, and sense of well-being. Copies of the instruments can be found in Appendix B.

The Measurement of Empathy

Maternal empathy was conceptually defined as the mother's ability to perceive the needs and cues of her infant, to monitor those cues, to interpret them accurately, and to respond to them in an appropriate and timely manner. Empathy involves an ability to see oneself in another person. For this study, maternal empathy was operationally defined as the mother's report of her cognitive and emotional responses to the items on the four subscales of the Davis Empathy Scale (Davis, 1980).

The Empathy Subscales provide a multidimensional approach to individual differences in empathy. It was renamed "My Feelings and Reactions" in the survey. The test is composed of 28 items (four 7-item subscales) in a Likert format. Response choices ranged from "Does not describe me well" to " Describes me very well," (scored 0 to 5). Each subscale taps a separate aspect of the global concept of empathy. These subscales are as follows: the Perspective-Taking Scale, the Empathic Concern Scale, the Personal Distress Scale, and the Fantasy Scale.

One difficulty discovered in the attempt to find a suitable empathy measure was that most measures for maternal empathy are observational measures of mother and infant. Use of these observational measures of maternal empathy (Graham, 1986; Kropp & Haynes, 1987) was not feasible given the resources available for this study.

Although the Davis scale measures general adult empathy as opposed to maternal empathy, it had been used by Graham (1986) in her study of the individual differences in parental sensitivity to infant cues. Since Graham was able to show a moderate correlation (r = .65, p <.001) between the observational measure of parental sensitivity and the Davis Empathy Scale, the Davis Empathy Scale was determined to be useful as a measure of maternal empathy for the purposes of this study.

In addition the identification of four factors of empathy within the Scale was viewed as beneficial to this study because these factors might help delineate more specifically the nature of the relationship between maternal empathy, commitment to mothering, and commitment to working.

The Measure of Commitment to Mothering

Commitment to mothering was defined as the centrality of parenting to the self, the importance of parenting in relation to other activities, and aspirations to perform well as a parent. Operationally, commitment to mothering was defined by the score on The Parental Commitment Scale developed by Greenberger, Payne, and Goldberg (1989). This scale (renamed "About Being a Mother" for this study) is a 17-item scale in Likert format (six response options from "Agree very Strongly" to "Disagree Very Strongly"). The content was analogous to that of the Work Commitment scale also being used in this study.

Some minor modifications were made on the Parental Commitment Scale. Unlike the Greenberger study, this study does not include fathers, so references to "parenting" were changed to "mothering". In question #9, the statement was changed to be more age appropriate for the mother of a baby instead of a preschooler. The statement, "I ask my child for a lot of details about what he or she did during the day," was changed to, "I ask my child's caregiver for a lot of details about what my child did during the day."

The Exclusive Maternal Care scale developed by Hock, Gnezda, and McBride (1984) was also used to collect added information about the sample but was not used in the analysis. This scale did not offer definitive information on commitment to mothering or commitment to working.

The Measurement of Commitment to Working

Work commitment was defined as the centrality of work to the self, the importance of work relative to other activities, and the level of career aspiration -- dimensions similar to those suggested by Safilios-Rothschild (1971). Commitment to work was operationalized by the Greenberger Work Commitment scale (1989). It was renamed "You and Your Work" for this study. It is a 17-item Likert-type format with responses ranging from "Strongly Disagree" to "Strongly Agree."

The Measurement of Sense of Well-being

The general sense of well-being was measured by the Profile of Mood States (POMS). This measure identified six mood or affective states: Tension-Anxiety; Depression-Dejection; Anger-Hostility; Vigor-Activity; Fatigue-Inertia; and Confusion-Bewilderment, which combined in a total score provide an overall measure of well-being. This is a 65-item, 5-point adjective rating scale developed by McNair, Lorr, and Droppleman (1971) and is based upon the reported feelings of the subject during a one-week period.

Test-retest reliabilities ranged from .61 to .69 (EDITS Manual, 1981).

Human Subjects Protection

Mothers in this study were asked to respond to a series of questionnaires which could be completed privately in their own homes. The responses were anonymous unless the mother used the same questionnaire response envelope to mail back a request for a summary of the study findings that included her name, address, and the phone number.

The possible anticipated risk to the mother was an increased awareness of her feelings regarding mothering and working. The heightened affective state may in turn have had some effect upon how she related to her infant, to her other family members and friends, or to her employment situation. It may also have affected how she felt about herself. Though the effect could have been positive or negative, it was likely that the effect was positive for the mother and those with whom she interacted. To assure the well-being of those who may have had a negative response to the study process, the researcher offered each respondent an opportunity to discuss any reactions or thoughts they may have experienced after completion of the study questionnaire. The investigator for this study was a trained and licensed clinical social worker who was experienced in working with individuals in treatment settings. Had the issue been inappropriate for the

investigator to handle, the participant would have been referred to a suitable resource. No respondents indicated having adverse reactions to the questionnaires and none requested help from the researcher.

Plan for Data Analysis

The raw data were entered from the questionnaires into a statistical program for the personal computer. The computations were carried out using The Student Edition of MINITAB Statistical Software (Schaefer & Anderson, 1989).

To describe the sample, frequency distributions were computed for the demographic data. Measures of central tendency were used to describe the total subject population and then to describe each subgroup. Subgroups reflecting congruency and noncongruency of preferences and intentions (plans) regarding work were then compared with regard to demographic characteristics. T-tests were used to determine if the congruent and noncongruent groups differed with respect to maternal empathy. T-tests were also used to determine if congruent and noncongruent groups differed with regard to feelings of well-being. Relationships between variables such as maternal empathy and commitment to mothering, or the relationship between maternal empathy and the commitment to working, were examined using Pearson's product moment correlation. The results of the t-tests and correlational analysis will be explained more fully in the Findings Chapter of this paper.

CHAPTER V

RESULTS OF THE STUDY

Characteristics of the Sample

The subjects responding to the questionnaire lived in the greater Seattle, Washington area. Of the 156 questionnaires distributed, 52 (33%) were returned. Three of these respondents did not meet the study criteria and were not included in the data analysis. One family had only a single parent. In the second family, the child was 14 months of age and therefore beyond the age criteria of the study. The third respondent had two children. The answers on some of the questionnaires of a fourth respondent to the survey questions were well outside the range of all other respondents. This may be explained by her age. She was 45 years old and the only mother in the group who was 43 years of age or older. The total number of subjects included in the final sample is 48.

As stipulated in the sample criteria, all of the women were married, first-time mothers with infants between the ages of one and six months. Most of the mothers were Caucasian (95.9%) and most had worked prior to the birth of the baby (95.9%). The age distribution of the mothers is reflected in Table 1. Most (72.9%) were between the ages of 26 and 35.

Table 1

Age Distribution of Mothers

Age	Number	Percentage
18 - 25 years	2	4.2
26 - 35	35	72.9
36 -42	11	22.9
Total	N = 48	100.0

Most of the mothers (79%) were college-educated women. Education levels ranged from some high school to degrees in medicine and law. The largest percentage (50%) had a B.A. or B.S. degree. Twenty-nine percent had graduate-level education. The education levels are consistent with a middle-class subject population. Table 2 shows the educational background of the subjects.

Table 2

Education Levels of Mothers

Highest Level	Number	Percentage
High School Graduate	1	2.1
Post High School	5	10.4
Two-Year College Degree	4	8.4
B.A./B.S. Degree	24	50.0
M.A./M.S. Degree	10	20.8
Ph.D., M.D., J.D.,D.D.S.	4	8.3
Total	$\underline{N}$ = 48	100.0

Work Status

Seventy-seven percent of the mothers had not yet returned to work at the time of the study. Of the 23% who had returned to work, half were part-time and half were full-time. When the women were asked about their plans or intentions for work during the first year of their baby's life, 54.2% of the mothers expressed an intention to work part-time within the first year of their child's life, while 22.9% intended to return to work full-time. The remaining 22.9% intended to stay at home and not work.

In the questionnaire, the mothers were asked what their occupations were prior to the baby's birth or what

occupation they would pursue if they were employed. Table 3 indicates that 35.4% of the women had a professional specialty such as medicine or teaching as an occupation or goal. Further, 22.9% were in administrative or clerical support fields. Two of the women had not worked previously.

Family Characteristics

The majority of the fathers in the study families had professional specialties or technical and related occupations such as computer specialists or engineers. See Table 3.

There were 25 male and 23 female babies in the study. The babies were from one to six months of age. Six of the newborns were adopted at birth by the responding mothers and their husbands. This subgroup of adoptive mothers did not differ significantly from the total subject population with regard to education, income, and other demographic characteristics, nor did they differ in results in the data analysis.

Table 3

Occupations Of Mothers and Fathers

Occupation	Mother		Father	
	Number	Percent	Number	Percent
Executive, Mang.	0	0	3	6.3
Profession Specialty	17	35.4	12	25.0
Technical & Related	9	18.8	17	35.3
Sales	4	8.3	3	6.3
Adm. & Clerical	11	22.9	4	8.3
Service	4	8.3	3	6.3
Farming, Forestry	0	0	2	4.1
Precision Prod.,				
Crafts, Repairs	2	4.2	3	6.3
Operators, Laborers,				
Fabricators	1	2.1	1	2.1
Total	$\underline{N}$ = 48	100.0	$\underline{N}$ = 48	100.0

Study Subgroups

When addressing the main research questions, the mothers were divided into two groups based upon the congruence of their preferences to work or stay home and their actual plans regarding returning to work during the first year of their baby's life. Congruence was defined as agreement between the mother's preference and her plans. Her preference was measured by the responses to two questions in the survey. Question number 9 in the "Self Fulfillment" section which asked about what the mother would feel most comfortable doing. Question number 29 in the "Family Information" section asked what would the mother do if she could do what she really wants to do regarding working or staying home. These two questions helped to define what the mother preferred to do about the decision to work during her baby's first year regardless of practical needs or the reality of her situation. Both questions were used to determine her preference. Five subjects had some discrepancy in their answers to the two questions. In those cases, written comments by the subject were used to resolve the discrepancy. Of the total population of 48 respondents, 27 preferred to stay at home with their infant, while 21 preferred to work part-time. None of the respondents desired full-time work.

The reality of what respondents planned to do was measured by their response to questions that asked what

decisions they had made regarding their return to work. By the time the mothers filled out the forms, they would have had an opportunity to think about decisions in this regard. The two questionnaire items that addressed this issue were questions #14 and #19 in the "Family Information" section. Question #14 was an open-ended question: "At this time, what plans do you have regarding going to work or staying home with your baby during the baby's first year?" Question #19 asked: "Do you intend to return to work within the coming year?" Response choices were "No," "Yes, full time," or "Yes, part time." These questions addressed the respondent's plans to return to work in the first year of her baby's life and whether it would be part-time or full-time work. In the total sample, 9 respondents expressed an intention to stay at home with their baby, 28 respondents intended to work part-time, and 11 intended to work full-time.

The figures just given refer to the total sample. However, for purposes of data analysis this sample was divided into two groups based upon the agreement or congruence of their desires regarding work and their expressed intentions regarding work.

The first subgroup was the congruent group. The congruent group of mothers consisted of 24 mothers who had indicated that they planned to do what they preferred to do regarding caregiving and working; that is, if they

preferred to stay home full-time they felt they would be able to do so (9 mothers). If they wanted to work part-time and to be home as caregiver part-time, they were planning to do that (15 mothers). These mothers were therefore grouped by the congruence between their desires regarding employment and their intentions regarding the employment decision. Twenty-four mothers were in this congruent group. None of the mothers in the study indicated a desire and an intention to work full-time.

The non-congruent group consisted of 24 subjects who were divided into three subgroups. The non-congruent subgroups were those who preferred to stay at home but planned to work part-time (13 mothers), those who preferred to stay at home but planned to work-full time (5 mothers), and those who preferred to work part-time but planned to work full-time (6 mothers). Table 4 shows the distribution into the two main groups and the subgroups.

The demographic characteristics of the two main groups were essentially the same, with the exception of education levels. The congruent group of mothers had almost twice as many mothers with masters degrees and/or Ph.D graduate work as the non-congruent group of mothers (37.5% congruent; 20% non-congruent). It is possible that more education gives the mothers increased financial freedom to choose part-time work or to stay at home. A second possibility is that with

increased education comes increased self-awareness and willingness to act upon personal desires.

Table 4

Number of Subjects in Subgroups Based Upon Congruence Between Desire to Work and Actual Work Plans (N = 48)

Congruent Group

N

     Prefer Home.........Will Stay Home (Home-Home)

9

     Prefer Part-time....Will work Part-time (PT-PT)

15

     Total

24

Non-congruent Group

     Prefer Home........Will Work Part-Time (Home-PT)

13

     Prefer Home........Will Work Full-Time (Home-FT)

5

     Prefer Part-Time.....Will Work Full-Time (PT-FT)

6

     Total

24

Findings Related to Research Questions

Each question is presented below in terms of the methods used to address the question and the results of the data collected and analyzed.

Research Question 1. <u>Does maternal empathy differ between those women whose preferences and intentions regarding work are congruent and those women whose preferences and intentions regarding work are not congruent?</u>

Maternal empathy was operationalized as the score on the Davis Empathy Subscales (Davis, 1980). Congruence or non-congruence between the desire and the actual intention regarding work was determined by the mother's answers to questions regarding her work plans.

This question was evaluated by using a t-test, based on the pooled variance estimate, to determine if the distribution of scores of the congruent group of mothers and noncongruent group of mothers were significantly different. Table 5 shows the comparison of maternal empathy means between congruent and noncongruent groups. No statistically significant difference between congruent and non-congruent groups with respect to maternal empathy was observed (t = -.37, p = .71, df = 43).

Table 5

T-Tests for Total Empathy Scores Between Congruent and

Noncongruent Groups

	M	SD	t	p
Congruent Group	75.4	7.82	-.37	.71
Noncongruent Group	76.3	9.87		

Research Question 2. What is the relationship between

maternal empathy and the commitment to mothering?

Operationally, this question is stated as follows:

What is the relationship between the score on the Davis

Empathy Scale and the score on the Mothering Commitment

Scale (Parental Commitment Scale). This question was

addressed by a correlational analysis, using Pearson's

product moment correlation, of the maternal empathy score

and the maternal commitment score. The mean score for the

total group on maternal empathy was 75.8 with a standard

deviation of 8.8. The mean score for the total group on

commitment to mothering was 77.8 with a standard deviation

of 9.2. The correlation between maternal empathy and the

commitment to mothering was significant at the .05 level (N

= 48, r = .35, p < .05). For the whole sample there was a

weak to moderate positive association between maternal empathy and commitment to mothering. Table 6 shows the r values for the total group and the subgroups.

Table 6

Correlation Between Maternal Empathy and Commitment to Mothering by Subgroups

Subject Group	N	r	p
Congruent Group	24	.46	.05
Non-congruent Group	24	.29	NS
Total	48	.35	.05

Research Question 3. What is the relationship between maternal empathy and the mother's commitment to working?

This question was also addressed by a correlational analysis. The scores from the Work Commitment Scale were compared with the empathy scores. The mean score for the total group on commitment to working was 61.0 with a standard deviation of 14.0. The r value was not statistically significant for the total population (N = 48, r = .154). A significant correlation between maternal

empathy and commitment to work was not evident in the total

sample. Table 7 shows the r values for the total group and

the subgroups.

Table 7

Correlation Between Maternal Empathy and Commitment to

Working

Groups	N	r	Significance
Congruent Group	24	.15	NS
Noncongruent Group	24	.17	NS
Total	48	.15	NS

Research Question 4. Do feelings of well-being differ in

those women whose preferences and intentions are congruent

from those women whose preferences and intentions are not

congruent?

For purposes of this study the score from the Profile

of Mood States (POMS) (McNair, Lorr & Droppleman, 1971) was

a measure of feeling of well-being. A t-test was performed

to compare the mean scores on the POMS for the congruent and

noncongruent subgroups. The t value was not statistically

significant indicating no difference between the two

subgroups with respect to well-being (t = -.13, p = .90, df =

42). Table 8 shows the t values for mean scores on the POMS.

Table 8

T-Tests For POMS Scores Between Congruent and Noncongruent Groups

	M	SD	t	p
Congruent Group	22.4	18.2	-.13	.90
Noncongruent Group	21.6	24.2		

In summary, the findings related to the four research questions are as follows. The study found no significant differences with respect to maternal empathy between the congruent and noncongruent groups. There was a weak to moderate positive association between maternal empathy and commitment to mothering. There was no significant association between maternal empathy and commitment to work. The study found no significant group differences between the congruent and noncongruent groups with respect to a positive sense of well-being.

Additional Findings Related to Subscales

To explore the nature of maternal empathy in more depth, the researcher decided to look at each of the four

subscales of the maternal empathy measure. These areas were explored to see if some aspect of maternal empathy -- encompassed by the subscales of fantasy, personal distress, perspective taking, or empathic concern -- would show a significant relationship with the other variables. These subscales were examined as they relate to the study variables of congruence of preference and intentions regarding work, commitment to mothering, and commitment to work using the same statistical tests performed in the data analysis for the overall maternal empathy score.

Subscale Research Question 1: What are the differences between those women whose preferences and intentions are congruent and those women whose preferences and intentions are not congruent with respect to the components of maternal empathy (fantasy, personal distress, perspective-taking and empathic concern)?

The components of maternal empathy were operationalized by the scores on the subscales of the Davis Empathy Scales. This question was evaluated by using a $\underline{t}$-test based on the pooled variance estimate to determine if the distribution of scores of the congruent group of mothers and noncongruent group of mothers were significantly different. Table 9 shows the results. There were no differences between the congruent and noncongruent groups with respect to any of the subscales.

Table 9

T-tests For Empathy Subscales Between Congruent and

Noncongruent Groups of Mothers

Empathy Subscale	M	SD	t	p	df
Fantasy - cong.	17.7	4.5	-1.13	0.26	44
Fantasy - noncong.	19.1	3.9			
Concern - cong.	19.7	2.2	-1.00	0.32	44
Concern - noncong.	20.4	2.7			
Perspective - cong.	21.9	3.2	1.07	0.29	44
Perspective - noncong.	21.0	2.7			
Distress - cong.	16.0	4.7	0.16	0.87	45
Distress - noncong.	15.8	4.3			

Subscale Research Question 2: What is the relationship between the components of maternal empathy and commitment to mothering?

Stated operationally, this question is: What is the relationship between the scores on the Davis Empathy Subscales and the score on the Commitment to Mothering Instrument. This question was addressed by a correlational analysis, using Pearson's product moment correlations.

Table 10

Correlation Between Maternal Empathy Subscales and

Commitment to Mothering

Subscales	$\underline{N}$	$\underline{r}$	$\underline{p}$
Fantasy	48	.26	NS
Empathic Concern	48	-.02	NS
Perspective-Taking	48	.49	.01
Personal Distress	48	.13	NS

A moderate positive correlation was observed between the

perspective-taking subscale score and commitment to

mothering ($\underline{r}$ = .49, $\underline{p}$ = .01). No other correlations between

subscales and commitment to mothering were statistically

significant. There is a moderate positive association

between the perspective-taking aspect of maternal empathy

and a commitment to mothering.

Subscale Research Question 3: What is the relationship

between the components of maternal empathy and commitment to

working?

There was a significant correlation between the

perspective-taking subscale score and commitment to working

($\underline{r}$ = .36, $\underline{p}$ = .01). No other subscale scores were

significantly related. There is a weak to moderate positive

association between the perspective-taking aspect of

maternal empathy and commitment to working. Table 11 shows

the data results for the correlational analysis.

Table 11

Correlation Between Maternal Empathy Subscales and

Commitment to Working

Subscales	N	r	p
Fantasy	48	.14	NS
Empathic Concern	48	.04	NS
Perspective-Taking	48	.36	.01
Personal Distress	48	-.09	NS

Summary of Subscale Findings

The subscales of maternal empathy -- fantasy, personal

distress, perspective-taking, and empathic concern -- were

compared with three of the main study variables. These

variables are congruence of preference and intention

regarding working, commitment to mothering, and commitment

to working. Based upon the findings, the following results

were obtained. A significant correlation exists between the

perspective-taking aspect of maternal empathy and both

commitment to mothering and commitment to working. The

association between perspective-taking and commitment to

mothering was slightly stronger than the association between

perspective-taking and commitment to working.

In the Discussion chapter this author will explore the theoretical meaning of the findings.

CHAPTER VI

DISCUSSION

In the preceding chapters, the research questions, methodology, and the findings have been presented. This chapter is a discussion of interpretations and meanings of the findings. In addition, clinical implications and areas for continued research are presented.

The area of interest in this study addressed the interplay between a new mother's internal needs and desires and the external influences upon her life. According to social work theory, both social and psychological issues determine human behavior. For women in today's society it is necessary to make difficult decisions and at times compromises that interplay between their mothering and their working commitments.

In the beginning of this paper, the idea was presented that the interplay between desire and reality issues regarding work and the particular emphasis each woman places upon it's influence will determine what she will decide to do. The interplay affects her decision, affects how she will feel about that decision, and affects how she will feel about herself.

Reality issues refer to those circumstances outside the mother that she must take into consideration as she makes plans for her early mothering experience. The issue of whether to work or not while the baby is young is one of the key issues to be addressed. In the literature, many factors

encourage women to return to work after the birth of their infant (Hock, 1980; Nye, 1974; Molm, 1978; et al.). Financial need was the greatest determinate to return to work, followed by health care benefits, job security through maternity leave policies, career identity (in which a woman feels she contributes something valuable and meaningful to her family and to society), beliefs about working mothers, sense of personal power and status, and interaction with other adults who share a mutual interest. For many these factors have a major impact upon the work decision, superceding internal wishes about caregiving.

For this research, two groups of women were studied. In one group are mothers who can choose to stay at home with their infants or to work only part-time because their financial and work needs do not supercede their desire to be with their baby. Mothers in this category were described as "congruent mothers." Other mothers, which were described as "noncongruent," are not as free to choose based upon desire, their financial and work demands require that they work more than they want to. They feel they must return to part-time or full-time positions. The external reality of their financial or work needs seems to have a stronger influence upon the work decision than desire to be with the baby.

The effects of making this work decision are the focus in this study. The research questions grew out of an interest in the mother's sense of personal well-being as she

considers her choices and the possible effects upon the capacity for maternal empathy.

Research Questions

In order to determine if there were important differences between the congruent and noncongruent mothers, the focus was narrowed to four variables. The first explores a new mother's affective response to her situation. How does she feel now that she is faced with the reality of a new baby and with the decision of whether or not she will care for it herself or separate from it on a regular basis to go to work? The second and third variables concern what the woman considers important and central to her sense of self. These are the variables of commitment to mothering and commitment to working. These do not describe whether or not she wants to work or stay home, but rather how important each of those issues are to her sense of self-fulfillment. A woman with a high commitment for working may experience that feeling as a need to work, or likewise, a mother with a high commitment for mothering may experience that feeling as a need to mother. The final variable under consideration was maternal empathy which is an important feature of effective mothering.

Maternal empathy can be viewed as a trait or as a skill one brings to the mothering role. It is a characteristic that mediates the expression of mothering. It is assumed

that the ability to be empathic allows one to provide a nurturing experience for an infant. In self psychology, the capacity for empathy is considered one of the hallmarks of a mature and cohesive individual (Grayer, 1981). As a skill or trait that is used within the mothering interchange, it is something the mother brings to the role of mothering that can enhance the experience for her and for her infant.

The four variables of sense of well-being, commitment to mothering, commitment to working, and maternal empathy were framed into research questions in order to study group differences and relationships between the variables. Specifically, the differences between a woman who experiences a congruent outcome and one who does not was studied. What is the effect of congruency upon her sense of well-being? What is the effect of congruency upon her capacity for maternal empathy? And finally, how does maternal empathy relate to a commitment to mothering and a commitment to working?

Findings Related to The Research Questions

One of the research questions explored whether feelings of well-being differed in those women whose desires and plans were congruent and those women whose desires and plans were not congruent. The literature (Farel, 1980; Hock, 1980; Schubert et al.,1980; Stuckey et al., 1982; Yarrow, Scott, Deleeuw, & Hening, 1962) suggests that mothers who

were not in congruence about their desires and plans for staying home or working would feel less happy and perhaps more anxious than those who were in congruence. The data in this study did not support this premise.

One way to understand this discrepancy is that the women were able to tolerate and accept the disjunction so that it did not affect their overall sense of well-being. Elson's (1988) writings support this concept by maintaining that not only can one have conflicting goals, but one can hold conflicting affective states around these goals. This suggests a woman may tolerate some degree of dissonance in order to meet multiple objectives. People adapt their affective states to the situation they find themselves in. This is usually a sign of a healthy self. In the case of the mothers in this study, they have in some way reframed the meaning of their situation so as to feel good about what they are doing.

This positive sense of well-being may be a reflection of a cohesive self. The theory of psychoanalytic self psychology postulates that the self comes into being and stays whole in consequence of the person's experiencing sustaining self-object experiences. The self cannot exist as a cohesive structure -- that is, cannot generate an experience of well-being -- unless the person experiences herself consciously or unconsciously as surrounded by the responsiveness of others. Further, not only is the

responsiveness of others necessary for a cohesive self-structure, but in the more developed self, so is the congruence of desires and implementation of plans to meet needs and desires. One might think that if a person has a sense of well-being it would be a reflection of a cohesive self, and therefore, the more developed the self is, the more congruent the desires and plans should be. However, this does not always happen. Congruency of desires and implementation of plans may not always have a relationship to a cohesive structure. Perhaps other things come into play that are more powerful determinates. Future researchers may explore what those determinates might be.

Another of the research questions asked if maternal empathy differed between the congruent and the noncongruent group. There were no differences found between the two groups with respect to maternal empathy. This suggests that the self adapts to the situation without a significant effect upon the capacity for maternal empathy. Previous research identified economic factors as paramount in work decisions. This study suggests that even with the economic aspect influencing a mother to go to work when she would rather stay with her infant, maternal empathy for that infant does not suffer. Women who have a choice may still more often chose to be at home, however, everyone in the study expressed a capacity for maternal empathy, regardless of the degree of congruence.

What is the nature of maternal empathy that it would be present for both groups of mothers? There are two ways of conceptualizing maternal empathy. It may be viewed as a trait that is innate. In this case, it will not be appreciably affected by external situations. It is present at a certain level and remains essentially constant whether expressed or not. It would not matter as much whether the mother's desires and reality plans were in congruence. A second way to view maternal empathy is that it is a skill that is learned and increases with practice. This may be true for aspects of maternal empathy such as attunement. Stern (1985) stated that familiarity between the mother and infant increases the effectiveness of interactions that reflect attunements. The mother learns when and how to hold and modify her infant's interactions with her by practice and sensitivity. Those who were with an infant more often would have more opportunities to experience and recognize these cues and signals from the infant. If it is assumed that mothers in a congruent situation may have more of a chance to express and practice this aspect of maternal empathy, then the expectation would be for the data to show a higher level of maternal empathy in the congruent group. Since the data did not show that higher level of maternal empathy, other explanations must be considered.

Maybe maternal empathy needs to be examined differently from general empathy. At issue would be the nature of

empathy as measured by The Davis Empathy Subscales. Even
though the Graham Study (1986) showed the Davis Subscales as
a reliable measure of maternal empathy, it is likely that
this instrument measures general empathy more effectively
than maternal empathy. The data of this study suggests that
while general empathy and maternal empathy share some
aspects in common, maternal empathy is a different and more
specific set of skills or traits that was not tapped
effectively by the Davis Subscales.

The tendency for the data to show that both congruent
and noncongruent mothers had similar levels of empathy may
be viewed as good news. Being given the benefits of an
empathic mother is optimal for the psychological development
of children. The fact that both groups of mothers can offer
maternal empathy suggests that working, in and of itself,
does not harm the mother-infant relationship in terms of
maternal empathy.

A third research question explored the possible
association between maternal empathy and commitment to
working. Commitment to working measured the importance of
working or career identification to the definition of the
self. In a way similar to a full-time mothering role, work
was the framework within which the woman sought to express
who she was by the investment of energy and efforts to meet
self-object needs. Although there was no significant
association between commitment to working and the total

empathy score, there was a weak to moderate positive association between perspective-taking (a subscale factor of empathy) and commitment to working. The cognitive aspects of this factor weigh in favor of this association. An ability to adopt the perspective or point of view of others would be useful in most working situations. Generally, one would expect that some aspects of general empathy would be beneficial in a work situation.

The final research question studied the association between maternal empathy and commitment to mothering. A weak to moderate association was found between maternal empathy and commitment to mothering. What is the nature of the relationship between maternal empathy and the need to mother? In self psychological terms, this need to mother can be said to encompass some self-object experiences the mother seeks for herself. It is not that the infant (as a self-object) provides something for the mother, but the experience of interacting with the infant fulfills a self-object function for the mother. For example, the interaction allows her the opportunity to experience herself as an empathic nurturer.

Being committed to meeting some of her own needs through mothering, a mother can also utilize the capacity for maternal empathy and its various forms of expression and interaction to meet the needs of her child. It is the interplay between the two that can be mutually satisfying.

Maternal empathy's relationship to commitment to mothering, therefore, is an important expression of that commitment.

Limitations of the study

The reader should exercise caution in generalizing these findings to all working mothers. A sample representative of a cross-section of the general public was not sought, in order to examine the variables among women who would be less likely to be influenced by economic necessity. The mothers in this sample were mostly well-educated middle class women who probably have more choices regarding child care and working than a more diversified sample would have. Their likelihood of having choices made them appropriate for this survey. Future research may take these same sets of questions and look at a broader sample of mothers to seek more generalizable results.

Contributions of the Study

One of the purposes of research is to generate new thought. This paper has explored connections between maternal empathy and commitments to mothering and working in a manner not previously addressed. It found that new mothers try to make decisions or find choices for themselves that support the self and personal development. Mothers, in general, have expressed that their dilemma was not whether to stay home or to work, but how to do both. This was not

because they necessarily had to, but because they wanted to do so. The preference for most mothers in this study was to combine mothering and part-time work in a way that permitted the rewards of both.

In clinical practice, clinicians can help by giving credence to the strength of the attraction to both work and caregiving. They also may be able to help women to articulate and advocate for work patterns that will meet their needs is such a way that they can be involved at levels optimum for themselves in either or both arenas.

This research contributed the information that new mothers develop coping skills that allow them to feel good about themselves whether or not their wishes to care for their infant and their decisions regarding work are in harmony. In addition, the research pointed to a need to identify the specific nature of maternal empathy as it differs from general adult empathy. It also showed an association between maternal empathy and commitment to mothering. And finally the study highlighted the importance of both working and caregiving to these new mothers.

Future research

Future research could build upon the contributions identified above in the following ways. This research showed that women do utilize coping skills to address the conflicts presented between the desire to stay home and to

work. It would be beneficial to identify which skills are used and how does the mother bring them to bear upon her decision making process.

The nature of maternal empathy needs much more study. The development of a valid maternal empathy scale would be beneficial. It would also be informative to have more research into the same issues as those addressed in this study, such as the relationship between maternal empathy and commitment to mothering as well as commitment to working. A weak positive association was found between commitment to working and commitment to mothering. This could be explored further to determine its meaning for the women involved.

Assuming that more sensitive instruments could be developed, a need exists for more research regarding the effects of internal conflict around employment demands and mothering roles for women. Ways could be identified that would help women actualize several aspects of themselves simultaneously. This could be done by interviewing mothers who successfully have accomplished this already and could share their experience. For those mothers who choose to attend solely to caregiving, researchers could study the effect of choosing to sequence commitments and involvements over the life span.

Many woman in this study volunteered to be interviewed in person in the future. Interviewing them in more depth would give an opportunity to gather qualitative data about

the issues of maternal empathy, congruency and a sense of well-being. A follow-up study with these same mothers could determine if they actually pursued their plans or intentions regarding work or if they changed their minds.

Concluding Remarks

This study found and attempted to clarify the association between maternal empathy and commitment to mothering. More information is still needed regarding the nature of women's commitments and the effect of those commitments upon other aspects of their lives and their self-concept.

Women continue to struggle with the conflicting roles of mother and working woman. Therapists are presented with increasing numbers of women who struggle with the internal conflicts regarding working and mothering. Further study can help therapists to understand and empathize with the mothers as they struggle to meet multiple needs. These are not conflicts easily solved. Further awareness and understanding of aspects of the dilemma may bring creative thought to bear upon alternative approaches for helping these new mothers in their own personal decisions and feelings about themselves as they make those decisions.

Appendix A

Letters to Participants

January 25, 1991

Dear Instructors,

I am seeking mothers to participate in a research study on the mother's investment in mothering her infant and in working. This letter outlines the nature of the study and the criteria for participation. I am hoping you will be able to refer mothers to the study. The research is part of a doctoral dissertation for the Institute for Clinical Social Work.

The study requires that the individual fill out a questionnaire that should take about 45 minutes of her time. If she wishes she may volunteer for an interview in the future to discuss the same issues as the questionnaire. This questionnaire is to be done at home and returned to me in a self-addressed stamped envelope. The only class time required is to explain the study, determine if anyone would be interested and to pass out the attached consent form.

Participation criteria is a) primipara and b) infant under 6 months of age at the time the questionnaire is filled out. If the mother will send in the consent form I will mail her a questionnaire and return envelope after her due date. I will be collecting data until April.

Thank you so much for your help. So far the mothers that have participated have really enjoyed being able to comment on how important mothering is to them. They feel validated in their new role. If you have questions please call me.

Sincerely,

Jan Bryan Cook, MSW
13225 NE 47th Street
Bellevue, Wa 98005
869-9810

THE MOTHERING STUDY

I would like to invite you to participate in a study on mothering conducted as a doctoral research project for the Institute for Clinical Social Work. The study requires first time mothers with infants under six months of age to fill out a questionnaire. The questionnaire asks about a woman's thoughts and feelings about her new role as a mother.

There is no risk to you or your infant. Answering the questions may make you more aware of the nature of your feelings on this subject. The whole questionnaire takes about 45 minutes to complete. It is returned by mail in a self-addressed envelope. Your responses are anonymous. If you wish, you may volunteer to be interviewed at a later date to discuss the issues in the questionnaire more fully. But that is not part of the main study.

I hope you will fill out this form and return it saying you are interested in participating. If so, I will send you a questionnaire a few weeks after your due date. You can complete and return it at your convenience.

Sincerely,

Jan Bryan Cook, MSW
869-9810

_____ Yes, I wish to participate in The Study on Mothering by filling out a questionnaire after the birth of my baby.

Name: _____

Address:_____

_____

Phone: _____

Due Date: _____

Please mail this in the enclosed self-addressed envelope. Thank you so much for your interest.

Appendix B

<u>Instuments and Demographic Questionnaires</u>

STUDY OF THE MOTHERING EXPERIENCE

Questionnaire

Research Project

by

Janice Bryan Cook, M.S.W.

California Institute For Clinical Social Work

Institute For Clinical Social Work

STUDY OF THE MOTHERING EXPERIENCE

Thank you for your interest in this study of mothering and careers. I hope to learn more about what their roles as mothers and working women mean to new mothers. You were contacted as a possible participant because you recently gave birth to your first child and because you indicated an interest in the study after it was described to you. If you decide to participate, I will ask that you fill out a series of questionnaires. The questionnaires require 45 to 60 minutes to complete.

When you are finished I will pick up the packet or you may return it to me by mail. That is all you will be asked to do. Those mothers who desire may participate in a second phase of the study which involves one individual interview to discuss their feelings and experiences regarding motherhood.

Participation in the study may increase your awareness of your feelings around issues covered in the questionnaires. I will be glad to discuss these with you if you like after you have completed the questionnaire packet.

Any information that is obtained in connection with this study that might serve to identify you will remain confidential and will not be disclosed without your permission. Should this study be published your anonymity will be protected unless you give written consent to such disclosure. If you wish, at the end of the study, you may obtain a copy of the overall results.

Your decision to participate or not to participate is entirely your choice. If you decide to participate, you are free to discontinue participation at any time. By completing the questionnaire you are giving your consent to participate.

I hope you will participate in this study The information you share will be very helpful in expanding our understanding of what is important to mothers. If you have any questions, please contact me at 869-9810.

Sincerely,

Jan Cook, MSW, LCSW

13225 NE 47th Street
Bellevue, Washington 98005

My Feelings and Reactions

Please indicate on the scale for each item how well it describes you. The numbers range from:

0	1	2	3	4	5
Does not describe me well					Describes me very well

0 1 2 3 4 5   1. I daydream and fantasize, with some regularity, about things that might happen to me.

0 1 2 3 4 5   2. I often have tender, concerned feelings for people less fortunate than me.

0 1 2 3 4 5   3. I sometimes find it difficult to see things from the "other guy's" point of view.

0 1 2 3 4 5   4. Sometimes I don't feel very sorry for other people when they are having problems.

0 1 2 3 4 5   5. I really get involved with the feelings of the characters in a novel.

0 1 2 3 4 5   6. In emergency situations, I feel apprehensive and ill-at-ease.

0 1 2 3 4 5   7. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.

0 1 2 3 4 5   8. I try to look at everybody's side of a disagreement before I make a decision.

0 1 2 3 4 5   9. When I see someone being taken advantage of, I feel kind of protective towards them.

0 1 2 3 4 5   10. I sometimes feel helpless when I am in the middle of a very emotional situation.

0 1 2 3 4 5   11. I sometimes try to understand my friends better by imagining how things look from their perspective.

0 1 2 3 4 5   12. Becoming extremely involved in a good book or movie is somewhat rare for me.

0 1 2 3 4 5   13. When I see someone get hurt, I tend to remain calm.

0 1 2 3 4 5   14. Other people's misfortunes do not usually disturb me a great deal.

0 1 2 3 4 5   15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.

0 1 2 3 4 5   16. After seeing a play or movie, I have felt as though I were one of the characters.

0 1 2 3 4 5   17. Being in a tense emotional situation scares me.

0 1 2 3 4 5   18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.

0 1 2 3 4 5   19. I am usually pretty effective in dealing with emergencies.

0 1 2 3 4 5   20. I am often quite touched by things that I see happen.

0 1 2 3 4 5   21. I believe that there are two sides to every question and try to look at them both.

0 1 2 3 4 5   22. I would describe myself as a pretty soft-hearted person.

0 1 2 3 4 5   23. When I watch a good movie, I can very easily put myself in the place of a leading character.

0 1 2 3 4 5   24. I tend to lose control during emergencies.

0 1 2 3 4 5   25. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.

0 1 2 3 4 5   26. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.

0 1 2 3 4 5   27. When I see someone who badly needs help in an emergency, I go to pieces.

0 1 2 3 4 5   28. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

ABOUT BEING A MOTHER

Please indicate to what extent you agree or disagree with the following questions by circling the best answer for you. There are no right or wrong answers.

1. Agree very strongly
2. Agree strongly
3. Agree slightly
4. Disagree slightly
5. Disagree strongly
6. Disagree very strongly

1 2 3 4 5 6   1. On week nights, I'm usually too busy or tired to play enthusiastically with my child.

1 2 3 4 5 6   2. I often find myself thinking about my child when I go to work or other activities.

1 2 3 4 5 6   3. I probably talk too much about my child.

1 2 3 4 5 6   4. I would not take my child to "child events" unless I expect to enjoy them, too.

1 2 3 4 5 6   5. I seriously wonder whether I was cut out to be a mother.

1 2 3 4 5 6   6. When I meet new people, one of the first things I tell them about is my child.

1 2 3 4 5 6   7. I would not be able to lower my career goals in order to spend more time with my child.

1 2 3 4 5 6   8. I don't like to talk about children when I'm out for an evening.

1 2 3 4 5 6   9. If my child is in the care of another person, I want to know alot of details about what my child did during the day.

1 2 3 4 5 6   10. Being a mother allows me to express some of the traits and values I most prize in myself.

1 2 3 4 5 6   11. Being a mother is important to me, but isn't central in how I define myself.

1 2 3 4 5 6   12. It's enough to be a good mother, I don't expect myself to be a model mother.

1 2 3 4 5 6   13. I give up personal pleasures, such as extra sleep or socializing with friends, to be with my child.

1 2 3 4 5 6   14. Children seem to grow like weeds: They don't need a great deal of "working on" by their parents.

1 2 3 4 5 6   15. I can not imagine a satisfying life without children.

1 2 3 4 5 6   16. I can't concentrate on my work if my child is ill.

1 2 3 4 5 6   17. Being a mother isn't as rewarding as I had expected it to be.

CARE OF YOUR CHILD

1. More than any other adult, I can meet my child's needs best.

         1   2   3
strongly agree   somewhat agree   disagree

2. My child is happier with me than with babysitters or teachers.

         1   2   3
strongly agree   somewhat agree   disagree

3. I am naturally better at keeping my child safe than any other person.

         1   2   3
strongly agree   somewhat agree   disagree

4. It is not good for my child to be cared for by someone else because he/she may be exposed to values and attitudes that I disagree with.

         1   2   3
strongly agree   somewhat agree   disagree

5. Only a mother just naturally knows how to comfort her distressed child.

         1   2   3
strongly agree   somewhat agree   disagree

■ ■ ■ ✦ SCANTRON

NAME _____ DATE _____

SEX: Male Ⓜ Female Ⓕ

Below is a list of words that describe feelings people have. Please read each one carefully. Then fill in ONE circle under the answer to the right which best describes HOW YOU HAVE BEEN FEELING DURING THE PAST WEEK INCLUDING TODAY.

The numbers refer to these phrases.

0 = Not at all
1 = A little
2 = Moderately
3 = Quite a bit
4 = Extremely

Col Ⓒ   O.P. Ⓞ

	Not at all	A little	Moderately	Quite a bit	Extremely
1. Friendly	⓪	①	②	③	④
2. Tense	⓪	①	②	③	④
3. Angry	⓪	①	②	③	④
4. Worn out	⓪	①	②	③	④
5. Unhappy	⓪	①	②	③	④
6. Clear-headed	⓪	①	②	③	④
7. Lively	⓪	①	②	③	④
8. Confused	⓪	①	②	③	④
9. Sorry for things done	⓪	①	②	③	④
10. Shaky	⓪	①	②	③	④
11. Listless	⓪	①	②	③	④
12. Peeved	⓪	①	②	③	④
13. Considerate	⓪	①	②	③	④
14. Sad	⓪	①	②	③	④
15. Active	⓪	①	②	③	④
16. On edge	⓪	①	②	③	④
17. Grouchy	⓪	①	②	③	④
18. Blue	⓪	①	②	③	④
19. Energetic	⓪	①	②	③	④
20. Panicky	⓪	①	②	③	④

	Not at all	A little	Moderately	Quite a bit	Extremely
21. Hopeless	⓪	①	②	③	④
22. Relaxed	⓪	①	②	③	④
23. Unworthy	⓪	①	②	③	④
24. Spiteful	⓪	①	②	③	④
25. Sympathetic	⓪	①	②	③	④
26. Uneasy	⓪	①	②	③	④
27. Restless	⓪	①	②	③	④
28. Unable to concentrate	⓪	①	②	③	④
29. Fatigued	⓪	①	②	③	④
30. Helpful	⓪	①	②	③	④
31. Annoyed	⓪	①	②	③	④
32. Discouraged	⓪	①	②	③	④
33. Resentful	⓪	①	②	③	④
34. Nervous	⓪	①	②	③	④
35. Lonely	⓪	①	②	③	④
36. Miserable	⓪	①	②	③	④
37. Muddled	⓪	①	②	③	④
38. Cheerful	⓪	①	②	③	④
39. Bitter	⓪	①	②	③	④
40. Exhausted	⓪	①	②	③	④
41. Anxious	⓪	①	②	③	④
42. Ready to fight	⓪	①	②	③	④
43. Good natured	⓪	①	②	③	④
44. Gloomy	⓪	①	②	③	④

	Not at all	A little	Moderately	Quite a bit	Extremely
45. Desperate	⓪	①	②	③	④
46. Sluggish	⓪	①	②	③	④
47. Rebellious	⓪	①	②	③	④
48. Helpless	⓪	①	②	③	④
49. Weary	⓪	①	②	③	④
50. Bewildered	⓪	①	②	③	④
51. Alert	⓪	①	②	③	④
52. Deceived	⓪	①	②	③	④
53. Furious	⓪	①	②	③	④
54. Efficient	⓪	①	②	③	④
55. Trusting	⓪	①	②	③	④
56. Full of pep	⓪	①	②	③	④
57. Bad-tempered	⓪	①	②	③	④
58. Worthless	⓪	①	②	③	④
59. Forgetful	⓪	①	②	③	④
60. Carefree	⓪	①	②	③	④
61. Terrified	⓪	①	②	③	④
62. Guilty	⓪	①	②	③	④
63. Vigorous	⓪	①	②	③	④
64. Uncertain about things	⓪	①	②	③	④
65. Bushed	⓪	①	②	③	④

MAKE SURE YOU HAVE ANSWERED EVERY ITEM.

EdITS POM 021

YOU AND YOUR WORK

Using the options listed below, please indicate how strongly you agree or disagree with each of the following statements. Circle the answer that is best for you. There are no right or wrong answers.

1	2	3	4	5	6
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree

1 2 3 4 5 6   1. When I meet new people, one of the first things I tell them about myself is the sort of work I do.

1 2 3 4 5 6   2. I often find myself thinking about some aspect of my job during non-work hours.

1 2 3 4 5 6   3. I want to advance to the top in my career, even if it involves some costs in other areas of my life.

1 2 3 4 5 6   4. For me it is more important to help my spouse in his career than to advance to the top in my own career.

1 2 3 4 5 6   5. I am more likely to talk to my friends about my spouse's work than about my own work.

1 2 3 4 5 6   6. I can't picture having a fully satisfying life without a career.

1 2 3 4 5 6   7. I would continue to work even if I didn't need the income.

1 2 3 4 5 6   8. I want to have more and more authority and responsibility in my job as time goes on.

1 2 3 4 5 6   9. The work I do is extremely interesting to me.

1 2 3 4 5 6   10. I often spend my so-called "free time" working.

1 2 3 4 5 6   11. I don't think I was really cut out to work all my life.

1 2 3 4 5 6   12. I find that I put work responsibilities ahead of family responsibilities.

1 2 3 4 5 6   13. When I'm out for an evening, I don't enjoy talking about my work.

1 2 3 4 5 6   14. How I'm doing in my job is central to my self-esteem.

1 2 3 4 5 6   15. When I have time alone with my spouse I like to talk about my work.

1 2 3 4 5 6   16. I give up personal pleasures, such as extra sleep or doing things for fun, to spend time on my work.

1 2 3 4 5 6   17. I often put in extra hours at my job either working over-time or doing extra work on my own.

Self-Fulfillment

This section is asking you questions about what would make you feel best about yourself if you could do anything you wanted. Do not consider outside influences such as family pressure or financial issues as you answer. Please answer these questions to the best of your ability according to how you feel <u>at this time</u>.

1. How strongly do you identify with being a mother?

        _____ 1. Not very strongly at all
        _____ 2. Slightly
        _____ 3. Somewhat strongly
        _____ 4. Strongly
        _____ 5. Very strongly

2. How strongly do you identify with being a career woman?

        _____ 1. Not very strongly at all
        _____ 2. Slightly
        _____ 3. Somewhat strongly
        _____ 4. Strongly
        _____ 5. Very Strongly

3. How important for self-fulfillment reasons is it for you to return to work or begin work in the next year?

        _____ 1. Not important at all
        _____ 2. Not very important
        _____ 3. Somewhat important
        _____ 4. Very important
        _____ 5. Of the utmost importance

4. How important for self-fulfillment reasons is it for you to stay at home with your baby as the main caregiver?

        _____ 1. Not important at all
        _____ 2. Not very important
        _____ 3. Somewhat important
        _____ 4. Very important
        _____ 5. Of the utmost importance

5. How important at this time is it for you to be involved in other activities outside your home not related to gainful employment such as: civic affairs, volunteer efforts, education, etc.?

    _____ 1. Not important at all
    _____ 2. Not very important
    _____ 3. Somewhat important
    _____ 4. Very important
    _____ 5. Of the utmost importance

6. How important is it for you to be with your child as the main caregiver?

    _____ 1. Not important at all
    _____ 2. Not very important
    _____ 3. Somewhat important
    _____ 4. Very important
    _____ 5. Of the utmost importance

7. How much do you feel your need to be a mother conflicts with your need to be a working woman at this time in your life?

    _____ 1. I feel a lot of internal conflict.
    _____ 2. I feel some internal conflict.
    _____ 3. I feel just a little internal conflict.
    _____ 4. I don't feel any internal conflict.

8. If you feel a degree of internal conflict regarding your desires to work and your desires to be at home with your baby, how much do you feel it affects your happiness and sense of well-being?

    _____ 1. Affects it very strongly
    _____ 2. Affects it strongly
    _____ 3. Affects it somewhat
    _____ 4. Affects it only slightly
    _____ 5. Does not affect it at all

9. Which of the following would you be most comfortable doing?

    _____ 1. Combining motherhood and working
    _____ 2. Sequencing: motherhood now and going to work at a later date.
    _____ 3. Sequencing: combining work and motherhood now, plan to stay home with my child at a later date.
    _____ 4. Devoting myself to mothering with no plans to go to work.
    _____ 5. Devoting myself to working with no plans to stay home with my child.
    _____ 6. Something that does not involve working or staying at home with my child.

Date _____

FAMILY INFORMATION

In order to understand more clearly how you feel about the questions you have just answered, it is helpful to know something about you and your family background. Please answer the following questions by placing a check by the best answer for you or by filling in the blanks.

1. Is this your first baby?

      _____ 1. Yes
      _____ 2. No

2. What is your baby's birth date?   _____ / _____ / _____

3. Is your baby a boy or a girl?

      _____ 1. Boy
      _____ 2. Girl

4. What was your age on your last birthday?

      _____ 1. 14 to 17 years old
      _____ 2. 18 to 25 years old
      _____ 3. 26 to 35 years old
      _____ 4. 36 to 42 years old
      _____ 5. 43 years or older

5. Which of the following best describes your racial or ethnic identification?

      _____ 1. Afro-American
      _____ 2. Asian
      _____ 3. Caucasian
      _____ 4. Hispanic
      _____ 5. Native American
      _____ 6. Multi-racial [please specify_____]
      _____ 7. Other [please specify _____]

6. What is the last year of formal education you completed?

      _____ 1. Some High School
      _____ 2. High School Graduate
      _____ 3. Some Education Beyond High School
      _____ 4. Two Year College Degree
      _____ 5. B.A./B.S. Degree
      _____ 6. M.A./M.S. Degree
      _____ 7. Ph.D., M.D., J.D., D.D.S.

7. Please indicate your current marital status:

    _____ 1. Married
    _____ 2. Live-in partner, not married
    _____ 3. Divorced
    _____ 4. Separated
    _____ 5. Widowed
    _____ 6. Single

8. Besides your baby and yourself, who else lives in your household?

    _____ 1. Husband/partner
    _____ 2. Parent(s)
    _____ 3. Children from previous relationships [please specify their ages and relationship to you:

    _____]

    _____ 4. Other relatives [Please specify ages: _____

    _____]

    _____ 5. Friend
    _____ 6. Other _____

9. Were you employed outside your home at any time during the last year?

    _____ 1. Yes
    _____ 2. No

10. What was your occupation prior to your baby's birth or what occupation would you continue if you were employed?

    _____

    [Check here if you have not worked and have no plans to pursue an occupation at this time _____]

11. What is your husband's or partner's occupation?

    _____

Please indicate below your family income, from all sources, before taxes in 1990?

12. <u>Your Income</u>   13. <u>Your Husband/partner's Income</u>

_____ 1. Under $25,000   _____ 1. Under $25,000
_____ 2. $25,000 to 35,999   _____ 2. $25,000 to 34,999
_____ 3. $35,000 to 44,999   _____ 3. $35,000 to 44,999
_____ 4. $45,000 to 54,999   _____ 4. $45,000 to 54,999
_____ 5. $55,000 to 64,999   _____ 5. $55,000 to 64,999
_____ 6. $65,000 to 74,999   _____ 6. $65,000 to 74,999
_____ 7. $75,000 and over   _____ 7. $75,000 and over

The following questions concern your decisions about work and child care.

14. At this time what plans do you have regarding going to work or staying home with your baby during your baby's first year?

_____

_____

_____

15. Have you returned to work or begun employment since the birth of your baby?

_____ 1. Yes
_____ 2. No   (<u>If "no" skip to question number 17.</u>)

16. How many days per week are you currently employed?

_____ 1. None
_____ 2. 1-3
_____ 3. 4-5
_____ 4. 6-7

17. How many hours per day are you currently employed?

_____ 1. None
_____ 2. 1-4
_____ 3. 5-8
_____ 4. More than 8

18. What was the age of your baby when you returned to work?

_____ weeks (or _____ months)

19. Do you intend to return to work within the coming year?

_____ 1. No   (If "no" skip to number 21.)
_____ 2. Yes, full time
_____ 3. Yes, part time

20. How old will your baby be when you return to work?

_____ weeks (or _____ months)

21. Currently, who is the primary caregiver for your infant during the day?

_____ 1. Myself
_____ 2. Live-in or nanny
_____ 3. Relative in my home
_____ 4. Relative outside my home
_____ 5. Sitter in my home
_____ 6. Sitter outside my home
_____ 7. Day care/ nursery school
_____ 8. Licensed family care home (less than 6 children)
_____ 9. Other [please specify _____]

The following questions are designed to help gather some information about your experience as a child. Please answer these to the best of your knowledge.

22. Was your mother employed when you were a baby (less than a year old)?

_____ 1. No
_____ 2. Yes, part time
_____ 3. Yes, full time
_____ 4. Don't know

If your mother did not work when you were a child please skip to question number 26.

23. Why did your mother choose to work?

_____ 1. Financial reasons
_____ 2. Single parent
_____ 3. Professional fulfillment
_____ 4. Boredom
_____ 5. Other [please specify _____]
_____ 6. Don't know

24. How old were you when she returned to work?

_____ 1. Less than a year old
_____ 2. 1 to 3 years old
_____ 3. 4 to 5 years old
_____ 4. 6 to 11 years old
_____ 5. older than 11 years
_____ 6. Don't know

25. Who was the primary care provider for you while your mother was at work?

_____ 1. Father
_____ 2. Relative
_____ 3. Babysitter
_____ 4. Nursery school or other school

26. How much do you feel you pattern yourself after your mother regarding child care values and methods? Please check the number indicating your answer.

_____ 1. Not at all like my mother.
_____ 2. Not very much like my mother.
_____ 3. Somewhat like my mother.
_____ 4. Very much like my mother.
_____ 5. Exactly like my mother.

Please comment on how this is or is not so for you.

_____

_____

27. Did your husband's feelings about your working or not working after the baby's birth influence your decision to stay at home or return to work?

_____ 1. Yes
_____ 2. No

28. If yes, please explain how your husband's feelings effected your decision.

_____

_____

_____

_____

29. If you could do what <u>you</u> really want to do regarding working or staying home--what would you do?

       _____ a. Stay home full time
       _____ b. Work part time outside my home
       _____ c. Work full time outside my home
       _____ d. Take baby with me to work
       _____ e. Work part time in my home
       _____ f. Work full time in my home
       _____ g. Other or comments: _____

_____

_____

_____

Thank you very much for taking the time to complete this extensive questionnaire. If there are any additional thoughts or feelings regarding your experience as a mother that you wish to share with me or comments about the questionnaire please do so in the space below.

I will be happy to share the results of the study with you upon its completion if you desire. Just fill out the attached postcard and return it to me separately from your questionnaire in order to assure your anonymity.

I will be interviewing a few mothers in depth about the issues in this questionnaire. If you would be willing to talk to me about your experiences as a mother please indicate that on the next page or tell me when you return this questionnaire.

Thank you again,

Jan Cook, MSW

RESPONSE PAGE

Would you be willing to be interviewed to discuss your experience as a new mother?

_____   Yes, I am willing to be interviewed.

Name: _____

Telephone Number: _____

Would you like a copy of the overall results of this study upon its completion?

_____   Yes, please send me a copy of the results.
My address is:

Name: _____

Address: _____

_____

Zip Code: _____

_____   No, I do not wish to have a copy.

If you have offered to be interviewed it would be helpful to know which questionnaire is yours. Please return this whole packet in the larger envelope. If you wish to remain anonymous then please mail this page in the enclosed letter size envelope and mail the questionnaire in the large envelope.

Thank you.

Jan Bryan Cook, M.S.W.
13225 N.E. 47th Street
Bellevue, Washington 98005
(206) 869-9810

Appendix C

<u>List of Tables</u>

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