BECOMING A MOTHER

Dolores Rodriguez

BECOMING A MOTHER

A dissertation submitted to the
California Institute for Clinical Social Work
in partial fulfillment of the requirement
for the degree of Doctor of Philosophy
in Clinical Social Work

by

DOLORES RODRIGUEZ

June 22, 1996

Copyright

1996

THE CALIFORNIA INSTITUTE FOR CLINICAL SOCIAL WORK

We hereby approve the dissertation

BECOMING A MOTHER

by

Dolores Rodriguez

candidate for the degree of

Doctor of Philosophy in Clinical Social Work

Doctoral Committee

Sylvia Sussman, Ph.D.   6/22/96
Chairperson   date   signature

Judith Schiller, Ph.D.   6/22/96
Committee Member   date   signature

Elise Blumenfeld, Ph.D.   6/22/96
External Member   date   signature

ABSTRACT

BECOMING A MOTHER

by

DOLORES RODRIGUEZ

This study explores the transition which first time mothers make in the process of becoming a mother, from a time before birth when they are thinking about the expected baby, to a time after birth when they are relating to the baby. The time period studied extends from the third trimester of pregnancy to the baby's third month of life. Eight mothers, of different ages and situations in life, were interviewed at these two points in time. Interview guides were used, but the women were encouraged to formulate their own narratives about the experiences they were having.

Qualitative methods of study were used. A grounded theory approach, as described by Glaser and Strauss (1967) and Patton (1990) was followed. Categories of experience were discovered, and a hierarchial organization of categories was constructed according to level of abstraction. The core theme or category is the title of the dissertation: Becoming a Mother.

The principal finding was that mothers went through a change in their sense of self, as they prepared for motherhood. There were four identified avenues of change: 1) bonding with the baby, 2) reconciliation and

identification with one's own mother, 3) developmental growth via separation/individuation, and 4) using the baby as a transformational object. Women experienced these approaches according to their developmental history, current circumstances, and internal resources.

Interpretation of the data shows that the mother experiences a cycle of separation and reconnection between both herself and her own mother, and herself and her baby, in the process of becoming a mother.

BECOMING A MOTHER

A dissertation submitted to the
California Institute for Clinical Social Work
in partial fulfillment of the requirement
for the degree of Doctor of Philosophy
in Clinical Social Work

by

DOLORES RODRIGUEZ

June 22, 1996

CONTENTS

ii

CHAPTER I

INTRODUCTION

The Study Problem and Background

The present qualitative study focuses on mothers from the beginning of the third trimester of pregnancy through the third month of the baby's life. Specifically, it is a study of this phase of the women's experience of motherhood, as they relate it. While the researcher's original focus was on the nature of change in the mothers' conceptions about her baby, the data reveals more about the mother's own change and development.

The findings show that in becoming a mother a woman goes through a process of adjustment which includes changes in her sense of self. These changes can lead to a developmental transition, which is more or less elaborate and (perhaps) difficult, for different women.

The seeds of this study grew from my interest in a variation in parenting observed in my work with mothers and children. I saw a difference between what I have termed mother-centered, as compared to child-centered parenting. One experience which highlighted the impact of this difference in ways of parenting was my observation of a child-centered, (or child-responsive) foster parent who was able to help a little boy gain a real sense of himself.

While this happened in many ways, one illustration can be cited. The child made an awkward approach to another child, which could have been interpreted as either aggressive or reaching out. The foster mother framed the child's approach as "wanting to be friends," rather than seizing on the negative interpretation. Thus the foster mother seemed to have empathy for the child's mixture of insecurity and a wish for connection; he was not expected to fulfill her standards of adult social behavior.

In considering mother-child relationships and how they develop, I thought that some insight might be gained about later parenting behavior from looking at the mother's transition from the imagined or fantasied baby to the real baby. The fantasied baby would represent mainly the mother's projections, up until the time of birth. After birth, there would be increasing signals from the baby as to its needs and individuality. How and how well the mother responds to the shift from the fantasy to the real baby might foretell whether the mother would adopt a mother-centered or a child-centered style of parenting.

The theoretical literature offers views on the transition to motherhood from three main perspectives: 1) pregnancy as a period of developmental change for the mother, 2) relationships as fundamental to infant development, carried out through mechanisms such as projection, projective identification, use of self-objects,

idealization, etc., and 3) maternal caretaking behavior and bonding as a potential response to trigger behaviors from the baby. The theories from which these ideas come are drive theory and ego psychology, object relations theory, and attachment theory, respectively. The theories provide a framework for describing the relationship between mother and baby. They also bring to light some possibilities about how the transition to the real baby might occur, although focusing on quite different aspects of the process. In this study, the focus will be on the mother's experience as she makes the transition.

From a historical perspective, drive theory offered the first related material in the writings of Bibring (1961), Benedek (Anthony and Benedek, 1970), and Deutsch (1945). They describe pregnancy as a developmental stage in which reconciliation with one's own mother takes place, to allow identification with the parenting role. Raphael-Leff (1991) describes the affirming versus defensive maneuvers which mothers may take, in preparing for the child. Ammaniti (1992) describes how mothers may identify with the child on one level, while acknowledging his/her individuality on another.

Within object relations theory, various mechanisms as mentioned above are seen to help the mother to overcome the ambiguity of the newborn and promote a relationship. The connection with the baby is forged through projection of

internal psychic content. Within this theory there is Bollas' (1988) description of the "transformational object." Originally used to describe how the baby perceives a pre-representational mother, the term is also applied to adults who have the wish for re-birth and transformation: in giving birth some mothers may view the baby as transformational.

Attachment theory, aside from viewing the mother as having an inborn potential for responding the baby's needs and for bonding, has also generated the idea that mothers have an "internal working model" of the behavior patterns evolved from their own experiences with their caretaker. The internal model, in turn, guides mother's patterns of behavior with others (Main, 1985). Bretheron and Waters (1989) amended this theory; their research found that patterns of attachment were linked to the parent's current model of the early attachment to the caretaker, allowing for revised versions of the past.

Empirical studies which expand upon and add to the theoretical literature can be divided into four groupings; interactive research, influences originating from the mother, influences originating from the baby, and cultural factors. These are reviewed in Chapter II along with a more thorough review of the relevant theories.

While the existent literature explores different aspects of a mother's experience before, during, and after childbirth, as well as the various factors that contribute

to how she relates to the baby before and after birth, the present study differs in that it follows eight women through the entire sequence, as told from their perspectives. The qualitative method using semi-structured interviews is more likely than other methods to cast the transition to motherhood into a self-directed interpretation of events. The way that mothers claim their experience and explain it to themselves reflects what they feel to be important, as well as what is consistent with their previous life stories. This means that individual approaches to transition are not lost. This study opens up the spectrum of possibilities for transition, while still holding the phenomenon as a common theme.

The Study Question

This study addressed the question: How does the mother make the transition from the imagined baby to the real baby once it is born? A qualitative design based on the Grounded Theory approach (Glaser and Strauss, 1967) was chosen as the best method to discover the mothers' experience from their point of view. Mothers were interviewed at two phases: in the third trimester of pregnancy and three months after the infant's birth. In-depth interviews focusing on the mothers' experience led to data which revealed a shift in the mothers' identity, suggesting the transition to

motherhood is a developmental phase. The nature of specific women's developmental process varied and it is within this variation that one can look for the answer to my question regarding mother-centered as compared to child-centered mothering: do differences in parenting style evolve from the transition from the imagined to the real baby?

Significance of the Study

The earliest experiences of infants, we now know, have long-lasting consequences for their subsequent growth and development. Early intervention programs have been developed to assist if problems in development arise such as helping mothers with the bonding process, or helping them be alert to cues that communicate the baby's needs. Often the mothers who require such interventions have had inadequate mothering themselves. Enhancing the early mother-baby relationship has the potential of maximizing the baby's security and its relational skills, which will serve it well in the future.

The baby's first social partner is its mother, and it is important to understand the tasks confronting her as she grows into parenthood. What will enable her to respond fully to the real baby, and encourage its development? What must she do even before becoming engaged with her baby, which will help her to devote massive amounts of time and

energy to assuring its welfare? Understanding the mother's preparation for the parenting task is a first step in helping mothers who have not been able to successfully achieve the prerequisites for parenthood. But it would be equally helpful if there were a general awareness in our culture that motherhood is a developmental process, composed of specific tasks. Promoting a more general awareness of these tasks is in the spirit of allowing women to make more informed choices, in preparation for parenthood.

The material for this dissertation is presented as follows. Chapter II reviews the theoretical literature and relevant empirical studies. In Chapter III the methodological approach will be explained and specific procedures will be described. Chapter IV will describe the data organized by the conceptual categories which emerged and Chapter V will discuss the emergent hypothesis and its relation to the literature.

CHAPTER II

LITERATURE REVIEW

In this review of the literature, three theoretical paradigms will be reviewed, selected because of their relevance to this study. The focus will be on studies of the mother's experience before and after the birth of her baby. I am particularly interested here in studies based on Freudian theory (i.e. drive theory and ego psychology), object-relations theory, and attachment theory.

Through acquaintance with the literature describing mother-baby experiences within each theoretical framework, especially the mother's experience in birthing and relating to the baby, I hope to become more sensitive to important aspects of the mother's experience. In this study there is no effort to judge the merits of the theories as such; the emphasis will be on "fit" with the data from interviews with the mothers.

Drive theory and ego psychology have given much attention to the mother's developmental reorganization during pregnancy, which permits her to parent her child. This can be seen as part of her transition task, in terms of this study. In object-relations theory there is a focus on internalized object representations and how these influence the mother's interactions with her baby. Attachment theory proposes that attachment behaviors in the infant are

designed to maintain proximity to the attachment figure.
Mothers show a corresponding behavior toward their babies,
sometimes termed "bonding," in which caretaking is provided
for the baby. The patterns of attachment behavior between
mother and baby are internalized by the baby, and become the
"working model" for future attachments. If the baby were to
grow up and become a mother, the same working model would be
applied to the new attachment, her own baby. In the
following review, the theories will be discussed in terms of
concepts and contributions that are related to this study.
Research studies grounded in the above theories will be
included in the theory section since they expand and/or
modify the original theory.

This literature review will conclude with a survey of
some related research studies done on the mother-infant
relationship in which a theoretical framework may not have
been specified. Implications for the present study will be
considered.

Drive Theory and Ego Psychology

Drive theory and ego psychology describe women's
adaptation to motherhood. Extrapolating from Freud's
original description of oral, anal, and oedipal stages of
development, Bibring (1961) looked at motherhood as a
distinct stage of adult development. Introducing research

to support this theory, Bibring used interviews, psychological tests, and direct observation to study mothers. Her sample was selected from a non-psychiatric population, so her findings would seem to be applicable to the general population. With 15 primiparous mothers who came for prenatal care she noted that there was a psychological regression during the second half of pregnancy. She claimed this occurs when there is a shift away from the enhanced narcissism that appears when the mother first feels that the baby is "part of me. When the baby moves and is conceived of as a separate person, narcissism must yield to object libido. That is, the mother's healthy instinctual focus upon her own physical and psychical life becomes partialed out and focused onto a new object. The mother's regression seems to stop at the stage of emotional separation from her own mother. Use of defenses characteristic of that phase of development, also used by borderline personalities, was common: splitting, projection, and introjection. With compulsive women there was an increase in defensive mechanisms, as well. Thus, a major theme during the second half of pregnancy is separation; the mother separates from the fetus and for the second time separates from her own mother.

Bibring also tested the hypothesis that a mother's relationship with her own mother would predict the style of interaction between mother and baby. This preceded the work

of M. Main, to be reviewed below. Using interviews and projective tests, Bibring found that mothers in the study were likely to forge a new "identification and alliance" with their own mothers as a result of their pregnancy (1961, p.35). Along with greater acceptance and tolerance of their mothers, the more positive identification was also associated with a positive relationship with the infants. Based on this finding, pregnancy may be seen as offering an opportunity for reintegration of the mother's internal model of her own mother.

Benedek (Anthony & Benedek, 1970) also describes parenthood as a distinct developmental process, within adulthood. She says that in early stages of the baby's life, the parents live with both the real child and an "intra-psychic child" composed largely from fantasy and carrying the hopes of their own self-realizations, or their ideal selves. When the child learns to say "no," it is separated out of the self-system of the parents. At this juncture, the parent may either regress and identify with the angry child, or take on the parental role, which requires identification with one's own parents.

Helene Deutsch (1945) classified women according to their functioning as mothers, designating three types: 1)"motherly" women are those whose narcissistic wish to be loved is transferred to the child; 2) "feminine" women are those whose masochistic impulses manifest as self-sacrifice;

and 3) "masculine" women are those who experience the birth of the child as a new genital trauma, raising counter-phobic defenses. (p.270) These types may be related to how mothers experience the transition from the expected to the real baby. For example, if narcissistic love is transferred to the child, sensitivity to the real baby's needs may be filtered through a narcissistic lens: there may be over-identification. If the "masculine" woman is operating out of a defensive position there may be avoidant behavior, stemming from resentment and denial. It may be noted that for all three types of women classified by Deutsch, the baby is part of the self-system. According to Deutsch, the mother decides at some level if her ego is up to the job of providing mothering; if not, she tries to escape, sometimes by trying to preserve unity with the child, or by other defensive measures. In terms of the mother's psycho-sexual development, Deutsch maintains that oedipal issues cannot be fully resolved until one becomes a mother, symbolically replacing one's own mother. Guilt over taking on this role stirs up fears of retaliation, and this in turn motivates the mother to reconcile with her own mother.

The works of Bibring, Benedek, and Deutsch all suggest that a certain amount of turmoil exists during pregnancy, with regression as one manifestation. The turmoil is seen as facilitating the woman's transition to motherhood in that it provides an opportunity to rework identification with

one's own mother.

Aware that unconscious impulses may be reignited as a response to childbirth, J. Raphael-Leff has postulated two general orientations toward the experience of motherhood, representing adaptional styles (1991). She admits that this is schematic and that there are few pure types. The methods of study used by Raphael-Leff include personal life experience, clinical work with patients, empirical data from surveys, and controlled observation. The mixed nature of the sample used in her studies suggests that caution be used in generalizing; however the inclusion of controlled observation points to more rigorous methods and perhaps more reliable results.

She observes that there are those mothers who join the process of birth, called "Facilitators," and there are those mothers who try to hold out against the birth process, called "Regulators."

The table on pages 13a. and 13 b. shows the contrasting experiences and reactions of the two types.

Raphael-Leff says that before birth, the baby is "invented" by the mother; a focus for wishes and illusions. Projections based on positive and negative facets of one's self or others may also be brought into play. She states:

> For the mother to relinquish her
> unconscious fantasy and begin to see the
> baby as a unique person in his/her own

Facilitator	Regulator

Daily babycare experience

	Adapts to baby	Baby adapts to mother
Feeding	permissive, frequent	schedule, limited duration
Crying	communication/appeal	"real" vs."fussing"
Sleep	parental bed/room	own room
	Night feeds	sleeps through night
Proximity	close contact	baby in own "container"
Excretion	"gift"	"mess"

Maternal beliefs

re:newborn	"baby knows best"	"mother knows best"
	newborn is alert/knowing	newborn is undiscriminating
	newborn is sociable	newborn is asocial
re:mothering	mothering=instinct	mothering=acquired skill
	mothercare exclusive and monotropic	babycare shared and Interchangeable
	security=mother's continued presence	security=continuous routine
	babycare should be spontaneous	babycare should be predictable
	mother must gratify baby	mother must socialize her baby

Underlying unconscious fantasies

	baby=mother's ideal self	baby=split off weakness
	wish to recapture idealized state of "fusion"	mother threatened by lack of separation
	fear of hating	fear of loving

Maternal defense

idealization/vicarious   dissociation/detachment
compensation

altruistic surrender   excess control/rigidity

manic reparation   defense against fantasy
(guilt denied)

Precipitants of post-natal distress

enforced separation from   enforced "togetherness"
baby

obstacles to being "mother"   obstacles to being "person"

non-supportive partner   non-egalitarian partner

deep disappointment rebirth   reduced adult competency

Table 24.1 Early maternal orientations
Psychological Processes of Childbearing
Joan Raphael-Leff, 1991

right, she must be able to re-possess

her projections, which is no mean

achievement (p. 314).

In fact this process may never be totally completed in most

cases.

A facilitator identifies with the newborn baby. "The

baby seems to be the manifestation of all that is good

inside her" (1991, p. 315). The Regulator invests the baby

with "bad" aspects, such as dependency, greed, and rage.

The crying baby seems to accuse her of being a bad mother.

In contrast to Primary Maternal Pre-Occupation (Winnicott,

1958), which the Facilitator experiences, the Regulator

experiences "Primary Maternal Persecution," fearing demands

by the baby.

The Regulator is less likely to engage in prenatal

phantasies and may refuse to become fond of the baby "in

case things go wrong." Facilitators are more likely to

mourn the end of pregnancy -- even to the point of

postpartum depression. When the baby is soon to be born,

mothers of both types will shift mentally to make

preparations.

Raphael-Leff suggests that during pregnancy the mothers

must strike a balance between identification with their own

mothers and with the fetus. During this phase, self-

differentiation is the key to maintaining an ability to

relate sensitively to both generations. This contrasts with

Benedek's idea in which the infant emerges from the self-system only later when it says, "no," at which time a shift is made toward identification with one's own parents.

Raphael-Leff's schema points up the contrasting mechanisms described in traditional psychoanalytic theory, associated with an accepting versus a controlling posture toward the newborn. However, as seen in the chart, both styles have defensive elements. Some defenses may be seen as more adaptive than others, and rigidity of defenses will also bear on the mother's adaptation.

A study by Massimo Ammaniti, et al., (1992) focuses on the structure of maternal representations during pregnancy. He describes a "fantasmatic" child (Lebovici, 1985) as one who comes from mother's unconscious memories of infantile relational dynamics; this image of the baby may appear in dreams during pregnancy. The "imaginary child" (Lebovici, 1983) appears in conscious fantasy and is more reflective of conscious experience. The relationship with the fetus begins on these levels, and gradually includes the real baby as it becomes more active. Including the real baby is demonstrated by sharing it with one's partner, choosing a name, and thinking in terms of gender, for example. In Ammaniti's study, 23 primiparous women were interviewed in the seventh to eighth month of pregnancy. Subjects were given questionnaires that surveyed characteristics of mother and baby. Interviews were used to assess how information

and emotions are organized about the baby and the mother herself. For "content free" dimensions such a "openness" and "coherence" there were close correlations between mother and baby representations, as described by the mother. Dimensions with content, such as "tidy" and "active" were attributed relatively independently to mother and baby, again as described by the mother.

Ammaniti tries to untangle the contradictions between studies that show mothers to have stable perceptions about the baby before and after birth (Zeanah, et al., 1986; Mebert and Kalinowski, 1986) and theories that emphasize change in perception of the baby, at the moment of birth (unnamed source.) Rather than doing studies at different points in time to compare perceptions of the baby he describes two different but interrelated types of representations: the contents of the mother's representations and the organization of her representations, both conscious and pre-conscious. These two types of representations explain the different perceptions of stability over time. Ammaniti suggests that his study supports Stern's (1989) assertion that at one level (organization of representations) there is a "common representational matrix" encompassing mother and child. At another level (content of representations) there is a degree of individuality ascribed to the fetus.

In Ammaniti's study there were similarities between

mothers' perceptions of the baby and their perceptions of the baby's father. It was theorized that this is an idealized image that avoids the risk of fusion with the baby, which might threaten to occur if the mother projected her own characteristics onto the child.

Characteristics of self-as-mother showed significant difference when compared to the characteristics attributed to the mother's own mother. Mothers generally saw themselves as more positive, thought to be one way of differentiating from their own mothers. There were also few correlations between characteristics of self-as-mother and self-as-woman in the seventh and eighth month of pregnancy. Ammaniti says the study suggests that maternal identity evolves in a gradual way. He seems to imply that self-as-woman and self-as-mother will converge at some point.

To summarize, the relationship between mother and infant is seen as determined on the one hand by differentiation from the baby and on the other hand by the mother's differentiation from and reconciliation with her own mother. The "common representational matrix" that was found to organize thoughts and feelings about the baby preserves a sense of connection, while at another level there is differentiation. Ammaniti notes that the experience of pregnancy stirs the process of separation/individuation, and that the timing of his interviews at the seventh and eighth month may have

emphasized the impact of that process.

Drive Theory and Ego Psychology in Relation to the Study Question

I have noted four important contributions deriving from drive theory and ego psychology that directly relate to the question of how mothers make the transition from the imagined to the real baby.

One idea is that the mother undergoes a regression during the second half of pregnancy that sets the stage for reworking the early developmental task of separation/individuation. The baby's movement and presence as a separate person requires that the mother's narcissistic view of the baby must give way to object libido. This can lead to a revival of the conflicts surrounding the mother's original stages of separation from her own mother. Due to this revival there is opportunity for renewed identification and reconciliation with the mother's mother.

Secondly, there is the idea of defensive measures that may be used by the mother to adapt to the pregnancy. Deutsch suggests projection of narcissism, masochistic sacrifice, symbiotic unity, and counter-phobic defenses. Raphael-Leff also describes defensive postures. These are all designed to cover up underlying conflicts that may be present to greater or lesser degrees in the participants of

the study.

Third, the Raphael-Leff study suggests other forms of adaptation that may be more easily observed. The categories, Facilitator and Regulator, parallel the projection of good and bad aspects of the self, rather than the more psychosexual concerns addressed by Deutsch. The categories also reflect Id and Super-ego mandates: Do mothers join the baby in responding to its needs or feel the need to limit and control? This schema suggests that a capacity for regression, aside from promoting reconciliations with the mother's mother, may also be important in joining with the baby to meet its needs.

Ammaniti looks at how mothers actually conceptualize the baby, such that it is conceived of as both identical and separate. There are representations which stress a "common matrix," and there are representations that stress individuality. The process of transition from imaginary to real baby is seen as one in which there are co-existing representations.

Object Relations Theory

Although Fairbarirn coined the term "object relations theory" and stressed the object-seeking nature of the libido, Melanie Klein is usually credited with being the first theorist to speak of drives as connected to objects

(Seal, 1979). Klein also described the mental operations of projection and projective identification as ways of relating to objects. Winnicott (1963) and Mahler (1963) placed more emphasis on responses of the mother such as providing a "holding environment" and permitting individuation/separation while maintaining emotional availability. Kohut's self psychology is sometimes linked with object relations theory (Greenberg and Mitchell, 1983) and will be included in this category for purposes of this study. Kohut replaced the internalized representations of Klein with self-objects -- objects that provide proper mirroring at least some of the time, but which also cause frustration of narcissism. If this frustration occurs in optimal degrees, it enables the individual to consolidate a sense of self that is not so dependent on external objects. Kohut echoes Winnicott's view that infantile grandiosity is the centerpiece for the development of the self, another link to object relations theory.

Object relations theory and self psychology are relevant to this study and the process of "transition" in that they focus on how relationships are initially formed and continue to develop. It shows how mothers ascribe intentionality to their babies through the processes of identification, projection, and projective identification. Self psychology shows how mothers can provide their babies with mirroring, cohesion, and ego repair, and may use the

baby for this purpose.

Winnicott describes the early connection between mother and fetus, which he calls "primary maternal pre-occupation" (Winnicott, 1958).

It is my thesis that in the
earliest phase we are dealing with
a very special state of the mother,
a psychological condition which
deserves a name, such as Primary
Maternal Preoccupation. I suggest
that sufficient tribute has not yet
been paid in our literature, or
perhaps anywhere, to a special
psychiatric condition of the
mother, of which I would say the
following things: It gradually
develops and becomes a state of
heightened sensitivity during, and
especially toward the end of,
pregnancy. It lasts for a few
weeks after the birth of the child.
It is not easily remembered by
mothers once they have recovered
from it. I would go further and
say that the memory mothers have of
this state tends to become

repressed. Only if a mother is

sensitized in the way I am

describing can she feel herself

into her infant's place, and so

meet the infant's needs. (p.302)

This statement suggests that part of the process of

forming a good object representation of the baby includes

early identification and attunement with the baby. This

heightened sensitivity can be thought of as not only

addressing the baby's physical needs but also needs such as

protective holding and lending a sense of cohesion.

Mothers may also use their baby's as self-objects. The

evolving patterns of nursing and tactile stimulation with

the baby may calm the mother, or the baby may have unique

ways of self-expression, which help the mother organize her

own feelings.

Strong and Sullivan (1984) speak of separation from the

baby as a process. They suggest that for some mothers the

global identification with the baby as "part of myself" goes

beyond the point when the baby moves in the womb, even

though most mothers are thought to accept a state of

separateness at this time. For other mothers the baby once

born, is perceived as "a stranger." These mothers are

anxious to overcome the perceived "anonymity" (Robson and

Moss, 1970), and projections and projective identification

are then used by the mothers to form a relationship with the

baby.

Malin and Grotstein (1966) emphasize projective identification as one way of "relating to objects." They explain that the mechanism involves "projecting one's inner psychic contents into external objects and then perceiving the response of these external objects and introjecting this response on a new level of integration..."(1966, p. 28). While this process is often seen in the relationship of a child with its parent, this study focuses on the mother's experience, and it is also possible that the mother can introject the infant's feelings of trust, comfort, and security. For example, a mother might project her own dissociated self-fragments into the baby and if the baby is endowed with a calm nature it may produce a cohesive response that is then re-introjected by the mother (my conjecture).

Ogden (1982) stresses that the recipient of the projection is pressed to "engage in identification with a specific, disowned aspect of the projector" (1982, p. 2). In this case projective identification serves to bond two individuals together through the investment one makes in the other, who then carries a part of the other. The bond may be positive or negative. The author imagines, for example, that an unfavorable outcome would result if a mother judged that her baby needs to be cuddled, yet at the same time projected a dissociated part of herself that was afraid of

engulfment, onto the baby. The mother might simply conclude about the baby, "He can never be satisfied."

It is anticipated that in this study some projections will stand out as clear distortions, while others may be undetectable. Projections that are rigid are more likely to obscure the baby's real behavior from the mother. However projections may not always be unhealthy, but can serve the purpose of making a connection between the mother and baby. An example of a positive outcome would be ascribing socially meaningful motives to ambiguous behavior, such as the baby waving its arms, which would lead to a positive sequence of interactions.

Alexis Burland (1984) notes that for mothers as well as for their children, a part of ongoing development is to find an object they can use for externalization of an ideal self-object. In either case, over time there is an effort to individuate out of the self-object: if this does not occur, the parent or child may try to fulfill unmet needs through the other, resulting in a power struggle. Related to this, Money (1980) describes the projection of an idealized self that finds a compliment in "the other." This usually happens when the qualities of the other provide at least a surface resemblance to the projected ideals. While Money refers to adult relationship, a "good fit" between mother and baby may also occur in this way, at least for a time, until the baby starts to individuate.

In contrast to drive theory, Miriam Elson (1986) describes how the parenting process of nurturing a child may also nurture one's own narcissism, in that the mother is the center of the baby's world. Such expanded narcissism can bestow upon the mother a zest for life that she imparts to her infant, even after the shift to baby-as-object.

Finally, Christopher Bollas (1978) extrapolates from Winnicott's idea of the mother as facilitating environment to introduce the idea of the "transformational object." He defines the term vis-a-vis the baby: "The mother is not yet identified as an object but is experienced as a process of transformation...." Bollas goes on to say that in adulthood, as well, "I believe the object is sought for its function as a signifier of transformation of being" (1978, p.97). Such transformational wishes may occur in some mothers, becoming a part of the over-all experience of transition from the imaginary to the real baby. This may surface as the mother speaking of a new beginning for herself, for example.

<u>Object Relations Theory in Relation to the Study Question</u>

Object relations theory provides us an understanding of some of the ways in which the mothers in the study may establish a relationship with the real baby. Projection and projective identification employ parts of the mother's own

psyche, which may range from fragmented to well-integrated.
Mothers also use attributions, which are more like
interpretation of behavior. Both of these help to organize
the baby's behavior in meaningful ways and help the mother
feel an identification with the baby. An important type of
projection is idealization of the baby, or projection of an
idealized self. This may lead to an especially positive
bond that may need to be modified later as the baby
individuates.

It is important to know that the mother may experience
a range of perceptions about her baby and that some will be
more reflective of the real baby than others. Winnicott's
"primary maternal pre-occupation" and the concepts of
attunement and mirroring from self psychology suggest
responsiveness to the baby-as-individual, rather than using
the baby as a projective screen. However the design for the
present study does not allow for addressing quality of
maternal pre-occupation, attunement, or mirroring.

Object relations theory also introduces the idea of the
mother as a holding environment, suggesting that an
important function of the mother is to help the baby
regulate affect. Some mothers may struggle with this,
because of the open-ended nature of the baby's distress.
The baby's feelings can only be loosely woven into a sense
of identity or meaning at these times.

Finally, the idea of the baby as a transformational

object may be an important dimension in the mother's process
of transition to the real baby. It suggests the possibility
that the mother will unconsciously regress to an earlier
mental state and imagine that she herself will be
transformed by her baby's arrival.

Attachment Theory

Attachment theory describes how a normative pattern of
neonate behaviors evokes caretaking responses from the
mother. Maternal bonding is the corresponding maternal
response to the infant's attachment behaviors.

John Bowlby became the principal architect of
attachment theory when he combined an interest in children's
emotional ties to parents with ethological studies showing
strong intergenerational bonds in other animal species.
Bowlby saw the innate behavior patterns as relationship-
seeking, and leading to feelings of love, security, and joy;
disruption of attachment was seen to lead to anxiety, grief,
and depression.

The importance of attachment theory to this study is
that it provides a framework in which caretaking responses
on the part of the mother are seen as normal and to be
anticipated, along with related and appropriate affect;
deviations from this pattern are seen as exceptions.

Related to patterns of attachment, Bowlby had developed

the concept of an "internal working model," which described how the infant's sense of self and other evolves from direct experience with the caregiver (Bowlby, 1969). The "model" idea suggests that there will be a certain fixedness in how relationships are later carried out. Following this line of thought, unless and until the mother experiences a different quality of attachment herself, she would be expected to induce in her baby the corollary pattern of her own attachment organization. The theory and subsequent research bears on the present study in that mothers' attachment patterns may be fixed and may not transform, in the transition from the imagined to the real baby.

M. Main (1985) did a correlational study that showed how mother's attachment patterns to their own parents related to attachment patterns with their children. Main interviewed parents of 6 year-old children who had been rated at 12-18 months for patterns of attachment, using the Ainsworth Strange Situation test (Ainsworth et al., 1978). The parents were asked to describe their relationships with their own parents, and these interviews were analyzed according to coherency, idealization of parent, frequency/force of forgetting about childhood, and anger towards parents. Relationships with parents are subsequently designated as "secure-autonomous," "preoccupied with past attachment," or "dismissing of attachment." A fourth group was termed "disorganized". The parent ratings

were keyed to the groupings for children as developed by Ainsworth, et al. (1978). Ainsworth, who studied infant attachment patterns during their first year observed three styles of attachment behavior: securely attached, ambivalent, and avoidant. Children of the autonomous group of mothers were for the most part securely attached. Parents who were rated as preoccupied with early attachments tended to have children with ambivalent attachment patterns. Parents who were dismissive of early attachments tended to have children with an avoidant attachment pattern. Correspondence of parent-child groupings occurred 76% of the time.

The general interpretation has been that the mother's working model of her own parent predicts behavior with her baby. However, it is also clear that perception dominates over reality in one's picture of the early parenting figure. Thus the working model is only the baby's perception. In this vein, Spence (1982) distinguishes narrative truth from historical truth, or perceptions of events from actual events. Also related to this, in a study of inter-generational attachment it was found that infant attachment classification was linked to the parent's current model of early attachment relationships rather than to earlier models (Bretherton and Waters, Eds., 1989). Thus a mother could have one model at age 6, and a revised version at age 22.

Additional research related to attachment behavior but

empirical research section of this paper.

Attachment Theory in Relation to the Study Question

Given the basic premise of attachment theory that caretaking responses on the part of the parent are normative, variations in the patterns of attachment include deviations from the norm. Deviations are explained as coming from the mother's experience with her own parents; a construct called the "internal working model" of attachment is the carrier of the mother's history in this regard. Attachment theory differs from 1) drive theory and ego psychology, and 2) object relations theory, in offering a model for normative ties to the baby, as opposed to stressing identification as a mother, or psychological mechanisms to create a bond with the baby, respectively. Main's work shows that the mother's own experience with attachment affects her subsequent behavior and relationship with her baby. In the present study there may be clues about the mothers' "working models" as they describe their relationship with their own mothers, and this may throw light on the relationship they will have with their babies. As will be shown in the research section of the literature review, maternal bonding begins before birth. There are also stages of bonding, which occur during the period

covered in this study.

Empirical Research

In this section I will review research that addresses the main question posed in this study: How do expectant mothers experience the transition from relating to their expected or fantasized baby, to forming a relationship with their real baby, once born? The research will be grouped according to 1) interactive research on the mother-baby dyad, 2) influences originating from the mother, 3) influences originating from the baby, and 4) cultural factors. A brief statement of how the empirical research relates to this study will conclude this section of the literature review.

Interactive Research

Interactive research, also known as "New Infant Research," refers to a body of research described by Stern, Brazelton, Stone, Smith, and Murphy, and others. This approach has focused on the mother-infant pair as a dyad in which social behavior is reciprocal. Studies show how the infant has relatively advanced perceptual and cognitive abilities from the earliest weeks (Brazelton, 1974) and how the baby is therefore more anchored in the outer world than

previously understood. This understanding of the infant suggests that the mother's process of transition will be influenced by the real baby's inherent social behaviors, and by the reciprocal relationship that is established as the mother responds to these behaviors.

The baby is seen as an activator in the dialogue with the mother. In support of this view, a study by Moss and Robson (1968) showed that more than half of the observed interactions between mother and child were initiated by the infant. The smile at three months, a reaction when mother approaches, is cited as an example.

P.H. Wolf (1966) also describes how the infant's own repertoire of behaviors influence the early relationship with the mother. He describes six states of consciousness in the infant, ranging from deep sleep to screaming. It may be revealing to see if mothers in the present study refer to either of these phenomena (in their own words) as part of their transition to the real baby.

Papousek and Papousek (1983) note that while the parent's behavior with the newborn "appeared to include a set of specific responses enabling the parent to provide the newborn with the first postpartum didactic programs...," the parent has "minimal conscious control." The authors refer to this as intuitive parenting and note that being unaware, parents do not report these responses. Examples are the modification of speech and facial expression. This may

serve to limit the data available in the present study since mothers will be the source of information. However this body of research will nonetheless sensitize the interviewer to the development of a dialogue between mother and her infant.

Influences Originating From the Mother

In this section of the research review five topics will be discussed: 1) Inter-generational patterns of attachment, 2) prenatal stages of psychic organization, 3) pregnancy as a period of crisis, 4) post-partum depression, and 5) idealization of the baby.

Intergenerational Patterns of Attachment

In accordance with Benedek's (1970) model of identification with one's own parents, Judith Ballou (1978) designed a study to identify the mother's over-all "object-relations structure" when she is in the process of adapting to pregnancy and early motherhood. She studied a non-clinical sample of twelve women, 19-30 years of age, all in their first pregnancies. Projective tests, prenatal and postnatal interviews, and observations of mother-child interactions were used. Results were stated in terms of trends, while individual differences were also explored case-by-case. A woman's sense of her mother underwent a

pattern of reconciliation in most cases. The husband was seen both as a surrogate for the mother's mother and as the oedipal father, who protects the girl from her mother and also affirms her femininity. The mother's sense of herself encompasses a feeling of competence that generalizes to other areas of life, once she becomes comfortable in the parenting role. The establishment of adulthood with the mothering role relies on the reconciliation process described by Benedek. The link between a sense of adulthood and achieving motherhood, according to this study, may not appear if there is no reconciliation with one's own mother. This idea may be tested among the participants of the current study.

According to Ballou's study, the mother's relationship to the child has two phases: The first is attachment and the second is the establishment of mutual interactions with the child. Ballou found that when mutuality develops at around 2½ to 3 months, some mothers who had little initial interest in their babies came to feel an increased sense of attachment and love; the child was seen as responding to them. Ballou says that sensing the child as a person and feeling involved in mutual relationship go together. She continues, "The mother's perception of the child as a person both reflects and facilitates the development of a mother-child mutuality." The background of this relationship is seen as the mother's reworking of the relationship with her

own mother in terms of both dependency and autonomy. The early phase of attachment has more to do with dependency, while the later phase of mutuality has more to do with autonomy (Ballou, p.89). According to this distinction, some mothers may feel more comfortable with one or the other phase, depending on their own developmental history.

Another approach to the study of inter-generational relations was done by Zachariah (1985). She uses the Maternal Fetal Attachment Scale developed by M.S. Cranely (1981) and focuses on interfamilial attachments. She found that 1) mother-daughter and husband-wife attachments are positively related to "well-being" during pregnancy, 2) attachment to the mother predicts attachment to the husband, but 3) there was no significant relationship between mother-fetal attachment and either mother-daughter attachment or husband-wife attachment. Zachariah suggests that attachment to the fetus is different than attachment to an external object such as the real baby, and that internal representation of the fetus may be more similar to "part of me" than to representation of the real baby. Postnatal ratings would be needed to explore this possibility.

Mary Müller (1989) also looked at interfamilial patterns, and found the results of studies using the Cranely Maternal Fetal Attachment Scale (Cranely, 1981) contradictory or inconclusive. She developed an alternate scale, which she used to test her own hypotheses: 1) that

the initial mother-daughter attachment predicts the development of "internal representations," which in turn predict attachment to fetus, and 2) that attachment to one's partner predicts adaptation to the pregnancy, which in turn predicts attachment to the fetus. Her results indicate that both hypotheses were true. The reason for the positive finding for the mother-daughter and mother-fetal connection in this study may be related to the formal inclusion of "internal representation" as a variable. This allows for a change such as may be achieved through reconciliation with one's own mother (Bibring, Ballou), leading to a more positive internal representation. However, this assumes that the Zachariah study does not tap into such a change. The importance of these interfamilial studies is that they probe the notion of predetermined patterns of attachment in relating to the infant, versus modification of the "working model" through reconciliation, connection with the baby in a unique dyad (interactive research), or some other means of avoiding a pre-programmed relationship.

Prenatal Stages

Studies show that the mother goes through major changes in her physical and mental functioning during pregnancy, which could be expected to have an impact on her experience with the real baby. Adjustment to these changes requires much of the mother's energy, continuing through the first

days and weeks after birth.

In terms of the mother's physical experience, there is a discontinuity when the baby is no longer inside. Caplan (1959) notes that the postpartum period requires adjustments by the mother to feeling void and empty inside. Discontinuity and feelings of loss may be reported in the mother's narratives; in any case these issues will be kept in mind.

Caplan (1959), using individual case studies at the Family Health Clinic at Harvard, describes early maternal phantasies in terms of three stages. In the first stage there are characteristic mood swings and periods of anxiety, related to physiological changes in the mother's body. The infant is commonly seen as an extension of the self. With the anxiety about physical changes, previously repressed fantasies may reemerge into consciousness or pre-consciousness. Changes in the body may also lead to a revival of adolescent fantasies. And there may be regression to the oral stage along with food cravings and vomiting.

In the second stage, differentiation from the infant is achieved due to fetal movement. Anxiety about separation is common, and primitive fantasies emerge about birth, such as seeing the baby as a devouring creature. Along with fears of separation, positive predictions about a future relationship with the infant emerge, including fantasies of

interpersonal exchanges.

In the third stage there is often a sense of fatigue and depleted energy; fantasies of dying in labor may emerge, or that the baby will be abnormal, or die in birth. Pines (1972) found that this is also a time when sibling rivalry may surface, reflecting thoughts of a "little one" who will be in the spotlight.

Speaking of pregnancy as a period when the barriers against unconscious material are lowered, Caplan says:

> These unconscious things that are coming
>
> to light are old problems from
>
> childhood, which were not solved
>
> properly and were repressed. This is
>
> tremendously important, because if these
>
> old problems come to the surface, the
>
> woman has an opportunity to find new
>
> solutions to them, and she may find
>
> better solutions than the ones she found
>
> as a child. Very often that happens
>
> spontaneously. After all, the woman is
>
> grown up now; she is better able to deal
>
> with problems of all sorts, and these
>
> problems now relate to the past.
>
> Most people working with pregnant women
>
> know that you very often get a curious
>
> spontaneous maturing process during

pregnancy. (pp. 51-52)

This emergence of measurable material would be an important part of the mother's transition from the imagined to the real baby, and I will pay special attention to whether this finding is replicated in the present study.

Regarding changes during pregnancy which may impact on the mother-baby relationship, Strong and Sullivan (1984) have reported that changes in body-image of the mother can result in negative self-esteem, and that this affects the relationship between mother and infant.

Shereshefsky and Yarrow (1973) and Shaines (1966) found that with an unplanned or unwanted pregnancy, the mother may express denial in the first trimester, with the result of poor anticipatory fantasizing about the future relationship. However Caplan (1959) says that it is a myth that if a woman rejects her pregnancy she is likely to have a disturbed relationship with her child.

Mebert and Kalinowski (1986) discovered that predictions as to the baby's temperament as described by verbal report from the mother, may be influenced by the number of previous births, and the means of delivery. Couples who already have a child and who are expecting a vaginal delivery tend to have babies with a more favorable temperament. Primiparous mothers and those having a Cesarian delivery may have a less favorable temperament. The study also showed that these predictions had a positive

correlation with subsequent behavior toward the real infant. By extension, there is a correlation between mothers' birth experience and their early relationship with the baby.

In a related study, Zeanah, et al. (1985) questioned thirty-five couples regarding their perceptions of their infant's temperament in late pregnancy and early infancy. Dimensions of temperament were: activity, rhythmicity, adaptability, intensity, mood, and distractablility. Both mothers and fathers had stable perceptions of the infant's temperament, from prenatal to postnatal life. This suggests that parental expectations can be predictive regarding temperament. However, some mothers' perceptions changed substantially. These mothers were found to have experienced labor as "very different" from what they had expected.

In both of these last studies, the nature of the delivery seems to be merged with the mother's perceptions of her baby. It is very likely that a difficult delivery would have some effect on the baby's actual behavior, as well. In sum, the physiological changes in prenatal stages exert a strong influence on the mother's fantasies. Also, the experience of labor is reflected in her perception of the baby's temperament. These findings are set within a framework of the stability of the parent's perceptions of the baby, pre- and postnatally, if labor goes as expected (Zeanah, et al., 1985).

Pregnancy as a Period of Crisis

Related to the "chaotic" experiences which some mothers have during and after delivery, Caplan (1959) and others feel that pregnancy is a special kind of crisis for a woman, with the potential of a regressive shift to developmentally earlier patterns of behavior and an increase in earlier conflicts associated with crisis reactions. The pregnancy crisis includes the necessary shift of energy from narcissistic libido to object libido (Bibring, 1961). Caplan notes that after regression, if it occurs, there is an opportunity for a new level of integration and psychological growth, similar to what may occur in other crisis experiences. This perspective ties in with the idea of a developmental step being made during pregnancy.

Levy and McGhee (1975) looked at what information mothers got from their own mothers concerning childbirth. As with other crises, the ability to predict outcome or represent the process with some clarity was crucial to the mothers's adaptation to the situation.

Postpartum Depression

Another influence on the mother-baby relationship emanating from the mother is the possible presence of postpartum depression. Reports from U.S. hospitals and physicians indicate that over 80% of mothers experience depression with crying, at some time during hospitalization

for delivery. (Klauss and Kennell, 1983). Klauss and
Kennell speculate that mother-infant separation, assignment
of caretaking duties to "experts," and limiting visits from
other adults are major factors in postpartum depression.

Leifer (1980) estimates that depression occurs in
nearly two thirds of mothers within the first three months
after birth. Depressive episodes were found by her to
center on physical complaints such as fatigue, or isolation
and loneliness. Hormonal effects may be held accountable as
well; there are sharp drops in the amount of lactin and
prolactin in the body. K. Dalton (1977) researched
postnatal depression and found that for mothers who had a
welcomed pregnancy, mood swings were most likely to be
related to hormonal change.

Idealization

Idealization and devaluation are key concepts in object
relations theory. It is expected that in this present study
these factors will be an important aspect of the
relationship between mother and baby. Broussard and Hartner
(1970) did a study in which "idealization" was found to be
an important positive influence on development. They
studied 318 full-term, normal, first-born infants who were
rated by their mothers as "better than average," "equal to
average," or "less than average," on six items of general
concern to most mothers. The behaviors were crying,

spitting, sleeping, feeding, elimination, and predictability.

The ratings were done at one month of age, and four and a half years later a follow-up study was done. Of 120 subjects still available, children were assessed for need of therapeutic intervention. Children who had been rated by their mothers as "average" or "less than average" were regrouped together as High Risk for developmental problems at the one-month interview while children rated by their mothers as "above average" were grouped as Low Risk for developmental problems. Of the thirty four children who were assessed as needing therapeutic intervention during the follow-up study, 70.5% had been rated as Low Risk.

The placement into a High Risk category of children who had been rated by their mothers as "average" on the six behaviors may imply that some idealization of the baby is predictive of good developmental progress. It was thought by the researchers that the results could indicate one of two things: The mother's ratings represented a true picture of the child, or there was a self-fulfilling prophecy. This will be addressed further below.

The same research team looked at the degree to which mothers were bothered by behavior on the six items, at day one or two, as well as at one month. It was found that, at day one or two, the mothers' perceptions of their infants for the six items did not serve as a predictor of subsequent

infant behavior. Mother's perceptions of their infants at
one month were more related to the real child and thus were
more predictive. This led to the statement: "our
longitudinal study provides evidence that the mother's early
perception of her firstborn is in fluid state".
(p. 434)

Further analysis showed that mothers who scored their
one-month-old babies as "better than average" tended to
score lower on the depression, irritability, negative
aspects of child rearing, and psychosomatic symptom scales
than did those who did not see their babies as better than
average. A great number of the first group considered their
infant's health to be "excellent" although no differences
existed between the groups with regard to actual occurrence
of illness among the children or their nuclear families. In
this regard, idealization or a fantasy of "goodness and
health" may again have been operative. According to the
study a perception which is predictive seems in general to
follow upon a short period of living with the real baby.
Then there has been time for the development of a mother-
infant "team" that is either working well and will continue
to do so (a sort of halo effect) or is not working well and
may lead to problems.

In rebuttal to the Boussard-Hartner studies, H.
Pallisan (1981) argues that the assumption that maternal
ratings were based on fantasy on day one or two "is

questionable." She contends that even a little contact with the real baby may offer clues to the mother about the baby. However, Pallisan notes that of the two interpretations of the Broussard-Hartner study that were offered (accurate assessment by the mothers or a self-fulfilling prophecy) the latter interpretation is "becoming more popular" (p. 285).

Another critique of the same study views ratings based on an "average baby" as idiosyncratic since that description will mean different things to different people. (However, inclusion of subjective judgment by the mothers can also be seen as useful in terms of a self-fulfilling prophecy.) Low reliability on the research measurement used is reported by Freese and Thomas (1978). Also, videotapes designed to increase mothering skills are available to mothers on a voluntary basis, and "treatment effects" of the tapes were not assessed in this study.

This study has bearing on the present study in that the mother's outlook and expectations for the baby before birth may have a definitive influence on the outcome of the relationship. The positive aspect of idealization is that it seems to influence outcome. However there are predictable limits. In the study reviewed (Broussard and Hartner), traits such as crying or feeding lie within the normal range of baby behavior. If the Mother were to project an ideal such as "he never pushes me away" or "she can control her moods," these would be unrealistic and would

lead to collision between the real and the ideal child.

Mothers who were optimistic about themselves (lower on depression, etc.) were optimistic about their babies. This fact points to how the mother interprets the real baby behavior. Over time the baby may incorporate this positive view, and a healthy self-esteem could ward off developmental problems. One may expect from this study that those mothers who had a hard time accepting the pregnancy or who were worried about outcome, may not have been inclined or able to idealize their babies and may have reported less satisfaction. In terms of mother-infant relations, idealization as defined by the study seems to spring from the mother's self-regard. But if the idealization were to serve a defensive purpose it seems likely that there would be some less positive results. In terms of the study question, how do mothers make the transition from the fantasized to the real baby, idealization may play a positive or a negative role, depending on whether it is based on secure or insecure self-regard on the mother's part.

Influences Originating from the Baby

Research in this section will be divided into 1) studies on stages of bonding to the baby, and 2) cultural factors.

Stages of Attachment

The term "attachment" is used by the following researchers to describe mother's prenatal love for the baby, including anticipatory thoughts and feelings. While attachment theory primarily addresses behavior rather than feelings, M. Ainsworth, et al., (1978) say that the affect associated with attachment is love.

McFarlane, et al. (1978), surveyed ninety seven mothers as to when they first felt love for their baby. The results were:

- during pregnancy   41%
- at birth   24%
- first week   27%
- after first week   8%

For first time mothers, Robson and Kumar (1980) found that 40% of the mothers reported indifference when first holding their babies, while 40% reported immediate affection. This contrasts with the McFarlane study in which mothers were not all primiparous. Robson and Kumar also found that onset of maternal affection could be delayed by a difficult birth or strong medication.

Leifer (1980) has identified several prenatal attachment behaviors, including:

                - talking to the fetus
                - reprimanding it for moving too much
                - offering food when the mother is eating
                - calling the fetus by a pre name
                - engaging the husband in a conversation with the
                  fetus

- pushing the fetus around to watch movement or so
husband could watch

It seems likely that some prenatal attachment is based on attributions of what the baby can feel or do. For example, talking to the fetus must require attributions such as, "It will be comforted by my love," or "It will know I'm sending good thoughts and feelings."

Jessner, Weigert, and Foy (Anthony et al., 1970) report on women who "could not immediately feel love for the infant" (p.226). They note that the absence of love may be accompanied by the infant "looking like a stranger." They also note that breast feeding helps overcome the initial estrangement.

A study by Robson and Moss (1970) also looks at patterns of maternal attachment. In a study of 54 primiparous mothers they found that the mothers responded vaguely and impersonally, in describing their infants for the first four days after birth. In the first month they also experienced "impersonal affection." The mothers needed to deal with the babies' anonymity, and actively tried to create a sense of uniqueness and belonging. This was designated as the "claiming process"; almost half of the sample identified a physical feature as similar to that of a close family member. In the second month, with responses from the baby such as visual fixation and smiling, maternal feelings were intensified and the baby was seen as a "person." By the end of the third month, the baby's absence

was experienced as unpleasant, and most mothers felt
strongly attached.

Lamb, et al., (1985) did a critical review of the
literature on maternal bonding, and concluded that early
mother-infant contact did not necessarily lead to better
attachment. Short-term effects were more noticeable than
longer-term effects, and other factors such as type of
delivery and the condition of the infant were thought to
influence final outcome.

Those mothers who experienced immediate and intense
attachment to their infants were highly invested in having a
baby during their pregnancy term. Mothers who developed a
late attachment either had not wanted a baby or the baby had
deviant behavior.

It was thought that contrary to other animals, in which
maternal behavior is released by species-specific
characteristics such as coat color or vocalizations of the
young, the release of human maternal feelings depends on
behavior indicating adult forms of social communication.

In this analysis of maternal responses there were two
stages: a caretaking stage and a social relationship stage.
Related to this, Robson and Moss report recurrent dreams by
mothers in which babies are "born talking" or "born looking
like a two year old" - a feature also noted by Deutsch.

This schema of two stages is in agreement with findings
of Ballou (1978) but contrasts with the views of Stern,

Brazelton, and others who see the baby as endowed with social behaviors from the time of birth, with social interactions also emerging from birth onward.

L. J. Morgan (1981) raises the problem of reliance on observed behavior, commonly practiced in research on mother-infant bonding, when the affective bond may develop independently. Such independence is also suggested by Gottlieb (1978), who noted that while thoughts and feelings expressed by the mother on the first postnatal day had mostly to do with physical features and actions, by the fifth day thoughts were more complex and interpretive in nature. Carter-Jessop and Keller (1987) note a similar sequence of responses.

Peterson and Mehl (1978) interviewed mothers at one, two, four, and six months after birth. Areas explored were:
- feelings of closeness to the infant
- feelings that the baby was hers
- caretaking behavior
- time involvement with the infant
- confidence in ability to care for the baby
- feelings about caring for the infant at night
- behavior in comforting the baby when he cries
- feelings about the baby, motherhood, and the work of caretaking

Indeed their findings were that:

1) Bonding exists during the prenatal period

2) Early postnatal experience is usually chaotic: feelings at the time may reflect this chaos more than anything else. The prenatal period may give better clues to the mother's emotional attachment to the infant.

3) There are probably two different phases of maternal bonding:

a) prenatal through the first 3-4 days. Thoughts, feelings, and behaviors are usually limited to the baby's physical appearance.

b) from five days through twelve months there are more complex thoughts, feelings, and behaviors -- such as comparisons and thoughts about the future.

Based on these findings, rather than expecting the occurrence of a single event or moment in which the bonding between mother and infant is defined, one would expect to find stages of adaptation and transition to the real baby.

Bonding can be seen as one unique type of object relation that has evolutionary and survival underpinnings. Aside from bonding, the mother may experience related changes in her object relations that allow her to become a mother, taking on the responsibility for nurture and care of the infant. The woman must shift from an ego-centric to an alter-centric focus. Reconciliation with one's own parents may assure diminished remnants of dependency, ambivalence, and rebellion in taking on the parenting role.

Finally, R. N. Emde (1981) describes a shift in the baby's organization at about two months, from endogenous to exogenous control of behavior. In other words, the baby becomes more responsive to the external environment. But the two-month shift in the baby's behavior is apparently

lagging in relation to the mother, who makes her own shifts in maternal bonding at an earlier stage (Peterson and Mehl). Thus the mother may be having more complex thoughts, feelings, and behaviors from the fifth day on. This suggests that not only do mother and baby respond to one another's social cues, but each has his or her own inner schedule for adaptation and new ways of relating.

Discussion of stages of attachment. This review of studies on stages and releasors of attachment reveals some apparent inconsistencies.

1) One may at least question the assumption that there are predictable stages of relating to the baby. Robson and Kumar (1970) found that 40% of first time mothers reported indifference when first holding their babies. Forty percent reported immediate affection. Clues as to the context for the different reactions will be sought in the present study.

2) Early lack of reciprocity: While babies are relating to their mother as a preferred figure at birth (Stern, 1985), mothers do not seem to develop more complex thoughts and feelings about the baby until near the fifth day (Peterson and Mehl, 1978). However, this can be seen as a brief period that should not affect longer-term reciprocity. Also, there are studies (Papousek and Papousek, 1983) indicating that mothers behave in a programmed manner without conscious control, so that reciprocal behavior may predate reciprocal

awareness.

3) An apparent contradiction: early thoughts, feelings, and behaviors toward the baby are usually limited to the baby's physical appearance (Peterson and Mehl, 1978) yet bonding thoughts and feelings exist even during the prenatal period (McFarlane, et al., 1978; Leifer, 1980). This suggests that prenatal bonding may correlate with a good deal of fantasizing, and making the shift to bonding with the real baby entails incorporating a new set of images, which takes time. Also, the fact that the early postnatal bonding period is "chaotic" may interfere temporarily with the bonding process that had previously been in progress. The mother's physical reactions to birth, as well as psychological adjustment to the loss of the fetus, are part of the chaos. There is also a major realignment of one's role as a mother, including adaptation to the physical appearance and temperament of the real baby, and taking on new caretaking tasks.

In the Raphael-Leff study, note was made as to the difficulty of reclaiming projections. Adaptation to the real baby also requires construction of a new mental representation. I expect that this present study will collect data on these transitions. It seems likely that 1) some projections will be reclaimed, while others will remain; 2) the baby will be studied by the mother for special characteristics; and 3) a relationship will be

forming, all at the same time. Some mothers may delay the withdrawal of projections and continue to experience them for a longer period of time than other mothers.

Cultural Factors

Cultural factors have an important bearing on how mothers experience pregnancy, birth, and attachment to their child. For example, M. C. Stainton (1985) found that within a given cultural group, what was appealing to mothers in their babies varied, and affected interaction patterns. American mothers were responsive to what they saw as the prototype of a successful human being: self-reliant, socially extroverted, independent, and able to achieve goals (exercise power and control). For Japanese mothers, a quieter baby was most valued.

In attachment terms, a South German sample reflected U.S. norms, but a North German sample had more avoidant attachment, perhaps reflecting a cultural style of parenting (Grossman and Grossman, 1985). Many Japanese children (37%) showed resistant attachment, which is much higher than the U.S. norm (Miyake, Chen, and Campos, 1985).

Leifer's 1980 study showed that mothers in the U.S. had a marked preference for the baby to adopt the qualities of the husband, rather than her own qualities, regardless of sex (p. 93). This preference for male characteristics has

been interpreted by Rich (1976) as the belief that having a
son represents giving birth to one's unborn self, as a man.
More than half the mothers in Liefer's study continued to
view the baby as resembling their husbands at two months
after birth. This had decreased from the third trimester,
when thirteen of nineteen women imagined that their babies
would look like their husband did as a baby. The bias
toward male characteristics may reflect American goals of
independence and the exercise of power and control,
mentioned in the Stainton study (1985). Preference for
physical semblance to the father, which diminished over
time, shows the shift one might expect when projections are
withdrawn and the real baby is accepted.

In other cultures survival behavior does not always
support attachment responses from the mother toward every
child. N. Scheper-Hughes (1992) studied slum families in
northeast Brazil, where extreme poverty is endemic. In this
environment, the mothers routinely lost three, four, up to
nine infants, because they had to leave their children
unattended while they worked, The mothers select those
children who seem most likely to survive, and invest these
children with their love. Others are left to die. For
these mothers, affection was not immediate, nor did it seem
to be part of a biological "attachment system"; love in this
environment is "most potent the older the child gets" (R.
Schoch, 1992). While in this case modification of

attachment is found in another culture for economic reasons, the adaptation of attachment to other demands can be readily imagined. For example, attachment may be altered if there are a competing set of parental figures, or if the baby has a physical defect that is unaccepted by the culture at large.

The studies on cultural factors highlight the importance of the mother's social/cultural milieu as an influence on early perceptions of the baby. While the current study is not specifically designed to deal with cultural factors, it is possible that some such differences may be mentioned by the mother herself.

Summary and Discussion of Empirical Research

Research has focused on two important elements of the mother-infant pair: 1) the interactive nature of the dyad, including interactive research, studies on intergenerational attachment, postpartum depression, idealization, and cultural factors; and 2) temporal phases of changes in the mother-infant relationship, including prenatal stages of adaptation by the mother, pregnancy as a period of crisis, and stages of the mother's attachment to the baby.

The empirical studies add to previously reviewed theoretical formulations related to the research question, in a number of ways:

1) Interactive research focuses on interpersonal relatedness, a feature common to object relations theory. The descriptions found in interactive studies of how babies respond to mothers' attributions share with object relations theory the idea of projecting inner thoughts or fantasies. However attributions are commonly thought to be more related to the real baby than to the mother's psyche. Interactive research also describes how the mother is "fueled" by the baby as communication is developed at an early age. One interpretation of this, in self psychology terms, would be that the baby functions as a self object, mirroring the mother even as she mirrors the baby.

2) Ballou's (1978) study, showing a pattern of reconciliation with the mother's own mother in most cases, supports the early psychoanalytic theorists such as Benedek and Bibring. The two stages of relating to the child which Ballou found, attachment and mutuality, are also described in attachment studies and interactive research, although the time of onset or mutuality is brought closer to birth in interactive studies.

3) The Müller (1989) study on intergenerational attachment seems to add weight to the case for inclusion of "internal representations" of attachment figures. This supports the idea of the "working model" of the parent, in attachment theory. The "internal representation" and the "working model" are different from the imagined baby, which

is a more conscious construct.

4) The mother's prenatal stages, as studied by Caplan (1959), show that following fetal movement there is anxiety about separation. This ties in with the theory of prenatal regression by mothers back to their own stage of separation/individuation, as originally described by Mahler (1963) but associated with pregnancy by Bibring (1969) and Benedek (1970). Shifting from narcissistic to object libido accompanies and defines a separation crisis for the mother. The mother must commit energy which was previously devoted to the self, to a new object. The idea of regression to earlier modes of functioning during a crisis, and the "spontaneous maturing process" that may follow, parallel the idea of pregnancy as a period of psychological growth and reconciliation with one's parents.

5) The link between an unplanned or unwanted pregnancy and poor anticipatory fantasizing about the future relationship with the baby (Shereshefsky and Yarrow, 1973) may apply directly to participants in this study, and disturbances in the relationship with the baby may be more likely.

6) Studies by Mebert and Kalinowski (1986), and Zeanah, et al.(1985), showing that the nature of the delivery influences the mother's perception of the baby, point to a certain amount of globalization of affect. Studies showing that the relationship with one's partner

predicts adaptation to the pregnancy also indicate the importance of context.

7) Broussard and Hartner's (1970) study of idealization relates to object relations theory, which states that an ideal self may be projected onto another object. Although the Broussard and Hartner study seems to measure an optimistic outlook as well as idealization (see earlier comments) it is not clear that the two can be easily separated. Her interpretation of a self-fulfilling prophecy generated by the mother's positive feelings toward her baby suggests that idealization is one of the more fortuitous kinds of projections available to mothers.

8) Studies on stages of attachment extend and refine attachment theory. The term attachment is used to include prenatal love for the baby (McFarlane, et al. 1978, and Leifer, 1980). This takes maternal attachment beyond the idea of response to infant behaviors such as crying, grasping, rooting, etc. The importance of prenatal attachment, in terms of this study, is that an internal representation of the baby was developed in the mother's mind before birth. The fact that some mothers do little fantasizing and have little prenatal attachment means that mothers start from different places in making the "transition" to the real baby.

9) Lamb, et al.(1985) found two stages of maternal response, once the baby was born: the caretaking stage and

the social relationship stage. This coincides with Ballou's two stages: attachment and mutual interactions with the child.

10)   Studies on stages of attachment show that the mother may feel early love for the baby - or show confusion, estrangement, and indifference. The theoretical literature on drive theory and ego psychology suggests how these differences may be explained. Being able to accept the experience of pregnancy and accept motherhood depends in part on reconciliation with one's own mother (Benedek, Bibring). Self psychology also provides some ideas. How the mother's "self" adapts to motherhood will depend in part on how well she has developed a coherent sense of self. Early deficits in self-cohesion, for example, would be expected to put a strain on becoming a mother.

With the foregoing contributions from theory and empirical research in mind, including areas of agreement and areas of dispute, the reader is directed to the next chapter, covering data from the study which was organized by discovering common themes upon analysis of the mothers' narratives.

CHAPTER III

METHODS AND PROCEDURES

Methodology and Design

The question being studied is: How do expectant mothers experience the transition from relating to their expected or fantasized baby, to forming a relationship with their real baby, once born?

Expectant mothers were interviewed in their third trimester, and again after the baby's birth. The focus was on the mother's immediate experience with her baby. In the second interview I also looked for changes that the mother describes from the prenatal to the postnatal experience.

Qualitative methods were used in the study, with data collected by means of in-depth interviews. A grounded theory approach as described by Glaser and Strauss (1967) and Patton (1990) was used in this study. This approach allows for the data to feed directly into theory building, rather than starting from prior assumptions into which the data must fit. Beginning with a concern for the development of a relationship between mother and child, my particular focus is on how mothers make the transition with their babies over two segments in time, and what meanings they ascribe to this process.

In this study, Drive Theory and Ego Psychology, Object Relations Theory, and Attachment Theory informed the design

of the interview and the analysis of the data. However the primary effort was to encourage the mothers to tell their own stories and, as a researcher, to be sensitive to the personal meaning of these stories. In keeping with the grounded theory approach, this provided an opening for discovery through inductive methods, particularly with regard to the mother's experience of the process of becoming a mother.

The study is based on a perspective which places emphasis on deriving knowledge about human behavior through understanding the way people define their worlds. The practical result of this approach, in terms of research, is to "take sides" with the symbolic or meaning aspect of man versus the natural or mechanistic aspect of man (Bruyn, 1970). Qualitative research is intimately connected with the realm of meaning. The generation of meaning is a human experience that cannot be studied in the same manner as objects in the material realm.

Polkinghorne (1988) emphasizes the role of linguistic data in "human science" research. Language serves to "organize information from the physical and cultural realms and transform it into the meanings that make up human knowledge and experiences" (Polkinghorne, p.158). It is a primary means of access to the way in which human beings construct meaning (1983, pp. 241-279).

With regard to data collection for qualitative

research, Mishler (1986) presents a convincing argument for
semi-structured or even unstructured interviewing. I've
chosen to use a semi-structured interview in this study.
Mishler compares semi- or unstructured interviewing with the
traditional interview in which supposedly "extraneous"
material is eliminated by focusing on specific questions
designed ahead of time by the researcher. When one's
purpose is to study how individuals perceive, give meaning
to, and express their own conceptualizations of themselves
and their experiences, the traditional approach is not the
most appropriate.

Mishler states, referring to the "standard approach"
(i.e. standardized interviews) that it suppresses the
exploration of meaning by assuming shared or standard
meanings. He continues:

> To come to a more adequate understanding of
> what respondents mean and to develop stronger
> theories as well as more valid
> generalizations in interview research, we
> must attend to the discursive nature of the
> interview process (p. 65).

The narrative, derived from loosely structured, in-
depth interviews, provides an important source of data. In
describing their experiences people tend to tell stories.
Both content analysis and types of narrative analyses
similar to those used in the study of literature are

approaches that have been adopted by social science researchers interested in the understanding and interpretation of human experiences.

In the present study, the adaptation to change made by mothers in relationships with their babies, over a period of time, lends itself to a narrative account. The themes that may emerge through narrative descriptions will possibly differ from any extrapolations that could be made from known theory. It is therefore most important not to suppress meanings that mothers may offer via their stories by an over-determination of what information is to be elicited.

Sample and Recruitment

Sampling

The purpose of the study is to describe the nature of certain experiences; not the nature of those who have the experience. Theory-based sampling (Glaser and Strauss, 1967) was used in that mothers were targeted during time periods selected on the basis of potential for demonstrating theoretical constructs. However, within the sample group, with the primary criterion being first-time motherhood, secondary characteristics such as ethnicity, socio-economic level, educational level, marital status, and age, were varied. This selection provided access to both invariant structures as well as some types of variation.

Eight mothers were studied. This was adequate to yield meaningful patterns and saturate the categories; new categories were not being formed with each new participant (Glaser and Strauss, 1967).

First-time mothers late in their third term of pregnancy were interviewed before delivery and again when their baby had reached three months of age. This age was chosen as a time when there is a qualitative shift in the infant's presence as demonstrated by responsive smiling, among other behaviors (Stern, 1985). Attachment behaviors such as crying over separation, gazing, and co-ordinated reaching are present (Ainsworth, et al., 1978). This stage may be a point in the mother's adjustment when the "crisis" aspect of delivery will have passed and mother and baby have been able to settle into a new kind of relationship.

Recruitment

Participants were selected through personal outreach, fliers at a Birth Center, and an advertisement in a newspaper for parents asking "how first-time parents make the transition from their imagined baby, to the real baby." Interviews were scheduled over the phone. A recruitment letter (Appendix A), presented at the time of the interview explained to the mother that her anonymity would be protected and confidentiality maintained, and that I would

be asking questions about her relationship with her baby,
before and after birth. The second interview was scheduled
after the first interview had taken place, and a reminder
phone call was made within a week of the appointment date.
Participants were paid a modest amount for each interview.

Data Collection

An open-ended, semi-structured interview as described
by Mishler was held with the mothers at two times -- once
during the third trimester of pregnancy and once when the
baby was in its third month. The purpose of my questions
was to provide a framework within which mothers could
describe their experiences in a way that would convey
personal meaning, while also covering topics that were felt
to be important for the focus of the study. The researcher
began with an opening statement and an initial question
oriented towards encouraging the mother to begin to describe
her experiences. (See Appendix C for Interview Guides).
The researcher then carefully listened to the responses,
asking for clarification and expansion as well as examples.
The conversation was guided, when it seemed useful, by the
topics and probe questions from the two Interview Guides.
The researcher's role was to establish a climate in which
self-awareness and self-disclosure could take place, and to
maintain focus on the research question.

Mothers were interviewed for approximately one hour, and the interviews were audio-taped. Interviews were held in the mother's homes or in my home according to their preference. If the baby was present, any observations made about their relationship was informally noted and used as impressionistic accompaniment to the data.

The general topics and specific probe questions were generated from clinical experience and readings from the literature. Drive Theory and Ego Psychology, Object Relations Theory, and Attachment Theory were utilized to sensitize the questions. However in accordance with the Grounded Theory approach to data collection, probe questions were deleted, expanded, or modified in accordance with endogenous categories that arose from interview material. The interview topics differed for the two interviews, which I will refer to as Prenatal and Postnatal Interviews.

For a list of the probe questions, see Interview Guides. The rationale for questions under each general topic, for each interview, is as follows:

Prenatal Interview: Topics and Rationale

I   General Reaction to Pregnancy

This segment aims to put into context the pregnancy experience, in terms of family situation, physical well-being, and preparations. By asking for the mother's own

orientation to her pregnancy and the baby she carries, a
baseline may be established from which to gauge future
change.

II   Developmental Expectations

Realistic or unrealistic developmental expectations are
probed. This is an important factor in whether the mother
will be able to be a partner in meeting the baby's needs.
Projections onto the baby could interfere with developmental
sensitivity.

III Dreams and Anticipations

Dreams can give direct access to unconscious thoughts
and feelings about the baby at this point in time.
Anticipations will also tap into the mother's projections:
"Anticipation" may have both positive or negative
connotations.

IV   Communication

Inquiry is directed at prenatal bonding, as observed in
research studies (McFarlane, et al. 1978, Leifer 1980).
Both process (frequency of communication, modalities used)
and content (fantasies that accompany communication) will be
elicited from the mother.

V   Intergenerational Relationships

The mother's relationship with her own parents will be
explored. According to Drive Theory there will be reworking
of identification with the mother's own parents, in taking
over the parental role. Attachment Theory (Main, 1979) also

suggests that the mother's manner of talking about her own
parents correlates with the interaction patterns between
mother and child. These are identity and "working model"
issues, influencing the mother's relationship with her baby.

Postnatal Interview: Topics and Rationale

I   General Reaction to Motherhood

This is a chance for the mother to tell of her own
feelings about her postnatal experience. It is an open-
ended inquiry, intended to bring out what is most important
for each mother.

II   Delivery

The mother's experience in delivering the baby can have
a very large impact on the early relationship. Medication,
separation from the baby, family support, and postpartum
depression are potential issues of importance.

III Relationship

This section deals with subjective experiences that the
mother reports in describing the relationship with her baby.
Responses to the baby's cues versus mechanisms such as
identification or projection may be gauged. Some other
issues that may arise are degree of closeness, the process
of "claiming," temperamental match or mismatch, attunement,
feelings about dependency, and degree of enjoyment in the
relationship.

IV   Characteristics

How the mother describes the baby's characteristics will give a sense of how well differentiation is taking place, as well as the mother's sensitivity to the real baby. There will be a methodological problem in that the mother may be describing projections rather than the real baby, but checks for internal consistency as well as noting any "splitting" (all good, all bad) may serve as a remedy. A description of characteristics may also serve to relate the baby to the extended family -- a larger context.

V   Developmental Level

Discrepancies between earlier expectations (Inquiry I) and real behavior may be noted. These questions are designed to assess whether the mother is "in synch" with the baby's development. Or, she may describe relating to a "fixed" identity. One task in this section will be to find out if mothers who describe change, speak in terms of developmental steps, or more from some internal perspective.

VI   Transition to the Real Baby

This section focuses directly on the mother's explanation of transition. Latitude for individual expression by the mother is most important. It may be necessary to draw a contrast of prenatal and postnatal experiences to stimulate the mother to reflect on the process of change.

In keeping with the Grounded Theory approach (Glasser

and Strauss, 1967) data collection and analysis were co-
ordinated. During the collection phase, immediate initial
analysis of each interview revealed unexpected material and
thus affected the ongoing process of data collection.
Changes or additions were made to the Inquiry Guides
accordingly.

Data Analysis

Tape recordings and transcriptions of the interviews
provided the primary data for analysis. Initially each tape
was listened to prior to transcription and a summary and
list of themes were made. In this way, a feeling for the
way in which the participant spoke and the tone of the
interview was maintained, livening the transcript when read.
Notes made shortly after the interview describing family
involvement and even observations of interaction between
mother and baby, were also used as impressionistic data.

Each transcript was analyzed for thematic content
(Glaser and Strauss, 1967). The initial themes or
categories were mainly descriptive and sometimes retained
the language of the participant. Exemplary thematic
excerpts were sometimes assigned to more than one category,
which served to keep the conceptualization more open. As
material became more familiar, categories were collapsed and
new ones created; and conceptual categories were constructed

so as to help explain the content of the descriptive categories, as well as possible relationships between them. When categories "saturated" or there were no new categories, a hierarchical organization was constructed with categories ordered according to level of abstraction.

Following separate analysis of the Pre- and Postnatal Interviews, and the analysis of the change between them for each woman, there was then a comparison of the individual participant's responses. A schema of the analysis procedure is as follows:

I   Themes and Process of Change for Each Mother

A.   Summarize each interview as it is completed and list main themes for Inquiries I and II.

B.   Compare Inquiries I and II and analyze the process of change.

II   Comparisons Between Mothers

A.   1.   Look for common thematic categories and their properties (sub-themes) and variations.

2.   Look for deviations: unusual themes.

B.   Compare patterns of change, looking for similarities and differences.

Presentation of Findings

Findings are described in the following way:

I   A brief "thumbnail sketch" of each mother will

emphasizes what is unique about this mother's experience. Each mother is given a pseudonym such that she may be followed throughout the study, providing identification and continuity.

II   Results of the comparative analysis for each stage of the experience: Common thematic categories, sub-categories, and variations are described using illustrative excerpts from the interviews. Unique themes are described and illustrated.

III Analysis of Change

A.   Themes of change (types of transition): types of transitions are outlined for the participants, using the categories and sub-categories developed from the interviews. Where types of transition are clustered, this is presented as well.

Interpretation and Discussion of Findings

The final chapter in the study will be devoted to interpreting the thematic material in terms of the study question: "How do expectant mothers experience the transition from relating to their expected or fantasized baby, to forming a relationship with their real baby, once born?" Findings will be interpreted and hypotheses will be generated from the data regarding how mothers traversed the path from the prenatal relationship to the postnatal

relationship with their babies. Emergent theories will be discussed and evaluated in terms of existing frameworks and research (see Literature Review).

The primary research question concerns the mother's experience of forming a relationship with an "object" whose characteristics are incomplete but developing. How much ambiguity can the mother tolerate? How much of a fictional character is created to help her "relate?" How much is she gratified by the baby's real behavior, as opposed to what she projects onto the baby? How are projections withdrawn, and at what cost?

In terms of theory, how well do extant theories explain my data? Do my findings suggest a common ground for any of these existing theories, or do they confirm a specific theory? Are there emergent themes that generate hypotheses that challenge existing theory?

These questions regarding theoretical implications will also be asked about the study's analysis of change. The significance of the mothers' stories of transition will be explored. Some overt themes of transition from the expected to the real baby may be found.

Protection of Human Subjects

The participants on this study are considered at risk of being exposed to the possibility of harm in as much as

the area to be explored, transition and adaptation to one's
real baby, can be a sensitive one. The researcher was aware
that inner conflicts might surface during the interview.
Although the researcher would not continue to probe areas
where conflict was apparent, she was aware that conflict
might appear suddenly and unexpectedly.

In order to protect the participants in this study the
following precautions were taken.

1) All information was kept confidential, and participants
were informed of confidentiality from the beginning. The
anonymity of each participant was protected by using
pseudonyms on the transcripts and in the written material.
Tape recordings will be erased when the study is completed.

2) The amount of time involved was specified before
interviewing, as well as the plan to audiotape the
interview.

3) Participants were informed of their freedom to
discontinue participation at any time.

4) Participants were told that some questions might bring up
topics they may have not given much thought to, or may make
them uncomfortable. They were told that they should let the
researcher know if they wished to discontinue a given line
of inquiry.

5) If a participant withdrew from the study due to emotional
stress, the researcher agreed to call within two days to see
if the stress has subsided. If not, the researcher was

prepared to offer two 1-hour sessions to help the

participant re-stabilize.

6) Each participant was asked to sign a consent form prior

to being interviewed (see Appendix B).

CHAPTER IV

FINDINGS

The present study was designed to probe the question of
how mothers experience the transition from thinking about
the imagined, unborn baby to forming a relationship with the
real baby, at age 3 months. Since there were no formal
observations of the mother-baby dyads the focus is on the
mother's perception and report of that transition.

The mothers seemed to be comfortable with being
interviewed and openly shared their feelings about the
pregnancy - even when there was ambivalence. On occasion
they were protective about the history of their families of
origin, and I accepted their right to set these boundaries.

There were also occasional obstacles in connecting with
mothers for the second interview. In two cases the
participants "forgot" the appointment and in one case the
mother said she didn't hear me knock, although she did hear
the dog bark and thought there might be someone at the door.
I felt that these mothers may have been preoccupied with
their babies. I also wondered whether some mothers were
guarded about sharing their experiences once the baby had
arrived. However, I have no direct explanation from the
mothers. In each case a second appointment was kept.

I am most appreciative for the mothers' participation
and hope that the significance of their experience has been

accurately reflected in this study. I feel especially indebted that the mothers shared such a personal experience with openness for the most part, and did so at two points in time when there were many competing demands.

As will be seen from the profiles given below, these women were not only different from one another in terms of social categories but also different in their readiness for the pregnancy, in their personal histories, and in their psycho-social situation. Yet an analysis of their described experiences of pregnancy and the early post-natal phase-experiences of becoming a mother - reveals common themes and patterns. The organization of these themes and patterns described an emergent structure for the transition from the imagined baby to the real baby. Analysis of the interviews was guided by that same question: "How do expectant mothers experience the transition from relating to their expected or imagined baby, to forming a relationship with their real baby, once born?" The transition of each mother is viewed as a process that has its origins before the pregnancy and that continues after the second interview. The mother brings preconceptions and expectations to the unborn baby, and these will play a part in forming the future relationship.

Before presenting the findings of this study I will present a brief general description of the participants and a profile of each individual woman. In this way the reader

will have a sense of the person who is referred to in the examples used for presenting the analytic categories. All names are pseudonyms and certain specific identifying information was disguised to protect the women's anonymity.

Description of Participants

The eight participants were all in the third trimester of pregnancy for the first interview, and all were expecting their first child; they range in age from their early twenties to their early forties. Two had been pregnant previously and had miscarried. The women came from different walks of life and varied in ethnic origin. The study included, by chance, one woman each of Asian, Arabic, Latin American, African, and Anglo-Saxon origin, and three of Jewish descent. Two of the women were born and grew up outside of the United States though they became permanent residents. Three of the women were married, three were unmarried but living with the baby's father, and two women were single at the time of pregnancy and unsure about how much the baby's father would be involved. For four of the women the pregnancy was unexpected. Three of the women had professional careers, three were college graduates, one was attending college, and one was a high school graduate.

<u>Profiles</u>

Paula is a young woman who came to the United States from another country when she was 17 years old. Her father had been alcoholic and abusive toward her mother. At some future time she hopes to sponsor her mother's immigration to the United States as well.

Paula is especially happy to be having this baby - although it will be born out of wedlock - because of an earlier miscarriage. Her relationship with the baby's father seems predicated on the idea that he is older and wiser. Although she felt at one point that he was not supportive of her, she says he is now, and they plan to get married right after the baby is born. She hopes the baby will draw them closer. In the past she felt jealous of her boyfriend's children from a previous marriage. Having her own baby will change this, she feels, and will improve their relationship.

Paula talks a good deal about the baby's movements and her own physical sensations, such as backache. She once had nightmares of leaving the baby with others but later dreamt of holding the baby and gazing into its face. She says, "my baby" repeatedly, as if to show her feelings of connection, and gestures how she will hold the baby close. She wanted a baby boy but a sonogram showed a girl. Even after that she hoped she might have a boy.

Paula's labor was almost 40 hours - she says, "No more babies." She missed feeling the baby in her uterus after delivery. She says the baby is "sweet" with a temperament "like her father's." The father is calm, while Paula has a temper, which used to cause problems with her mother when she was growing up. She hopes to learn from the father how to be patient, and she does not want to spank or harm the baby. She even spoke about the baby feeling pain during delivery.

In relation to the adjustment to having a girl, Paula tells herself that she'll have better communication with a baby girl.

Fiorna, who is in her early thirties, has been married for about ten years, but only stopped taking birth control pills about five years ago. She describes herself as "never really mother-motivated." However, she and her husband decided that whatever happened they would go along (no abortion). Fiorna was initially shocked at the news of her pregnancy. She "ignored the pregnancy, kind of," until she completed a previously planned trip. At this point she was "showing" and getting comments from family and friends. She compared her pregnancy to an adventure, similar to going on a trip. Worry quickly emerged when Fiorna thought about returning to work. She did not like her job and she also wanted to be a stay-at-home mother.

Fiorna's interest in the pregnancy grew as she got closer to term. The image she had of the baby was idealized - "a Gerber baby." She had anxiety attacks when thinking about how she would need to handle everything alone. She thought her husband wouldn't be as helpful as she wished because it was his habit to work many hours overtime.

Fiorna wanted to give her child more support than she had gotten from her mother, so her child would have more self-confidence. She told me how in college she had finally given up on trying to get her mother's approval.

Fiorna's sense of being a beginner at raising a baby was conveyed when she commented that, "My learning curve is straight up."

The newborn slept a good deal at first, and her response was to follow the baby's lead. She liked the baby's quiet temperament but sometimes forgot the "basics" such as changing diapers because there were few signals from the baby. Fiorna feels that she understands her baby well because they are alike, and that they "molded" right from the beginning. She feels competency at motherhood.

At the end of the interview Fiorna said that she had been newly motivated by the baby - especially since she is a girl - to have a "special life or career" for herself. She wants her daughter to know that her mother is a fulfilled human being.

Sarah is single, working, and going to school. She says her pregnancy was a "mistake" but she decided to keep the baby, in disagreement with her father's advice. This act of independence and the calm way she communicated her choice actually seemed to enhance their relationship. While working up to the seventh month of pregnancy, Sarah put off thinking much about the baby. She said she was working on the "pragmatic" aspects of motherhood. Financial security was pivotal. Sarah was also taking classes in Child Development and Personal Growth.

Sarah felt her own parents had good values but they didn't follow through and weren't reliable. In fact, she ended up raising her younger siblings because her mother walked out. She has strong feelings about "doing it better" for her own child. She was very concerned and uncertain about the role the baby's father would take - he made no commitments.

Once the baby was born, Sarah became the center of a renewed family cohesion. She eventually moved into her father's house where her two younger brothers continue to live, and her mother has become more involved, as well. The baby's father has also become more involved.

Sarah says her feelings toward the baby were very positive at first, but then she felt put off because the baby "looked like this woman I hate." By nighttime she felt attached. Perhaps the brief period of estrangement was re-

emergence of the ambivalence she must have felt when she jokingly called the fetus "The Beast Within." However Sarah tells us she fell in love with the baby, and appears to have made a strong emotional commitment.

Sarah puts her baby first in her life and juggles other things around. For the most part she seems delighted with her daughter and surprised by the intensity of feeling she has experienced toward her. She appreciates that she had an "easy baby" and says she feels lucky. She hopes to offer the baby opportunities that she missed, yet at the same time she plans to make and take opportunities for her own continuing development.

Sarah feels that the baby's father is very good with her, but she is undecided about whether he would make a good marriage partner. There are no plans for marriage at this time.

Bonita, recently out of graduate school in Nursing, has always wanted to have a family. Although she is in a long-term relationship she feared when she got pregnant that her boyfriend would feel "trapped." However, this was not the case and they plan to get married after the baby is born.

Bonita's mother died giving birth to her and her step-mother died five years ago. When the fetus had a heart irregularity she felt doomed to another loss, but the baby recovered and has been healthy since then. She said family problems and abuse when she was growing up led to a drug addiction from which she has now recovered. She and her boyfriend do a lot of physical exercise.

Bonita had reservations about having a boy because of the potential for violent and aggressive behavior, which upsets her. But when she did have a baby boy she made plans to raise him in a non-competitive environment and says his father, who is a gentle man, will be a good role model. She feels there has never been a more "right" time for her to have a baby because of the good relationship she has with her boyfriend.

Bonita made a guided visualization tape with a birth enabler, because of her fears about childbirth. She said this helped her feel connected with "all the women who have ever had children," perhaps a replacement for her mother. Because the baby was large and there was some tearing in the birth canal, Bonita says her body didn't "come back" as fast

as she had expected. She lost a lot of sleep in the first months, at times feeling overwhelmed. However she still says the baby is "fun-er" than she had expected.

Bonita's family and her boyfriend's family mostly accept and support their coming marriage. Bonita says that her father has surprised her by being an attentive grandfather - "trying to make up for being a bad father," as he put it.

Bonita has made a booklet for her son, expressing her feelings towards him so in case something happens to her he will know how much she loved him. She feels she is a good mother, although setting limits later on may be "more complicated." Regarding giving birth, she says that she was prepared for all the "bad stuff" but she wasn't prepared for the "good stuff."

She will return to work soon - financially they have no choice, and she says she likes her career as well.

Lois is a twenty-three year old, single person. She came to the Bay Area to go to college, against her parent's wishes.

Lois's pregnancy was unplanned. Her boyfriend wanted her to get an abortion but she planned adopting out. She even interviewed and picked out a designated couple. She felt she could not afford to raise a baby alone and her boyfriend did not offer financial support. She kept thinking of the baby as adopted; then her father found out and expressed disappointment. When he offered to provide financial support she changed her plans. This was around the seventh month of pregnancy.

When the baby's father found out it would be a girl; he felt less overwhelmed, and planned to support the baby financially but not live with Lois. Much of Lois's emotional energy was spent dealing with her boyfriend's behavior. After the baby was born the father saw that she looked like him, and he made another switch, saying he wanted to get married and all live together. After this Lois lost her previous fears that her parents might try to act as surrogate parents for the baby and have her live with them. She kept late hours to accommodate her boyfriend, who was a "night owl," and she geared the baby's schedule to these hours as well. In fact she soon "lost track of time," which was disorientating. She wished for a job or an exercise class to go to so she would have a better sense of

time, but there was no baby-sitter who satisfied her husband.

Lois had an interrupted "claiming" process with her baby due to her plans to adopt out. Perhaps because of this, she thought the baby was "like a doll" and like the other children she baby-sat, only this one came home with her. She did seem to be observant of the baby and proud of her. However, even after the baby was born she had a dream of giving it to adoptive parents.

A second issue for Lois was her relationship with her parents. She admired them for their stable marriage but felt she had betrayed their values by having a baby out of wedlock. She denigrated the "hippie" lifestyle in Berkeley but admitted that in some ways she fit the mold.

Lois had a projection that her baby would be a "hell-raiser" just as she had been. She looked forward to that and imagined calling her "Mariah," after the killer hurricane.

Wendy, who is in her early forties, has expressed a longing to have children of her own "all my life". In her first marriage she raised her husband's two children for ten years, so has some familiarity and confidence about parenting. However, when her own infant was born she had some problems with nursing, which was a challenge without precedent.

Wendy is a problem solver. She described her fairly new relationship with her partner as one in which there was great energy going into improving communication and finding solutions regarding the various differences they had. In keeping with this trait she worked hard to solve her nursing problem, part of which was due to the fact that her milk didn't flow readily. She involved experts of all kinds, enlisting help from her husband as well, and did in fact learn to solve the problem. She remarked that she and her partner worked on this together and "there wasn't any blame or anything."

Another feature of Wendy's transition is her identity as a caretaker. She functioned this way as a seven or eight year old girl when her disabled mother came to California as a single parent with three children. Wendy acted as care-taker for her younger siblings. She referred in the second interview to her mother's presence at her baby's birth as "healing" for her mother, because she had been placed in a hospital and had not been able to care for Wendy when she

was born. It seemed healing for Wendy as well that her mother was closely involved.

Wendy was the only mother in the study sample who started "training" her baby at an early age. She let the baby cry without responding in order to teach her to go to sleep by herself.

Although Wendy said she had been wary of postpartum depression due to a history of depression in her family, she did not feel it had been a problem for her. However she was more "calm" after delivery. Her doctor commented on the change and it was quite noticeable to me as well.

Betty is in her thirties and has been trying with her husband to conceive for five years. Because of the many procedures done by the medical professionals, both before and during her pregnancy, she is wary of doctors. This coincides with feelings that her mother was "intrusive," and she wrote up her own birth plan to try to protect the baby from unnecessary tests.

Betty has a clear idea of how she wants to relate to her baby: She wants to "satiate" its needs so that it will internalize a sense of security. Later she wants to encourage freedom and independence. She is aware that the relationship with her husband will change once the baby is born, and feels he will have to adjust more than she to the loss of exclusivity. Betty wants to continue to grow in her career, and will complete a school program she has started.

After the baby's birth, Betty found herself "consumed" by his demands. Although she did not like the term "colicky," her baby boy was not an easy baby. She described his crying spells as his way of getting used to the world and his own system. At first she couldn't let him cry without attending to him. Two things happened with this: 1) she saw more patterns of cause and effect in his crying; and 2) at about seven weeks she decided that she couldn't prevent some of his distress. She experienced some depression after the baby was born but attributed it mostly to social isolation.

Betty characterizes her baby as "from the gut" rather than from the head. One of his gut emotions is temper. She feels she is still learning, day to day, who he is. She accepts his masculinity but doesn't want him to be sex stereotyped.

In her relations with her husband Betty has become more directive. She says that if she could afford to stay home she would, rather than returning to work - she loves being with the baby. Yet she says she also loves her career, and she gets bored if she stays home all day.

Betty says one unexpected outcome for her was how much she fell in love with the baby as time went by and he became more of a person.

Ocie is a young married woman who came to the United States from another country to go to college. She and her husband had not planned this baby, but they were both excited abut it.

Ocie is in graduate school working toward an MBA. She is taking time off to have the baby (one semester) but plans on completing her goal. She has a strong sense of values acquired from her parents, and she feels the best thing she could do for her baby is to pass on these same values - such, things as setting high goals for yourself and not giving up or being led astray, always doing your best, and listening to what your parents tell you. As a person Ocie seems strong, self-confident, and cheerful.

Ocie had some fears about the pregnancy, nevertheless. She was afraid of labor, and actually ended up having a C-Section. She wanted her mother to be near her for support, but this was not possible.

Ocie had heard about SIDS, and worried about losing her baby in this way. She was also worried about losing her self-control when the baby became too demanding. She had backup plans for these concerns: She would get a monitor for the crib, and when she got "frazzled" she would make herself take "time out."

Once Ocie had her baby she was happy it was a girl. In her country it is "lucky" to have a girl first because she can be a big help to the mother. However she was not

prepared for how much time the baby would take. She missed doing all the things she no longer had time for. She responded to the baby's cries most of the time saying, "I love to hold her" in spite of the interruption of her own activities. At the end of the third month she said things were getting easier and in fact she was looking forward to starting her classes again.

Becoming a Mother - Presentation of Findings

The transition to motherhood requires a simultaneous shift in a woman's psychology and in her social identity. The data is organized to reveal how the shifts take place and the difficulties the women had to deal with in the course of this process. Each woman's experience was unique, and yet the impact of pregnancy upon a woman's life has certain features that transcend these individual differences. The pregnancy, whether much hoped for, planned, unexpected, or a mistake, is a critical event in a woman's internal and external life. The impact of this event is to bring about psycho-social change. The problem for each woman is to integrate this critical event into her ongoing life. Change is inevitable; the barriers, the manner of adjustment, and the depth of integration are all related to where the woman is psychologically at the time she becomes pregnant and the social context of her

pregnancy. These various components are woven into the women's narratives, with their rich descriptions of the pregnancy and the first three months of motherhood. The presentation that follows organizes the components of this experience into common themes found in the data. Individual descriptions elaborate the process and its variations.

Three major thematic threads evolved from the data. The first, representing the very early responses to pregnancy and the baby, are summarized in "The Process of Bonding With the Baby." This theme focuses on the import and impact of the mother's psycho-social context surrounding the meaning of her pregnancy and feelings toward the baby. The next theme presented, "Changing the Sense of Self to Become Mother," describes the various internal and interactional components of the mother's process of change. The third theme, "Integrating the Baby into One's Life," shows the mother turning toward the future by moving from the crisis period of this marked change in her being and her life to incorporating and integrating the change into the flow of her life. It is tempting to see these three themes as phases and they are described in what appears to be a progressive order. Indeed, elements of progression exist. However the themes must be understood as overlapping aspects of an ongoing process rather than as discreet phases. As a whole this is a process of identity transition. This change process may take place on several levels, and will be

impeded or furthered by various personal attributes of the mother, such as her level of development at the time of her pregnancy, the psycho-social conditions of her life, and her personal strengths and resources.

Excerpts from the interview protocols are used to illustrate the validity of the descriptive organization of this material as well as the developmental interpretation posed and discussed in Chapter V.

The Process of Bonding With the Baby

"The Process of Bonding With the Baby" describes the mother's development of attentive, protective, and nurturing responses toward the baby, either as imagined in utero or as the baby exists after birth. The term "bonding" was used by Klauss and Kennell (1983) to refer to the tie from parent to infant. For this research I have extended the term to include responsiveness to the baby in utero; bonding takes place when the mother feels connected to the baby. More complex responses such as fantasies about the baby will be addressed below as "Hopes and Fears for the Baby; Connections From the Mother's Psyche to the Baby."

The mothers' narratives about their babies reveal whether they feel a sense of connection, as well as diversity in how this is experienced. All of the mothers (except for one, an equivocal case) seemed to bond with

their babies. They varied as to how soon or how late that came about; Paula, Ocie, Betty, Wendy, and Bonita engaged in bonding behaviors before birth. Ocie, revealing her feelings of connection to the fetus, said, "I talk to the baby," and "I tell him how much we love him or her." Sarah, Lois, and Fiorna seemed to bond only after seeing the baby. Variations in the process of bonding with the baby will be described within categories "Keeping and Claiming" and "The Meaning of the Baby in Context." These categories describe how the mother incorporates the baby into her life and thus establish the foundation for her relationship with the baby. "Keeping and Claiming" addresses the ties the mother extends to the baby and how these "pro-baby" responses are made, including problems in the process. "The Meaning of the Baby in Context" refers to how the surrounding conditions in the mother's life impinge upon her, how she responds to them, and how these conditions and her responses affect the meaning she gives to the baby.

Keeping and Claiming

For six of the mothers, keeping the baby was a foregone conclusion. It became a question for two of the four mothers whose pregnancies were unexpected. Sarah said the baby was "a mistake"; her decision to keep the baby led to subsequent claiming. Lois, faced with an unwanted

pregnancy, decided to adopt out. Though she reversed her decision, keeping did not lead to claiming.

"Claiming" is defined here as wanting and accepting the baby fully as one's own. The idea of possession without reservation is key. Lois was the only mother who did not seem to fully claim her baby, as will be shown below.

Each mother's keeping and claiming experience will be presented separately. These experiences, while also part of the context of bonding, are separated out for the sake of clarity.

First the mothers' claiming after birth will be described. Sarah, who said the baby was "a mistake, had considered adoption and decided to "adopt" the baby herself. Even after deciding to carry to term she said:

> This was not a planned baby. No. (Looks
> at stomach,) You're adopted still. It's
> still adopted. I don't want to have an
> abortion and I did consider adoption for
> a little while.

A major factor in Sarah's decision to keep the baby was financial security, as she describes:

> I decided not to have an abortion pretty
> quickly but it took me about 'til July
> to decide that I was going to be a
> parent.... As my financial situation
> firmed up I became more confident

and...less inclined to consider

adoption.

Even after her decision to "keep," Sarah seemed to hold the

fact of her pregnancy at a distance:

I don't really think about the pregnancy

specifically too often. And as a matter

of fact it doesn't stay on my mind. And

occasionally I kind of look at my tummy

in the mirror and say, 'Oh,' you know.

'Yeah, it has a few months to go.'

Sarah's claiming process was withheld in large part until

after delivery. Before delivery she kept herself focused on

what she referred to as the "pragmatic" aspects of having a

child, and seemed to express ambivalence:

But on a day-to-day basis, yeah. Some

little thoughts will occur to me and

I'll think about the baby in a positive

way. But in general there's nothing

negative about it. Oh, I worry about

finances and child-care and - you know,

things like that. But I try to be

positive about it.

After the baby was born there was a brief replay of

ambivalence (her word) when she said the baby "reminds me of

someone I hate." By nightfall she switched and "liked" her

baby. Continuing in this mode, she said later:

> Yeah, it's definitely more intense than
>
> I would have imagined...I'd always
>
> figured that I'd love her. 'Okay. It'll
>
> be cool,' and these kinds of things.
>
> But now that she's here I feel 'Whoa!' I
>
> feel these things, you know, and they're
>
> all good.

The release of strong emotion was an integral part of "claiming" for Sarah. It also coincided with bonding - showing a responsiveness to the baby which had not been there before.

Fiorna's pregnancy was unplanned, and as with Sarah, claiming and bonding came after the baby was born. Fiorna did seem to enjoy her pregnancy but did not really speak of the baby directly. She said, "I've enjoyed it, being pregnant. I've always wondered what it'd be like, and it's been fun." Coincidental with paying little attention to the baby before delivery, Fiorna said she did not feel maternal. "I was never really mother-motivated originally." After delivery she said:

> I held her a lot, and really looked at
>
> her, and my husband did the same thing.
>
> We were, you know, pointing out things
>
> to each other and saying, 'Oh, she
>
> looks...' you know. We thought she was

real pretty right from the beginning.

Aside from looking, another aspect of Fiorna's claiming and bonding was how she conceived of her baby as a little person:

> I think for me, she's always been a
>
> little person, you know? I've always
>
> seen this little personality there even
>
> in the very beginning, when we brought
>
> her home. Maybe not in the first couple
>
> of days when I was kind of in awe of
>
> her.

It seems that the release mechanism for bonding, for Sarah and Fiorna, was contact with, and seeing, the baby. Fiorna's bonding with the baby was tailored to the baby's less robust presentation of attachment behaviors: sleeping and being "into herself." For some mothers this may have been a problem but Fiorna identified with this trait and as she said, "molded" herself to the baby.

Mothers who claimed the baby before birth comprise a second group. In contrast to Sarah and Fiorna, Paula claimed the baby in its fetal state. She had wanted the baby for some time, and showed early bonding, as when she said before delivery, "I really want my baby," and "I think it's going to be sweet. I love my baby a lot." She said this while gesturing as if holding a baby in her arms. Interestingly, in light of Sarah's and Fiorna's positive

reactions to seeing their babies, Paula also refers to visual stimulation, probably reflecting the fact that she saw a sonogram that showed the baby's image with face and hands. Asked if she anticipated any special things about the baby she said, "I always like to look at my baby's face. I like to see my baby." Paula's claiming process was strongly colored by her wishes that the baby would strengthen her relationship with her boyfriend. She also seemed to prefer a boy at one point, and was not willing to fully accept the conclusion from the sonogram that the baby was a girl. In response to a question by the interviewer as to whether she thought it would be a girl she said, "I don't know. I go 50/50." While wishful thinking seems to be prominent in Paula's early claiming process, there are probably less obvious elements of wishful thinking in other mothers' claiming processes as well.

Betty and her husband had been trying to get pregnant for five years. Once she received a positive pregnancy test she immediately claimed the baby. Like Paula and in contrast to Sarah and Fiorna, claiming was pre-term. However there was a complication. As more tests were done Betty discovered that there had originally been twins but one didn't make it. She went into mourning but then realized that one survived and she needed to pull herself together. She describes being told about the twin:

> She (the nurse) brought in another

person. 'I think I can see two.'

There's something called the "vanishing

twin syndrome" which happens early in

pregnancy when you see twins. There are

two fetuses but one doesn't make it and

the material gets absorbed into the

womb. And when they told me that I was

like - mourning. And I was kind of

like, 'Wow. One survived and maybe I

need to...you know.' I was okay with it.

Betty's claiming process had been uniquely both sad and

hopeful, due to the different outcomes for the two fetuses.

Betty had strong feelings about protecting her own body

from unnecessary intrusions during the birthing process.

Her birth plan called for "minimal interventions"; it is

possible that early bonding with the baby and extension of

her own protective instincts to include the baby were

merged. She said she was upset about the "violation" of the

amnio-centesis, "...and you wonder how all those feelings

affect the baby."

Although Ocie's baby was not planned there was no

question about keeping the baby once pregnancy was

confirmed. Claiming and bonding also occurred during the

pregnancy. Ocie talked and sang to her baby and told it,

"that it has grandparents that love him a lot, and aunts and

uncles, and that we can't wait to see him or her." Because Ocie had a C-section there was medication during delivery that may have affected the experience of seeing the baby immediately after birth. "I held her, you know; held her and kissed her. And after that I'm sure I slept for maybe five minutes, you know." For Ocie, as for others in the study, comments about bonding were often indirect.

Wendy, having "always wanted to be a mom," also claimed her baby early on. She said that after delivery, "they never took her out of the room, which was important to me." She had a problem with nursing the baby at first but worked persistently to overcome this obstacle, and the essential bonding process was not compromised. She said about her newborn:

> They just cleaned her up and she was
>
> fine. (Also,)"...she came out with this
>
> head of hair, and she was squeally and
>
> noisy and new and...just great!

Bonita also had wanted to get pregnant, but was afraid that she might want the baby more than her boyfriend did, which turned out not to be true. Keeping and claiming were not issues for her. The baby in utero had a slow heart rate and there was fear of losing the baby. The bonding process seemed intensified due to the crisis:

> They talked about doing surgery on the
>
> baby and all this stuff. But now twice

a day we get to whip out my stethoscope

and check the baby. We're keeping an

eye on it constantly, until he gets

strong.

For Betty and Wendy, as well as Bonita, a threat to the

baby's welfare seemed to heighten the bonding process as

might be expected.

Finally, in one case the mother's claiming process

remains uncertain. Lois is at the far end of the spectrum,

in terms of claiming and bonding. She decided to keep her

baby only in the seventh month of pregnancy, having planned

on adopting out until her father offered financial aid and

expressed disappointment about the adoption. She said about

her decision:

I kind of wish I hadn't told my parents

I planned to give it up. My parents

gave me a hassle. I wanted to give the

baby away. I tried not to think about

it, it's hard for me to get back into

the fact that I'm going to be a mom. I

haven't really thought about it other

than the fact that it would be adopted.

I haven't really visualized it with me.

It's hard to go back.

Lois was unable to really claim the baby, although she

seemed bonded. She said that when she baby-sat for other

children:

> It's hard to think she's not just one of
>
> the other kids I baby-sit. Only I take
>
> this one home, And you get to dress her
>
> up like a, what do you call it? "Cabbage
>
> Patch Kid."

Not having the preparatory phase of imagining herself as a
mother seems to have been a major problem for Lois.

Summarizing the data, for Paula, Betty, Wendy and
Bonita, who had planned for their babies, bonding occurred
pre-term. For Ocie, whose baby was not planned, claiming
and bonding were also pre-term. But for Fiorna, Lois, and
Sarah, whose babies were not planned, claiming and bonding
occurred either postpartum or did not fully occur. This
suggests that for planned babies claiming and bonding are
more readily achieved, while for unplanned babies, more
stimulation such as seeing the baby may be helpful.

Meaning of the Baby in Context

There are contextual conditions that have an impact on
the meaning of the baby and the mother's bonding process.
For example, the baby's father and the mother's family of
origin were important sources of support or difficulty,
which in turn gave a dimension of meaning to the baby. The
mothers were seen to sometimes change the original context

and to sometimes adjust to it. Both choices had important

implications for their relationship with the baby. Two of

the mothers, for example, would change the context by

getting married after the baby was born; this would clearly

affect the meaning of the baby. The baby would become part

of a traditional family unit. There would be a triadic

relationship instead of a dyad, and the father would be a

likely source of financial support. The baby would not only

symbolize the mothers's hopes and fears, but would symbolize

the union with the father as well.

Partners

All Partners were told of the pregnancy. Only Sarah's

and Lois' partners were not initially supportive, and yet

due to other factors both women decided to keep their

babies. In Sarah's case she was willing to be a single

parent. She said about her decision:

> He didn't make a lot of significant
>
> promises but he didn't pressure me to
>
> have an abortion either. So I don't
>
> know...it was a pretty big private
>
> crisis thing and I had to think about it
>
> and make my own decision.

Close to the time for delivery Sarah called the baby's

father from out-of-state and told him to be there. Her call

signaled a wish to give the baby a family context. She
later talked about her wish for a family unit:

> Part of me would like to have a family
>
> and be closer to Mike and have a more
>
> cohesive unit, but I don't know if
>
> that's there. I mean I don't know how
>
> many of the emotions that I feel towards
>
> him are sort of stimulated by the fact
>
> that we have this child, as opposed to
>
> what I really feel towards him
>
> otherwise.

Lois had her baby in a context of uncertainty and
confusion about her partner's reaction to the pregnancy. He
originally said he would not live with her, and talked about
contesting the adoption as well:

> 'Cause my boyfriend didn't want to give
>
> the baby up for adoption. He's sort of
>
> contesting placing the baby for adoption
>
> - taking it back. Either way I'll
>
> probably keep the baby; I'm not sure.
>
> When we found out it was a girl that
>
> changed things a little bit. He said he
>
> could raise a girl...but now that I'm
>
> going to keep the baby and I'm going to
>
> take care of it, he's going to be
>
> helping. We won't live together or

anything like that.'

Lois' partner (as well as her parents) seemed to want to
control her decision-making. She acceded to her partner's
wishes and made plans to become a single parent. However
she had plans of moving out-of-state should her parents try
to take over her baby. When her boyfriend later wanted to
marry her, she felt less vulnerable vis-a-vis the perceived
threat from her parents and planned to remain in California.

In this study the two partners who were originally not
supportive did become so later on, in Sarah's case because
she actively reached out and in Lois' case because her
partner fell in love with the baby. All the other partners
were supportive from the beginning. Bonita's partner
provided a context in which she felt safe in a relationship
for the first time, allowing her to even consider pregnancy.
Having the baby meant that she could trust her partner to be
protective.

Paula's partner was something of a parent surrogate for
her, as well as being her baby's father. She wanted to
learn from him how to be a parent, feeling that she was too
impatient. For Paula, the meaning of the baby was enhanced
by the father's love and patience, and the fact that she
(Paula) might model after him to become a better parent.

Family of Origin

For Sarah and Lois, both of whom were single parents, families of origin played a significant role in the decision to have a baby. Sarah actually opposed her father's wish that she have an abortion. She had no real support from any family member so that opposing him required a good deal of autonomy. Her decision to keep the baby was a step toward independence but was not done in a rebellious way:

> He (her father) was desperately striving
> and every time we talked, it was about
> getting an abortion. And I didn't get
> mad at him and I didn't yell at him and
> I didn't berate him. I just said, 'I
> don't believe that, and these are the
> things that I believe, and these are the
> things that I'm doing.' Which was a big
> step 'cause communications are not good:
> he's very domineering.

Sarah's family was important because, by not supporting her, they forced her to make her own decision.

In Lois' case, her father mainly talked her out of her decision to adopt out: "And then my parents came into it. And my mom and dad said, 'What's the point?' It's like, why

give the baby up for adoption now? They would give
financial support. So we'll see." Although Lois was partly
responding to her boyfriend's wishes, it seemed that her
parent's intervention was the decisive one. There seemed to
be a question, after all the changes Lois went through,
about whose baby it really was. This confusion must have
been part of the meaning of the baby for Lois. In contrast
to Sarah, she also yielded her autonomy, which seemed to
have negative consequences in terms of bonding.

The context for becoming a mother, for all the women,
was one of competing demands. Common strategies were used
to deal with these conditions. These will be described in
the sub-categories, "Ability to Juggle" and "Giving and
Taking".

Ability to Juggle

Sarah said, in speaking of her life after the baby
came, "It's just (that) I have to juggle now because the
baby's a really big part of my life, and so the baby comes
first." Other mothers, too, had to find ways to juggle
around their priorities, adding care for the baby to
schedules that were already busy or full. In some cases
this meant taking a leave from work, dropping out of school,
or modifying the relationship with their partners.
Commitments were laid aside with the intention of picking

them up later; "juggling" meant finding a way not to drop the ball.

There was also a need to juggle resources in order to cover new demands. Practical requirements such as space for the new baby, finding medical coverage, and buying baby furniture became important. After the baby's arrival, things tended to get really difficult. Bonita described her plight:

> We were really going crazy in the very
> beginning 'cause we don't have a car.
> So, like going out and getting
> food...and this was in the first week or
> two. And the laundry was really...we
> don't have a washer or dryer here...drag
> it to the laundromat every time. Like,
> 'Oh, my God!'

Ocie had to postpone her schooling. She said:

> I just had to do some adjusting because
> like I said we didn't know we were going
> to have a baby or how it was going to
> break up my schoolwork. But you know I
> think it's just worth it, to have time
> with the baby and be close to the baby.

In some cases the crowding of commitments introduced fragmentation and extra stress into the mother's life. For example, Sarah said about her need to complete a number of

units for school:

> I thought, 'Just buckle down and do it.'
>
> But it's not that way. I can't just
>
> buckle down and do 18 units of solids
>
> and have the baby and the animals and
>
> stay sane.

Wendy talked about wanting to preserve time with her partner: "I think it's really important. So...we're going to try to make that up 'cause I know, I won't have the energy unless something gets traded out."

Fiorna had worried about having to manage everything on her own, and was feeling that she would not get much help from her husband. This posed such a dilemma that she had four anxiety attacks during her pregnancy. She explained:

> It was like...I can't even organize my
>
> own life. How am I going to work,
>
> organize my own life, and have a baby?
>
> And (her husband) works so much, and
>
> it's mostly me, and we're already...just
>
> organizing that part of it and having
>
> just the physical things I need to take
>
> care of a baby.

Fiorna, like some other mothers, learned time-saving devices: "So now I'll pick one day and do a bunch of things in one car trip." But some mothers complained of just feeling tired, such as Wendy, who took her baby to work with

her: "I've been doing (work) also and taking her with me, and every once in awhile I stop and nurse her. I can nurse her between car stops." And later, "Well, I'm getting tired.... I'm definitely getting tired."

Generally, mothers varied as to how much they would try to keep up with all of their commitments and how much they would let some things go. Sarah said,"I enjoy being around her, you know. And so not working too much and not having too many things pull me away from her is what I was striving for." Ocie seemed a little more conflicted: "I used to be so busy. I sew, I would knit, I go jogging. All those activities now are just on the back burner." Ocie seemed to be wishing for the day when she could get back to her normal routine.

Giving and Taking

Another way of accommodating the needs of the baby, aside from juggling personal priorities, was finding new ways to give and take in other relationships, primarily with partners. For example, for Wendy and Betty, the baby's birth affected sexual relations with the baby's father, calling for patience and sacrifice as well as acceptance of the fact that the baby, not the father, would now be "number one." Betty explains:

> And he's not getting as much attention

because physically you're not as

available because you're not ready. And

some women feel really guilty because,

you know. Even asexual, which I don't

necessarily (feel) but there's a lot of

frustration that goes on. (Also,) I

figure the first few months are probably

the hardest.

Betty was quite aware that after 15 years of marriage with

full attention given to her husband, he was experiencing a

loss in that part of their relationship. However she also

said that she became more direct with him about helping out

with the baby: She tells him to "Get the diaper," and says,

"there's not time for (feeling henpecked) if you know what I

mean."

For Wendy, working out problems of give and take had

been a major developmental theme, and so she was quite

prepared. However there were still problems. She said

about her husband:

We have moments still. And uh, where he

has a late morning and he would like to

snuggle or have sex or something and

taking a nap in the morning, and I'm not

willing to give him the attention he

wants me to give. Some small

difficulties around that. I don't know

how much is bluff and how much is really

real, but he does act out a bit.

On the other end of the spectrum, two fathers became more attentive to their partners after the baby was born and the relationship was enhanced. Fiorna's worries about all "give" and no "take" reached a different conclusion than she had anticipated, after the baby's arrival. She said, "...we've gotten along really well."

Ambivalence Arising from Change and Loss

Experiences of ambivalence reflect the mothers' need to put other goals and interests aside, to concentrate on caring for the baby. In doing so, they experienced some major areas of change and loss of their previous state of being. Working through these changes was done in different ways and to different degrees, but was important for each mother's transition to relating to the real baby. Sarah touched on giving up her previous lifestyle and how she felt:

> I sometimes wonder if I don't resent the
> intrusion on my life a little bit. But
> it doesn't really come out that much
> except if she's not sleeping at four
> o'clock in the morning or something.

Sarah had said earlier that her baby was everything to her -

her life. Her adjustment to ambivalence about losing sleep was that she had set a priority on being a mother. Learning to make and accept such adjustments helped the mother divest herself of negative feelings about the baby. Another strategy to deal with ambivalence was humor, used by Sarah when she disclosed her nickname for the fetus:

> And then I thought, 'You're a beast.' It
> seems so funny because all my friends
> are into Rock and Roll, and like, 'The
> Beast Within,' you know, and 'The Beast
> Hungers.'

Ambivalence about the baby was seen to occur in four areas: issues of timing, changes in body and mind, loss of freedom, and whether one felt maternal.

Although Ocie, Sarah, and Fiorna decided to keep their babies and claimed their babies, they all felt that the timing was not great. Ocie, whose baby was not planned, says her prior thoughts about having a baby were, "Let's wait a little while, you know, because I was in school." Sarah's unexpected pregnancy also occurred while she was attending school. Her concern was that she had insufficient income for raising a child:

> I didn't want to bring a child up that I
> could not bring anything to, and I want
> to make sure that the child has a good,
> stable environment. You know, I don't

think that the kid has to have fine

clothes and little electric cars and

things like that. But I mean, I don't

think my baby should have to worry about

"1." or "2." 'Well where are we moving

now?' or, 'Where are we going to be?'

Sarah addressed this concern by making a point of

establishing basic financial security before having the

baby. It was only after this that she could relax.

Fiorna's problem with the timing was that she had

planned a trip before learning of the pregnancy, and also

that she was caught by surprise; however, she resolved this

by taking the trip anyway. She said,

Yeah, but you know, it just hadn't

been on my radio. So at first I was

really quite shocked. I didn't know. I

was kind of in disbelief. Not that, you

know, I was angry or anything. Mostly

it was disappointment 'cause I was

planning a trip to Ireland and Scotland

in April, which is my due date. And

I've been planning it for about a year,

and was really disappointed, and um, so

my husband started to encourage me to go

on the trip anyway.

Mothers also noted changes in functioning during

pregnancy. Changes in body and mind became a nuisance, such as morning sickness, backaches, lack of concentration, and fatigue. These physical and mental changes were experienced not only as a prelude to a new life, but also as the loss of an old way of life. As such, the mothers had some "letting go" to do in order to make the transition to full acceptance of motherhood. For example Bonita said:

> And at first I was not one of those
> people who got over morning sickness
> after twelve weeks, and it took me
> sixteen weeks. I thought it was never
> going to end and I was losing weight and
> I was really tired and nauseous....it's
> been weird for me with my body because
> like I mentioned before, I'm used to
> being very active and the way I get
> around is on my bike and I take the bus
> or walk, and so I really miss feeling
> like my body's working the way I'm used
> to. And in this dream it's like I'm
> running and running, and I think, 'God,
> it feels so good!' I'm running on the
> ocean beach, and I keep thinking I'm
> going to mess the baby up if I keep
> running. And I couldn't decide if I
> wanted to keep running or if I wanted to

stop.   But I just remember feeling so

free.   Like I had my body back.

Bonita's adjustment to having the baby meant loss of the

freedom to run;   her indecision in the dream reflects how

difficult some of the losses were.   Nevertheless Bonita

accepted the restrictions that were a necessary part of

carrying the baby.

Wendy reported the most marked cognitive changes of all

the participants, and how they kept her from normal

functioning:

I'm usually a very organized, deliberate

person, and in the first three months I

can remember walking into the grocery

store to buy a loaf of bread and having

all the bread on the shelf look the same

and not being able to discriminate.   I

mean I couldn't even find my loaf of

bread.... They don't want you to know

that your emotions are going to turn

upside down and that you're going to be

this raging maniac, and you're not going

to be able to remember anything, or

you're going to lose your keys five

times a day.   The first trimester I

couldn't read recipes.   My eyes would

not focus on the page.

Wendy adjusted by remembering that these symptoms were temporary, and in any case there was not much she could do about them.

While some of the other mothers had a difficult delivery, only Paula said that she would have "no more babies." Describing her labor she said:

> My neighbor, she had a baby six weeks
>
> now, but she start the last night and
>
> she have the baby in the afternoon. She
>
> say she have the pain around five hours,
>
> five or six hours. Yeah. I have almost
>
> forty. I say, 'Whew!'

If the prolonged labor means Paula will have no more babies then the meaning of this particular baby is greatly affected. It may remain an only child.

Loss of freedom came in different forms. For Sarah, going across country on a whim, where everything she did was spontaneous, would no longer be possible:

> I probably realistically am a little
>
> ambivalent about being tied down. I
>
> like to travel, you know. I mean I went
>
> to New Orleans last February and I had a
>
> lot of fun. I was hoping to go back.
>
> Before I got pregnant that's what I was
>
> thinking.

Sarah makes a clear decision about the changes in her life:

But I just adjust my thinking to how can

I improve the child or keep certain

standards, you know.

New values replace old values, related to becoming a mother.

Some mothers, such as Fiorna and Lois, said they did

not feel maternal, at least in the beginning. This was part

of the context that affected the meaning of the baby, in

that there was failure to connect for a period of time.

Fiorna's comment was, "I was never really mother-motivated

originally," when describing her shock at becoming

pregnant. But she later felt maternal: "but we thought of

having at least two, and I enjoyed being pregnant so much

and we were so thrilled with her. It was like...that's be

great." For Fiorna the change in feeling maternal was

spontaneous, once she saw and began to care for the baby.

Lois, who had originally planned to adopt out, said, "I

wanted to have children eventually, you know, but -

eventually." At the time of the second interview she stated

more clearly, "I'm finding it hard to adjust to being a

mother," and "I don't really feel like a matron yet." Also,

"I don't have this great maternal instinct." She said about

the baby, "I feel the same thing when I walk around the

campus and think, 'The baby doesn't matter.' It's sad. It

doesn't feel any different." Lois could not fully adjust to

being a mother. By the time of the second interview she

still hadn't claimed the baby as her own. Lois suffered a

unique loss in that she wasn't supported in her original decision to adopt the baby out. She let the decision be taken out of her hands, but could not adjust to this. This had been a hidden loss.

Paula, while saying that she wanted a baby, nonetheless had a dream early in her pregnancy of giving the baby away:

> Uh, when I started pregnant, you
> know...I've changed a lot. I always be
> grouchy and I always try to change. Uh,
> I always be leaving my baby alone (in
> dreams) - give it to somebody else. One
> day I get up, like crying, because I
> dreamt I left my baby with somebody, and
> it really... you know. I have a lot of
> confusion, to dream.

The source of such ambivalence cannot be traced from the interview material, but it does speak to negative feelings that needed to be overcome.

Paula, Ocie, Wendy, Bonita, and Betty were mothers who felt maternal early. They seemed to share no other common feature, such as closeness with their own mothers, for example.

Sarah and Fiorna did not feel maternal pre-term, but did later on.

For Lois, the inability to fully claim her baby seemed related to 1)the change from her original plan to adopt out,

and 2) her struggle to differentiate herself from her parents, who had pressed her to keep the baby.

Summary of Bonding with the Baby

"The Process of Bonding With the Baby" is the first step in forming the relationship that the mother has with the real baby. The sub-categories, "Keeping and Claiming" and "The Meaning of the Baby in Context" examine and describe more closely the process of bonding. When a mother decides to keep her baby, the decision (whether made early or late) reflects judgements both about what she can or cannot do, and what she wants to do. Different considerations come in for different mothers according to their circumstances. For some, such as Sarah, options had to be weighed and a decision was made independently. In this process she developed a new sense of self. For Lois a decision was reversed because of parental intervention.

Besides "Keeping and Claiming," there were also contextual circumstances that gave meaning to the baby, shown in "The Meaning of the Baby in Context." There were outside sources of support or opposition (Partner, Family of Origin), types of personal adjustments (Juggling, Give and Take), and dealing with change and loss (Ambivalence).

While the meaning of the baby derived from sources such as fantasy and direct interaction with the baby, a more

hidden meaning derives from environmental conditions that impinge on the mother, and how the mother creates a context beyond what is given. For example Paula creates a context in which her partner is also a parent surrogate for her. Sarah creates a context in which she differentiates from her family of origin, but renews the connections. Ocie creates a context in which she will give herself full-time to the baby for 3-4 months and will put off her schooling, rather than trying to spread herself too thinly. Betty expects her husband to accept a different role and a lower priority, and the context is one of change in the marital relationship. This shift has implications for the meaning of the baby, as well as for the process of bonding.

Regarding ambivalence, the mothers had to find ways to give up their previous lifestyle. Feeling maternal did not always alleviate the sense of loss, as when Bonita missed running and biking.

The sub-categories, "Keeping and Claiming" and "The Meaning of the Baby in Context" can be seen as elements of the inclusive theme that arose from the data, "The Process of Bonding With the Baby." A second major theme which emerged from the data and focused on changes in the mother herself, follows.

Change in the Sense of Self to Become a Mother

Change took place on different levels, including
reformulating relationships with early primary caretakers to
facilitate identification as a mother, and for some women,
resolving developmental issues.

Mothers went through a series of changes from first
discovery of pregnancy to being with the baby at age three
months. Many changes were internal; that is, refer to
changes in the sense of self, and began before the baby was
born. These will be referred to as "Internal Components of
Change." After the baby was born, mothers first learned to
feel adept at infant care, and then in a progressive way
responded to changes in the baby, which introduced the
formation of an interactive relationship. Emergence of the
baby's "otherness" led the mother to develop new aspects of
her "self" as well; this will be referred to as
"Interactional Components of Change."

Internal Components of Change

This study shows that the expectant mothers made
changes in their sense of self as part of the process of
preparing for the task of parenting. Change in the sense of
self is the essence of preparing for the advanced level of
functioning required by a "good enough" parent.

Internal Components of Change includes the sub-
categories, "Hopes and Fears for the Baby," "Fantasies,"
"The Baby as Transformational Object," "Repair in a Primary
Relationship," and "Changing Relationships with the Baby's
Father."

The mothers' hopes and fears of what the baby might be
like seemed to reflect various self-images: the mother's own
infant self, her ideal self, or the imaginary self - one
that could have been. Thus there is the idea of what the
baby may become, which is partly unrelated to actual
experience with the real baby, but instead reflects the
mother's projections. In the mother's change process,
making projections onto the baby may also have facilitated
gaining a new sense of self, due to externalizing old self-
images.

Having the baby gave mothers a sense of a new beginning
for themselves. Especially before the actual birth, the
baby became a "transformational object," a term used by C.
Bollas in 1978 to describe the infant's pre-representational
experience of its mother. Bollas says adults also seek
transformational objects whereby the object is "sought for
its function as a signifier of the process of transformation
of being" (p. 97). In this case it is suggested that the
mother is using the coming baby as a transformational
object. Stimulus for the mother's transformational wishes
comes in the form of the new baby; however, factors such as

the mother's frustration with her current life, internal resources, and external opportunity seem to determine the fate of these wishes.

The women can be seen to be developing an ideal image of what a mother should be and one to which they could aspire. This seemed to be done to best meet the needs of the baby, but also those needs which the mother may have felt were unmet in her own childhood. Development of an ideal mother image is first revealed in the category, "Repair of a Primary Relationship," which also reflects the mother's wish to redesign her past.

Hopes and Fears for the Baby

We can view the baby as providing a screen upon which the mother may project her own hopes and fears. In this way she makes a connection from her own psyche. This mechanism helps the mother feel related to the baby. One of the first struggles the mother faces with her baby is to find a way to relate to the unknown. Most often positive fantasies were verbalized. For example, some characteristics projected onto the babies, which were pronounced with affection and which seemed to reflect the mother's own ideal or imaginary self, were "athletic," "sweet," "smart," and "a hell-raiser." Seeing the baby as like or unlike the mother herself was a way of anticipating the baby. The question of gender had special meaning for some mothers, and in several

cases mothers had to deal with reconciling their wishes with reality. For some, "not knowing" was a way of circumventing projections and the difficulties that they might generate in relating to the real baby. The sub-categories, "Fantasies," "Baby Will Be Like Me/Not Like Me," "Gender," and "Not Knowing" will be used to describe how the mother uses fantasies, wishes, and projections in creating an image of the baby.

Ocie had strong hopes that her child would grow up to be self-directed and confident:

> I want my baby...to have high self-
> esteem, to know what he or she wants,
> and not let people distract him or her
> from hitting the books.... So I'd like
> to have a strong-minded kid.

She also had hopes for the baby to share her interests: "I think it might be...athletic.... And we hope the baby will be smart and like books. We like books too."

Thus Ocie is imagining what her baby's interest might be in the future, and makes it clear that her own interests dictate this wish.

Lois expressed hopes for the grown child also:

> Probably as she gets older, the more
> she's on her own I would teach her to
> survive.... I want her to be happy and
> be able to deal with things. I want her

to know she's part of this planet

and...the world is for her but it's not

about her.

Hope for the child as an adult includes a sense of balance
with the world. Being tough and able to survive are themes
that reflect Lois' own struggle to be independent from her
parents. This has been hard for her to do, so perhaps the
baby is seen as a wished-for self.

Paula was also oriented to her own history when
expressing hopes for the baby: "I think it's going to be
really sweet," and "I think it's going to be like my sister
because she (was) really sweet when she was a baby." That
is, her sister was the favored one, which Paula wants her
baby/self to be also.

Hopes for the baby also tended to reflect what had
worked in the mother's own life, or what she had to struggle
with. For example Bonita said, "...if he loves himself and
is gentle with other people...," which related to her own
struggles as an abused child.

Aside from projections onto the baby, there were hopes
for providing the child with educational and recreational
experiences: "backpacking and outdoors" (Bonita); "see plays
and puppet shows and go to museums," "physical exercise,"
and "gymnastic lessons" (Sarah). There was the idea that the
child should have exposure to many things, and be able to
make choices. Wendy gave a clue to her concerns: "I would

have made a great engineer, but I was told all my life that girls don't do math."

At least one mother, Sarah, spoke of not wanting to get carried away with her hopes for the baby

> But if it were up to me, at some point I
> would probably see her to be a great...a
> gymnast.... She'll be really great at
> it, you know. But I try to squelch that
> a little bit...because I don't want my
> enthusiasm for a particular sport to
> over-ride her desire for activities. So
> I'm trying to keep that in mind.

As well as hope for the baby there were often fears - such as fantasies that the baby would have deformities. Paula, who had chicken pox during her pregnancy, joined in her sister's elation that the baby had all ten toes! Wendy, who was an "older mom," said, "She's even pretty and she didn't come weird, you know. Those are your fears." Sarah worried that the baby might be deaf because it showed little uterine movement, and Lois, who had worked with toxic materials, said, "...and there was nothing wrong with the baby at all."

The two mothers who had difficulty getting pregnant, Betty and Wendy, feared losing their babies, as did Bonita, whose baby had an irregular heartbeat for a time. Ocie was afraid of "things I can't control" in general, and worried

that her baby might die of SIDS. "It scares me a lot because the doctors don't know the cause of it and...you don't know how to prevent it. So that's one big headache."

Bonita worried that her baby would be a problem for the neighbors; "What's going to happen when this baby starts waking all the neighbors. And uh, am I going to be patient enough?" By asking these questions the mothers were preparing themselves to face difficult circumstances that might arise. They were imagining themselves behaving in new ways, to meet new responsibilities.

Ocie asked her doctor, "If the baby's very active in my stomach does it mean...he'll turn out to be a hyper-active baby?" Ocie also worried that her child might be seduced by the violence in society:

> It's really scary. Because I hope to
> raise our kids like it was back there
> (homeland).... A very strict upbringing,
> you know. You listen to what your
> parents say, you go to school, you go to
> church, and...but here it's kind of a
> whole different society.

Projecting hopes and fears onto the baby can be seen as midway step between the baby as part-of-me and the baby as separate. By projecting their hopes and fears onto the baby, mothers form an identification that allows them to anticipate both the opportunities and the risks the baby

will face in the future.

Fantasies

Aside from hopes and fears mothers had various fantasies about their babies. These fantasies generally did not seem to have the same projective dynamic as hopes and fears.

The baby will be like me/not like me. One way mothers found to define the baby was through comparison with the mother herself, often related to appearance and behavior. This differs from projection of hopes and fears in that there is more input from the real baby. Here the mother is turning a "stranger" into a relative - who may in fact be similar or different but is seen within the context of "family." When the baby was seen as different from the family, efforts were made to reduce the discrepancies, as shown below.

When a mother thought her baby was "like me" she often saw the characteristic(s) as positive. Lois, who felt she had to be sneaky with her parents to express her independence, liked the signs of rebellion which she imagined her baby showed: "This gold-star baby is going to be a hell-raiser!" Wendy, who was heavily invested in working out compromise in relationships, saw her baby as "patient" and having a "a great personality." Ocie, who

feels her husband holds in too much, was glad that her baby
was an extrovert like her:

> More open than her dad.... Because I
>
> like open people you know. I just think
>
> they're easier to deal with.... So I
>
> think she's going to be more like me in
>
> that regard.

Betty had a son who was described as "not an easy
baby." Although she is in a profession where a certain
amount of control over feelings is necessary, she "joins"
with her baby in a non-judgmental way, saying that she and
her husband can be emotional too:

> Yeah, he's a pretty emotional little
>
> boy. Which (husband) and I are
>
> pretty.... He (husband) can flare up
>
> sometimes, But he's got a temper. We
>
> think he's kind of a passionate little
>
> boy.

In the last sentence Betty reframes "temper" as "passion."
This may be a case of the mother turning "not like me" into
"more like me," since she implies that she and her husband
are "pretty (emotional)."

The appearance of the baby sets off new feelings and
associations for mothers. Fiorna, for one, saw reflections
of herself in the baby's mannerism: "I'll often pull my hair
like this with my thumb and my first two fingers...and...she

does that. And it was like, 'Yeah. It looks like this is my
daughter.'"

Sarah had a similar experience:

> It's a characteristic that I've
>
> developed and play up sometimes, to
>
> where I'll be really teasing and (mugs)
>
> - you know. 'Will you do this for
>
> me?'...It's not like I try to get my way
>
> in the world with that, but the baby
>
> comes up with the same thing. Well
>
> that's what they say, anyway.... She
>
> goes through that with her hand up and
>
> everything else.

There were cases where the baby was defined as "not
like me" as well. Wendy, whose baby had a nursing problem
causing a certain amount of distress for baby and parents
alike, said about the baby, "I think she's calmer than
either of us." Paula said about her baby, "I think she
(has) a temper(ament) like her father ...because I'm not
really a quiet person, you know." Bonita had many
apprehensions that her son would be aggressive and
destructive, not like her. While she was not responding to
the real baby she had an internal image or fear of what the
baby would be like.

Gender. One of the first defining features that mothers imagine about their baby is gender. Among the mothers interviewed there was generally openness to either sex but preference for one. Gender carried different meanings for different mothers, in one case bringing images of an aggressive male, in another bringing thoughts of a helpmate. Paula was one mother who had wished for a boy and continued to imagine her baby was a boy even after being told it was a girl. She prepared herself for a girl, however, by saying, "If it's a girl or a boy, I just want my baby to be healthy."

Bonita was afraid and disapproving of some aspects of male energy, even after her baby was born. She dealt with this by reminding herself that her partner would be a good role model, and hoped that environment would triumph over genetics:

> I just hope he's not a ...you know how
>
> little boys can be kind of obnoxious,
>
> aggressive. 'Cause I know I'll have to
>
> love him no matter what, but I really
>
> don't want him to be like that and I
>
> don't know how much of that's genetic
>
> and how much is environmental. I'll
>
> find out. (And later,) Well his father
>
> is a very sensitive man...and he also
>
> knows how to set limits with kids...so

hopefully some of it will rub off.

She also was overcome by positive feelings for this particular baby.

Another view of gender was that in Ocie's culture having a baby girl first is considered lucky, and so she wanted a girl:

> I mean I like both big girls and little
> boys, but I wanted to have a girl first
> because in my place they always want to
> have a girl first, you know. So when
> she grows up...she can follow in mom's
> footsteps and help manage other kids.
> They start acting like mothers from a
> young age...and if you have a girl first
> she can be a big help to the other ones.
> And my mother had a girl first.

Having a baby of the desired sex seemed to enhance feelings of fulfillment, but not having the desired sex was not an insurmountable barrier. In Bonita's case it may have been a stimulus to try harder to make a positive bond. Even Paula said, "I was wishing, you know a boy.... I don't care. I like my baby. I say, 'Oh well, that's O.K.'"

Betty and Sarah did not want a boy because it would mean dealing with the issue of circumcision, which meant possible differences with family members as well as infliction of pain. Fiorna and Lois did not state a gender

preference. However, it can be seen from the examples given that a broad range of feelings go into this aspect of the meaning of the baby.

As a variation of gender preference, Betty felt herself defending against gender stereotypes:

> Well, it's so funny because
> even...outfits that were given to me
> were like "Varsity," you know. And I got
> other things. I have pajamas with "Tow
> Truck" on the toes, and there are
> trucks, and you can see how...people
> looking at him think he's going to be a
> football player.... But I feel I would
> like to sort of give him room so that
> whatever his inclinations are he can do that.

Looking at gender as an area in which the mother connects the baby with her own hopes and conflicts gives a view of how the mother reacts when the real baby is unequivocally something different from what was originally hoped for. This will be expanded below in the section "The Differentiated Baby: Letting Go of Fantasy and Accepting the Real Baby."

Not knowing. Some mothers seemed to avoid fantasies, or at least implied that in spite of their fantasies they really didn't know what to expect. It is possible that for

these mothers there was an active inhibition of fantasy so
as to allay disappointment or conflict with reality. Wendy,
for example, said she was "trying not to have too many pre-
conceived ideas." Fiorna also said it was "hard to tell
what the baby's going to be like. I have no-o-o idea." It
is interesting that when these two mothers did talk about
the imagined baby they spoke in extremes, such as "a baby
from hell" (Wendy) or "the sweetest baby with the most
perfect poops in the world" (Wendy). Fiorna said she hoped
for "a Gerber baby." The extremes seemed to be a way of
combining humor with hopes and fears that were not easily
integrated.

The Baby as Transformational Object

Some mothers seemed to feel that having a baby could
change their own lives in a fundamental way. There was an
apparent fantasy of personal rebirth, along with the baby's
birth. The data of this study support the view that mothers
looked upon the baby as a "transformational object" (Bollas,
1978). The expected baby served to stimulate mothers' hopes
for a better self.

For example, Bonita first described how she came from a
dysfunctional family:

> (My father) was critical. It was like
>
> he hated me. I don't know if it was
>
> when my mom died 'cause I was born or

> what.... I was abused in a variety of
> ways...(I've worked at) getting clean
> and being a drug addict, and my whole
> life was screwed up.

She now dreams of a new life:

> I'm finally in a partnership with
> someone that - I mean it's like I
> finally realized what a relationship is
> supposed to be, instead of all these
> weird things I've been in for years.

Bonita expects the baby will finally give her what she
wants:

> So it definitely feels like the right
> time and I guess from my past stuff I
> always had this idea that I could never
> get what I wanted. That was one of my
> fears.

Getting what she wanted is the new experience that Bonita
seeks from her transformational object.

Yet after the birth Bonita described feelings bordering
on letdown, regarding the wish for change:

> Yeah, its's weird 'cause people, when
> you're pregnant, say things like, 'Oh,
> it's so challenging,' and 'Your life
> will never be the same,' and 'Nobody can
> ever tell you how it'll be until you

experience it.' And on the one hand
that's kind of the case. But on the
other hand I feel like...I guess we
don't feel like our life has changed
that much. But it's really not that big
a deal.

Bollas refers to a "let-down" when the real baby is born and
the unconscious wish for the transformational object is
relinquished. It may be that Bonita's comments reflect such
a reaction. Perhaps those mothers who do not feel the let-
down, or who feel it less, continue to be more dominated by
inner hopes.

Fiorna wished for a new life, not before the baby was
born, but afterwards. She said her mother had not supported
her decisions as a child, and as a result she had lapsed
into daydreaming as a sort of substitute for doing things.
At the time of the second interview she now expresses a wish
to have a satisfying career for herself:

You know, what I've had problems with is
I really don't have a special life or
career.... Sometimes I think, well, I
need to be a better person for her. I'll
have more motivation than besides (just
from) myself.

Yet like Bonita, Fiorna seemed to minimize any real change
as a result of the baby:

But I'm still the same person, you know?

In a sense, you know, I've had pets and

it's the same thing. They're part of my

life, but that doesn't change me, you know?

This denial of personal change could be seen as fulfilling

a need for continuity of self, in which new wishes for

change are minimized.

Paula had hoped her baby would be instrumental in

improving her relationship with her partner. For one thing,

she had had a miscarriage and she wanted to carry a baby to

term. Also, in the past she had felt jealous of her

boyfriend's previous wife who had children with him. She

felt she had less status because of not being a mother, and

she hoped the baby would change her life, as compared to

mothers with more modest goals:

My baby's going to change my life.

Because sometimes when I'm with him

(boyfriend), with his kids....I think

when I have my baby it will give

me...hard to explain. I don't know, but

my baby's going to change my life.

Other mothers describe a variety of ways in which the

baby fueled a process of change in their sense of self. Some

ways in which the mothers did this are outlined in the

subcategories below: "Repair of a Primary Relationship" and

"Change in the Sense of Self."

Repair of a Primary Relationship

Primary relationships include those with the family of
origin, the mother's partner, and symbolic relationships -
ones that represent a primary tie. While preparing to have
the baby, some mothers made either direct repair of a primary
relationship, or made vicarious repair by substituting a
better relationship with the baby for the primary
relationship. This may be achieved by expressing more empathy
with the baby than the mother felt she received, for example.
In such cases the baby is seen as symbolic of the self in a
past object relationship.

The areas concerned with repair that emerge from the
interviews are: (1)"Disturbance in Relationship With Mother:
Imagining an Ideal Mother," and (2)"Reconciliation with One's
Own Mother: Refueling, Redoing, Repairing, and Replacing."
These types of "Repair" show that for some mothers there was
a change in primary relationships.

Disturbance in relationship with mother: imagining an
ideal mother. For most of the mothers there had been some
deficits described in the mother-daughter relationship, with
different degrees of compensation. The memories of deficits
often led mothers to want to avoid making the same "mistakes,"
and this wish became part of their image of what an ideal
mother would be.

Bonita's mother died in childbirth and she did not have

a good relationship with her step-mother. "And when my step-mother came on the scene we just fought all the time and she actually ended up killing us. I don't want to get into it." Bonita's father was alcoholic for many years, as well. Bonita says, "...so I want to be different from that. Unconditional love. Yeah, and also just real constant love."

Paula also had an alcoholic father who hit her mother. Her mother seemed to favor a quiet and well-behaved sister, while Paula was designated a "bad girl." Now she was looking back and thinking she had been unfairly treated.

> Because I (was) a good daughter. (To her mother) Why you spanking me? Because I want to be a good person when I grow up. That's why I said...I think you have to talk with this baby or this daughter. But don't spank. It's really bad.

Sarah's mother walked out on her three children. Sarah describes how she saw the early years:

> Like my mother's uh, not into the domestic stuff at all, really. And you know she lost all of us when we were pretty young. And then it's weird 'cause she kept coming back and forth, trying to make things better for the kids.

Sarah still confronts her mother about not taking care of her younger brothers. She says about her father, who

raised her, "My dad's not a bad person. It's taken me a
while to work through all that." She describes how he was
not with his own mother during much of his childhood, and:

> It's been becoming aware of...trying to
>
> understand how they got the way they got,
>
> why they are the way they are, and
>
> realize how they got there. It's just -
>
> I think it'll help me because I don't
>
> want to be that way.

Insight was one way of coming to terms with her parents, but
Sarah also wanted to be a better parent for her own child.
One of her first remarks upon being interviewed was, "I want
to make sure that the child has a good, stable environment."

Betty felt that her mother had been overly involved.
"My mom was the most intrusive. She was cleaning every
orifice I had. And also over-cautious and not letting the
kids go free." She says about her herself, "I don't want to
be too invasive or guiding. I'm learning with kids, you
need to let them discover." Betty went on to tell a story
she had heard about a child who had been warned not to go
near a swimming pool and how the child got through the gate
anyway and drowned. She interpreted, "It was like the
expectation was that it was dangerous so the child followed
through on the expectation." This interpretation reveals
mistrust of the over-protective mother.

Fiorna felt her mother had always assumed that she and

her siblings were in the wrong - for instance when there was conflict at school. She felt she never got the validation she wanted, and her mother became "really mean" as time went on. Even in college years she felt the frustration:

> I remember doing something (moving in to live with her boyfriend) and realizing my mother was going to be really upset...and I actually went to a counselor, and he pointed out that I was hoping for my mother's approval. And I said, 'Well, you're right, and I'm not going to get it.' And I think from that point on it was like, 'I'm never going to get that kind of approval.'

Fiorna said, "So I hope that I at least listen before I may call something a judgement or anything," and repeated later that she wanted to "actually listen to what my child had to say." She feels that she has learned to listen to both sides of an issue.

Wendy's mother went to a mental hospital right after delivery. Although she recovered and moved to California with her two children, it was Wendy who got her sister and herself off to school in the mornings. Wendy says of her mother, "She had no friends, she didn't drive, she didn't know how to work, she was not really mentally together... and so I became the mom." She said that in therapy she came

to see that she had missed being a little girl because of her situation. She says she stays connected to "that little girl part" as an adult, and there is "a lot of child in me to pass on." She wants to give her child what she missed.

Lois said little about her parents except that she admired them for having a stable marriage and caring for their own parents when they needed help. But she did indicate mistrust of their motives for wanting her to keep her baby and said, "My mother used to act weird at times - send me baby food and baby shoes and stuff like that. And here I was 19 and she would send me these weird things for no reason." She goes on to give a broader context for how her parents seemed to project mixed messages:

> They always wanted me to be able to
> handle things on my own but they never
> thought I could. They did what they
> could to help me be an independent person
> but they didn't think I was capable.

Lois is clear about what she wants to avoid as a parent:

> If it turned out that I raised her to be
> independent and she wasn't independent, I
> think she'd have a very difficult time
> with that because I'm not going to do the
> same things my parents do, checking up.
> [Here Lois is speaking to the mixed
> messages.] The purpose of being a parent

is to be able to let go eventually.

These examples reveal Lois and other participants forming an ideal image of motherhood, which they strive toward and which they based partly on reactions against their own experiences as children growing up.

Reconciliation with one's own mother: refueling, re-doing, repairing, and replacing. Refueling, redoing, repairing, and replacing are activities through which mothers reconnected with their own mothers in a positive way, with the purpose of gaining support and identification as a mother. For some of the women it was not until they were on the brink of motherhood that they identified with this aspect of their own mothers. Whether the reconciliation offered mainly support or a renewed identification, there was change in the sense of an alignment with the mothering role. In some cases the father and/or grandparents also represented a kind of mothering and/or parenting in general.

During the period of pregnancy, delivery, and recovery, mothers reached out to reconcile with their own mothers. This behavior harkens back to what we understand from Mahler's work to occur during the developmental step of rapprochement (at 15 to 22 months of age) where the child goes back to the mother for refueling, in the service of taking another step toward development and independence

(Mahler, 1963). Refueling was often accompanied by redoing or repairing the relationship with one's mother. Sometimes the mothers replaced their own mother with a surrogate, as well.

Refueling was in operation when Paula reached outside the United States, as did Ocie, to talk about her pregnancy with her mother. Sarah also made sure that her parents, although they were separated, were at her delivery. She talked with her mother about naming the baby, a meaningful exchange.

Fiorna captured the spirit of redoing the relationship with her mother, which had previously been unsupportive, when she said, "Mostly I wanted her around for advice and for teaching, you know. What to do with a new baby." Fiorna's parents did stay two weeks after the baby's birth, in their new role as teachers. Lois' mother did the same, although there had been poor communication between them up to that point.

Paula repaired the relationship with her mother, as she talked to her about not wanting to spank her own baby because she felt it had been harmful when her mother used this kind of discipline. Her mother apologized, and a breach between them was modified. Betty replaced her mother when she had her older sister come from the East coast for her delivery.

Examples will be given to expand on the four paths to

reconciliation: refueling, redoing, repairing and replacing.
Fiorna shows that redoing could also mean getting to know
her mother better as a person:

> And another day I just kind of cried, you
> know, one hour or something. My mom
> totally recognized it for what it was.
> She was telling me a lot about what it
> had been like when she had me and my
> sisters and brother. 'Oh, my delivery...'
> you know. I had a day like that...for no
> reason at all.' And it's like, 'Yeah!'

Fiorna felt allied with her mother in a new way.

Wendy wanted to repair the relationship with her
mother, who went to a mental hospital shortly after
delivery. She involved her mother with her own baby:

> It was really a healing process for her
> to hold the baby because when I was born
> ...she went into a mental hospital for a
> couple of months, and so she was very
> apologetic to me that she couldn't be
> there for me. I said, 'I don't remember.
> It doesn't matter and I'm glad you can be
> here with my baby.' And it was really,
> really touching to me.

Although Wendy speaks in terms of a healing process for her
mother, it seems very likely that it was healing for her, as

well.

Wendy also replaced her mother, it seemed, when she had a nursing problem and turned to a series of other women, both professional and laypeople, to help her solve the problem. She also joined a mother's group where she would share all the changes she was going through:

> We shared a lot of techniques and
> frustrations. It was really a good
> support group, you know; we talked about
> everything - how difficult the
> transition was for the spouse, from
> being a duet to a trio.

Wendy was replacing her mother with various other women because she felt mother could not be of direct help.

Lois also replaced her mother when she was seeing a counselor at the Birth Center, getting help with the decision about whether to keep her baby. Because of her mother's past behavior, Lois felt she would be biased and unable to consider Lois' best interest.

Bonita, who lost both her mother and her step-mother, had a birth facilitator make a tape for using visualization to reassure her that everything would be okay. Again, a replacement was used to help launch the mother in her new role. Having a baby was, for Bonita, also a symbolic way of repairing the loss of her mother. She said about her baby:

> I have a journal where I write. I have

this weird thing since I lost my first

mother and my second mother...

unfortunately my thinking is such that I

think, 'What if he'll lose me?' And so I

have a little book that I write

something about how much I love him and

little things he's doing, so that if

anything ever happens he'll have that

book so he can look at it. So he'll

know I was there watching him...'cause I

don't really know anything about my

biological mom--if she wanted me or all

that stuff. So I just wanted to make

sure he knew.

Note how in this passage Bonita identifies the baby with her own infant self.

Mothers frequently expressed a desire for their children to be able to know the grandparents. This hope can also be seen as a sort of redoing and repairing. Fiorna says, "I wish my folks were closer, or I were closer to them, for that kind of thing. That continuity and having grandparents that are doting, 'cause I think mine would be."

Sarah was willing to travel across the country to acquaint the paternal grandmother with her baby, although this did not materialize.

Grandparents are traditionally seen as a source of

unconditional love, which parents can't always be because of the need for training and discipline. But there may also be some idealization of the grandparents - retaining the good qualities they have and adding some things that the mother had hoped for but never received. As mentioned earlier, this idealized image becomes a guide for mother herself. An example is how Sarah said she always liked her parents' values but not their behavior; she would keep their values and improve on their behavior, thus improving on the expectations for "mother" and "father."

In Sarah's case her mother saw this as competitive:

> My mother was convinced at first I was
> having the baby to prove I would be a
> better mother than she was. So there was
> that early stress when everybody was
> finding out that I was pregnant.

Sarah seemed forgiving of her mother's reaction.

A reparative motif can be seen in Paula's wish to have her partner serve as a surrogate parent for herself and a better parent than she felt she could be to the baby. Since Paula felt her mother had been a negative influence on her own ability to parent (she associates not feeling loved with not having patience with the baby), she decided she would provide the baby with a better parent through he partner. She sees her partner as calm and in control:

> Because I'm not really a quiet person,

>   you know. Sometimes I ...Poof! ...He
>
>   (partner) is really good. 'Quiet down.'
>
>   And I say, 'Ooow,' loud things. He say
>
>   'Quiet.'

Paula was trying to get help for her mother to emigrate
to the U.S., perhaps to get away from her alcoholic father.
She seemed to be showing more initiative than her mother had
in this regard, and was repairing the relationship by being
"mother" to her mother. She still had rivalrous feelings
toward her sister, but was able to enjoy the fact that her
baby girl "made friends" with a stepsister, and in this way
was enacting a wish for repair of her jealous feelings.

Finally, some mothers come to feel more like equals
with their mothers. Fiorna said, "There's just a different
feeling between us. More like sisters-in-arms, you know:
Facing the same things." Ocie refers to a similar change:
"I think she looks at me differently now. She treats me more
like, you know, an equal." Sarah's father's attitude toward
her also seemed to shift to a more respectful or equal one.

>   So as far as our relationship, I mean,
>
>   he took it so well. I mean he was so
>
>   atypical from what I expected from him.
>
>   I thought he'd be very angry and just
>
>   say I was stupid and all these things.
>
>   So he was like, 'Well O.K., if that's
>
>   the way you feel.' And I was like 'Huh?

What?' That was pretty amusing to me.

And since then he hasn't brought up

abortion at all. And he hasn't

questioned my motives.

The basic thrust of "Refueling, Redoing, Repairing, and Replacing" was to strengthen the positive ties with one's primary caretakers and to upgrade that image, whether it applies to mother or father. We see that, in the case of "replacing," the mother uses alternative relationships as a source of support and identification.

Changing Relationship with the Baby's Father

Changes also occurred in relationships between mothers and their partners, as a result of the baby's arrival.

For Sarah, the baby's arrival meant spending more time with the baby's father. She had called him to come back from out-of-state for the delivery, and he stayed and became an active father. She was happy about his interest in the baby, but he still made no commitment to her, nor she to him.

It's mainly me and the baby. I mean I

really like being around Mike, and I

really could see having another child

with Mike, you know. I think he's a

really good parent and I appreciate

everything he's done to help. But I

just don't know what constitutes a good

personal relationship, you know. 'Cause

I was thinking about that the other day,

and, I don't think we have that much in

common.... Part of me would like to have

a family and be closer to Mike and have

a more cohesive unit, but I don't know

if that's there. I mean I don't know

how many of the emotions I feel towards

him are stimulated by the fact that we

have this child, as opposed to what I

really feel toward him otherwise.

Although there is not yet resolution, the baby has already

intensified the relationship between Sarah and the baby's

father.

Sometimes there was no transformation of the basic

relationship with the partner. For example Lois and Paula,

who already had assigned themselves to a more or less

secondary role in the relationships with their partners,

thought of their babies as "Daddy's girl." Paula said, "She

love(s) her father a lot. She (sees) him, she gets excited

and (is) smiling, and Oh!, she loves him. I say 'Why (not)

with me?' Lois said, "She's daddy's girl." Also, "I guess

I'm putting a lot of stuff on a two month-old baby. He's

hardly ever there, but it just seems like it." These

attributions only extended the mothers' previous status in a

secondary role.

In Paula's case this may have been linked to her feeling that she had less preparation than her husband to be a good parent, along with her wish for him to be a father-figure for her. In Lois' case, there may have been cultural factors at play, which also led her to say, "He's very strong and my job is to make things easier for him." Thus, there may be motivation for some mothers to keep the relationship as it has been.

Betty and Wendy felt that their partners would have to adjust to their new focus on the baby. Betty also feels that she is in charge as far as caring of the baby is concerned, and that her husband's role is to support her.

> There are so many things that have to be
> done, from 'Get the diaper,' to 'Get
> the....' You know that there can't be any
> issues left around in the relationship
> like feeling controlled by the other or
> something. And so you (the father) have
> to be sort of yielding and a support,
> that I think some relationships can't
> bear because they (the fathers) feel like
> they're going to be more henpecked.

Wendy addressed the problem of competition for the mother's attention more directly:

> And uh, where he has a late morning and

he would like to snuggle or have sex or
something, and take a nap in the morning,
and I'm not willing to give him the
attention he wants me to give. Some
small difficulties around that.

It seemed that Wendy and Betty had actually been most
maternal with their mates until the baby came, at which time
the shift was made. Betty said:

We were alone for 11 years and so we were
sort of spoiled. So it's really a
change.... And I think he's more spoiled.
I used to take care of him at times....
We were both together for like 12 years
before the baby came and he was really
used to a certain kind of attention and
then it shifted.

Wendy explained the experience: "He was...pretty selfish
about me and he had a hard time adjusting to the sharing."

For Fiorna, the baby drew her and her husband closer
together, as he had previously been somewhat lost in his
work and now they shared a new bond. Before the baby was
born, she said:

I wanted him to say everything was going
to be okay, and that he'd take a certain
part in relegating things, you know, but
it's hard for him to do that because he

works so much. I've been very aware of

his limitations in terms of time.

After the baby's birth, Fiorna said:

We have another common goal. We're always

sharing little things about her. And

he'll ask how she was doing. He's really

interested. He's thrilled.

Lois had felt quite insecure in her relationship before

the baby was born because the father said he would not live

with them. Once the baby was born and he saw that it looked

like him, he bonded with the baby and decided he wanted to

get married. Lois seemed overwhelmed:

Surprise, Yeah. I still kind of.... I

had psyched myself up to not having her

at all. Then I psyched, 'Okay, I'll

have her and I'll be by myself.' And

now...now it's turning out, well okay, I

got the whole kit and caboodle. Now

what do I do with it?

Although Lois' relationship with the baby's father was

moving forward, she was uncertain about her feelings, what

she wanted, or where to go with the relationship.

Bonita was one mother who spoke of her need for special

time with her partner. "I finally found a wonderful guy, so

I want to have the time to say, 'Hi, honey!' and, 'How's

your day?' or something." Others who missed spending time

with their mates said they felt that would eventually get
back to normal. This will be addressed below, in
"Integrating the Baby into One's Life."

Summary of Internal Components of Change

All of the mothers experienced a changed sense of self,
as a result of having a baby. The changes were different in
kind for different women, and also the process by which they
reached a new sense of self varied.

Becoming a parent in and of itself, it seems, can lead
to a new sense of self in which a higher and more complex
level of functioning is attained. This is achieved by
taking responsibility for the baby. The requisite for
achieving this step is claiming the baby. For Lois, who did
not claim but did care for her baby, this step was bypassed.
It is not the outward behavior, such as caretaking, so much
as the inner commitment and connection that defines this
change. To review the circumstances in which Lois found
herself, her parents persuaded her to change her original
plans for adoption. She had stood up to her boyfriend about
not having an abortion but felt she couldn't support the
baby on her own and therefore decided to adopt out. When
her father offered to help out financially she yielded to
this plan, but there was an undercurrent of worry that the
grandparents secretly wanted to keep the baby:

I have big concerns. I'm not going down

there (where the grandparents live).

They want me to come down and live with

them. They could take care of it --

help me out. But I don't want to do

that. If I do, my boyfriend's not

around and they may want to sue for

custody. I've seen parents try to do

that.

Lois was determined not to let this happen, and it did

not. But amidst the complications of the situation and the

fact that her original decision was usurped by her parents,

Lois was in some ways divided against herself. Part of her

had already given up the baby, part was trying to prepare to

be a mother, and yet another part was struggling to get out

from under her parent's grip. The task of separation/

individuation may have been set back. A positive change in

her sense of self did not occur.

Aside from claiming the baby and thus truly becoming a

mother, some mothers were also engaged in refueling,

redoing, replacing, or repairing the relationship with their

parents, and were at the same time changing their sense of

self. For Wendy, the effort to repair the early separation

from her mother by sharing her baby during the first moments

after birth, and replacing her mother by consulting other

women about nursing, could be seen as symbolic healing of

early deficits in the mother-daughter relationship. However

Wendy's relationship with her mother stayed at certain level of dependency. It may be understandable that Wendy had difficulty with separation, in that her mother had a breakdown when she was born. Subsequently, Wendy had become a parentified child. She says, "I spend a lot of time at my mom's house. It's really a refuge for me." Wendy seems to still wish to be mothered in a symbolic way. She says about separation:

> I really like kids until they're about 7
> or 8. And then things start getting more
> independent. The leave-taking is harder
> and the separation is hard. And so
> you're not so much the mommy any
> more...and I guess it just seems more
> natural for me to not to like the part
> where they have to separate.

Wendy's change in her sense of self seemed to emanate from both claiming the baby and accepting motherhood, and refueling, replacing, and repairing.

For other participants there seemed to be some progress in separation/individuation (Sarah), or redefinition of goals requiring higher skills (Fiorna).

Sarah's father had wanted her to have an abortion. She did not argue with him, but chose to keep the baby and was able to assert herself calmly and rationally. She said that communication with him actually improved after that and she

gained self-confidence:

> It's a big step for me, but it's
> amazing, because ever since that our
> communication level has been a lot
> better, and now I can speak to him more,
> where I felt very inhibited about
> expressing myself...So I'm starting to
> reach a different level of maturity as
> well because now I can communicate with
> him whereas before I felt really
> intimidated.

Taking a broad view of Sarah's decision to keep the baby, it also signaled that she was being more responsible for herself as well:

> Everything became more focused for me
> since I made the decision to become a
> mom. You know, and really be a mother,
> not a parent. (Also) it kicked in a lot
> of stuff. School, career, you -- as
> your goal.

This is one way in which a new sense of self was developing for Sarah.

Fiorna had a different experience. While her mother reached out to her, and there was some refueling, redoing, and repair, the real change was setting new goals for herself. This was done under the guise of wanting to set a

good example for the baby girl. Fiorna had not been able to
get her mother's approval when she was growing up, but the
baby offered her a new opportunity for approval and change
in her sense of self.

Paula had been beaten as a child, and during her
pregnancy she confronted her mother about that, with the
result that her mother expressed regret. Paula said clearly
that she wanted to avoid this with her own baby:

> I say, "Mom, I love my baby. And I
>
> understand why you spank me and spanking
>
> me..." Also, "I think you have to talk
>
> with this baby or this daughter. But
>
> don't spank. It's really bad."

By trying to educate her mother, Paula was redoing. She
also identified with her boyfriend as a more skillful
parent. This could be seen as an identification with a
parent-surrogate, in that it offered Paula a higher
organization of thoughtful versus impulsive parenting.

Ocie, who did change her sense of self by becoming a
mother, did not seem to make changes through identification:
she may already have identified as a "mother" when she
helped raise her siblings. Of all the mothers, Ocie was the
most in agreement with her parents' values and behavior, and
she did use them as models for her own parenthood: "I want
the baby to have a good upbringing like I had." She recalls
her father urging her to strive for goals in life. "And I

still hear his voice, even though he was a young man. I
still remember those little meetings we used to have."
Also, "...after you get older it makes a lot of sense."

Regarding identification, Sarah and Wendy were
parentified children who already had surpassed their mothers
in functioning as caretakers. For Sarah:

> There's just some things I wouldn't do,
>
> that they've done, you know. And some
>
> things I don't understand; how she could
>
> have left (Sarah's brother). I mean, I
>
> wouldn't leave my baby....But she walked
>
> away from all of us, at different times
>
> in our childhood. And to me, I don't
>
> see how she could do it.

For Wendy: "I had a very hard childhood. And I can
remember cooking breakfast and getting my sister and myself
off to school." Although it seems hard for Wendy to be
critical of her mother, she says she would want to provide
more "consistency" for her own baby. Sarah and Wendy said
they liked their parent's values but not their lack of
follow-through.

Mothers achieved a changed sense of self in four
different ways. One pathway represents growth through
progress in separation/individuation. Sarah was propelled
by her pregnancy to become more independent in making
decisions and planning her life. A second pathway

incorporates a renewed identification with one's mother, referred to in the literature as reconciliation. This occurred at different levels for different mothers, and was brought about by redoing, repairing, replacing, and refueling. All the mothers engaged in one or more of these modifications of their relationship. Paula, who forgave her mother for "beatings," experienced more reconciliation than Lois, who mostly engaged in refueling. A third pathway was set in motion by transformational wishes (Bollas), wherein the mother made a redefinition of goals and purpose in life. Fiorna, Bonita, and Paula experienced this kind of change, in different ways.

A mother may also undergo a change in her sense of self by virtue of the bonding process, without accompanying changes in her general outlook and/or identification. Ocie, for example, was already closely identified with both parents, and her goals remained fixed. However actually becoming a mother changed her sense of self.

These are the internal components of change. They are complimented by interactional components.

Interactional Components of Change

Interactional components of change come about through caretaking and communication with the real baby. Included are ways in which the mother changes her former life to

accommodate the baby. This category describes how mothers learned to care for the baby and to interact with it and how this experience brings about a change in the sense of self, including ways in which the mother restructures her former life to accommodate the baby. The emphasis is on the outer world as opposed to the inner object world described under "Internal Components of Change."

The participants in the study used a variety of paths and processes to prepare for the demands of actually caring for the baby. They anticipated caring for physical and emotional needs. They had already worked to individualize and bond with the baby through attributions, and to reconcile with deprivations in their own childhoods so they could be a parent instead of a child in undertaking this new role. Interactional components of change describe the unfolding of these internal changes, as well as how the mother learns new nurturing and inter-personal skills. "Interactional Components of Change" will be described within the categories, "Practicing, Doing and Becoming a Mother," "The Differentiated Baby," and "Negotiating the Conflict Between Self and Being a Good Mother."

Practicing, Doing, and Becoming a Mother: The Role of the Real World and the Real Baby

Mothers anticipate what behaviors and baby-aids will be required to care for the baby; they learn from the baby

itself about his/her needs; and they subsequently reach a
point of feeling relatively in control of the new situation.
The following subcategories, "Practicing," "From Doing to
Being," and "Feeling Effective, Powerful, and Connected"
trace the development of a more competent and connected
sense of self.

Practicing. Practical preparations such as buying the
bassinet or clothing, or going to childbirth classes,
reading books, and painting a room to prepare a nursery can
be seen as means of "practicing" for the role of motherhood.
The participants also imagined what their parenting behavior
would be with the baby. Those who had strong and well-
articulated ideas about child-rearing tend to imagine in
more detail how they would carry out these ideas. For
example, Betty said she would 'satiate' her baby's needs:

> Well, the whole issue about satiating
>
> the baby is its crying. My feeling is
>
> the baby has only one need. I don't
>
> want a baby to cry -- I want to answer
>
> the need. My feeling is if you really,
>
> absolutely satiate it in the beginning
>
> then they'll internalize that and then
>
> it'll develop their autonomy quicker.

There were also musings about just being together, as when
Paula said, "And now I'll have my baby all day, all night,

sitting there." And Ocie says life will be a little more hectic, but also more fun:

> I think the baby will slow me down a
> little. Like right now I don't have
> anything to worry me. And just to
> think...you're going to have to pick up
> this and grab things from all over the
> house. With the baby I'm going to have
> to do that. But I also think that, you
> know, life is going to be more fun now.

Bonita is afraid of running out of patience and imagines that at some point she will want to call on her husband for help:

> I was worried 'cause, the way I was
> raised I guess I was abused in a variety
> of ways. I've also done a lot of work
> on all that stuff but I guess it really
> scares me to think that I could have
> that inside me too. And it was nice
> that my husband supports me about it..I
> feel like I can say to him, 'For some
> reason I'm really mad and I want you to
> take over.'

Such statements can be seen as practicing for motherhood.

The women in the study also imagined recreation involving the baby. Imagining strategies in stressful

situations can serve the purpose of helping the mother feel somewhat in control, and by feeling this way she gains in self-confidence on both practical and emotional levels.

From doing to being. After the baby was born, task-orientation emerged. This became important as one path toward a relationship with the baby and feeling like a mother. Both "doing" and "learning to be effective" allowed some of the mothers to enjoy their babies and feel more maternal. Thus, they became a mother by acting like a mother; the participants describe a feedback loop.

Sarah, Fiorna, and Lois were mothers who, before the birth said they didn't feel they had much "maternal instinct." But Fiorna felt more maternal when she saw that she was good at caregiving, and even thought about having more children:

> But I guess I think I'm better at it
> (being a mother) than maybe I thought
> I'd be. It was just an unknown. And
> now that she's here and everything, I
> think I'm pretty darn good at this. But
> we thought of having at least two, and I
> enjoyed being pregnant so much and we
> were so thrilled with her. It was like,
> you know, 'That'd be great!'

Sarah did not mention specifically feeling maternal

after her baby was born, but positive feelings spontaneously emerged. She seemed to hold back her feelings up until the birth. The presence of the actual baby was a powerful experience that released her feelings.

Lois had prepared herself for seven months to not be a mother and did not feel maternal even after her baby was born. She said, "it's hard to think she's not just one of the other kids I baby-sit. Only I take this one home." But Lois was attentive to the baby and on that level seemed bonded. The question of feeling maternal, for her, had less to do with the baby and more to do with her own self-concept. She was still in a rebellious state with her parents and did not seem to feel confident about having a life of her own - much less being prepared for motherhood. Betty makes the point that physical recovery is necessary to experience the feelings for the baby that come later: "It was like when he came I didn't feel immediate ecstasy, or uh...It's coming now, the realization. I think I was so exhausted I didn't ...experience the full impact."

Feeling effective, powerful, and connected. The building of a relationship and learning to "do" for the baby brought feelings of effectiveness and achievement for the mothers. This confidence enhanced pleasure in the relationship. Mothers incorporated being effective and connected with the baby as a new facet of their identity.

Feelings of effectiveness were present as early as labor and
delivery. Wendy said about her labor, "I didn't like the
contractions particularly but I did like the pushing. I
thought it was real empowering." Bonita also felt empowered
to have "a connection with all the women who ever had
children."

There were often fears that the baby would have
deformities, and when this was found not to be the case, the
mother could feel "effective" as well. Lois, who had worked
with toxic materials, said about her pregnancy:

> At first I was kind of happy, surprised.
> I didn't think I could get pregnant.
> The fact that I'd heard all these things
> about bad stuff (toxics)...it was even
> more of a surprise that there was
> nothing wrong with the baby at all.

Having a healthy baby was a relief for Lois. She felt not
only surprised but also happy (empowered) that she could
become pregnant and have a healthy baby.

Betty, who had tried for several years to get pregnant,
said:

> Well, they said they had done so many
> medical interventions already, and once
> you're over 35 they talk about "high
> risk,".... I worried about getting
> through the first five weeks and the

first trimester.

Betty also implies a sense of being effective, by bringing up the possibility of a negative outcome that she overcame.

Overcoming a problem in caretaking also helped the mothers gain confidence. Bonita felt that in the beginning breast feeding was "tricky" but after a week the stress level went way down:

> I never really changed a diaper before I had him. It was like logistical stuff. And so in the very beginning breast-feeding was tricky. I mean he couldn't quite figure out how to do it and I couldn't, and that's why the first week was really stressful.

A further phase of feeling effective seemed to come with the achievement of a balance of needs, so that the mother was able to attend to both the baby's needs and her own. In Fiorna's case this meant learning to change her shopping schedule. For Ocie and Sarah it meant finding a way to return to school. For Wendy, to go to a party with her partner, and leave the baby with a sitter. When the mother regains a personal life some of her old feelings of being effective return. Bonita was clear that while she was

not career-driven her training and career were important to
her:

> It's like my career and stuff's
>
> important to me - I mean I did go to
>
> graduate school and all that stuff, but
>
> I'm not like real career driven. I just
>
> want to have a job where I can do some
>
> good things for people.

Betty talked about getting beyond a certain amount of
isolation:

> Yeah, you kind of get bored. You want
>
> to get out, and you want to feel like
>
> you've accomplished something. You want
>
> to be in contact - to feel connected....
>
> I mean you don't know what's really
>
> going on in the world.

Bonita and Wendy both said they "always wanted a
family." For both, there had been trauma at their birth:
Wendy's mother was placed in a psychiatric hospital right
after her birth, and Bonita's mother died from the
anaesthetic. These women, in particular, reached beyond
their families of origin to gain validation and support as
mothers. They both spoke of a new sense of identification
with other women. Wendy said, "All women share the
experience of giving birth. It gave me a sense of belonging
that I didn't expect." For Wendy, "belonging" means a sense

of connection with other women who bear children.

Bonita was the other mother who expressed a heightened sense of identification with other women, Talking about a guided visualization tape she had made, she said:

> She (birth facilitator) made me this 45
>
> minute tape where she uses my name and
>
> she integrates my concern and my
>
> experience into this kind of guided
>
> visualization which to makes me feel
>
> like everything's going to be okay and I
>
> know what I need to know to be ready.
>
> Having a connection with all the women
>
> who ever had children, you know. It's
>
> kind of an empowering thing and I just
>
> decided to do that.

The other mothers in the study, in drawing closer to their own mothers and sisters during their pregnancies, were also making use of the connections available to them. In most cases the connections were enhanced, and mothers gained strength from the added support.

The Differentiated Baby: Letting Go of Fantasy and Relating to the Real Baby

The birth of the baby is both a symbolic and a real turning point in the mother's transition. The baby is no longer within but is part of the larger world, and the

mother must in some ways relinquish the exclusive
relationship they once had. This is part of the change in
meaning over time. Accepting the real baby also involves
letting go of, or modifying, fantasies that are at odds with
reality. She is now dealing with the particulars of her
situation and her unique baby - not motherhood in the
abstract. Examples below will show how mothers change and
adapt to the novel requirements brought on by the baby's
birth. These changes are part of the process of engagement,
in which the mother extends herself to be responsive to, and
influenced by, the baby. New behaviors and uses of self are
called upon to accommodate the baby's needs.

In utero, noting movements of the baby is a sign of
early differentiation. For example, Sarah noted about her
baby, "In the shower it goes, 'Bam! Bam! Bam! you know.
Well, that's like a baby all right!" Wendy also notes an
interaction: "When I'm quiet she moves and when I'm moving
she's quiet." Several mothers talked about how the baby
was quiet when they were active, and active when they were
quiet. Paula, Ocie, and Fiorna sent "inner" (nonverbal)
messages to the baby to make it feel loved. Some mothers
also talked and sang to the baby.

One factor that seems to hasten the wish for separation
is the discomfort of pregnancy. Both Sarah and Wendy
dreamed about early deliveries. Sarah said:

I had a dream that I went to some sort

of Birthing Center. and I was there like
about six months pregnant...and I was
kind of really sheepish. Like, 'What
are you doing here?' I said I was just
visiting. I didn't want to admit that I
was coming in because I thought I was in
labor or something. I was embarrassed
showing up as early.... But part of me
is also tired of being pregnant.

Wendy also dreamed of early delivery: "And then one night my
mom and I had a dream together. I mean I was here and she
was there, but...the baby was born a month early."

At the point of delivery the baby becomes separate in a
physical sense, which ushers in new reactions. For example,
Paula became aware of the baby's capacity for pain and said
she felt sorry for her baby during delivery. Thus, although
the baby is separate, on an emotional level the mother may
already show empathy.

Gender, already discussed under "Hopes and Fears for
the Baby," provides a good example of a possible discrepancy
between the imagined and the real baby as well, and how such
a discrepancy is handled. Two mothers, Paula and Bonita,
had definitely expressed preference for the opposite sex of
their real baby. Later, Paula looked for the positive in
the situation. She said, "Because she's a girl we'll have
better communication because I'm a woman." Paula also

developed positive feelings for her baby and said, "I don't care. I like my baby."

Bonita, who did not like the aggressiveness of males, also related to her real baby boy with positive feelings. She called him "wonderful" and "perfect." She also planned to raise him to be nonviolent. She adjusted to reality by hoping to redefine the original projection, i.e., that all boys are violent. She said:

> Well his father is a sensitive man and
> also (father) works with kids, and he
> knows a lot about educational things. I
> mean he can hopefully redirect him. And
> he also knows how to set limits with
> kids. And (father) cooks, and
> cleans...he does a lot of things around
> here. So hopefully some of it will rub
> off. And there's some little pre-school
> thing called Mud Puppies or something
> where they do a lot of outdoor stuff and
> it's non-competitive things.... I think
> it's probably his peers that'll
> influence him as well as us, so if he
> makes friends-if there's other parents
> that put their kids in that kind of
> setting then they'll probably have the
> same philosophy as we do so that'll get

reenforced.

Regarding gender, mothers adapted to the real baby with a combination of looking for the positive and reexamining their assumptions. Other ways in which the mothers adapted to the real babies are described as "Dependency/Inter-Dependence" and "Empathy and Love."

Dependency/Inter-Dependence. Mothers quickly became engaged in the baby's struggle to thrive, as when Betty proudly commented that her baby "latched right on" to the breast. Accepting the baby's dependency is important in the earliest stages after birth, and remains so even as interdependence develops. The mothers, in reacting to the babies' increased competence, needed to change themselves to relate to the baby. Such questions as how much and what kind of connection to maintain with the baby, required ongoing appraisals and adjusted responses.

Bonita and Betty started picking up their babies at every cry. Then Bonita said, "Sometimes I wonder if I'm creating a monster, 'cause he wants me to be there all the time. So I guess developmentally they get more independent." She began to ease up a little. Betty also changed her mind about "satiating" the baby with attention every time it cried:

> And I really had a breakthrough at about
>
> 7 weeks. I was thinking about, 'Should

I let him cry?' It's not like you can

create this utopian existence for them

I'm not going to be able to protect him

from some things either, you know. Just

the hardships of how things are.

Betty was battling both with her own protectiveness and the

baby's capacity for independence.

Fiorna was "delighted" that her baby could entertain

herself for long periods of time. "I'm thrilled. I guess,

I was that way too, at least at pre-school age. I just

played by myself."

Parenthetically, Fiorna seemed to have felt too much

alone at times. She said, "I've always worried that I'd be

all by myself in such a big experience (as her pregnancy)

and it's not that way at all. So I really enjoy it."

Ocie's ambivalence about the baby's dependency was

captured when she complained about not being able to do her

work because of caring for the baby, and she then said, "But

I love to hold her."

A new sense of partnership occurs after birth. For

example Wendy said about her baby, "She knows that she'll

get it (milk) which means that she trusts me." Wendy also

says, "We have fun playing together. She knows me real

well." The use of the pronoun "we" indicates the sense of

relationship that has developed. Fiorna also says of her

baby, "We read each other pretty well. I'm not sure what I

mean by her reading me, but I know most of her cues (that)
she gives me." Again there is a sense of partnership.
Bonita talks about the earliest weeks:

> We were kind of pretty freaked out in
>
> the beginning. But then I guess we
>
> figured him out and he figured us out
>
> and it all works a little better.

Interdependence develops early and can coexist with
dependency, but there is a proportional change over time.

Feeling connected, for the mother, refers to a shift
from bonding to the imaginary baby to bonding to the real
baby. As the baby develops, there are new interactions and
new dimensions to the relationship. There is a shift from
an emphasis on caretaking to development of interdependence.
Along with the baby's developing autonomy there are new
paths of connection. Sarah said, about taking the baby from
her partner to comfort her:

> And it was like, she's screaming and as
>
> soon as I walked up to her...I'm not
>
> even holding her, and I say, 'Hi, baby,'
>
> and she goes (gestures a smiling face.)

Fiorna said of her baby:

"She'll keep her eyes on me, you know, and follow me
across the room. But yeah, I feel like I'm already special
in her eyes, as opposed to somebody else."

Betty noticed the "social smile" at three months:

> I would say three months for me. Like,
>
> almost by magic, you know. I could
>
> really say she started smiling before
>
> but a lot of the smiles (husband) would
>
> say, 'Oh, that's gas smiles.'

The feelings that mothers had of being connected in new ways to their babies reflected a developing sense of the baby's "otherness."

In comparing the prenatal interviews with the postnatal interviews it was common for mothers to have a somewhat anxious outlook before the baby was born. This could be due in part to practical worries and insecurity about one's ability to handle the new demands. After birth there was generally a higher level of self-confidence and positive feeling. The growth of love for the baby and the development of ever-new means of connection could account for this.

Empathy and love. There were expression of empathy right from the time of delivery, as when Paula said about her baby: "Because she was really hard for me to deliver I don't want to give pain to her and I don't want to make her cry." Empathy extended to protecting and comforting the baby when it cried, later on. In explaining the baby's cries, there was generally a keen awareness of the baby's helplessness and vulnerability. For example Bonita says

about hunger cries, "But we (adults) know we can go out and get it so we don't need to start screaming. But a baby, you know, the only way to communicate is to make noises. I don't blame him."

Betty is also empathic, even when she seems a bit confused:

> (Husband) came home and hadn't seen him
> all day and he starts crying for no
> reason, and this is what he used to do
> real early. And he cries really hard
> for 10 minutes and then he's fine. So
> it's still kind of crying and it's like
> an emotion he just has to express.

Allied to empathy, love feelings grow for the baby. Part of feeling love for the baby seems to be responsiveness to the baby's apparent growing capacity for love. Bonita said that when her baby looks at her, "it's so wild that anyone looks at you like that! I've never been looked at like that before."

The experience of unconditional love, both given and received, seems to be part of the "falling in love" experience that mothers reported. Betty, for example, talked about "how much you fall in love with them as time goes by, you know. He's just really - he's more of a person." This reflects development of feelings on the mothers' part that parallel the baby's developmental

changes. Sarah, on the other hand, seemed to react more to the event - the veritable presence of her baby: "But now that I am a mother I get hit every once in a while with this, 'Wow!' Kind of like, 'Whoah!' Gee! I am caught now. I admit it!"

Bonita expressed both a sense of disbelief and love: "I mean I can't believe I have this baby. I just adore him!"

Several of the mothers did not mention love feelings directly. Fiorna said she was "thrilled" with the baby, and Bonita said, "He's wonderful." Wendy said, "I feel real lucky." Even Lois, who did not seem to claim the baby, said, "The main thing is she's real special to us." Lois included her partner's feelings; it is hard to tell if she is speaking for him, herself, or both of them.

Negotiating the Conflict Between the Self and Being a Good Mother

"Being a good mother" is a term used to underscore the compelling focus on providing care for the baby that is described by mothers and emerges throughout the period being studied; the last trimester and up to three months after birth. The conflict between the mother's needs as an individual and her need to care for the baby were constant and changing. The mother, as it were, now has two identities, one as self and one as mother, and she must make decisions as to when each one will take precedence. For

example, from the beginning, two mothers had to make a decision about whether to keep the baby at all. Subsequent to this decision, during pregnancy mothers might need to take extra rest periods, watch their diets, and curtail strenuous activity for the sake of the baby. Sexual relations with partners are often affected as well (see "Giving and Taking, p.110)." After the baby's birth, conflicts continued to arise, as shown in the subcategories, "Delivery," "Separation of Needs," and New Understandings."

Delivery. Mothers had to decide how much pain they could endure during delivery versus the effects of drugs on the baby. Wendy, for example, said "I had hoped - like everybody does these days - to have a pretty natural childbirth without drugs, but I ended up with Pitocin." Her concern about the effect of drugs on the baby came up later when deciding about polio vaccinations, as well. Betty, who had written a birth plan and was protective of the baby, said, "I had him without drugs," which had been her wish. Both mothers were weighing interests of self versus the baby to some extent, in the matter of medication.

Mothers wanted to hold the baby right after delivery. In contrast to some other moments of conflict between self and being a good mother, there was little conflict because motherhood was in complete ascendency. Wendy said, "I mean they never took her out of the room, which was important to

me. They just cleaned her up and she was fine." Sarah
said, "right when she was born I really liked her. I smiled
- 'My baby.'" (There was a brief period of rejection later
on.) Ocie said, "They tried not to sedate me (for the
Cesarian)so I could hold her when she came out." Maternal
interest were predominant when first joining with the baby,
which seems to serve as a backdrop to any future conflict
between self and being a good mother.

Separation of needs. In the beginning the mothers
seemed to incorporate the baby's needs as their own to some
degree. But once the mothers returned home they began to
feel overwhelmed by the initial demands of the baby's total
dependency. Such comments as: "She's a handful, really,"
"It's so consuming and demanding," "This little guy takes a
lot of my time," and "When I'm busy with her I'm kind of
tired," are testaments to the struggle between needs of the
self and being a good mother. This tug-of-war was an
important phase in the mother's transition to the real baby.
Boundary lines were constantly being set and reset as to how
much the mother would respond to the baby's needs and delay
her own needs, versus responding to her needs and delaying
the baby's needs.

Bonita demonstrated this when she described how she had
been very attentive to her baby, but, "One problem I've had
is if I'm really tired and haven't rested and then I don't

get a chance to eat either - I get really crazy." She found
that she had to acknowledge her own needs first, at times.
Another example of the conflict is described by Lois:

> We wanted to go out but she wouldn't have any
>
> of it. It's just that she's a baby. And she
>
> doesn't like bottles, so I can't really give
>
> her a bottle.

Because of Lois' feelings about breast-feeding in public
this meant staying home.

Also, some mothers would let their babies cry only a
little before responding, such as Bonita, who said that
during the first week, "I was jumping up every time I'd
hear him make a peep." Wendy, on the other hand, let the
crying go on for hours while trying to train the baby:

> Earlier I was talking about how we got
>
> her to sleep through the night. The
>
> first night we tried it, she cried for
>
> two hours, and we couldn't stand it. So
>
> we took her back out of the crib. I
>
> nursed her and went back to bed. But
>
> the next night we tried it again about
>
> 11:00 o'clock and she cried for about 45
>
> minutes, and the next night, 10:00 and
>
> the next....

On the whole, mothers seemed to move flexibly between
making their own needs or their wish to be a good mother the

priority, depending on the particular situation. And they

had expectations for the baby to be flexible, as well.

Betty said that as her baby got older, "I expect more out of

him and I want him to cooperate and be flexible. I mean I

know I'm just kind of saying it now, hoping." The baby's

development is important in the setting of new boundaries.

Another way of separating needs is when the mother

leaves the baby with a sitter. Wendy experienced this as

somewhat frightening:

>Tomorrow night is our first night away from
>
>her. The same woman who helped me with my
>
>breast feeding in the beginning is going to
>
>watch her. She'll give her the bottle.
>
>And...(I'm) really scared.

Betty, in considering going back to work, said, "I can't

imagine someone taking care of him right." Ocie had chosen

a woman to baby-sit, but still had some uneasiness: "I'll

be comfortable but I hope she'll be a good choice. I wish

my mother was here." Lois changed her position on baby-

sitters. Before delivery she said:

>I have no intention of becoming a Zoe
>
>Baird, who runs this law firm and gives
>
>her child to illegal aliens who baby-
>
>sit. I mean what's the point of having
>
>a baby if you're not going to see it?

The wish to be a good mother seemed to prevail. This was

re-defined after having the baby. She said, "Uh, I'm still going to look for work. I have to make a salary that will pay enough for child care, to make it economical for me to work," Lois was not having the same pangs over separation from the baby as some mothers. At no point did she seem to have a sense of possessiveness toward the baby.

New understandings. As mothers gained more experience with their babies they became more able to judge what was needed and when, rather than operating on guess work. For example, mother learned how to respond to the "different cries" of the baby. Fiorna said about her baby, "She lets you know the difference when she just kind of wants to be entertained or when she really needs to have something done." Sarah comments on the same subject:

> Well, she's got a definite temper sort
>
> of cry, like, 'Oh God. I'm really pissed
>
> off!' She used to have a real hungry
>
> cry, but now it's more like, 'Uh, uh,
>
> uh.' She doesn't have an attention cry.

Along with the new understandings, there is also the realization that much is changing for the baby and one doesn't really understand yet who the baby is. Betty said,

> Like, I'm learning, you know? And I
>
> still don't really know who he is. I
>
> mean when he's happy he's like one

personality and when he's unhappy he's a

totally different person.

Bonita also says:

There are some days where I can't figure

him out at all. So if I get frustrated

by him crying and stuff, it's kind of

like that, and the frustration isn't so

much from him crying, it's from me

feeling like I can't take care of him

[frustration of the good mother].

As mothers developed new understandings, including how
the baby communicates and what needs immediate attention or
not, she is able to prioritize her responses. Then, making
choices between self-needs and being a good mother becomes
less of a conflict. As the baby matures and demands less
time, mothers were gradually able to take on parts of their
lives that had been put on hold, and being a mother was
integrated into the larger context of the mother's previous
identity.

Summary of Change in the Sense of Self

We see that internal and interactional components refer
to complimentary elements of the transition involved in
becoming a mother. Internal components describe how the
mothers created early definitions of, and connections to,

the baby. They also describe the mother's self-definition, especially concerning the connection and identification with her own mother. For different women, becoming pregnant triggered different changes in the sense of self, including taking on a new role as mother, setting new goals, and a shift in identity. Interactional components of restructuring describe how mothers structure their time, behavior, and relationship skills to deal with the reality of the new baby. As the mother becomes a partner in a changing dialogue, she senses her own ability to change and yet be the container for the baby at the same time. Changes in the sense of self took a distinct form for each of the participants in the study: Paula changed her sense of self in that she changed her "have not" status into a "have" status, and with the baby she felt herself to be a more adequate and complete partner for her boyfriend. Paula no longer felt left out, now that she had her own child and could feel she had more status in the eyes of her partner.

Fiorna was able to reconnect with a wish for personal achievement, which had faltered earlier due to lack of support and encouragement from her parents. Fiorna seemed to use her baby as a mirroring self-object who would approve of her yearnings for a career. The change in Fiorna's sense of self was to feel hopeful about her own future development.

Sarah changed from being somewhat intimidated by her

father and disappointed by her father and disappointed in both her parents to becoming more independent and self-directed. When she decided to keep the baby against her father's advice, she became, in effect, her own person.

Bonita changed from feeling like a victim to realizing - with some sense of surprise - that she could get much from what she wanted from life. This change was a process that also included earlier achievements such as a career and a good relationship with her partner. Bonita said about having the baby, "Yes. Now I can do this...I guess from my past...I always had this idea I could never get what I wanted." And now, "I never thought my life could be this nice."

Lois resisted a change in the sense of self, taking on the new roles of wife and mother as best she could. One senses a major struggle as she tries to incorporate these new roles. She says, "Its hard to adjust to being...a mom instead of just a girlfriend," and "I'm finding it hard to adjust to being a mother." Finally, "I feel like I'm still the same person that I was." In spite of this, Lois cared for the baby adequately.

Wendy's sense of self did not seem so much changed as expanded and fulfilled. She had been a parentified child, and always wanted to have her own children. She was working hard on the relationship with her partner, and becoming a family had special meaning because Wendy's own father had

deserted her when she was a child. Her expanded sense of self hinged somewhat on keeping this new family intact. Wendy's partner had also had some family problems, "...so for both of us we feel really like pioneers." Wendy's sense of self was that she would not only create her own family but also keep it together.

Betty had "spoiled" her husband before the baby came, at which time she refocused her nurturing behaviors onto the baby. Betty's sense of self changed from being a care-taker for her mate to making the baby her first priority; from being "motherly" to being a mother. She also required that her husband help her in her new role; having the baby meant that now she was the one asking for occasional help.

Like Wendy, Ocie's sense of self was more expanded than changed. She became an active caretaker for her baby and made the baby a priority; "...anytime she is awake I want to be (near her)."

Related to the above, there is a distinction to be made between the subjective experience of change in the sense of self, and pathways to change. Pathways to change may come about through bonding, developmental growth, reconciliation and identification with one's mother, or transformational wishes. Finally, mothers learned to integrate their experiences as mothers into the larger sense of self, thereby enriching and elaborating their identity.

Integrating the Baby into One's Life

During the postnatal interview at three months,
participants talked about the immediate past but also about
plans for the future and returning to previous commitments
full-time, or adopting a more balanced lifestyle. This
transition was anticipated with mixed feelings and
accompanying frustration. It seemed to be a struggle to
incorporate the sense of self as a mother, with its demands
to meet the needs of the baby, into the larger context of an
ongoing life with its own demands and the mother's own
desires. The data to be described here has been organized
into two sub-categories. "Ambivalence" represents the
mothers' descriptions of the gains and losses encountered
when the mother has to integrate the new role into her pre-
existing life. "Future Orientation" describes the mothers'
projection toward a future in which there are plans for the
baby's future, co-mingled with her own future plans. This
represents an extension of motherhood into the future.

Ambivalence

Regardless of the particular circumstances it seemed
that for all the mothers there was a wish to return to a
more normal schedule, including regular sleep, and for some,
resuming normal relations with the baby's father. For

example Wendy said, "I miss him, I do miss him. I miss the times that we had - we don't go dancing, we don't have as much romance." (They were planning their first night out together within the week.) Ocie also missed being with her husband:

> Well, it put a little strain, you know.
> I mean we don't go out as often as we
> used to or would like to. So that kind
> of has affected it. So we just have to
> wait. We both recognize that.

Frustrations with the interruption of what had been one's prenatal life signaled a readiness to return to some aspect of that life. Betty found isolation to be a strain:

> (Depression) wasn't there very long and
> I was crying and, then it shifted and
> now it's getting better and better. I
> think you have to sort of really look at
> isolation. It can be isolating.

And Sarah, who was trying to complete school, said about her baby:

> I sometimes wonder if I don't resent the
> intrusion on my life a little bit. But
> it doesn't really come out much except
> if she's not sleeping at four o'clock in
> the morning or something. She's my
> life. But I don't regret that.

On the other hand, for some of those returning to work, the ambivalence was more open. Bonita spoke of the conflict between earning money and being with her child:

> Not being this parent who's away from
> the child working all the time trying to
> save money for the kid. So I want to be
> here with him. But I want to have the
> balance of having enough money.

Wendy, who also returned to work, said, "Some days I feel guilty that we're not spending enough mom-baby time." Betty talks about liking to stay at home with the baby, but she also wants to pursue her career:

> But then the other thing is I love my
> career, you know. I know some women
> who, they go back to work and, "I have
> to work." And I mean I'm going to
> school. I really want to finish. I'm
> excited by, still, my career. I think
> I'd be more scared about the quality of
> who's going to take care of him.

Whether the mother puts emphasis on the baby, her partner, school, or career - the context is one of competing goals and ambivalence.

Sometimes self-interest and the baby's interest were linked, as when Fiorna and Ocie said they would be better mothers if they felt fulfilled in their own lives. Ocie's

words were:

> I think she'll benefit more if I still
> participate in things that are close to
> my heart. I think she'll benefit more
> because then I'll feel fulfilled, you
> know. I'll be happier with myself, and
> - it translates to her, too.

Fiorna, who wanted to upgrade her career, said:

> I don't want her (the baby) to think of
> me as nothing but a house-mom. Which,
> you know...that's what I do want to be
> right now. but not in the long run. I
> want something that I could feel proud
> of. I want her to be proud of me.

Future Orientation

For all but two of the mothers there seemed to be a
turning toward the future; a sense of wanting to meet the
task of raising a child who would be able to cope with the
outside world as well as fulfill its potential. As mothers
themselves were able to reclaim a normal life, they seemed
to extend to their babies a vision of the future and how to
prepare for it. Going with this idea of preparation for the
future, Wendy said that she thought she would have made a
great engineer, but she wasn't encouraged in that direction,

so she wanted to make sure her child had encouragement.
Paula, who wanted the baby to enhance her relationship with
her partner, was an exception in making future plans.
Fiorna, who bonded with her baby after birth, was also an
exception. Her hopes for the baby were focused on the here
and now. She said, "I'm much more in tune with her level
and so I haven't really concentrated on what hopes I have
for way off."

Even Lois, who had a hard time claiming her unexpected
baby, had long-range plans:

> Pets are for being cute. Children are
> to teach to be adults. I want my
> daughter to know she can get money if
> she has to (through education). I want
> her to be happy and be able to deal with
> things.

Wendy talks about providing a nurturing environment:

> I mean in terms of fantasy I would hope
> that I would have the time and the
> patience as a parent to be that well of
> knowledge and understanding - to be able
> to pass it on to my kid. And it's my
> responsibility as a parent to nurture
> the things that are important to them
> and to make them feel like they have
> value and that their talents are

recognized.

Betty also talks about nurturing:

> But I feel I would like to give him room so
> that whatever his inclinations are he would
> do that. But knowing his parents, I mean I
> also know that a lot of times people are
> influenced because they grow up and there's
> stimulus all over. They watched their mother
> do that - they may grow up wanting to draw,
> you know. It's just what their influence is.

Bonita said her wishes for the baby are that he "loves
himself and is gentle with other people." Ocie, who had an
unplanned pregnancy but welcomed the baby from the start,
said, "I even imagine her in college. What discipline she
will like the best. I do . I really think a lot, you know,
about life with her." This implies the importance of a
future relationship, as well as the development of the
child.

Summary: Becoming a Mother

The process of becoming a mother, as developed from the
findings of the study, encompasses three main areas that
prepared the participants to act as caretaker and guardian
for the new life that was expected.

In bonding with the baby, the mothers first opened up

their imaginations to this new life and to the fact that they would become a mother. They embraced this status or not, depending on their circumstances. The baby acquired different meanings, and could be anxiously awaited or somewhat ignored. Some mothers struggled to accept the pregnancy.

Internal changes occurred in the sense of self when mothers defined who the baby was out of their own hopes and fears. Mothers also changed their sense of self by reworking the relationship with their own parents, in the service of becoming parents themselves. This could lead to support, renewed identification, or in some cases, taking a new step toward separation/individuation.

Changes in the sense of self in order to become a mother also occurred through interactional components such as learning how to give and take with the baby, feeling effective and powerful in the relationship, and feeling love, given and received.

Finally, mothers adjusted to the baby's development and growing independence by pulling back a little, and by gradually reincorporating the parts of their lives that had been set aside.

CHAPTER V

DISCUSSION

Comments on Methodology as Related to the Findings

The initial study question was, "How do expectant mothers experience the transition from relating to their expected or fantasized baby, to forming a relationship with their real baby, once born?" The question was formulated with some anticipation on my part that the mothers would address their perceptions of the baby over time. Instead, the categories that evolved from the mothers' narratives had more to do with the mothers' preparations for becoming a mother, and later adjustments, both internal and external. This is reflected in the main categories in Chapter IV: "The Process of Bonding," "Changing the Sense of Self to Become a Mother," and "Integrating the Baby Into One's Life." The more open-ended method of gathering data which is used in qualitative research allowed for mothers to report on the larger context in which the study question resides. The mothers' transition from the imagined baby to the real baby takes place in a very rich context: that of the mother's response to her pregnancy. The event of a first time pregnancy is such a major stimulus for the mother that change in the sense of self takes precedence in the mother's consciousness over other aspects of the event, such as specific ways of relating to the baby. Had the interviews

been more directive they may have missed getting at the important material which shows how the mother creates her role as a mother. A lesson I draw from the unexpected findings of this study is that when a major change for the participant is going on, the researcher must be prepared to deal with the relative importance of the study question in the larger context of that change.

Using the narrative method of gathering and reporting data was part of the design of this study. Narrative reports demonstrated how the mothers were undergoing changes in the sense of self. For example, mothers could be seen to select and disclose those parts of their personal history which showed changes in primary relationships and reconciliation with one's mother. Through the narrative it can also be seen how mothers seek to identify with the parenting role. For example, Sarah talked about her current understanding of her father who grew up in an orphanage, and how as a result he didn't know how to show much warmth and affection. The narrative suggests that he might have been different under different circumstances, or that he may have potential for unexpressed tenderness. Wendy, on the other hand, talks about how she had a very hard childhood. But she also says, "I can say that there were some wonderful things in my childhood."

It is in this process of sorting out what one responds to most deeply that new narratives are created, and indeed a

kind of revision of the past seemed to take place as the mothers gave their narratives.

The creation of the ideal mother image can be seen as one variation on the theme of revision. Mothers used the negative experiences they had with their own mothers to make a 180 degree correction. The mothers hoped in this way to avoid repeating the perceived failures of their own parents.

Pregnancy as a Developmental Step

The findings of this support the theoretical proposition that pregnancy provides an opportunity for individual developmental growth (Bibring, Benedek, Caplan, Erikson). Pregnancy is seen as a trigger which sets both internal and external changes in motion. The internal changes which occurred are designated as developmental. In this study, "developmental" refers to psychological and behavioral advancement to a higher level of functioning. This occurs through identification as a mother, developing the capacity for nurturance and protection of the baby, and being able to suppress self-needs in order to fulfill the baby's needs, when there is conflict. In terms of the categories developed in Chapter IV, identification as a mother was promoted through "Repair of Primary Relationships;" developing the capacity to nurture and protect the baby occurred through "Practicing, Doing, and

Becoming a Mother;" and suppressing self-needs was developed through "Negotiating Conflict Between the Self and Being a Good Mother." The term development also takes into consideration how the pregnancy, for each woman, impacts on her previous level of development. For Sarah, pregnancy brought on an advance in separation/individuation. For Lois, individuation seemed to get set back due to interference by others in her process of decision-making.

Benedek (1970) and Bibring (1961) state that pregnancy and childbirth usher in a stage of adult development. Bibring found that in preparation for taking on the maternal role mothers forged a new identification and alliance with their own mothers. Bibring's findings of psychological regression, i.e. reverting back to earlier levels of development when under the stress of pregnancy, ties in with Caplan's (1959) work on regression during periods of crisis. Caplan found that old problems and conflicts, originating in earlier developmental stages, can be reworked and new solutions found during periods of regression, when defenses are lowered and the old conflicts come to the surface. He notes the presence of "...a curious spontaneous maturing process during pregnancy," which is thought to be related to just such a process of finding new solutions to old problems. Caplan ascribes the crisis nature of the pregnancy to the physiological changes which occur in the woman's body before childbirth. Bibring says the crisis is

heightened when the mother recognizes the fetus as separate, and must shift from narcissistic to object libido.

It is significant that both Bibring and Caplan refer to the developmental step of separation (to be more fully developed by Mahler in 1963) as re-emerging during prenatal regression. Bibring links the mother's separation from her baby to her previous phase of separation from her own mother. Caplan describes how fetal movement brings on separation anxiety. The mother reworks her separation anxiety and conflicts from the past, as she works on separation from her baby.

Mahler's work on separation/individuation during childhood is helpful in understanding the pregnancy crisis for the mother. The stage of separation/individuation as originally described, was comprised of four phases: differentiation, practicing, rapproachment, and on-the-way-to-object-constancy. Separation and individuation are viewed as interwoven processes. The most difficult period occurs when the toddler, propelled into the broader world by his motor skills and growing autonomy, also realizes that he is still relatively small and helpless. There are built-in contradictions for the child, as he is both seeking independence and yet still expects his mother to encourage his every experience. During his "rapproachment crisis" the mother's optimal role is to be emotionally available but not stifling; the success of separation/individuation for a

particular child will depend on the right balance of support and freedom offered by the mother. It does not seem surprising that as the pregnant mother gives up symbiosis with her infant, the separation crisis from her own childhood resurfaces. One might imagine that resolution of the first crisis foretells or is a model for resolving the new crisis. Notably, giving up symbiotic ties was neither confirmed nor refuted by data from this study; findings from other studies are the main source of this assertion.

Mothers in the present study did seem to rework their relationships with primary caretakers, as described in the category, "Repair of a Primary Relationship." In the sub-category, "Reconciliation With One's Own Mother: Refueling, Redoing, Repairing, and Replacing," we see how strategies not available to the toddler are used to rework the rapproachment crisis of the separation/individuation phase. The category and subcategory also describe the "reconciliation" with one's mother referred to by Ballou (1978). Reconciliation facilitates identification with the parenting role, one of the developmental steps which mothers hopefully achieve.

Aside from identification as a mother, the question of specific attachment patterns as found by Bowlby (1969) can be addressed in a speculative way. According to Bowlby, the infant anticipates patterns of maternal response, and according to Main (1985), as a grown parent this individual

will induce predictable sets of behavior in her own infant. However Bretherton and Waters (Eds., 1989) found that parents revise their model of what the early attachment relationship had been, as new and different kinds of attachment are experienced. The revised attachment models are the ones which correlate with the attachment classification of their offspring. It seems possible that during the process of reconciliation with one's own mother, however accomplished and not necessarily achieved by regression, a revised working model of attachment may also be achieved, one which would allow mothers to escape a pre-determined behavior pattern with their infant. Creating an ideal mother image also seems to be an effort to defy the past. Though mothers in the study appeared to be reworking their internal working models, there was not adequate information to predict a final outcome.

Erik Erikson's theory of psycho-sexual development (1950) supports and elaborates the developmental focus of the findings of this study. Erikson identifies "generativity" as one of eight developmental stages which occur throughout the life cycle. He integrates the psychoanalytic stages of psycho-sexual development with the development of ego identity and culture. Categories from the study exemplify a change in identity (sense of self) as a result of entering the stage of "generativity." "The Process of Bonding" shows how a unique relationship develops

in which the mother shares her will to survive with the baby. The mother's priorities and manner of functioning change. "Changing the Sense of Self to Become a Mother" describes how women also use identification to adopt a mothering role. They may form an ideal mother image and learn how to interact in rewarding ways with the baby, as part of becoming a mother. "Integrating the Baby into One's Life" reveals how mothers find ways to reclaim previous parts of their identity which had been temporarily laid aside. At this point the mother's identity is no longer divided but is integrated: the stage of generativity has been established.

Erikson also states that any stage in the life cycle continues to operate alongside later stages, and a given stage can always be reactivated into prominence. This could include the separation/individuation phase of development, which can re-emerge during pregnancy.

Finally, Bollas' description of transformational wishes can be included as theory which helps explain how some of the participants in the study were stimulated by the pregnancy to feel re-energized and hopeful about their own future development. Bollas describes how infants sense that an outside agent is assisting them in transformation; adults may also revert to this kind of thinking and wishing. For one mother the baby became a new self-object who could reflect the mother's wish to achieve. For another mother,

the baby symbolized a chance to gain a higher status for the first time.

Reworking a developmental step (Bibring, Caplan), bonding with the baby (Bowlby), acquiring a new level of psycho-social development (Erikson), and being empowered by transformational wishes (Bollas), are four ways of describing how mothers reach a higher level of functioning, as a result of pregnancy.

Connection and Separation: A Discourse

A question was raised in the Introduction about mother-centered versus child-centered parenting: does the process of transition from the imaginary baby to the real baby play a part in the eventual outcome of parenting style? Using data from the mothers' narratives, this question expands to a broader question which is closer to the mothers' experience: how do different mothers satisfy the need to keep connected with their baby as it develops and acquires the need for separation? Among the subjects interviewed there was evidence of a discourse or dialogue between connection and separation which allowed for age-appropriate recognition of both these needs. This ability to respond to the changing needs of the child describes the child-centered parent. It is the writer's contention that mother-centered parents are less able to accept and manage the child's

developmental need to separate than child-centered parents. Rather than a discourse, a pseudo-connection is established, based on the mother's needs.

The normal tension between separation and connection seems to require an ongoing discourse in which both elements constantly appear in new forms and require new solutions. Sometimes separation and connection may seem to occur within the same moment. When early fetal movement suggests separation, the mother may talk to her baby or rub her stomach, establishing a new connection. When the mother delivers the baby she may feel the loss of connection, but she can then reconnect with the baby by seeing it and holding it for the first time. When the baby seems inconsolable, the mother strives to connect by giving comfort. Mother-centered interactions might look different; in defending against a sense of separation the mother could have difficulty exploring new ways of reconnecting. When Wendy wanted to train her baby not to cry at night, she took a step in this direction in that the baby's appeals for comfort were being denied. The question behind the separation/connection discourse is whether the baby can be both separate and connected. Fiorna allowed her baby to be "into herself" and spend time sleeping, rather than trying to force a connection prematurely.

In reconsidering the effect of prenatal fantasies on parenting style, data from the study was not sufficient to

differentiate between fixed fantasies and those which would
allow the mother to assimilate in put from the real baby.
What was shown by the data is that prenatal fantasies per se
do not predict whether the mother will be dominated by inner
needs and projections and thus be mother-centered, or
whether she will be child-centered. It appears that
fantasies are multi-determined, the projection of inner
needs being but one source. Fantasy may also serve to
identify with the baby, to reduce anonymity, to assist in
"claiming" the baby, and to predict what the future holds.

In the study some mothers also used fantasy to
interpret the baby's behavior after birth. For example
Paula and Lois saw their babies as "Daddy's girl." Sarah
saw her daughter as athletic and becoming a gymnast, and
Fiorna saw her baby boy as a "flirt." These fantasies were
not prenatal projections, but were based on behavior, or how
the mothers interpreted the behavior, the point being that
there is a continual dialogue between fantasy and reality,
both before and after birth.

We see that fantasy can play a role for both mother-
centered and child-centered parents. When do fantasies
become a problem? The fantasies which might interfere with
connecting with the real baby are likely to be those which
represents a defense mechanism such as listed in the
Raphael-Leff (1991) study as coming from the mother who is a
"Regulator." Also, the symbiotic fantasy, listed as coming

from a mother who is a "Facilitator," could interfere with connection with the real baby if it goes on too long, indicating a defensive need. These types of fantasy would probably not be changed by the real baby's behavior, since defenses are put in place to combat anxiety. It was not clear from the study whether any of the mothers' fantasies had this rigid quality. Bonita's fantasy about male energy and its potentially violent nature may be cause for concern, but she had also prepared to shape her baby away from such behavior. Developing a plan to counteract a fearful fantasy may allow Bonita to remain child-centered, and to be a "good enough" mother in Winnicott's terms.

At the same time that mothers find new ways to make connections with their babies, including fantasy, they allow for developmentally appropriate separation. All the while they are engaged in a relationship with the baby that is moving forward. Categories in Chapter IV describe a nonlinear progression in which mothers:

1) Consent to take responsibility for the baby and assume a new role as parent.

2) Make connections with the baby through hopes, fears, and projections.

3) Develop the capacity to love and care for the infant, in part through identification with one's own mother.

4) Formulate an ideal mother image so identification

will not be negative.

5) Develop a partnership with the baby--a sense of "we."
Although the initial phase of becoming a mother can be seen as a discreet developmental stage of identity formation, it is also comprised of many parts, some more related to a change in the sense of self, and some more related to the changing relationship with the baby.

Contributions of the Study

The narratives of eight women as they described the period of transition from the fantasized to the real baby yielded rich data on the internal and external factors which influenced how they became mothers. The importance of how a mother's pscyo-social context affects her approach to motherhood is a significant finding of this study. The finding expands and informs psychoanalytic theory which predicts the idea of motherhood as a developmental stage. While psychoanalytic theory describes reconciliation with one's mother as part of preparation for motherhood, this study delineates numerous ways in which reconciliation can occur. It also incorporates in a meaningful way how the mother's present circumstances as well as her past history impinge on becoming a mother. For example in one case (Lois), family influence determined the mother's decision to

keep the baby. In another case (Sarah), the mother responded to pregnancy by becoming more autonomous, leading to an independent decision.

This study shows how an integration of a broad range of factors contribute to the experience of becoming a mother, including the process of bonding, prenatal, and postnatal fantasies, family context of the mother, her developmental stage, social and economic factors which impinge on the adaptation to motherhood, and the processes of connection, separation, and differentiation, from pregnancy through the third month after birth.

By using the mothers' own descriptions of their experiences, it also became evident that there were pre-existing themes in their lives and life stories. This view of one's life history offered a picture of character development over time, as well as giving the context of the moment. It can be observed how pregnancy/motherhood is integrated into the previously developed life story. At the juncture in a woman's life when she first becomes a mother, there are reciprocal contributions between past and emerging identifications: past character development influences a woman's approach to motherhood, and becoming a mother can also influence character development by way of being a stimulus for development growth.

To clarify and demonstrate the above, the existing theme for each participant in the study is summarized below,

showing the kinds of expectations which are brought to the pregnancy by individual women.

Paula- Wanted relationships in which kindness and patience replace the beatings she had as a child.

Ocie- Wanted to reach her potential, strive to be her best self, as well as enjoy a traditional family.

Betty- Wanted a career and a family; wants to make choices for herself and to be in control.

Bonita- In recovery from drugs and abuse; shaping a wholesome life in which she can have what she wants.

Wendy- Always wanted to be a mother; describes herself as "co- dependent" but seems to be in a relationship where she can work on this.

Fiona- Has felt unfulfilled, sometimes unconnected, and drifting.

Sarah- Struggling to establish herself, to be more stable than her parents.

Lois- In a double-bind with parents over independence, still unresolved.

For each of these women there was a unique extension of the existing self, to become a mother (see Ch. IV), and the meaning of motherhood was set in the context of a particular life story.

Finally, this study emphasizes the mothers's active role in changing her identity. Such things as imagining and preparing for the future, rescripting the past, giving and

taking, and becoming more effective, powerful, and connected all point in this direction. This finding can be seen as related to a methodology in which participants tell their own stories, and "own" their experiences. In sum, the findings of this study demonstrate the essence of clinical social work research which is the explication of the person in his/her social context.

Implications

Pregnancy brings on sudden changes for the mother and her family. As with any other sudden change, continuity is a stabilizing influence, and continuity of relationships is especially helpful. Knowledge of the fact that there are numerous ways in which mothers experience a change in the sense of self may also be useful, in that complete focus on the baby can no longer be expected as the only normal reaction; mothers are dealing with major internal changes of their own.

At-risk mothers, who have a hard time connecting positively way with their babies, may be reacting to internal or external difficulties. It would be helpful to differentiate between a failure in family/community support or a failure to reconcile with one's own mother in order to adopt a parenting role, for example. Knowledge of the common changes for successful transition to motherhood

becomes a valuable tool. Differences in the process, as seen in the study, are to be expected. For example, failure to bond prenatally does not necessarily predict poor bonding later on.

An important implication might be drawn from the case in which the mother did not feel like a mother: for some women a reversal in plans about keeping the baby presents serious problems. Further study can determine how to help such mothers.

Another implication would seem to be that some mothers do not easily give up the "child" position. For example the mothers who see the baby as a transformational object are still seeking rebirth of some kind. This does not suggest a rebellion against motherhood, but rather could mean that a woman could continue to seek individual growth at the same time as becoming a mother. Indeed it seems that motherhood may stimulate such impulses toward individual growth.

Referring back to styles of parenting, some tentative links can be made between the question of child-centered versus mother-centered parenthood, and the identified pathways to change in the mother's sense of self. In object relations terms, the mother-centered parent has not granted the child full "object" status; it is still "part of me." In this sense, the shift from self-investment to investment in the baby (narcissistic libido to object libido) would be a "failed" crisis for some mothers. Other mothers, who may

be in a transitional stage in terms of object relations,
will not have been successful in completing their own phase
of separation/ individuation. These mothers, who may be
described as having a symbiotic orientation, will still
experience a change in the sense of self, through bonding
with the baby and/or seeing the baby as a transformational
object. (Bollas describes these "objects" as pre-
representational.) There might also be some level of
reconciliation with one's own mother. However for
identification to take place there must be a view of the
other as separate and independent of one's self. Mothers
who have a symbiotic orientation would be unable to do this.
Importantly, the opposite is not true; failure to identify
with the motherhood function does not mean failure at
separation, or that one has a symbiotic orientation, or
cannot have mature object relations. Instead,
identification with the mothering function can be seen as
one indicator of the capacity for mature object relations
and child-centered parenting. Mothers with a symbiotic
orientation, on the other hand, will see the mother-child
dyad as one unit and parenting will be mother-centered.
(Refer to Pine 1985, pp.227-229 for a discussion of
symbiosis, separation/individuation, and object relations.)

Creating an ideal mother image, by which mothers hope
to improve on their own mother's parenting, would seem to
run into the same limits as identifying with one's parent: a

symbiotic orientation by the mother would keep her tied to a belief in relational unity, with dominance of her own needs and perceptions in the relationship. An ideal mother image would not arise aside from within a merged view of mother and child, as there would essentially be no "other" upon which to base an improved image. This suggests that for these mothers early intervention should be available, and that assistance with separation problems should be offered. It is an implication of the study that pregnancy/motherhood alone will not ensure a successful reworking of the separation crisis. It appears that mothers who vary along the continuum of separation from their own mothers will employ different pathways to attain a change in the sense of self, i.e. feeling like a mother.

Limitations of the Study

Limitations of the study are threefold. Number one, it is possible that the mothers' narratives were slanted to present a favorable picture of the subjects and/or their reactions to motherhood. However, this is still valuable data if taken to represent how the mother constructs her story; it is the story she tells herself as she prepares to become a mother.

Two, because of the nature of the study, results cannot be generalized to a wider population. While there was

"saturation" of categories as described in Chapter II, a different group of subjects may still produce different results. Within the current study, for example, only six out of eight subjects seemed to undergo significant identity changes as they approached motherhood. Ocie and Lois, for different reasons, did not undergo major change.

Three, there may have been bias in the self-selective method of finding participants for the study. In this vein, all the mothers except one reported significant problems in their families of origin and had what could be described as a disturbance in their relations with their mothers. Past problems in the relationship with their mothers may have made these women more interested in the study than other women. Being a part of the study could represent unmet transference needs in the form of attention from an authority figure, for example.

Directions for Future Research

The findings of this study raised a number of questions for future research. For example, given certain types of preliminary change which first-time mothers made in their efforts to take on the parenting role such as reconciliation and forming an ideal mother image, it would be useful to know how these strategies play out. Are these changes usually seen together, or more often separately? How are

factors such as age, personality structure, level of education, and culture tied in? Also, is the ideal mother image that is formed during pregnancy usually a transitory image? How does it change over time?

Another question raised by the study is, what ways of relating to the baby are experienced by the mother as being "connected?" Can other types of connection, besides symbiosis, be classified? The findings of the study are that connecting with the baby may lead to the mother's change in her sense of self. Regarding this finding, there has been recent interest in the ways in which connection with others is an integral part of feminine development (Jordan, Kaplan, Miller, and Stiver, 1991). Exploration of mother-infant connection, and how the mother perceives it, should be of interest. For example, how does primary maternal preoccupation correlate with attunement, later on?

Do women who have special difficulty feeling like a mother eventually recover, or compensate? If so, how does this occur? These are all questions that would extend the basic thrust of the research question, and would add to an understanding of child-bearing as a developmental stage for women. Better understanding can lead to useful interventions. It is in the spirit of good clinical social work to develop and promote such understanding.

APPENDIX A : Letter of Recruitment

Dolores Rodriguez
5917 Arlington
Richmond, CA 94805
Date_____

Name_____

Address_____

Dear_____,

I have been given your name by the Contra Costa Co. Prenatal Clinic, as someone who may be willing to participate in a study I am doing on mothers with their babies.

I am interested in how mothers experience their babies before and after birth. Also, I am interested in how mothers make the transition from one phase to the other. The study will require two interviews: one in the third trimester of pregnancy, and a second interview when the baby is approximately three months old. My focus will be on your perceptions and ways of making sense of a unique event.

I will be tape-recording the two interviews in order to avoid losing information. The interview could be either in your home or at my office, at a time convenient to you. All information would be held as confidential. Each interview will last about one hour.

Results of the study will be available to you at a later date, if you are interested.

I will be calling you in a week or so to ask if you will agree to participate, and if so, to arrange for the first interview. I will try to answer any questions that you may have at that time.

Thank you for considering to be a participant in this study.

Sincerely,

Dolores Rodriguez,L.C.S.W.

APPENDIX B: Informed Consent Statement

CALIFORNIA INSTITUTE FOR CLINICAL SOCIAL WORK

2009 HOPKINS ST.

BERKELEY, CA 94707

INFORMED CONSENT STATEMENT

I, _____, hereby willingly consent

to participate in the research project, <u>Mothers' transitions</u>

<u>from the Fantasized to the Real Baby</u> to be conducted by

Dolores Rodriguez, L.C.S.W., under the direction of Sylvia

Sussman, Ph.D., faculty member at the California Institute

for clinical Social Work..

This research will examine 1) mothers' prenatal

orientation to their babies; 2) the postnatal relationship;

and 3) the way that mothers experienced the transition over

time.

I understand the procedure will be as follows:

Two 60 minute audio-taped interviews will take place in

a private, confidential setting to be arranged between

myself and the researcher. The first will take place during

my third trimester of pregnancy, and the second, when my

baby is approximately three months of age. I will be

talking about 1) my prenatal experiences of the baby, and 2)

our relationship at three months, as well as a description

of the change process since the first interview.

I am aware that there is potential risk of emotional discomfort involved in participating in this study. If this should happen, I will be able to contact the researcher who will make provisions for me to receive professional help free of charge for a reasonable and limited time.

I understand that I may withdraw from the study at any time without penalty or prejudice. I also understand that this study may be published and that my personal identity will be protected unless I give my written consent. Otherwise, no names or individual identifying information will be used in any oral or written materials. I am aware that I may be quoted, but my identity will not be revealed.

I understand that I have the option to receive feedback from the results of the study. Send me a summary of the results.

Yes_____   No_____

Date_____

Signature_____

APPENDIX C : Preliminary and Revised Prenatal Interview

Guides

Guide for Prenatal Interview

"The purpose of this study is to find out how you experience your baby before birth and again after birth; that is, how you think and feel about your baby and what kind of relationship you feel you have, both before and after birth. I'd like to hear whatever you can tell me about your personal experiences in the development of the relationship."

"I may be asking some questions that you have not thought about before, which should not cause worry. Just give the answer that comes to you. The interview will last approximately one hour. I may be taking notes to help me focus, and this should not interrupt our conversations."

I. General Reaction to Pregnancy

Initial Question "I imagine that having your first baby brings up all kinds of thoughts, feelings, and experiences. Could you describe for me how you're feeling and what you're thinking, about your pregnancy?"

Essential Probes - (To be asked if information not provided).

Preparation and Planning:

"Was this a planned pregnancy?"

"What kinds of changes have you had to, or will you

have to make for the baby?"

"What preparations have you made for the baby?"

Psycho-Social Situations:

"How does your husband feel about the coming baby?"

"Is he supportive?" "Other family members?"

"Are you in any financial stress?"

Medical:

"How has your pregnancy been up until now?" (Mother's health and the baby's? Birth preparation?)

"How have you felt about changes in your body?"

II   Development Expectations

Initial Question: Early Stage - "How do you think the baby will be, in the first few days -- and then later?"

Essential Probes - "What do you already know about the baby?"

"How soon will the baby know you? How will it know you?"

"What kind of temperament will the baby have?"

"Who will the baby look like? Be like?"

Initial Questions: Later Stage - "Do you have a preference to infants, toddlers, or older children? If so, why?"

Essential Probes - "What will be hard for you, raising a child?" What will be most enjoyable?"

III   Dreams and Anticipations

<u>Initial Question</u> - "Some mothers have strong feelings about what the baby will be or become: what have your fantasies been?"

<u>Essential Probes</u> - "Have you had any dreams about the baby? What are they?"

"Have you had any worries or concerns?"

"Will the baby be a boy or a girl? Do you have a preference?"

"Is there any family trait you hope the baby will have? Not have?"

IV   Communication

<u>Initial Question</u> - "In what ways can you say that you might already be communicating with the baby? Does it communicate with you?"

<u>Essential Probe</u> - "Do you ever speak to or share thoughts with your baby?"

<u>Non-Essential Probes</u> - "Do you ever sing to your baby? What songs?"

"Do you pat your tummy?"

V   Intergenerational Relationships

<u>Initial Question</u> - "Having a baby sometimes makes a mother think about the relationship she has had with her parents in the past and how it will be now that there is a grandchild. Can you tell me what you have thought about that? Do you expect your relationship with your parents to change?"

Essential Probes - "Will you raise the baby as you were raised?"

"In what ways will you raise the baby differently?

Revised Prenatal Interview Guide

9/11/93

I   General Reactions to Pregnancy

Initial Question - I imagine that having your first baby brings up all kinds of thoughts, feelings, and experiences: could you describe for me how you're feeling and what you're thinking, about your pregnancy?

II   Communication and Impressions

Initial Questions - Do you feel there is any communication between you and the baby?

Second Question - Are you beginning to form an impression of what the baby is like? (Inside baby).

III   Dreams and Anticipations

Initial Question - Do you have any ideas about what the baby will be like? (Outside baby).

Second Question - Do you have any worries or concerns about the baby?

IV   Intergenerational

Initial Questions - Have you thought about ways in which your relationship with your baby will be similar and different from that between you and your parents?

V   Responses to the Interview

Initial Question - How has this interview been for you?

APPENDIX D : Postnatal Interview Guide

Guide for Postnatal Interview

"You have been with your baby for about three months now, and I'm interested in hearing about your experience of the baby at this time as compared with the time of the first interview. Many things will have changed, and I'll be asking questions about the changes. My focus will be on your experience of change in the relationship rather than on changes in the baby, although to some extent they go hand in hand. There are no right and wrong answers, and hopefully the interview will be enjoyable. It will be about an hour long, and I may be taking notes as we talk to help me keep on track."

I   General Reaction to Motherhood

Initial Question - "It's been three months since we last talked: How have things changed for you since then?"

II   Delivery

Initial Question - "In a way, your delivery was a big turning point: can you remember anything special about how that was?"

Essential Probes - (To be asked if information not provided).

"Did you have medication? A C-section?"

"Were you able to be with your baby immediately following birth?"

"Were you separated? How did you feel about this?"

"Did you feel `blue' after delivery? For how long?"

III Relationship

Initial Question - "From the time you were still pregnant to now, would you describe changes in your relationship with your baby?"

Essential Probes - "Do you feel the baby reacts differently to you than to other people?"

"Would you describe the baby as `difficult,' `easy,' or some combination? Explain." "What is the baby like during a feeding? Bathing? Changing?"

"When do you feel closest to the baby? Not closer?"

"What does the baby do that delights you?"

"Do you have a nickname for the baby?"

"Does the baby demand too much at times? Explain."

"How much time do you spend with the baby?"

IV Characteristics

Initial Questions - "What have you noticed about your baby's personality and temperament?"

Essential Probes - "In what ways are you and the baby alike? Different?" (Probe energy level).

"Does the baby remind you of anyone in the family? Who? In what way?"

"Does the baby have different cries?"

"Has anyone in the family taken special interest in your baby? If so, why?"

V Developmental Steps

<u>Initial Question</u> - "How do you see your baby developing? Do you feel comfortable with the rate of progress?"

<u>Essential Probes</u> - "How long after birth did it take to feel that the baby was a `little person'? Can you describe the change?"

"Do you feel your baby responds to you other than as a caretaker? Describe any behaviors."

"Do you think the baby learns/will learn easily when it comes time to teach? What development have you already seen in the baby?"

"What do you think the baby thinks about?"

"Do you see any special skills developing? Explain."

VI   Transition to the Real Baby

<u>Initial Question</u> - "Is this the baby you expected? How different, and how the same?"

<u>Essential Probes</u> - "How has the baby influenced you to change your expectations?"

"How have you influenced the baby to change his/her behavior with you?"

(Ask about any major expectations mentioned in the Prenatal Inquires).

REFERENCES

Ainsworth, M.D.S., Blehar, M.C., Waters, E., and Wall, S.
(1978). Patterns of Attachment. Hillsdale, NJ:
Lawrence Erlbaum Associates.

Ammaniti, M., Baumgartner, E., Candelori, C., Perucchini, P.
Et al. (1992). Representations and narratives during
pregnancy. Infant Mental Health Journal, 167-182.

Anthony, E.J. and Benedek, T. (Eds.) (1970). Parenthood:
Its Psychology and Psychopathology. Boston: Little,
Brown.

Ballot, J.W., (1978). The Psychology of Pregnancy.
Lexington, MA: Lexington Books.

Basch, M.F. (1984). Selfobjects, development and
psychotherapy. In Stepansky, P.E., & Goldberg, A.
(Eds.), Kohut's Legacy: Contributions to Self-
psychology. Hillsdale, NJ: The Analytic Press.

Bibring, G. (1969). A study of the psychological processes
in pregnancy and the earliest mother-child
relationship. Psychoanalytic Study of the Child, 16,
9-24.

Bollas, C. (1978). The transformational object.
International Journal of Psychoanalysis, 60, 97-100.

Bowlby, J. (1969). Attachment and Loss: Attachment. New
York: Basic Books.

Brazelton, T.B., Koslowski, B., & Main, M. (1974). The
    origins of reciprocity: The early mother-infant
    interaction. In Lewis, M., & Rosenblum, M.A. (Eds).
    The Effect of the Infant on its Care Givers. New York:
    John Wiley & Sons.

Bretherton, I., & Waters, E. (Eds.) (1989). Growing points
    of attachment: Theory and research. Monographs of the
    Society for Research in Child Development, 50, (1-2).

Broussard, E.R., & Hartner, M.S. (1970). Maternal
    perception of the neonate as related to development.
    Child Psychiatry and Human Development, 1, 16-25.

Broussard, E.R., & Hartner, M.S. (1971). Further
    considerations regarding maternal perceptions of the
    first-born. Exceptional Infant 2, 432-449.

Bruyn, S. (1970). Chapter 27 in Filstead, W.J. (Ed.),
    Qualitative Methodology: First-hand Involvement in the
    Social World. Chicago: Markham Publishing.

Burland, A. (1984). In Cohen, R.S., Cohler, B.J. & Weisman,
    S.H. (Eds.), Parenthood: A Psychodynamic Perspective.
    New York: The Guilford Press.

Caplan, G. (1959). Concepts in mental health and
    consultations: Their application in public health and
    social work. D.H.E.W. Publication #373. Washington,
    DC: U.S. Government Printing Office.

Carter-Jessop, L., & Keller, B. (1987). Early maternal
    bonding (Ch.6). In Verney, T.R.(Ed.), Pre and
    Perinatal Psychology. New York: Human Sciences Press.

Chess, S. & Thomas, A. (1977). Temperament and Development.
    New York: Bruner/Mazel Publishers.

Cranely, M.S. (1981). Development of a tool for the
    measurement of maternal attachment during pregnancy.
    Nursing Research, 30 (5), 281-284.

Dalton, K. (1977). The Premenstrual Syndrome and
    Progesterone Therapy. Portsmith, NH: Heinemann
    Medical Books.

Deutsch, H. (1945). The Psychology of Women: Motherhood.
    New York: Grune & Stratton.

Elson, M. (1986). Self Psychology in Clinical Social Work.
    New York: W.W. Norton Press.

Emde, R.N. & Robinson, J. (1979). The first two months:
    Recent research in developmental psychobiology and the
    changing view of the newborn. In Noshpitz, J. (Ed.),
    Basic Handbook of Child Psychiatry, V.I. New York:
    Basic Books.

Erikson, E. (1950). Childhood and Society. New York:
    Norton Press.

Erikson, E. (1968). Identity and the Life Cycle. New York:
    International Universities Press.

Escalona, S. (1968). The Roots of Individuality. Chicago:
    Aldine Publishing.

Fraiberg, L., (Ed.). Selected Writings of Selma Fraiberg. Columbus, OH: Ohio State University Press.

Freese, M. & Thomas, E. (1978). The assessment of maternal characteristics for the study of mother-infant interactions. Infant Behavioral Development, 1, 95-105.

Glaser, B. & Strauss, A. (1967). The Discovery of Grounded Theory. Chicago: Aldine Publishing.

Gottlieb, L. (1978). Maternal attachment in primaparas. Journal of Obstetric and Gynecological Nursing, 7 (1), 39-44.

Greenberg, J.R. & Mitchell, S.A. (1983). Object Relations in Psychoanalytic Theory, Cambridge, MA: Harvard University Press.

Grossman, K. & Grossman, K.E. (1985). Maternal sensitivity and newborn orientation responses as related to quality of attachment in northern Germany. In Bretherton, I. & Waters, E. (Eds.), Monographs of the Society for Research in Child Development.

Jessner, L., Weigert, E. & Foy, J. (1970). The development of prenatal attitudes during pregnancy. In Anthony, E.J., & Benedek, T. (Eds.), Parenthood: Its Psychology and Psychopathology. New York: The Guilford Press.

Jordan, V.J., Kaplan, A.G., Miller, J.B., Stiver, I.P., & Surrey, J.L. (1991). Women's Growth in Connection. New York: The Guilford Press.

Klaus, M. & Kennell, J. (1983). Bonding: The Beginning of Parent-Infant Attachment. New York: New American Library.

Klein, M. (1921/1945). Contributions to Psychoanalysis. London: Hogarth Press, 1948.

Kohut, H. (1977). The Restoration of the Self. New York: International Universities Press.

Lamb, M.E. (1983). Early mother-neonate contact and the mother-child relationship. Journal of Child Psychology and Psychiatry, 24, 487-494.

Lamb, M.E., Thompson, R.A., Gardner, W. & Charnov, E. I. (1985). Infant-mother Attachment. New York: Lawrence Erlbaum Associates.

Lebovici, S. (1983). Le Nourisson, La mere, et la Psychoanalysts: Les Interactions Precoses. Paris: Le Centurion.

Leifer, M. (1980) Psychological effects of motherhood. New York: Praeger Press.

Levi-Strauss, C. (1963/1976). Structural Anthropology. New York: Basic Books.

Levy, J.M. & McGhee, R.K. (1975). Childbirth as crisis: A test of Janis' theory of communication and stress resolution. Journal of Personality and Social Psychology, 31, 171-179.

Maccoby, E.E. (1980). Social Development. San Francisco: Harcourt, Brace, Jovanovich.

Mahler, M. (1963). Thoughts about development and
    individuation. Psychoanalytic Study of the child, 18,
    307-324.

Main, M., Tomasini, L., & Tolan, W. (1979). Differences
    among mothers of infants judged to differ in security.
    Developmental Psychology, 15, 472-473.

Malin, A., & Grotstein, J.S. (1966). Projective
    identification in the therapeutic process.
    International Journal of Psychoanalysis, 47 26-31.

McFarlane, J.A., Smith, D.M., & Garrow, D.H. (1978). The
    relationship between mother and neonate. In Kitzinger,
    S. & Davis, J., (Eds.), The Place of Birth. New York:
    Oxford University Press.

Mebert, C.J. & Kalinowski, M.F. (1986). Parent's
    expectations and perceptions of infant temperament:
    "Pregnancy state" differences. Infant Behavior and
    Development, 9, 321-334.

Mercer, R. (1986). First-time motherhood: Experiences from
    Teens to Forties. New York: Springer Publishing.Inc.

Mishler, E. (1986). Research Interviewing. Cambridge, MA:
    Harvard University Press.

Miyake, K., Chen, S., & Campos, J. (1985) Infant temperament, mothers mode of interaction, and attachment in Japan: An interim report. In J. Bretherton & E. Waters (Eds.). Growing Points of Attachment: Theory and Research. Monographs of the society for research in child development, 50.

Money, J. (1980). Love and Love-sickness: The Science of Sex Gender Difference, and Pair Bonding. New York: John Hopkins.

Morgan, L.J. (1981). Methodological review of research on mother-infant bonding. Advances in Behavioral Pediatrics, 2, 17-31.

Müller, M. (1989). The Development and testing of the Müller Prenatal Attachment Inventory. Unpublished doctoral dissertation, University of California, San Francisco.

Ogden, T. (1982). Projective Identification and Psychotherapeutic Technique. New York: Jason Aronson.

Palisan, H. (1981). The neonatal perception inventory: A review. Nursing Research, 30, 285-289.

Papousek, H. & Papousek, M. (1983). Biological basis of social interactions: Implications of research for an understanding of behavioral deviance. Journal of Child Psychology and Psychiatry and Allied Disciplines, 24, 117-129.

Patton, M.Q. (1990). Qualitative Evaluation and Research Methods. Newbury Park: Sage Publications.

Peterson, G. & Mehl, L.E. (1978). Some determinants of maternal attachment. American Journal of Psychiatry, 135(10), 1168- 1173.

Pine, F. (1985). Developmental Theory and Clinical Process. New Haven: Yale University Press.

Pines, D. (1972). Pregnancy and motherhood: Interaction between fantasy and reality. British Journal of Medical Psychology, 45, 333-343.

Polkinghorne, D.E. (1983). Methodology for the Human Sciences: Systems of Inquiry. New York: State University of New York Press.

Polkinghorne, D.E. (1988). Narrative Knowing and The Human Sciences. New York: State University of New York Press.

Raphael-Leff, J. (1991). Psychological Processes of Childbearing. New York: Chipman and Hall.

Rich, A. (1976). Of Woman Born: Motherhood as Experience and Institution. New York: Norton Press.

Ricouer, P. (1981). Hermeneutics and the Human Sciences: Essays on Language, Action, and Interpretation. New York: Cambridge University Press.

Robson, K. & Chamber, R. (1980). Delayed onset of maternal affection after childbirth. British Journal of Psychiatry, 347-353.

Robson, K. & Moss, H. (1968). The role of protest behavior in the development of mother-infant attachment. American Psychological Association Meeting. San Francisco.

Sander, L.W., Stickler, G., Burns, P., & Julia, H. (1970). Early mother-infant interaction and 24 hour patterns of activity and sleep. Journal of the American Academy of Child Psychiatry, 9, 103-123.

Schemer-Hughes, N. (1992). Death Without Weeping: The Violence of Everyday Life in Brazil. Berkeley: University of California Press.

Schick, R. (1992, April). A conversation with Schemer-Hughes. California Monthly, 19-23.

Seal, H. (1979). Melanie Klein. New York: Viking Press.

Shainess, N. (1966). Psychological problems associated with motherhood. In S. Arieti, et al., (Eds.), American Handbook of Psychiatry. New York: Basic Books.

Shereshefsky, P.M. & Yarrow, L.J. (1973). Psychological Aspects of a First Pregnancy and Early Postnatal Adaptation. New York: Raven Press.

Simonds, M.P. & Simonds, J.F. (1981). Relationship of maternal parenting behaviors to preschool children's temperament. Child Psychiatry and Human Development, 12(1), 19-31.

Spence, D. (1982). Narrative Truth and Historical Truth. New York: W.W. Norton Press.

Spitz, R. (1945). Hospitalism: An inquiry into the genesis

of psychiatric conditions in early childhood.

Psychoanalytic Study of the Child, 1, 53-74.

Stainton, M.C. (1985). The fetus: A growing member of

the family. Family Relations, 34, 321-326.

Stepansky, P.E. & Goldberg, A. (E's). (1984). Kohut's

Legacy: Contributions to Self-psychology. Hillsdale,

NJ: The Analytic Press.

Stern, D.N. (1985). The Interpersonal World of the Infant.

New York: Basic Books.

Strang, V.R. & Sullivan, P.L. (1984). Body image attitudes

during pregnancy and the postpartum period. Journal of

Obstetric, Gynecologic, and Neonatal Nursing, 14,(4),

332- 337.

Strauss, A. & Corbin, J. (1990). Basics of Qualitative

Research: Grounded Theory Procedures and Techniques.

Newbury Park, CA: Sage Publications.

Turner, R. (1974). Words, utterances, and activities. In

Turner, R. (Ed.), Ethnomethodology. Baltimore:

Penguin Books, Inc.

Winnicott, D.W., (1958). Primary maternal pre-occupation.

In Collected Papers: Through Pediatrics to

Psychoanalysis. New York: Basic Books.

Winnicott, D.W. (1965). The Maturational Processes and the

Facilitating Environment. New York: International

Universities Press.

Wolff, P.H. (1966). The causes, controls, and organization
    of behavior in the neonate. <u>Psychological Issues</u>,
    <u>5</u>,17.

Zachariah, R.C. (1985). <u>Intergenerational Attachment and</u>
    <u>Psychological Well-being During Pregnancy</u>. Unpublished
    doctoral dissertation, University of California, San
    Francisco.

Zeanah, C., Keener, M., Stewart, L., & Anders, T. (1985).
    Prenatal perception of infant personality: A
    preliminary investigation. <u>Journal of the American</u>
    <u>Academy of Child Psychiatry</u>, <u>24</u> (2), 204-210.