

THE ASSESSMENT OF EARLY PARENTING ORIENTATION

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ONE FOR THE

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ABSTRACT

This study focuses on parenting styles as adopted by men and women during pregnancy and early parenthood. Parenting style is examined following the categories outlined by Raphael-Leff's model (1983, 1985b, 1991). The sample consisted of 57 women and 39 men. Mailed, self administered questionnaires were used with all participants. The psychometric properties of the questionnaires devised by Raphael-Leff (1983, 1985b, 1991) are examined. The study also assesses the stability of these orientations from the beginning of pregnancy into early parenthood. The results of the psychometric evaluation reveal that the questionnaires are not internally consistent. Further, a model consisting of a continuum of parenting style is not supported. The stability of parental orientation over time was not established, parenting style appears to change particularly after childbirth.

INTRODUCTION TO THE STUDY

Parenthood has been part of the lives of men and women since the beginning of time. All human beings experience parenting at some level, being parented by someone in childhood while most adults parent children later in their lives.

A wide selection of disciplines examine and research various aspects of parenthood. This has both benefits and disadvantages; parenting is an area that has been extensively examined, historically, socially, anthropologically and psychologically. The disadvantage of this is that the information gathered by these different disciplines is not easily assimilated or integrated. An additional disadvantage, although not exclusive to parenting, is that researchers in the area all have memories of being parented and may be parents themselves. This may result in research bias at the level of the individual and at the level of the discipline.

The majority of investigations in psychology have examined the feelings, emotions and experiences of women during pregnancy and early parenting. Psychological inquiries have focused on linking psychological experiences to biological ones. Investigations have also been made regarding the impact of the mother's psychological state on the child. Within the field of psychology little emphasis is placed on men's experiences during pregnancy, birth and child rearing.

This research has two foci. Its first aim is to investigate the experiences of parents with respect to biologically demarcated periods, during and after pregnancy. The second aim is to examine the participants parenting style during these periods according to Raphael-Leff's model (1991). Participants are divided into orientations and the stability of these orientations are documented. The assumption is that

biological and psychological states are intimately connected. The reason for connecting the biological and psychological components of this experience are as follows. The pregnant state of the woman undeniably has an impact on both parents. The biological transition through pregnancy, labour, birth into parenting provides a yardstick along which observations of a psychological nature can be made.

For the purposes of this study parenthood will be examined in its earliest stages. Emphasis will be placed on the parenting process from early pregnancy to the first few months of the child's life. This is not to demarcate this as the most significant period of parenting but as the focus of this study. Raphael-Leff's model (1991) and associated questionnaires are designed to be used during pregnancy and the early months of the child's life to determine orientation to parenthood. Parenting extends across the life span for most adults who have children yet this study will emphasise the initial and transitional experiences of being a parent.

The social positions of mothers and fathers are examined in the first chapter. This is followed by documentation of the psychological studies of parenthood. Included in this is an examination of different ways of viewing the parent-child relationship. The influence of psychological theory on parenthood is examined. It is documented how theory influences popular, 'expert' guidance of parents which impacts on the lives of mothers, fathers and their children. Psychological theory underlies much of the advice offered to parents and reflect views of parenting at that time.

The second chapter begins with an investigation into the factors that motivate and enable adults to parent. Following this, through the lens of psychological theory, pregnancy and early parenthood are contextualized. Use is made of the well documented biological milestones of pregnancy, around which the psychological experiences of parents are explored. Each stage of this transition to parenthood is embellished with Raphael-Leff's (1983, 1985b, 1991) model of parenting orientations.

The experiences of pregnancy and early parenthood are reported separately for men and women. In part this is because their experiences of pregnancy and birth are essentially separate, but also because psychological theory has disconnected the process for men and women.

This is followed by chapter 3 which provides a detailed description of the method employed in executing this research. Chapter 4 details the results of the questionnaires which are documented in two parts. The first examines the nature and properties of the questionnaires and the second explores the data as presented by the participants.

A discussion of the results constitutes chapter 5. The discussion is interpreted in the light of Raphael-Leff's (1983, 1985b, 1986, 1991) model of parenting style. The model provides an understanding of an adult's transition and development through pregnancy and early parenthood. The chapter focuses on the major differences between Raphael-Leff's findings and those of the present study. Additionally, some explanations for these differences are proposed. Limitations of the current study are presented and suggestions for further research are included in this chapter.

CHAPTER 1

This chapter explores the roles of parents and the influence of the influence of psychological ideas on these roles. The roles of mothers and fathers are disparate and because of this they experience parenthood in different ways. This is largely due to the socialisation of men and women into their roles as parents and to the physically different transitions through pregnancy into parenthood. This socially constructed difference is reinforced by psychological research and theory in psychology. In light of this, research that has influenced the understanding of these roles, is considered. Psychological theory is then discussed as it has, and continues to, influence the ways in which parents construct parenthood and also impacts on the way in which social scientists examine parenthood.

PARENTHOOD AS A SOCIAL POSITION

The advent of parenthood requires new and demanding tasks that differ in kind and extent for mothers and fathers (Caplan, 1990; Feldman, 1987; Lindzey and Aronson, 1985). Discussion of parenting behaviour usually encompasses the nurturant care taking behaviours of an individual, for a child. This emphasises the divide between men and women in terms of their child rearing responsibilities. Presently, parenthood is used to describe what in effect is to be observed as motherhood (Burman, 1994; Gordon, 1990). This places the care taking obligations with the mother even though both parents are given the responsibility for the instrumental roles of childrearing (Burman, 1994; Gordon, 1990; Pines, 1989).

Motherhood

Motherhood is one of the few positive positions available to women (Burman, 1994; Woollett and Phoenix, 1991). However, women's positions as mothers lock them into subordinate, patriarchal structures (Stephan and Stephan, 1990). Several authors have argued that when women experience motherhood, it does not feel like the type of rewarding experience it is set up to be (Boulton, 1983; Gordon, 1990; Matlin, 1987; Nakano Glenn, 1994; Price Knowels, 1990; Woollett and Phoenix, 1991). It is well reported that women's understanding of their experience is seldom given a voice. This allows for the development and entrenchment of stereotypes about their experiences (Boulton, 1983; Ernst, 1987; Howe, 1990).

Stereotypes of motherhood have great social prominence and personal meaning (Kaplan, 1992) and frequently involve motherhood as a moral and political imperative for women (Walkerdine, 1986). These stereotypes include mothers as happily parenting their biological off-spring on a full time basis and finding the experience fulfilling and rewarding. In a psychological framework mothers are seen as essential providers of important experiences for their children (Nakano Glenn, 1994; Woollett and Phoenix, 1991). Raphael-Leff (1984) describes how this child centred focus placed a taboo on mothers having personal needs unrelated to motherhood. This may make women perceive that they can not feel any dissatisfaction with their mothering experience. This forces them to aspire to well established stereotypes of motherhood which do not match the actual experience of motherhood (Boulton, 1983; Chodorow and Contratto, 1982; Gordon, 1990).

Burman (1994) describes how mothers have been excluded from investigations about infants as they were deemed incapable of viewing infants with any objectivity. This is confirmed by Woollett and Phoenix

Women's experiences as mothers, their insider perspectives, are rarely examined. As a result little is known about how women experience motherhood and how their experiences differ and the factors that account for this difference in experience. (1991: 217)

Boulton's (1983) investigation illustrates many of the inconsistencies between stereotypes of motherhood and women's own experiences of motherhood.

Women come to motherhood from a variety of backgrounds and have many different life experiences (Raphael-Leff, 1991; Woollett and Phoenix, 1991). Mothers are not homogeneous and their perception and experience of motherhood is not a consistent one (Price Knowels, 1990; Woollett and Phoenix, 1991). " For as long as we try to impose any one view on mothering - what ever the view - it will be wrong for the vast majority of mothers and babies." (Price Knowels, 1990: 4). This can be restated using a social constructionist point of view, noting that the search for universals which could characterise all mothers is probably fruitless (Nakano Glenn, 1994).

When discussing different ways of mothering, Woollett and Phoenix (1991) note the frequently occurring problem of 'normal' or 'usual' types of mothering being compared to 'deviant' forms of mothering. These 'deviant' forms of mothering will be common to a large number of women and will not seem uncharacteristic to those who have either mothered or been mothered in these particular situations. Deviations include, mothers with more than one child, unmarried parents, mothers under 20 and over 40 (Phoenix and Woollett , 1991), women who are not middle class, ethnic minorities or women who have interests other than mothering (Nakano Glenn, 1994). The list of deviant types of mothering could continue until normal motherhood is something that is experienced by few, if any. These assumptions of ideal mothering are reflected in much of the psychological research on women (Russo, 1979). Deviants in mothering are additionally stressed by a focus on instructing women on how to be 'good'

mothers and 'cookbook' approaches to parenting (Woollett and Phoenix, 1991).

Levison (1950) notes the expectation that common patterns will be uncovered amongst unique experiences of individuals. Parenting can be viewed as a pattern of experience that is both a means of appropriating and rejecting traditional values about parenting (Levison, 1950). Feminist work deals specifically with the rejection of traditional values. As a consequence of this new prescriptions of ways in which women can be expected to mother arise. An idealistic proposal by Katz Rothman (1994) outlines that if intimacy and nurturance were valued and not just a means to an end, women would gain status without excluding men. This would mean that women's needs as mothers would be identified as important. But Nakano Glenn (1994) notes that these changes may set another universalistic trap for mothers. She argues that mothering needs to be set free of this ideological encapsulation.

Fatherhood

Examining the role of the father in society where patriarchy defines the functioning of men, may seem redundant. It is nonetheless important to document the experiences of a father during pregnancy and parenthood (Barry and Adler, 1980).

The increased interest shown by men in the domestic sphere may be little more than an increased interest in their children (Boulton, 1983). This serves as a significant reason to examine fatherhood. At the same time it needs to be noted that being a father does not mould and classify men in the same way that being a mother defines women (Gordon, 1990). Men are not seen as inevitable fathers and fatherhood is not required for their development into adulthood. The biological division of labour has allowed men the freedom to pursue their interests outside the home and at the same time have a family.

Influential writers like Benedek (1970c) and Riley (1983) outline the role of the father as being that of a financial provider and moral supporter, for the mother and child. Investigations into parenting roles frequently place parents in 'separate spheres' (Riley, 1983). This places substantial importance on the father's role as the economic provider and social authority but relegates the father to a peripheral role with regards to child care. (Parsons and Bales, 1955). Macy and Falkner carry out this line of argument from the conception of the child, "once they have 'sown their seed' men have no further biological interest in their children" (1979: 72). This depicts the woman as being all invested and the father as lacking investment, both of which can be considered unfounded.

Benedek (1970b) notes that,

fatherhood and motherhood are complementary processes which evolve within the culturally established family structure to safeguard the physical and emotional development of the child (1970: 167).

By this, giving binding confirmation of the importance of keeping these two roles unchanged and static.

Although the roles of mothers and fathers appear to be clear, they can not be considered as static. Lamb (1986) describes a new nurturant father, who actively parents. He also explores the extent of paternal involvement in parenting. He found that it is the level of responsibility for the child that is the main difference between maternal and paternal involvement. In two parent families regardless of whether or not the mother was employed, fathers were found to have no formal responsibility towards their children. Lamb (1986) also notes that parenting skills are acquired 'on the job' and so mothers and fathers have the potential to perform the same tasks, with the same level of skill. Because mothers spend more time with their children they

appear to have natural skills in this area. He found that fathers spent 67 percent less time in direct contact with their children in comparison to their employed partners. This leads to a conclusion that even new nurturant fathers were not as involved in child rearing as their female counterparts.

Although fatherhood is no longer neglected as a topic (Berman and Pedersen, 1987), it is apparent that many aspects of a father's parenting experience are not documented. Three types of studies are reported by Berman and Pedersen (1987): the father as a marker of socio-economic status, father-absence studies, and correlational studies of father and child characteristics. These give us little insight into the transition to parenthood for men, understanding their motivation for fatherhood or their experience of being a father.

The needs and experiences of men, in terms of fatherhood and parenting, need to be defined and examined. This would have to be done in relation to the individual, cultural, social and political context as well as with regards to the social construction of men as fathers/parents. In this light Zalk (1980) examines fatherhood as a developmental stage in the transformation from son to father. This establishes fatherhood within the lives of men rather than appending it as a peripheral interest.

Psychological Studies of Parenting

This section of the chapter considers some of the more prominent trends in parenting. Initially, social and psychological researchers examined parenthood in terms of the influence that parenting styles had on children. This was followed by research on the reciprocal nature of the parent child relationship. Raphael-Leff's work (1980, 1983, 1984, 1985 a, 1985 b, 1985 c, 1986, 1991) differs from these in that she focuses on the experience of the parent rather than the child. Raphael-Leff (1991) appends to the reciprocal interaction between parent and child, what she terms 'an internalised model

of parenting' which is a parent focused view of this dynamic relationship. Her approach traces parenting styles from conception into early parenthood. Raphael-Leff (1983, 1991) uses the terms style and orientation interchangeably, indicating the way in which adults align themselves with differing attitudes and understandings of parenting. These differing characteristics have been labelled facilitator and regulator and represent two distinct ways of expressing, performing and considering the role of parenting.

Parenting can perhaps be viewed in as many different ways as there are parents. The literature has focused on various areas of interest, in terms of the conjecture of parenting: parenting can be viewed as the efforts of a parent to assist his/her child in achieving pre-set goals (socialisation), or as an interaction between parent and child. This can also be conceptualised as a product of the environment in which parents are raising children, or as an internal process within the adult which becomes crystallised. This internal process is a product of the specific developmental history of the parent which impacts on the adult at the level of attitude, toward parenting, rather than at any practical level.

Parenthood has usually been expressed from the point of view of the child rather than the parent. In this regard developmental psychology has emphasised the needs, development (Clarke and Clarke, 1986) and experiences (Ainsworth, Bell and Stayton, 1976) of the infant. On the other hand, the lot of the parent has mainly been observed and influenced through child-care manuals (Busfield, 1987). Developmental psychologists have also focused on the influence of parents on children, with a disregard for the social context in which parenting takes place.

Theoretical perspectives on parenting typically come from two schools. Firstly, there is the Freudian school where the role of the mother is to nourish the infant and be the child's first seducer. Secondly, there are the object relations theorists, who reflect the

work of Bowlby (1979) and Piaget (1975), as well as the neo-Freudians, which emphasise the infant as a social being wanting human contact and instinctual gratification (Dorr and Friedenber, 1984). These theories prescribe a style of parenting from the position of the child. These theories are particularly prevalent amongst authors and researchers (Ainsworth, Bell and Stayton, 1976, Bowlby, 1979) that describe or analyse the parent-infant relationship as one of influence that the mother and/or father has over the child. An example would be research where characteristics in children are attributed to some parental traits, like the research of Frenkel-Brunswik (1950) and Shereshefsky and Yarrow (1973). Parents are perceived as socialising agents whose actions (Bornstein, 1991) and attitudes contribute to the child's development (Lindzey and Aronson, 1985). Which has the connotation that parenting is something that is done to children who are passive recipients of upbringing (Gross, 1989; Kagan, Mussen and Conger, 1979; Walters and Walters, 1980). This assumes a unidirectional effect from parent to child. This unidirectional causality model may have misled entire generations of parents into believing that they could control their children's future. It also resulted in many parents feeling entirely responsible for their children's developmental outcome.

Ambert (1992) examines the parent-child relationship as one of an interaction between the adult and the infant. She (1992) notes the preclusion of reciprocity and interaction between parent and child in the traditional concept of socialisation. This becomes particularly relevant when socialisation of children is seen as a one way process from parent to child. This positioning of parents and children in Western society places parents in an "interesting theoretical limbo" (Ambert, 1992:14). To escape this position of 'limbo' investigation has been made into the notion of reciprocity between parent and child and into the effects of children on parents.

Bell (Bell and Harper, 1977) proposes that children affect parents more than parents affect children. In an observational study he noted more interactive sequences being

initiated by the child than the parent. It has been observed that different infant states evoke differing levels of responsiveness in parents (Osofsky and Connors, 1979). Osofsky and Connors (1979) say that despite the findings on child effects, very limited rationales have been extended for the influence of infants on parents. Peterson and Rollins (1987) conclude that 'infant effects' on parents result from definitions and meanings that parents impose on the parent-infant relationship. This results in the parents generally being effected by the presence, actions and qualities of the infant. In older children the influence on parents may be quite substantial, the young acquire power and their behaviours elicit particular responses in their parents (Peterson and Rollins, 1987).

The concept of attachment has received a great deal of attention (Ainsworth, 1973; Maccoby, 1980). Attachment has been defined increasingly as particular behaviours that 'attached' children and parents display (Rutter, 1979). Peterson and Rollins (1987) summarise the parent-to-infant attachment by commenting that it has focused on a conversation of gestures between mother and infant. Infant-to-parent attachment is viewed as variable in terms of the quality of attachment the infant has to his or her parent. This is demonstrated in Ainsworth, Bell and Stayton's (1971) classic study, where infants were identified as having varying types of attachment to their mothers: avoidant, resistant and securely attached. This literature can be seen to cover the process by which the infant and parent come to interpret each others gestures and establish mutual expectations (Peterson and Rollins, 1987). Yet, even within this paradigm there is an emphasis on the child.

The 1970's reflects a move toward a reciprocal model of causality, between parent and child (Belsky, 1985; Walters and Walters, 1980). It can be said that even from birth children influence their parents' behaviour just as much as their parents influence them (Bornstein, 1991). Researchers looking at the reciprocal nature of the parent-child relationship have focused on mutual or symmetrical exchanges between parent and

child (Peterson and Rollins, 1987). Examination is also made of behaviour as part of a sequence rather than as separate entities. Reciprocity research allows us to monitor the emergence of role-making processes between parent and infant (Peterson and Rollins, 1987). Amber (1992), although acknowledging the reciprocal nature of the parent-child relationship, chooses to focus on the influence of the child on the parent. She examines how children affect their parents depending on characteristics of the child, the parent and response of society to parents and children.

All the descriptions of parenting thus far deal to some extent with the parent and parenting style as something relatively concrete that the child reacts to, influences and is influenced by or interacts with. These descriptions focus attention on the outward behaviour of the parent, rather than their disposition. The adult's style of parenting is seen as an integral part of the parent's personality. These approaches have provided great detail in terms of the effect of parenting on child development, parent-child socialisation, the bi-directional effects of the parent-child interaction and how these contexts interact with environmental factors.

Although this process of interaction between child, parent and environment is crucial, the experience of parenting for the parent is seldom explored. Rarely has psychological research on parent-child interactions concentrated on the parent. Less attention is paid to the impact of the role of parent on the adult (Lindzey and Aronson, 1985) than is paid to how parenting affects the child. Parenting style is explained by Darling and Steinberg (1993) as a characteristic of the parent, rather than part of the interaction or relationship between the parent and the child. Argument is made that this notion of "parenting style is most effectively conceptualised as a characteristic of the parent that alters the efficiency of the parent's socialisation efforts" (Darling and Steinberg, 1993:488). These differences could be understood as falling along a continuum and be used to explain similar or differing experiences for adults (Raphael-Leff, 1983, 1985b, 1991).

Parenting style is differentiated from parenting practice which is concerned with the socialisation of children by parents towards specific developmental goals (Darling and Steinberg, 1993). Similarly the earlier work of Belsky (1984) describes parenting as being like most aspects of human functioning that are influenced by characteristics of an individual, and arising as product of the persons developmental history. This positions parenting as a construction located within the individual and not a product of an interaction with the environment or the infant. Acknowledgement is made of the influence of other factors on the process and practice of child rearing and/or parenting (Belsky, 1984; Darling and Steinberg, 1993). Parenting style hence stands out as the attitude of the parent towards the child rather than towards the child's behaviour.

Delineation is frequently made of the calibre of the particular parenting style acquired by the parent (Baumrind, 1971; Hetherington, 1983), but this is distinctly absent from Raphael-Leff's (1983, 1985b, 1986, 1991) work. This non-evaluative approach is promoted by Bronfenbrenner (1961) who suggests thinking of parenting in terms of optimum levels rather than good or bad. Belsky (1984) expresses this in describing how parents who are sensitively attuned to their children promote developmental outcomes that are highly valued. Once again bringing the focus back to the outcome of the infant rather than the process of parenting for the parent. This is also apparent in the work of Darling and Steinberg (1993) when they describe parenting style as the contextual variable that moderates any relationship between parenting practice and developmental outcome. This detracts from the notion of parenting as a variable within the individual. Parenting would once again become part of the process of producing a developmentally well adjusted off-spring.

It is important to look at different parenting styles in order to assist parents in the move from pregnancy to parenthood. Few studies have looked at the style of parenting during pregnancy and subsequent parenting styles. In contrast attitudes and

personality ratings during pregnancy are frequently correlated with later attitudes or ratings, usually with only marginal success (Davids and Holden, 1970). Davids and Holden (1970) account for unexplained variation in attitudes as being due to infant temperament, changes in the mothers physical condition, the socio-economic situation of the family or the marital relationship.

Raphael-Leff's (1983, 1985b, 1991) model is different in that the delineation of parenting style occurs for the sole purpose of differentiating parents so as to offer assistance, and to understand parenthood as a life experience for adults. Raphael-Leff (1991) has identified that women of different orientations require distinct intervention strategies and options during this transition. These women also differ regarding the nature and psycho social precipitating factors of postnatal disturbance and postpartum depression (Raphael-Leff 1985a). Raphael-Leff (1985b, 1991) places importance on what can be done for the mother or father to assist them in terms of the parenting style that they have adopted.

Raphael-Leff (1991) comments that parenting style can be can be delineated as two general orientations towards maternity, babies and parenthood. Each of these styles have a cluster of attributes and patterns of behaviour associated with them. According to Raphael-Leff (1991) there are few 'pure' types, rather women or men show predominance of one style over another, while some may showing characteristics of both orientations. In this light, parents can be placed on a continuum from one extreme to the other.

The maternal orientations are named **facilitator** and **regulator**, indicating opposite ends of the continuum. The paternal orientations are **participator** and **renouncer**. The **facilitator** gives into the emotional upheaval of pregnancy and subsequently adapts to the needs of the baby. The **regulator** holds out against emotional change and expects the baby to adapt to her routine. As the name suggests, the **participator**

is an enthusiastic participant in child care and wants to be as involved as possible in his partner's pregnancy. The renouncer tries to remain as uninvolved as possible during his partner's pregnancy and distances himself from child care responsibilities.

Raphael-Leff (1983, 1985b, 1991) identified these approaches through research in her clinical practice and via small survey studies. Further empirical results are required to support her findings, consolidating these particular styles of parenting. Parenting orientations can be assessed through the use of a series of questionnaires developed by Raphael-Leff (1983, 1985b, 1991).

Gross (1989) comments that many research studies identify that most parents have a recognisable style of interacting with their children. Many of the factors that influence parents' orientations are as follows: perceptions of what it means to be a parent, reasons or motivations to parent as well as the social and personal meanings of pregnancy, motherhood, fatherhood and child rearing. These perceptions although changing slowly over time, are not viewed as changing substantially over the period from conception to when the child is a toddler. Hence as Raphael-Leff (1991) postulates, it should be possible to identify parenting orientations during pregnancy and trace these into parenthood. Gross (1989) reiterates this by commenting that parenting styles tend to be constant over time.

The prominence of psychological and sociological theory in popular culture, leads these social sciences to influence the style of parenting that adults adopt. Examination needs to be made of how psychological theory has influenced parenting style and the positions of mothers and fathers. This needs to be conducted since the assumptions and influence of psychoanalytic theory still permeate the lives of parents today.

The Influence of Psychological Theory on Parenthood

The status of parenthood is influenced and perpetuated by psychological and sociological theory produced within society. Psychological theory plays a role in the way that people understand aspects of their interaction with others and their environment. In this way the influence of society coupled with the influence of psychological theory impacts on the experiences of adults as parents.

There has been a large amount of research documenting the parent-child relationship. This usually takes one of two forms. Firstly, viewing parenting or family relationships from an economic stance as Levine (1987) did in observing changes from feudalism to capitalism. Secondly, the more common stance (Aries, 1962; LeVine and White, 1987; Segalen, 1986) outlines the history of the parent-child relationship, with a focus on the child's experience. Some of the earliest accounts of the parent-child relationship document religion as a key influence on child rearing practices (WillÈn, 1988). In the twentieth century, the professionalization of motherhood with experts offering advice on parenting developed out of psychological research and theory. It was Freud's work specifically that was to change the source of parental guidance from religion to psychoanalysis.

At a social level, Alexander (1976) who reviews women's work in nineteenth century London, comments that the gendered division of labour is sustained by ideology not biology. This is then reconstructed in the family. Oakley (1980) notes how there has been a dogmatic pursuit of connections between reproduction, physiology and female psychology. This is done with a complete disregard for social and contextual facets of reproduction or women's mothering experience.

To date, psychology has made significant contributions to the understanding of parenthood but only within specific social and political contexts. Riley (1983) details

how psychological theory, particularly theories of Bowlby and Winnicott, construct the position of women in terms of their childbearing roles. The theories of Bowlby (1979) and Winnicott (1984) have become examples of how psychology is popularised in relation to parenthood. The return of women to exclusive parenting after participating in the labour market during World War Two is described by Riley as being "intimately linked with, if not positively engineered by, Bowlby's psychology" (1983: 11). His 'anti-nursery tenets' were in harmony with the government's desire to replace its wartime female labour force, and reinstate its 'normal' male one. Winnicott's series of wartime broadcasts and 1945 publications, which gave advice to mothers, had the same intention as those ideas presented by Bowlby (1979). Riley (1983) outlines Bowlby's notions on separation, which is still an issue in current child care manuals, connecting separation in early years as the principle cause of delinquent behaviour.

Both Bowlby and Winnicott continue the Kleinian practice of excluding the "father to a remote and instrumental sphere: he provides morale and money for the mother: yet remove the father permanently from the scene and the whole picture changes tragically for the worse" (Riley, 1983: 101). This is another aspect of parenthood that has been effectively formulated in psychology and integrated into everyday life.

Psychoanalytic theory focuses on the importance of the mother-infant relationship with a clear emphasis on the psychological development of the infant (Birns and Ben-Ner, 1988; Dana, 1987; Woollett and Phoenix, 1991). This relationship is viewed as essential, so much so that when Winnicott (1984) places importance on the environment he qualifies it (the environment) as being the mother. Burman (1994) elaborates on this when she comments that despite proclamations of wonder and congratulation at maternal skill, mothers feelings and experiences are depicted in the literature as unimportant unless they affect the child.

Substantial shifts have occurred over time in relation to women's roles as well as to child rearing attitudes and practices. Psychoanalytic theory has been particularly significant in influencing the notions we hold about parenting (Birns and Ben-Ner, 1988; Dana, 1987), as well as the importance of becoming a parent for the psychological development of women (Kearney, 1979 in WillÈn, 1988; Macy and Falkner, 1979;).

Many ideas about parenting that have their origins in psychoanalysis have taken on mythical proportions. This is not unlike other culturally generated concepts about parenting but the status of psychoanalysis gives these concepts greater credibility. Raphael-Leff defines these myths as "symbolic representations of cultural ideologies that reflect unconscious dynamics" (1984: 8). These myths frequently develop where folk wisdom is formulated into academic hypotheses. Myths of motherhood resulting from psychoanalytic theory create contradictions in women's understanding and experience of motherhood. Gordon (1990) describes these as tensions between the experience of motherhood and the social construction of motherhood. Nakano Glenn (1994) describes these myths as beliefs that impel mothers to have children and are made plausible by social and cultural conditioning.

For some mothers these myths influence their decision to parent and their experiences of pregnancy and motherhood. For others myths are perpetuated by male dominated social structures that have exalted female virginity and marital chastity (Scheper-Hughes, 1987; WillÈn, 1988). The importance of these myths can not be underestimated since they play an intricate role in terms of maintaining the status quo. These myths maintain women as mothers, positioning them in a particular relationship to men, within parenting as well as in social, economic and political arenas.

In psychoanalytic theory mothers are viewed as both alluring and destructive. The power attributed to mothers is conceptualised as being dangerous (Kitzinger, 1978; Raphael-Leff, 1984), hence two theoretical solutions are postulated. The first of these over-idealises the mother image denying the fearsome aspect, developing the myth of the devoted mother. The second, is a castrated mother whose power is projected onto the father. Both these positions remove all power from women in terms of their mothering ability.

Raphael-Leff (1984) looks at the assumption that anatomy is destiny. Psychoanalysis holds a position of biological determinism in assuming that the purpose of sexuality is propagation of the species. Socially little girls are encouraged to become mothers, fulfilling their biological potential (Dana, 1987), resulting in a reduction of other achievements. The discovery of being a girl is made through the realisation that she does not have a penis. The woman then has an urge to have a baby to replace the penis (Oakley, 1980; Raphael-Leff, 1984; Robinson and Stewart, 1989). To solve the puzzle of the missing penis Deutsch (1945) equates womanhood with motherhood.

A myth established from an anthropocentric viewpoint is that of female passivity. Here psychoanalysis draws parallels between physiological processes and social processes, as well as sexual genital processes and psychological processes. This is achieved by equating the 'seeking' sperm and the 'homebound' ovum with the social positions of working men and homebound women. The sexually passive female and active male is drawn as a comparison for male and female psychological states, chiefly in middle class western populations.

What Benedek (1970b) has called 'a primary reproductive drive' and many others have named 'maternal instinct' has been taken as gospel. An intricate myth unfolds from the acceptance of the assumption that a biological drive urges women to bear children

(Robinson and Stewart, 1989). This includes the conjectures that all women are spontaneously maternal and that giving birth automatically results in bonding. In addition it is implied that the woman who gives birth to the child must be the one to nurture him/her and that competent mothering is instinctual. Chodorow (1978) comments on how non-biological mothers adjust as adequately as biological mothers and are equally as nurturant. In conjunction with this biological role is the pressure for the biological mother to have an exclusive full-time commitment to caring for the child. The misconception in Bowlby's (1951) assertion that a baby requires care 24 hours a day, has become one of the most pervasive myths propagated by experts (Riley, 1983). Resulting from this notion of maternal instinct, it is assumed that fathers can not be as motherly as their female counterparts (Matlin, 1987; Raphael-Leff, 1984).

Frequently child psycho pathology has been viewed by psychologists as resulting from poor parenting and more specifically unsatisfactory mothering. Hence, there appears to be a right way to mother, rendering the previously mentioned, inevitable maternal instinct fallible. Mothers feel they are no longer able to rely on their instincts to mother but require guidance, in order to achieve the correct style of mothering (Raphael-Leff, 1984). Raphael-Leff (1984) details how in a mother's search for advice she is bombarded with conflicting opinions which are influenced by trends that reflect the dominant social, economic and political environment. These trends are absorbed and experienced as a new ideology, which is supported by health care professionals and authors in the area of child care. Instruction by 'experts' is then viewed as a necessity. Oakley (1981) explains how this reliance on 'experts' is in conflict with maternal self confidence. This generates an ideal which positions the concept of the good mother against notions of the bad mother (Chesler, 1990; Ernst, 1987; Surrey, 1990).

Raphael-Leff (1984) outlines how these myths constrict rather than enhance the individual nature of women and their experience of mothering. Myths are often so well integrated into beliefs about parenting that they have untold impact on the lives of women. They influence adults' decision to parent, they inform parents as to who should rear the child and what methods of rearing are legitimate. Myths also have repercussions for research; researchers perpetuate myths by examining a lore in a community where it is an entrenched belief. This lends further support to the myths that affect the lives of parents.

Russo (1979) notes how social devices compel women to have children and how the pronatalist bias in research perpetuates this. Theory and research in psychology, or the lack thereof, continues to influence parenting. In addition, the way in which infants are studied contributes to the romanticised lives of those who looked after them, customarily mothers (Burman, 1994). Popular ideas about motherhood remain intact even where supporting evidence does not exist or is unclear. For example the commonly accepted idea that mothers should stay at home rather than participate in the employment market, and how this lacks validation (Woollett and Phoenix, 1991).

Seldom has theory had such an influence as in the locale of parenting and more directly mothering. Raphael-Leff (1984) describes how psychoanalytic concepts originate as explanatory hypotheses yet become rooted in theory and in society. Through psychological theory, social and cultural expectations and understandings of parenthood have become formalised. These theories play an important role in maintaining women and mothers in particular positions in society. In general research on parenting has aimed to elicit a specific cause and a resultant effect. This type of research has resulted in the testing of a theory or research question, but these questions are framed within a particular ideology and culture of parenthood, the very same culture from which the sample is drawn.

To elaborate Birns and Hay (1988) identify how folk wisdom or ideology exists in all societies about 'good' mothers and how these ideas become formalised in academic theories about motherhood. These theories in turn stimulate empirical research which is translated into advice that experts give to mothers on how to parent. Out of this a cycle of research and results, transpire. This cycle of events has an inherent problem, in that, the ideologies and theories themselves do not accurately reflect the experiences of women, as mothers, having little relationship to the reality of parenting (Birns and Hay, 1988). Burman (1994) describes how this impractical advice finds its way into recipes, quizzes, general newspapers as well as many periodicals directed at women. Ambert (1992) notes how an entire book industry arose to exploit parental vulnerability. She emphasises that the unidirectional influence from parent to child, as advocated by Bowlby, made parents the obvious targets to blame.

Mothers may try to follow this advice and feel an acute sense of disaster when the advice fails and this powerfully affects their experience of motherhood (Woollett and Phoenix 1991). Nakano Glenn (1994) talks of universalistic traps into which women fall as mothers. Burman (1994) identifies some of these traps that result when opinions of how to parent/mother become advocated by psychologists and medical professionals. When social problems are uncovered in children, fault is located with the mothering they received (Burman, 1994). Additionally, fluctuating demands on women by society are neglected, resulting in women being stigmatised when they fail to meet the social requirement. An example of this is offered by Burman (1994); experts advised women to stay at home to look after their children but then depict these women as over-involved and clinging. From this it can be noted that social construction of motherhood and fatherhood as well as the position of parents in society influences the experience of adults in their transition to parenthood. This is additionally affected by prominent psychological theories. with this in mind research

on men and women as parents needs to be considerate of social influences and political agendas that alter these roles into objectionable or desirable social positions. These social and political factors continue to influence parents during pregnancy and early parenthood.

CHAPTER 2

Consideration of the demands of Raphael-Leff's model and the study at hand, will be made in this chapter. This requires that pregnancy and the very early stages of parenthood be closely examined. There will be an emphasis on early parenting and on middle class perspectives, keeping in line with previous research in the area and the nature of the sample. In this light examination is made of the motivations and enabling factors that bring adults to parenthood, looking at the costs and benefits of parenting. Pregnancy and the initial months of parenthood are documented separately for men and women, with close reference being made to Raphael-Leff's orientations to parenthood. Finally, an examination will be made of how Raphael-Leff's model will be used to assess the orientations of a South African sample and the stability of those orientations over time.

EXAMINING THE TRANSITION TO PARENTHOOD

Considering Parenthood

Goldberg (1988) explains that the transition to parenthood is typically referred to as the period of time from the beginning of pregnancy through the first few months of having a child. When observing parenthood as a biological transition it is easy to identify its onset. From a biological perspective conception is customarily viewed as the beginning of parenthood (Goldberg, 1988). From a sociological or psychological point of view parenthood could start long before conception. Specifically for middle class couples parenthood is a choice that includes a series of decisions. These may include the decision to use contraception, the option of abortion, the use of a surrogate mother, adoption or 'natural' parenting.

The motivation to parent has a long and controversial history, beginning with the premise that innate factors make having children rewarding (Michaels, 1988). In studying the motivations for parenthood it is apparent that there is a distinction in the media, and in psychological research and theory between men and women's motivations for parenthood. This distinction, between men and women's roles is evident in the literature on pregnancy, birth, early and later parenthood, making it difficult to examine men and women together, as parents. On many occasions this distinction is essential in understanding the disparate psychological and biological or physical processes that women and men undergo. Differences observed in the literature in terms of relative amounts of attention paid to women and men in the arena of parenthood, are reflected in this review. The review also reflects a distinct and purposeful bias towards a middle class philosophy of parenting, which reflects Raphael-Leff's samples (1983, 1985a, 1985b, 1991). The issues of class and race will not be investigated in this study but would be of interest in works to follow.

Motivations for parenthood have been identified as influencing population trends (Gerson, 1980), in addition motivating factors are commonly the beginnings of the transition to parenthood. Because motivations are socially and culturally laden with meanings for the individual, the literature in the area frequently perpetuates myths or stereotypes about parenthood. Why parents want to have children has been addressed by many theoreticians, with a focus being on women's motivations for parenthood.

Why should parenthood be sought out with such determination by adults? It is costly, not only in financial terms but also in physical effort in looking after the child and in terms of restricting parents' leisure time and time spent on their careers (Fawcett, 1988). These costs are seemingly outweighed by the representation of parenthood as a positive institution.

During the first half of the twentieth century it was postulated that the desire to parent was essentially instinctual (McDougall, 1943). McDougall (1943) described this as one of the strongest human instincts. Intelligence was said to profoundly modify all instincts, hence suppressing the parental instinct amongst the more intelligent adults. The 'most cultured classes' were assumed to have independent thoughts and actions, which resulted in decreased parental instinct. Those individuals with weak instincts will on average have fewer children (McDougall, 1943). McDougall (1943) described these diminished parental instincts as being assisted and re-instituted by social sanctions which were mainly propagated by the religious order.

Psychoanalytic theorists trace the motivation for parenthood to dynamics of childhood personality development. Girls' motivation to mother have been located in a variety of areas in childhood development. Penis envy is considered by Deutsch (1945) as a motivation; with a girl wanting a baby, specifically a boy, as a substitute for her lack of a penis. Michaels (1988) on the other hand, in examining psychoanalytic motivations for motherhood, focuses on the oedipal conflict. This oedipal attachment could have two manifestations, firstly the girl could fantasise about having her father's child or secondly the struggle could be with her mother. Michaels (1988) notes this as taking the form of a wish to replace the mother with a baby or to outdo her mother by having more children. Psychoanalytically speaking, boys' motivation for fatherhood is the result of the 'negative oedipal complex' where there is a wish of impregnation by the father which ultimately invites the love of the father and avoids castration fantasies (Michaels, 1988). A different interpretation by Michaels (1988) is that the boy wishes to have a child as he envies the creative powers of the mother.

The advent of ego psychology shifted the focus to identification. The motivation to have children was due to the internalisation of important aspects of parenting behaviour. These include caretaking or learning to deal with separateness from the

mother or seeing the child as an extension of the self. Erikson (1951) explained the motivation to parent as an altruistic way of giving something to the next generation.

Alternatively, the desire to have children can be rooted in conditions of adulthood. For many couples their decision to parent is not one that is consciously planned. A psychoanalytic explanation would describe parenthood in this situation as being due to unconscious needs to parent. It may be suggested that parenthood is an event that altogether lacks planning and is an event that requires consolidation by the adults who discover they are going to become parents. Raphael-Leff (1991) considers psychosocial motives for parenthood for heterosexual couples as being the resource that each will bring to parenting and what the repercussions of their decision will be. She examines the notion of the 'biological clock' and the influence it has on motivating parenthood, particularly for women. With couples not wanting to look back on their childlessness with regret, turning 35 is often the catalyst for the decision to parent (Goldberg, 1988). There may be some factors that prevent or enable a couple to parent. One socially based factor is the sense of obligation that parents provide adequately for children, hence the motivation for children may increase with increased income. Personally based factors such as achieving a career goal or moving to a larger house may be the enabling factor that initiates parenthood.

The feminist movement has particularly influenced women's decision to parent. Depending on the underlying stance of the feminist, motherhood may be viewed as spurious to womanhood or as an integral part of it (Chesler, 1990). The two positions are; one which considers that the biological role of women in reproduction as the basic source of the subordination of women, or secondly that the biological involvement results in women being linked to nature, which is inferior to the domain of men. In addition, looking at how bearing and rearing children has reduced the social, economic and physical mobility of women, the idea that feminism cautions women from childbearing is quite clear. Yet other feminists view motherhood as essentially

differentiating women from men and indicating that this is the area where the strength of women originates, in the creative powers not afforded to men.

In a world that still favours men and where women have spent much time achieving and maintaining their position, as mothers, the decision to parent has additional considerations for women (WillÈn, 1988). Generally motherhood is seen as a positive role for women (Nakano Glenn, 1994; Woollett and Phoenix, 1991). The decision to mother is, in addition to the emotional considerations, further complicated by society factors which are connected with myths. Raphael-Leff (1991) subdivides these into three parts; the first being a biological component, where women are required to bear children as a source of adult feminine identity. Secondly, a social concern involving child rearing is, the lack of social support and isolation experienced by mothers. Lastly, an ideological issue of the value of motherhood is raised, which examines the devalued status of mothers. Motivations to parent for women varies greatly particularly when other satisfying roles are available to them (Robinson and Stewart, 1989). Women's individual interpretation of these social factors will result in detracting from or enhancing their desire for parenthood.

Parenthood tends to push a couple towards more traditional roles (Zigler and Stevenson, 1993) which may be a motivating or dissuading factor in their decision to parent. Prospective parents may be motivated by the thought of achieving genetic immortality, attaining the next level of commitment in their relationship or a means of rectifying a dissatisfaction in the relationship. The couple may also be deterred by factors such as the fear that they can not do justice to the ideal of parenting or the fear of the restriction of social and career mobility (Miller-Cohen, 1980) or even viewing a child as an intrusion in their relationship (Raphael-Leff, 1991). Other barriers to having children may be extreme time constraint or poor health (Miller, 1987). Couples may also be persuaded or dissuaded by their peers or by prevailing norms within their subculture (Miller, 1987). Many couples may even seek professional

help in making the decision to parent and this too will direct their disposition (Miller-Cohen, 1980). Some reasons that a couple or individual may have for parenting may be considered risky and need to be carefully evaluated. In addition to this, ingrained misconceptions portrayed in the media about parenting need to be considered as well as information put forward by well meaning experts that could lead to disillusionment in parenthood (Raphael-Leff, 1991).

The liberalisation of parental roles and child care practices have led to a wide variety of choices in terms of parenting (Raphael-Leff, 1985b). This in turn has altered motivations for parenthood and enabled others to bear or raise children. In first world countries there is an increased availability of female controlled contraceptive devices and in some areas easier access to abortion which influence the choice to parent. Parenting has also become increasingly available to sterile couples and lesbian women (Michaels, 1988; Raphael-Leff, 1985b).

For many, the motivating and enabling factors for parenthood are as a result of the transition from being single to being married (Fawcett, 1988). In addition, adults have many expectations about parenthood that develop through personal experience, messages that pervade in society about children, the media and through growing up in a family setting (Fawcett, 1988). Children may have economic benefits, in terms of their ability to work at an early age (Deutsch, 1945) or where they are expected to look after their parents in old age, particularly in developing countries. In these countries enhancing power through increased ethnic or national group size may also be motivation for parenthood since this has both personal and social benefits for the parent. In a time when we can no longer adhere to myths of 'maternal instinct' or assumptions of 'anatomy is destiny', Raphael-Leff (1991) accounts for pregnancy in terms of a complex psycho social wish to reproduce.

Conceptual analyses such as the one made by Hoffman and Hoffman (1973) describe how the psychological needs of parents are met by the positive value attributed to children. Psychological reasons for parenthood are articulated by Walters and Walters (1980), as currently being of high value. A psychoanalytical orientated view of the motivations for parenthood made by Raphael-Leff (1991), focuses on a few constant factors in a web of motivations. She notes these as being genetic immortality, the desire to achieve true adulthood, the need to emulate and reciprocate parental care and to find a new object/source of love.

The costs of having children plays a large role in the control of human fertility. Fawcett (1988) lists the costs of childbearing as, direct economic costs, opportunity costs other than income, psychological costs and physical costs. The financial costs, as noted by Miller (1987), are regarded as highly important in the parenting decision of contemporary parents. Particularly since many western societies place a burden on parents to provide for their off-spring and to invest in their futures (Lancaster, Altmann, Rossi and Sherrod, 1987). Psychological costs include a loss of freedom and increased levels of responsibility (Fawcett, 1987; Gordon, 1990). Another cost may be the commonly reported negative effect of children on a marriage (Miller, 1987).

For every society there emerges an optimum strategy of parental investment. This is as a function of costs and contributions of each child and the various means to enhance the cost-contribution ratio of the child from the point of view of the parent (LeVine and White, 1987). In conclusion it can be noted that children are not only wanted for personal and social reasons but are needed to perpetuate the species and continue the family heritage (Fawcett, 1988).

The costs and benefits of having children interact in complex ways and influence the timing of childbearing. Choices are made by each person or couple in accordance with many social, emotional and economic factors. Impacting on this decision are both

conscious and unconscious psychological factors, which operate at various points in the life cycle (Raphael-Leff, 1985b). The interplay of enabling factors and motivations, have the ability to influence the way in which an individual views their pregnancy and foresees parenthood. From this, particular styles of relating to the foetus may develop. These styles may then become consolidated and be observable during pregnancy and extend into early parenthood.

Pregnancy and Parenthood

For many adults pregnancy is the beginning of parenthood, especially for first time parents. This start, or extension to parenting may take different forms depending on what factors lead the adult to parenthood. Intervening biological and emotional experiences during pregnancy and the birth may enhance or alter the original stance or parenting style of the adult. This style adopted by the parent may also be influenced by the understanding the individual has of what it means to be a mother or father, present trends in psychological and popular parenting literature as well as the adult's disposition.

In the literature pregnancy and early parenthood are seldom examined as an experience of a couple but rather as an isolated event; involving distinct roles for men and women. This is due to clear biological differences in pregnancy and the different parenting roles adopted by men and women. Socially, the roles of men and women with regards to caretaking are distinct even though mothers or fathers could be the primary caretaker. An examination of the literature exploring the adoption of their roles, demonstrates that pregnancy and early parenthood can be a maturational process. This process involves the prospect of change and growth for both partners. The stability of Raphael-Leff's (1983, 1985b, 1991) categorisations of parenting styles needs to be examined throughout this period of crisis and negotiation. In keeping with the tradition of examining mothers' and fathers' feelings separately, the experiences of men

and women during pregnancy and early parenthood will be documented independently. As will be demonstrated however, this delineation has left unanswered the question of whether prospective mothers and fathers adopt orientations that bear a relationship to one another.

Pregnancy

The Female Experience

Pregnancy brings with it a multitude of biological changes in addition to which the pregnant woman will undergo a succession of changes and adjustments of a psychological nature (Birksted-Breen, 1986; Robinson and Stewart, 1989). While most women experience pregnancy at some stage in their lives, pregnancy has become a medicalized event (Smith, 1992). Related to this, the Parsonian functionalist view presents pregnancy as an 'illness' (Birksted-Breen, 1986; Oakley, 1980). This stance gives an account of illness as a distinct social position, with particular rights and obligations (Parsons, 1963, 1964). Parsons (1963) contends that people in the sick role are exempt from social duties but pregnancy seems to challenge this debate. Work in the area of childbearing and illness has resulted in an unfortunate moral accountability to women for causing their own reproductive difficulties by maintaining an image of illness rather than of health (Oakley, 1980). Due to this medicalization, pregnancy is often pathologized at the expense of the normal (Ballou, 1978). This medicalization has resulted in pregnancy being defined as 'good' in obstetric terms with relative ease but psychological adjustment during pregnancy is more controversial (Chertok, 1969). Psychological adaptation is difficult to assess even though most researchers acknowledge that psychological and physiological reactions are related (Grimm and Venet, 1966). The nature of the psychological change that occurs in pregnancy is thus a debated point. However, the idea that growth or change occur seems to be a widely accepted one.

Many researchers and theorists have focused on the importance of change during pregnancy. Some have viewed pregnancy as a maturational crisis (Bibring, 1959; Bibring, Dwyer, Huntington, and Valenstein, 1961) leading to a change in the woman's social position. Others have noted that during pregnancy there may be a reactivation of past conflicts pertaining to the woman's mother or husband, and issues of femininity and dependency become important (Ammaniti, 1991; Benedek, 1970a; Bibring, 1959; Deutsch, 1945; Pines, 1989; Robinson and Stewart, 1989). Benedek (1970a) takes a slightly different stance to this by commenting that only if the psychosexual organisation of the woman is fraught with conflicts toward motherhood, are deeper conflicts aroused.

More recently researchers have looked at pregnancy and motherhood as a series of developmental tasks within the life span (Leifer, 1977; Smith, 1992). Leifer's (1977) research indicates that some women experience this period as psychologically stressful and hence experience a sense of growing, while other women experience this time as an emotional crisis and show no signs of maturation or resolution of conflicts. Some social psychologists see pregnancy as an ordeal (Baker, 1989) and a rite of passage, commenting that if entry into a group is difficult, greater value is attributed to that group. This would be in accordance with Festinger's theory of cognitive dissonance. With the transition from non-mother to mother many of the properties of rite of passage are present and may include desirability, voluntariness, control, and new status (Oakley, 1980). This has the implication that some of the value found in motherhood is due to the difficulty of transition; the more difficult the transition the more rewarding the experience of motherhood.

Many theoretical positions such as those offered above, focus on the common experiences of pregnancy. Raphael-Leff (1991) on the other hand describes how no two pregnancies can be the same, not even in the same woman. Every pregnancy

takes place in an emotional, biological and psycho social context that makes each encounter with this meaningful process unique. She does, however, acknowledge that there are a number of experiences that are familiar to most pregnancies (Raphael-Leff, 1991). These include changing a reality we have learned to accept; that each person is separate and confined to his or her body, but that in pregnancy, two inhabit one body (Bibring et al 1961; Raphael-Leff, 1991, 1992). Leifer (1977) found the most significant developmental task of pregnancy to be the acceptance and emotional incorporation of the foetus, as well as an experience of emotional disequilibrium that is a result of subliminal feelings and fantasies that now enter consciousness (Bibring, 1959; Birksted-Breen, 1986). It is clear that psychological factors are often associated with various aspects of the maternity cycle. Chertok (1969), for example, places emphasis on the personality of the woman and the resultant relationship to her pregnancy. Numerous empirical studies have been carried out which explore psychological factors in pregnancy: psychological characteristics in relation to the occurrence of symptoms (Ruble, Brooks-Gunn, Fleming Fitzmauric, Stangor and Deutsch, 1990), emotional reactions to pregnancy and psychological responses during labour (Grimm and Venet, 1966). These studies indicate different aspects of change during pregnancy.

With pregnancy being both an individual and group experience, empirical evidence regarding emotional changes during pregnancy are often inconsistent (Leifer, 1977). Some research suggests that pregnancy may be a state of disequilibrium (Bibring et al, 1961), other studies seem to indicate an inability to generalise because of the altogether individual experience of pregnancy (Raphael-Leff, 1986, 1991). Thus, the picture of psychological development during pregnancy is unclear.

The Three Trimesters - from the perspective of women

The three trimesters can be described as a progression, from belief in pregnancy, to belief in the foetus, and ultimately in the baby (Raphael-Leff, 1980). Furthermore, these successive developments result in an identification with the mothering role as on-going throughout pregnancy (Hall, 1991). During the first trimester there may be a preoccupation with physical changes and symptoms (Robinson and Stewart, 1989). These physical symptoms may generate emotional reactions. In some cases the woman may feel at the mercy of her surroundings and flooding emotions, threatened by reawakening primitive instincts, and feels a danger of losing her familiar self (Raphael-Leff, 1991). It is also widely held that even if the pregnancy is planned, the woman has to come to terms with being pregnant (Benedek, 1970a; Birksted-Breen, 1986; Macy and Falkner, 1979).

The adjustment to pregnancy in the early stages involves the following: a focus on bodily processes, a concentration on the intake of foodstuffs, whom to tell and in what order, as well as change in self-image and a reactivation of the emotional past (Raphael-Leff, 1991). Robinson and Stewart (1989) note the first trimester as being the time when a woman reworks her relationship with her mother and husband. This trimester ends with the threat of miscarriage. Some women **regulators** become hyperactive and 'dice with fate', feeling it would be better to lose the baby during the first trimester than at a later stage, whilst **facilitator** women vigilantly monitor the foetus willing it to stay alive (Raphael-Leff, 1991).

Facilitators experience pregnancy as a time of enhanced identity and a period of giving into emotions. Pregnancy makes them feel enriched, filled and blossoming. In contrast the **regulator** experiences pregnancy as a threat to her identity, and finds herself in a state of emotional upheaval and disequilibrium which she tries to resist.

The second trimester brings an increased sense of well-being and accomplishment, and is foretold by the quickening. The quickening is the first felt movements of the baby, which undeniably introduces the baby as a new object, and provides a deeper sense of closeness (Birksted-Breen, 1986; Leifer, 1977; Robinson and Stewart, 1989). There is a division of attention between the outside world and inner demands. The **regulator** woman may experience the baby as an uncontrollable invader, interrupting her activities. The **facilitator**, on the other hand, may want to refocus all her energy onto her pregnancy. Her main priority will become her communicating inhabitant (Raphael-Leff, 1991). In this trimester there is a shift from focusing on the pregnancy to the foetus. There is a sense of never being alone and the mother may cherish or resent this at different times (Raphael-Leff, 1991). Raphael-Leff (1991) describes how sexual intercourse during pregnancy depends largely on the fantasies of each partner. The foetus is seen as a dampening voyeur, usually by **regulators**, or there may be a sense of a cosy union, as is the case with the **facilitators**. In this trimester the mother needs to examine her own motherliness, differentiating herself from the foetus and her own mother, and becoming the motherly one (Raphael-Leff, 1991).

Two viewpoints are proposed for the third trimester. The third trimester is marked by increased anxiety related to labour and birth, with fantasies about being ripped apart or destroyed during childbirth (Raphael-Leff, 1991; Robinson and Stewart, 1989). An increase in physical symptoms again makes her wish for the end of pregnancy, which assists the on-going separation from the foetus (Robinson and Stewart, 1989). Contrary to this Birksted-Breen (1986) communicated loss as the theme for the last trimester. She describes the loss of a constant companion and loss of the perfect prenatal symbiotic union, which results in psychological self-sufficiency in mother and baby, and loss of the fantasy-baby and fantasy-mother. Raphael-Leff (1991) notes this perspective as being particularly poignant to women who consider this their last pregnancy. Bibring et al (1961) describe the pregnancy process as being concluded in the third trimester through the cathexis of self-

representations and object-representations. The mother now starts to think of the baby as being able to survive outside her body (Raphael-Leff, 1991). The **facilitator** awaits a reunion with the baby and feels curious about her child. The **regulator** is often apprehensive about the future and may have many anxieties about her baby (Raphael-Leff, 1991).

Concerns about labour and birth become abundant as pregnancy draws to a close, bringing with it a revival of primitive bodily anxieties which, if unresolved, may affect labour (Raphael-Leff, 1991). The **regulator** expects the birth to be a painful experience for which she feels unprepared. Medical intervention is viewed as a means of moderating this transition. The **regulator** foresees motherhood as a time of separateness and promotes the baby's adaptation to her routine. The **facilitator** considers birth a natural event and a mutual transition for mother and baby. She anticipates early motherhood as a time to adapt to her baby, interpreting his or her needs.

It is then in conclusion that we can note how many researchers in the area of pregnancy focus on the ability of women to develop, change, and grow through their experience of pregnancy (Bibring, 1959; Bibring et al, 1961; Leifer, 1977; Pines, 1989). Frequently the outcome of this developmental stage or maturational crisis is seen in terms of the profound effects it could have on the mother-child relationship (Ammaniti, 1991; Bibring, 1959). This implicates the mother as being able to alter and perfect her role by adapting adequately during pregnancy. In contrast, what Raphael-Leff (1983, 1985b, 1986, 1991) indicates is that women resolve their pregnancies in different ways, which have implications for their adjustment to motherhood and for their style of parenting. What she does not establish empirically, however, is the question of whether this adjustment remains constant across the different challenges associated with each trimester, and what this implies for parenting style.

The Male Experience

The expectant father is frequently ignored, and expectant men lack a group identity (Zalk, 1980). During the prenatal period men regularly report feelings of being excluded, disappointed or frustrated (Barry and Adler, 1980). Not all men become fathers over-night, and Macy and Falkner (1979) comment on how profoundly men are influenced by their partner's pregnancies. However, connections are seldom made between emotional or physical changes in men and their partners pregnancy. In addition the relationship between their own and their partner's style of coping with this process of change, remains unexplored.

Pregnancy can be seen as a time of psychological preparation for fatherhood. Zalk (1980) discusses the surfacing of psycho sexual issues confronted in childhood. Pines (1989) sketches how fatherliness begins when the little boy admires his father's masculinity and identifies with him, both possessors of the penis the mother does not have. Zalk (1980) continues by proclaiming that pregnancy for men is also a developmental task, that is additionally difficult for men since few books have been written to guide men in their transition. Benedek (1959) conveys the psychoanalytic adjustments the father-to-be needs to make, relative to his initial identifications with his mother and father. Being with his partner who is so obviously becoming a mother may trigger oedipal feelings of wanting his own father dead and for him to have a sexual relationship with his mother. This may be a common position for **renouncers**. Alternatively, and the position Raphael-Leff (1991) would consider for **participators**, pre-oedipal feelings may be renewed as a sense of envy occurs, with the expectant father having to deal with his earlier attachment to his mother (Zalk, 1980).

While pregnant women are quick to connect their emotional changes to their biological state, expectant fathers may have exaggerated emotional reactions that they do not link to pregnancy (Zalk, 1980). Zalk (1980) comments that many of the conflicts for men

revolve around having or continuing sexual relationships with their partners.

The Three Trimesters - from the perspective of men

Once again, the three trimesters of the pregnancy bring psychological challenges which constitute a variable maturational process for the men involved. The first trimester awakens the man's sense of achievement, feelings of masculinity. It may also be that he has an awareness of responsibility and protective feelings toward his mate, which may also bring anxiety and ambivalence. Unplanned pregnancies may provoke shock, disbelief and denial that the child is his (Barry and Adler, 1980). At this stage the father may also see the unborn child as a potential rival, increasing negative feelings toward mother and child.

The second trimester results in the woman feeling physically well, and because of this the man may become physically and psychically more connected to the woman and the unborn child during this trimester (Barry and Adler, 1980). The **participator** is eager to participate as fully as possible in both pregnancy and in child-care. Pregnancy is characterised by exuberance, or anxiety, depending on the father's level of trust in his partner to 'grow' the baby. The male partner feels a sense of frustration at not being recognised socially as a father-to-be. Envy may be a feeling experienced by the **participator**, as his partner has a very physical experience of pregnancy. During the second trimester the **participator** may make great efforts to establish contact with the baby in the womb. On the other hand, the **renouncer** may be fearful at the prospect of a new baby who could awaken past vulnerabilities (Raphael-Leff, 1991). The **renouncer** becomes acutely aware of male-female differences accentuated by pregnancy and tends to focus on the masculine aspects of his personality. He may feel proud of his partner's pregnancy as a sign of his virility, but lacks the ability to empathise with her internal experience. During this trimester there is a focus on the visible changes in the woman's body that could trigger guilt, shock, or disgust, a

reaction which could hamper the couples relationship (Barry and Adler, 1980)

During the third trimester the man may become the main source of physical and psychological support for the woman, often taking on a more protective role (Barry and Adler, 1980). The exclusion of fathers during pregnancy and childbirth, due to an over dependence on physicians in western society, may result in resentment or anger, with the father distancing himself from the mother (Barry and Adler, 1980). This may be the experience for both renouncers and **participators**. **Renouncers** anticipate playing a small role in child care and rearing, either avoiding the task if he has a **facilitator** partner, or by hiring substitute care if his partner is a **regulator** who would expect him to share the child care responsibilities. Fatherhood for the **participator** may well be determined by the orientation of his partner and his own conscious and unconscious needs and processes.

With mothers and fathers having different experiences of their shared pregnancy, negotiation is required on the part of both partners. Raphael-Leff (1991) describes how during pregnancy parents-to-be adopt an orientation to the pregnancy that extends into early parenthood. These orientations may be complementary or opposing. Adjustment to each partners' orientation may occur with ease, or may result in distress for one or both of the partners. The degree of stability, and of relatedness of orientations across these psychologically distinct phases, remains unassessed.

The Present Study

The majority of research in the area of parenting orientation using the model of Raphael-Leff (1983) has been conducted by Raphael-Leff herself (1983, 1985a, 1985b, 1991). The exceptions being research by Rogers (1989), Scher and Blumberg (1992), Sharp (1994) and the present study. A retrospective study was

conducted by Scher and Blumberg (1992) to establish women as facilitators or regulators. Questionnaires were completed at six months postpartum and 34% of the sample were classified as facilitators, 34% as regulators and 32% as reciprocators. A further division was then made of the reciprocator category into intermediate-reciprocators (15%) and bipolar-reciprocators (17%). Intermediate-reciprocators consistently obtained moderate scores where as bipolar-reciprocators had a combination of facilitator scores and regulator scores. This brings focus to the methodological concern of similar scores representing very different orientations. Sharp (1994) is presently preparing the questionnaires designed by Raphael-Leff for psychometric evaluation. Her focus is on establishing questions that yield valid and reliable results for both the third trimester questionnaire and the postpartum questionnaire, administered at three months postpartum.

Raphael-Leff's (1991) work asserts that the orientations to parenting she has delineated do not evaluate adult's ability to parent. This is a valuable aspect in the description of parenting style. It is the evaluation of parenting style which leads to an adherence to child rearing myths, impacting negatively on adult's parenting experience. However, her styles of parenting may have inherent qualities that make them appear as the 'correct' method of parenting. Psychological research, popular literature and myths about parenthood may be the cause of a belief that there is a right way to parent. This would eventuate in adults' adopting particular styles that they think are 'correct'. And in terms of Raphael-Leff's (1983, 1985b 1991) model would result in adults clustering around one or other orientation.

As previously mentioned the ability to identify parents of different orientations assists professionals in their handling of parents. This would demand that orientation divisions illustrate significantly different characteristics between the groups, in order for this model to be useful. Raphael-Leff (1983, 1985b, 1991) provides scoring procedures for her questionnaires by which each participant receives a score on each

questionnaire. She describes how parents have scores that cluster around one of two orientations; **facilitator/participator** and **regulator/renouncer**. But she goes on to suggest that scores fall on a continuum. Raphael-Leff herself has divided this continuum in different ways. She has proposed three possible methods of interpreting the score. These methods of score interpretation need to be evaluated and compared, since this comparison has never been documented. This would provide professionals with the most salient method of interpreting the score, to provide the best service. These methods will be examined in this paper but has the potential to be a study in it's own right.

In the literature the experiences of mothers and fathers are documented separately. Little information is available on the relationships between the partner's parenting styles. Raphael-Leff (1991) has provided little information in this regard.

All of her studies have been conducted in the United Kingdom, which could account for the orientations she observes. Cross-cultural studies using this model are required to establish the universality of these orientations. To compare studies effectively, using this model, the psychometric properties of the questionnaires need to be documented and work has started on this in the United Kingdom (Sharp, 1994).

Raphael-Leff (1991) claims that orientations to parenting are evident during pregnancy and have the ability to predict parenting style after the birth of the child. This is contrary to other research in the area that indicates pregnancy and early parenthood as a time of change and uncertainty (Davids and Holden, 1970; Fawcett, 1988). The stability of parenting style in South Africa has not been evaluated using Raphael-Leff's (1983, 1985b, 1991) model. The division of parents into the orientations and their stability over time requires investigation.

The present study uses the model developed by Raphael-Leff (1983, 1985b, 1991, 1992), to assess parenting style in a South African sample. An exploration of the properties of her questionnaires is conducted. This is done to facilitate future comparisons with the present data, and to establish the most appropriate method of interpreting the respondents score. An assessment of the division of respondents in to the different orientations is documented and the stability of parenting orientation over time is evaluated. Raphael-Leff claims that stability of parenting style occurs over pregnancy and early parenthood. This has been established clinically and in small surveys. The applicability of these measures of assessing parenting style have not been used in questionnaire form in correlational or experimental studies.

CHAPTER 3

METHOD

Sample

80 couples took part in the study. All the women were in the first trimester of pregnancy at the start of the study. Their ages ranged from 22 to 39 years (mean = 30, standard deviation = 3.56). Paternal ages ranged from 26 to 53 years (mean = 32.5, standard deviation = 5.37). All participants were recruited via an appeal placed in local newspapers and through a local gynaecological practice (refer Appendix 1 for correspondence). All couples who responded to the advertisement during a ten month period were included in the study. They were told that the aim of the study was to investigate the experiences of mothers and fathers-to-be during pregnancy and their relationship with their new born. They were informed that the study required them to participate for 12 months and that questionnaires would be sent at the appropriate times with self addressed envelopes to return to the researcher. They were requested to return the questionnaires within one week of receiving them. Confidentiality was assured. The participants were each give a number so that their consecutive questionnaires could be matched. After being informed of the nature and duration of the study couples who had reservations about their participation were excluded.

The sample was not limited to first time parents since it is Raphael-Leff's (1983, 1984, 1986, 1991) assumption that women come to each pregnancy with a range of life experiences and expectations that vary uniquely and do not vary specifically with the number of previous births.

The sample consisted of couples who form part of the South African middle class. This was determined through examination of residential area in which the mother resided (Riley, 1980). This bias follows Raphael-Leff's (1983, 1984, 1986) samples. By virtue of their economic, educational and financial position these couples have a range of options open to them during their transition to parenthood which are not always available to lower income couples (Peterson and Rollins, 1987). These options include antenatal education, access to alternative birthing methods, superior medical care and intervention, child minders, maternity and paternity leave and, in some cases, the ability to choose to terminate employment, in order to care for the child.

Apparatus

The original questionnaires as designed by Raphael-Leff (1983, 1985, 1991) were altered in terms of layout, and some questions were reworded to facilitate their utilisation (appendix 2). Raphael-Leff's original questionnaires and the ones used in this study are available in appendix 2. Some questions were re-phrased to exclude specific British terminology and others to avoid ambiguity that may arise during self-administration. The layout of the questionnaires was altered to facilitate their self-administration. More space was allowed for comments and the boxes for the likert type items were made clearer. All changes were made in consultation with Raphael-Leff (personal communication, 1992) so as to ensure that the meaning and intention of each of the questionnaires was not modified. An antenatal questionnaire was designed by the researcher to assess paternal orientation prior the birth (see appendix 2)

Seven questionnaires were employed, five questionnaires for mothers and two for fathers. Each will be discussed below.

TABLE 1**TIME FRAME OF THE QUESTIONNAIRES**

	Time	Mothers	Fathers
Antenatal	First Trimester	Questionnaire One (Q1)	
	Second Trimester	Questionnaire Two (Q2)	
	Third Trimester	Questionnaire Three (Q3)	Questionnaire One (QF1)
Postnatal	One Month Postpartum	Questionnaire Four (Q4)	
	Three Months Postpartum	Questionnaire Five (Q5)	Questionnaire Two (QF2)

Mothers

The antenatal questionnaires covered experiences and feelings surrounding pregnancy. Questionnaire 1 (Q1 = 16 items) focused on the way the mothers felt about being pregnant and if they had experienced a change in their own behaviour since becoming pregnant. Q1 was administered during the first trimester. Questionnaire 2 (administered at the start of the second trimester) included 18 questions detailing their response to foetal movement as well as questions exploring their perceived relationship with the foetus. The third questionnaire (administered at the start of the third trimester) explored attitudes toward labour and birth and included questions that tried to elicit the woman's anticipated response to the baby. In addition questions on how the woman imagined herself during the first postpartum weeks were included. A total of 28 questions were included in the third questionnaire.

Postnatal questionnaires focused on the way in which the mother reacted to her newborn and on her feelings about motherhood. Questionnaire 4 (administered at the start of the first postpartum month) consisted of 29 questions that retrospectively examined pregnancy and looked at the present relationship between mother and child. Questionnaire 5 (administered at the start of the third postpartum month) had 4 questions, that examined the mothers interaction with the new born .

Fathers

The antenatal questionnaire (F1) was administered at the start of the third trimester. It looked specifically at the attitudes of the father toward pregnancy, labour and birth. Further questions examined what the father anticipated the baby to be like. A total of 7 questions were asked. Questionnaire F2 (administered at the start of the third postpartum month) examined the fathers interaction with the new born, four questions were asked. QF2 was identical to Q5, the last questionnaire for mothers.

All the questionnaires consisted of both closed and open-ended questions. The closed questions provided specific, easily quantifiable information. The open-ended questions allowed for an expression of feelings or experiences in an unrestricted way.

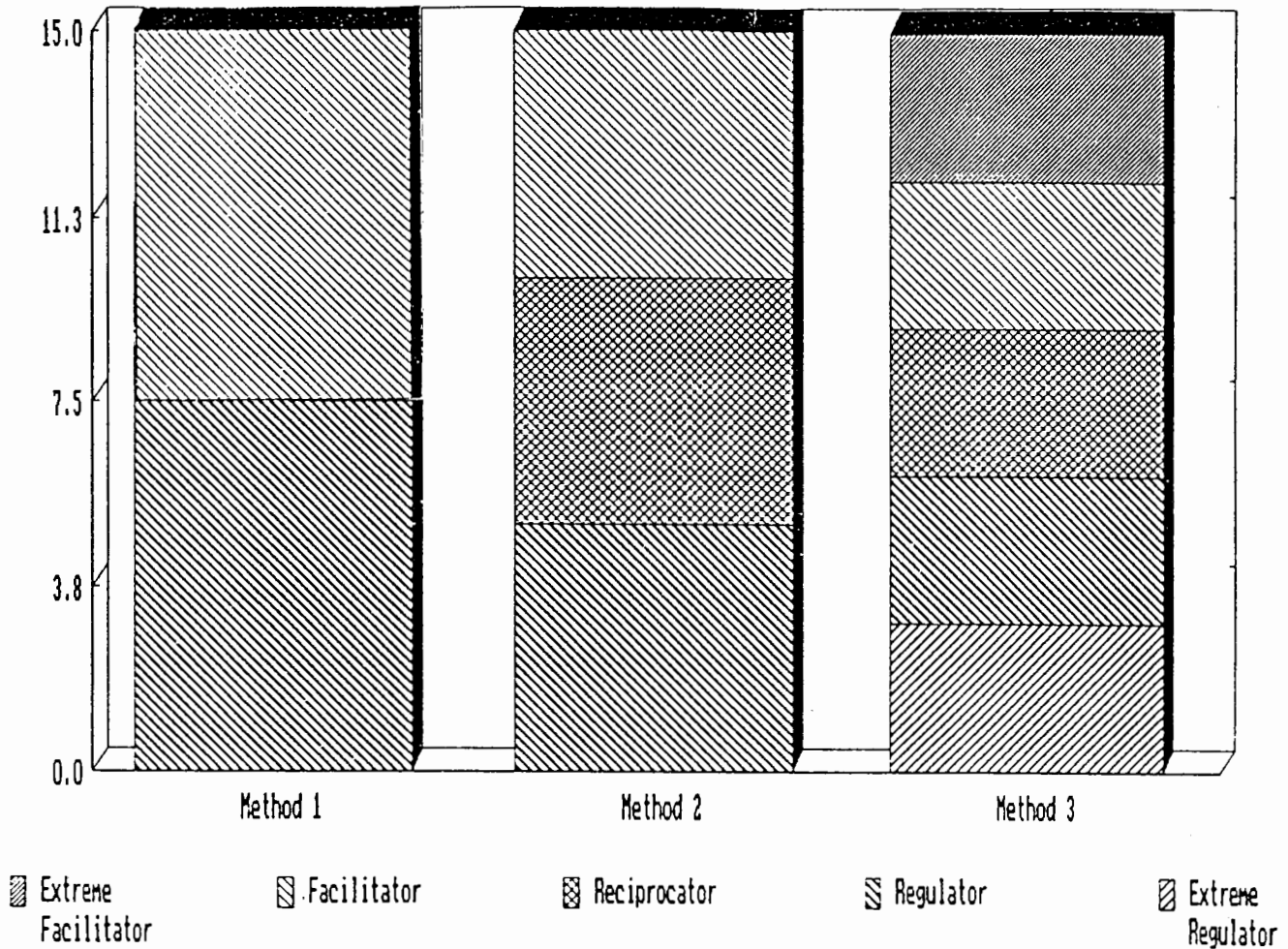
A pilot study was conducted on the antenatal questions (for fathers, QF1) designed by the researcher. The questionnaire was given to five men all of whom were fathers with children under the age of eight. The questionnaire read well and was easily completed in under ten minutes by each participant. An additional technique was employed to examine the usefulness of the questionnaire, the first ten respondents' questionnaires were carefully examined. This led the researcher to exclude one of the questions due the apparent ambiguity in nature.

Scoring Methods

The questionnaires were scored using the procedures advocated by Raphael-Leff (1985). This categorises each response into one of three orientations; **facilitator**, **regulator** or **reciprocator** (an intermediate category). Each Likert type question was scored, allocating points for each response. The scoring of the open-ended questions was facilitated by guide-lines offered by Raphael-Leff (appendix 3), so as to quantify the qualitative material. **Facilitators** and **regulators** have specific ways of reacting to, or coping with situations. For each qualitative question Raphael-Leff (1983, 1985, 1991) gives an illustrative example of the response of a **facilitator**, **regulator** or **reciprocator**. This enables the researcher to evaluate the question as representative of one of the three orientations. A total score for each participant on each questionnaire is calculated by adding one point for every **facilitator** response, two points for a **reciprocator** response and three points for a **regulator** response.

FIGURE 1

THREE METHODS OF SCORE INTERPRETATION



Raphael-Leff (1983, 1985, 1991) has offered three different methods of interpreting these total scores on each questionnaire. To illustrate, figure 1 (above) shows the three methods of interpreting the score. In figure 1, 15 is chosen as the highest possible score. Using method 1 the highest possible score is divided into two at the midpoint (7.5). This produces two categories, the **facilitator (F)** and **regulator (R)** orientations. Method 2 divides the highest possible score into three equal categories so as to form three groups; **facilitator (F)**, **reciprocator (I)** and **regulator (R)** each comprising of 5 points. Using method 3 the highest possible score is divided into five, **extreme facilitator (EF)**, **facilitator (F)**, **reciprocator (I)**, **regulator (R)** and **extreme regulator (ER)**

extreme regulator (ER) each consisting of 3 points. All three methods of score interpretation will be considered when examining the results of this study.

Procedure

The questionnaires were administered during each trimester and at specific times postnatally, which prevented the problems of retrospective data, however this increases the likelihood of participant dropout. To increase the response rate the participants were telephoned if the questionnaire had not been received by the researcher five weeks after it was mailed. Two subsequent calls were made at six and eight weeks, following which the researcher would send a second copy of the questionnaire with a personal note attached pleading a hasty return of the particular questionnaire. The rate of response for women and men was acceptably high, 80% and 73% respectively.

On completion of the final questionnaire parents were sent a small gift and note to thank them for their participation. They were also invited to contact the researcher who would provide them with the results of the research (refer to appendix 1).

CHAPTER 4

RESULTS

The results are divided into two parts: The first, assesses the properties of the questionnaires and evaluates the different methods of interpreting scores. These three methods are advocated by Raphael-Leff (1983, 1985, 1991); and Scher and Blumberg (1992). The second section, examines the responses of the participants. It reports on the changes and stability in parenting style during pregnancy and early parenthood.

PART 1

INTERNAL CONSISTENCY

An analysis of the internal consistency was conducted on all the questionnaires, using the scoring guidelines provided by Raphael-Leff (1983, 1985, 1991).

On examining the internal consistency, the second (Q2) and fourth (Q4) questionnaires for the mothers show a relatively high and acceptable level of consistency, (0.859 and 0.696 respectively). Moderate levels of consistency were observed on the first trimester (0.542) and third trimester (0.503) questionnaires. Extremely low internal consistency is observed on the antenatal questionnaire for fathers and the postnatal questionnaire for both the mothers and the fathers (Table 2).

TABLE 2**MEASURES OF INTERNAL CONSISTENCY****MEASURES OF INTERNAL CONSISTENCY**

Questionnaire	Cronbach Alpha	Number of Items
Mothers Q1	0.542	16
	Q2	18
	Q3	28
	Q4	29
	Q5	5
Fathers QF1	0.376	7
	QF2	5

In order to improve the internal consistency of the questionnaires each item was correlated with all other items on the questionnaire, using Pearson's Product Moment Correlation Coefficient. Removal of items that correlated poorly with other items and with the item total resulted in a higher level of internal consistency (Table 3). This improved the levels of consistency for all questionnaires.

TABLE 3**MEASURES OF INTERNAL CONSISTENCY AFTER ADJUSTMENT****MEASURES OF INTERNAL CONSISTENCY AFTER ADJUSTMENT**

Questionnaire	Cronbach Alpha	Number of Items
Mothers Q1	0.646	13
	Q2	18
	Q3	18
	Q4	25
	Q5	3
Fathers QF1	0.601	6
	QF2	3

Moderate consistency was established for the first and third questionnaires administered to the mothers and the antenatal questionnaire that was administered to the fathers. The last questionnaire for both mothers and fathers were excluded from subsequent analyses because of their low levels of consistency i.e. Q5 and QF1.

INTER RATER RELIABILITY

Twenty percent of the questionnaires administered at each time period were re-scored by the independent rater. Significant and high correlations were found on all questionnaires between the researcher and the independent rater scores (Table 4).

TABLE 4

INTER-RATER RELIABILITY

Questionnaire		Pearson's Product Moment Correlation Coefficient
Mothers	Q1	0.780*
	Q2	0.929*
	Q3	0.813*
	Q4	0.984*
	Q5	0.968*
Fathers	QF1	0.864*
	QF2	0.782*

df = 18

p < 0.02

*significant

METHODS OF INTERPRETING THE SCORES

Analysis of score interpretation for women

As noted in the previous chapter, three methods of evaluating scores have been used by Raphael-Leff (1983, 1985a, 1991). These methods place the individual into a specific category, indicating orientation to parenthood. Table 5 shows the percentage of participants falling into each orientation, using the different methods of interpreting the score.

TABLE 5

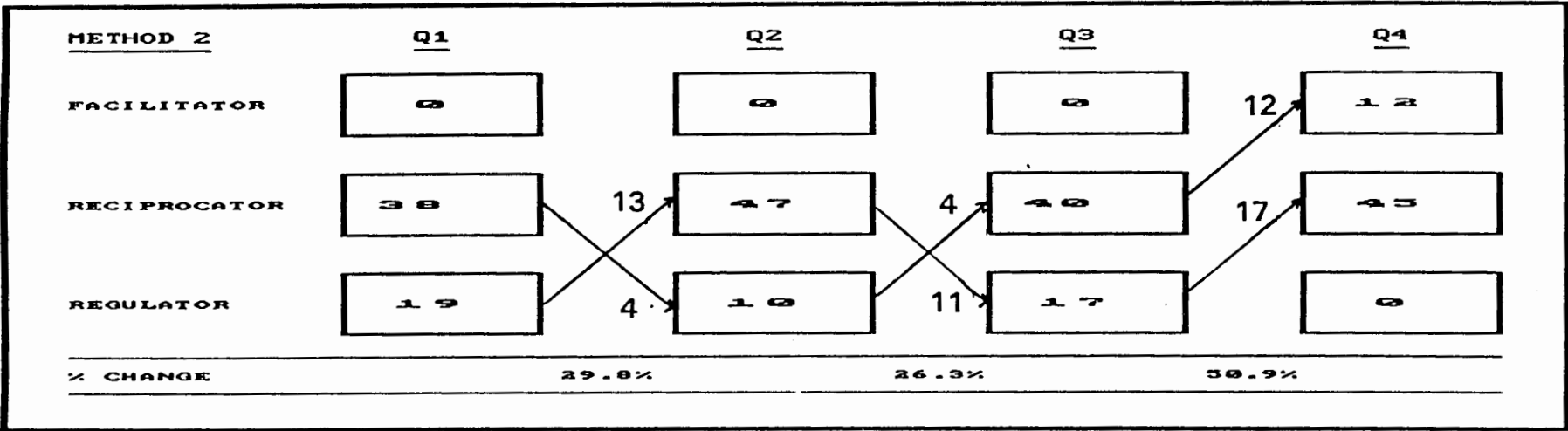
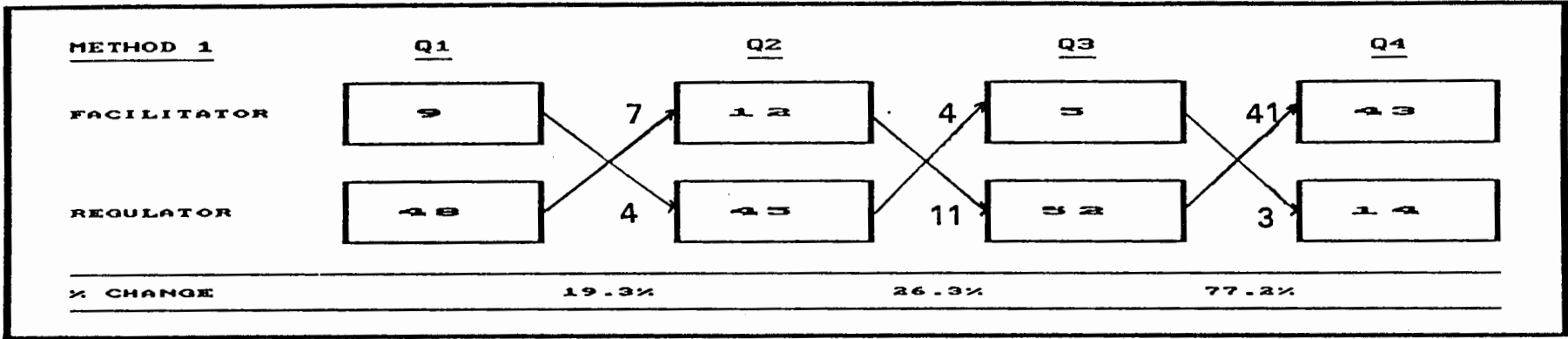
PERCENTAGE OF SCORES IN EACH ORIENTATION FOR THE THREE METHODS OF SCORE INTERPRETATION (WOMEN)

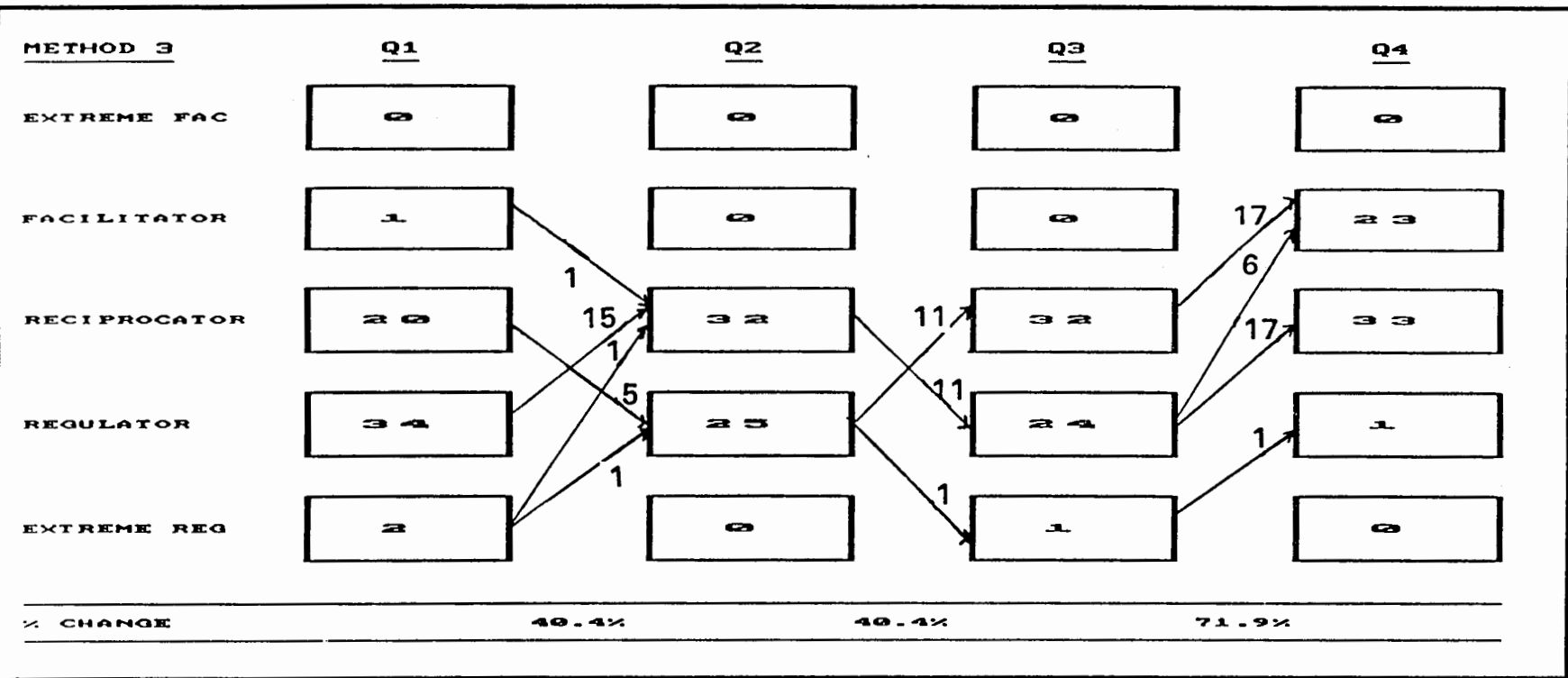
Questionnaire	Orientation	Method 1	Method 2	Method 3
Mothers Q1	EF	15.8%	0%	0%
	F		66.7%	1.8%
	I	84.2%	33.3%	35.1%
	R			59.7%
	ER			35.1
Mothers Q2	EF	22.8	1.8%	1.8%
	F		80.7%	54.4%
	I	77.2	17.5%	42.1%
	R			0%
	ER			
Mothers Q3	EF	8.9%	0%	0%
	F		69.6%	55.4%
	I	91.1%	30.4%	42.9%
	R			1.8%
	ER			
Mothers Q4	EF	77.2%	21.1%	0%
	F		78.9%	40.4%
	I	22.8%	0%	57.9%
	R			1.8%
	ER			0%

EF = Extreme Facilitator, F = Facilitator,
I = Reciprocator, R = Regulator, ER = Extrememe Regulator

Using method 1 it is clear that the majority of **participants** are in the **regulator** category during the antenatal measures and change to the **facilitator** orientation on the postnatal measure. Using the second method (method 2) of score interpretation a similar trend is found. Here the majority of scores **fall** into the **reciprocator** category with a small number of participants occupying the **regulator** category during the antenatal measures. Between questionnaire three **and** questionnaire four there is a shift from the **regulator** category to the **facilitator** category. Using this second method the **facilitator** category is redundant during the antenatal measures and the **regulator** category redundant after childbirth. A comparable pattern is observed for the third method of score interpretation (method 3). The extreme categories have limited use with only one percent of scores falling **into** these categories over the four measures. Comparatively large numbers of **participants** are classified as **reciprocator** for the four measures. The rest of the participants **are** classified as **regulator** during the antenatal period. At the last measure a shift **is** observed and the participants cluster into the **facilitator** and **reciprocator** categories.

Although it appears that all participants shift **toward** the **facilitator** end of the continuum after the birth of their child, this is not **always** the case, as is illustrated by figure 2, on the following 2 pages. Figure 2 depicts **the** shifts of participants from one category to another. The blocks show the number **of** participants in each orientation at a specific period in time. The arrows show the **movement** of an indicated number of participants, from one category to another over **the** various measures. For clarity, the arrows depicting participants who remain in **the same** category between measures





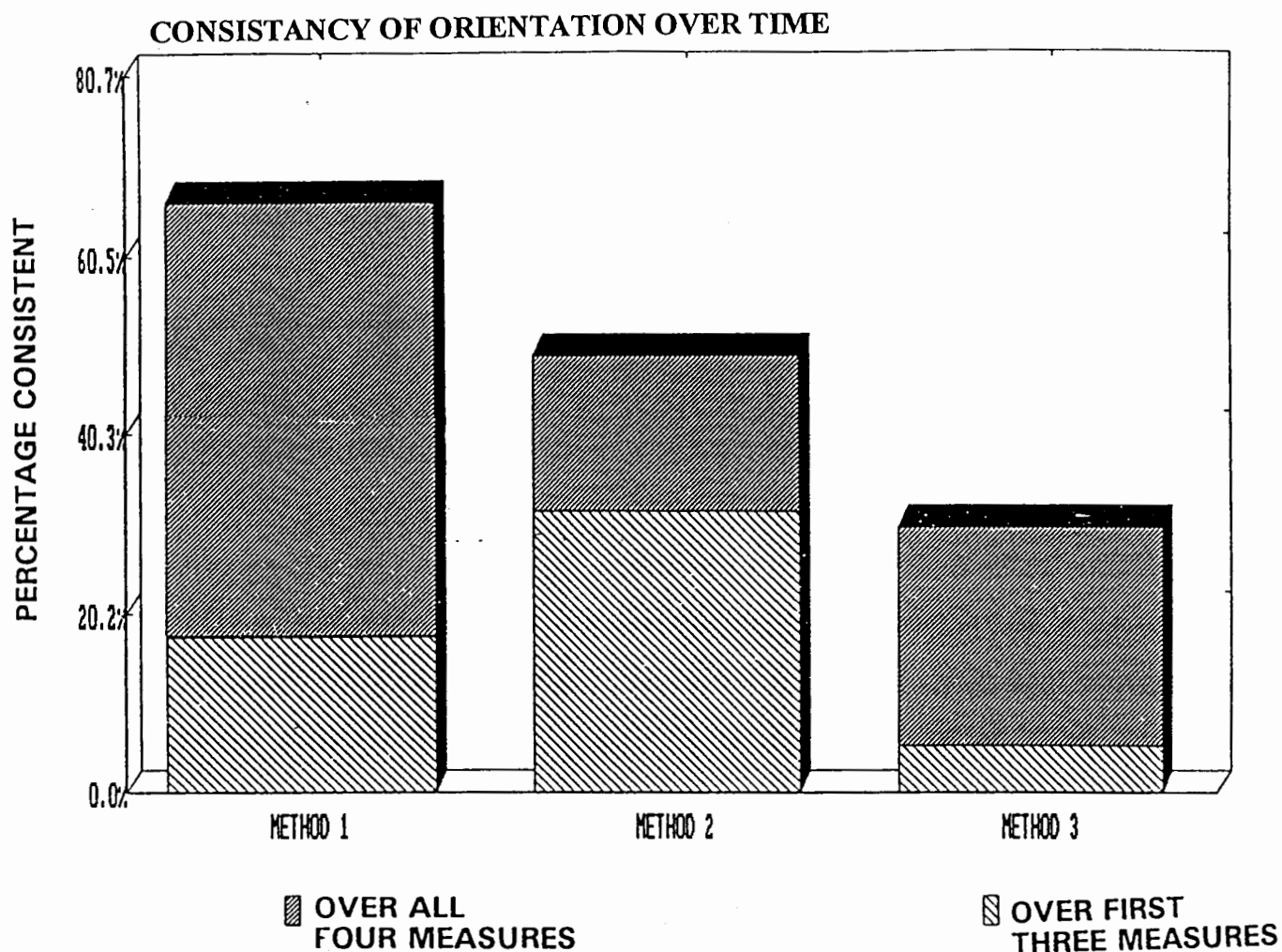
are excluded. At the bottom of the flow chart for each method is the percentage of participants that changed orientations between any two time periods.

The greatest percentage of movement is seen when using the third scoring method, with the least change occurring when using the second scoring method. For all three methods the largest amount of change occurs between the third and fourth questionnaires. The birth of the child takes place between these two measures. There is a high degree of movement between the **facilitator** and the **regulator** category when using the first method of score interpretation. This changes with the second and third methods to a high level of movement between the **reciprocator** and **regulator** categories, during the antenatal period. In all three methods, the birth of the child results in a general shift towards a more **facilitatory** position for most participants.

In figure 3 the highest level of consistency over the four questionnaires is established with the method 1. The third method of interpreting the score yields the lowest level of consistency of orientation over the four questionnaires. This pattern can be expected in the light that the first method has a reduced number of categories which would favour less movement and method 3 is a finer, more discriminating measure.

Figure 3 is a histogram of the three methods of interpreting the scores. This illustrates the percentage of participants who maintained their orientation over the four time periods. Additionally, it shows the percentage who maintained their orientation during the antenatal measures but changed orientation after the birth of their child i.e. they are in the same orientation for Q1, Q2, Q3 but change orientation on Q4.

FIGURE 3



Participants who had a consistent orientation over the antenatal questionnaires but changed orientation after the birth of their child, were then added to this. This resulted in the first method of scoring having the highest percentage of participants that remained consistent prior to birth but subsequently changed orientation. The third method of scoring has the lowest percentage of overall consistency of orientation.

The orientation of each participant on each questionnaire was correlated with the orientation of the same participant on every other questionnaire. This was done using the Phi Coefficient for categorical data (Howell, 1992). Tables 6a, 6b and 6c show the correlation matrices for each of the methods of interpreting the score. The third method of interpreting the scores shows slightly higher correlation coefficients than the other methods. This indicates that when classified into five groups there is less variation, in orientation, between the questionnaires for each participant. This would be expected since the range is less restricted when using the third method (Howell, 1992). Practically, the correlation matrices elicit very little difference between the three score interpretations and also show little consistency.

TABLE 6

CORRELATION MATRICES FOR EACH METHOD OF SCORE INTERPRETATION

CORRELATION MATRIX FOR METHOD 1

	Q1	Q2	Q3
Q1	◆	◆	◆
Q2	0.453	◆	◆
Q3	0.008	0.086	◆
Q4	0.121	0.295	0.222

CORRELATION MATRIX FOR METHOD 3

	Q1	Q2	Q3
Q1	◆	◆	◆
Q2	0.210	◆	◆
Q3	0.064	0.253	◆
Q4	0.366	0.336	0.318

CORRELATION MATRIX FOR METHOD 2

	Q1	Q2	Q3
Q1	◆	◆	◆
Q2	0.182	◆	◆
Q3	0.027	0.310	◆
Q4	0.091	0.094	0.337

Two distinct groups make up this **reciprocator** orientation, as described by Scher and Blumberg (1992). Participants who score **facilitator** on question one and **regulator** on the second question (these will be called **bipolar-reciprocators**) have the same score as those participants who scored reciprocator on both questions (these will be called **intermediate-reciprocators**). Table 7 depicts the proportion of participants who scored intermediate-reciprocator versus those who scored **bipolar-reciprocator**. This table illustrates that the proportion of participants in the **bipolar-reciprocator** category is consistently greater than the proportion of participants in the **intermediate-reciprocator** category. The trend is evident for both second and third scoring methods. This indicates that most of the participants who are classified as reciprocators (**bipolar-reciprocators**) have a combination of **facilitator** and **regulator** scores, rather than consistently scoring reciprocator (**intermediate-reciprocators**).

TABLE 7

**PROPORTION OF RECIPROCATORS THAT ARE EITHER BIPOLAR-
RECIPROCATORS OR INTERMEDIATE-RECIPROCATORS**

	Mothers							
	Questionnaire 1		Questionnaire 2		Questionnaire 3		Questionnaire 4	
	Bipolar	Intermediate	Bipolar	Intermediate	Bipolar	Intermediate	Bipolar	Intermediate
Method 2	0.842	0.158	0.829	0.171	0.900	0.100	1.00	0.00
Method 3	0.800	0.200	0.909	0.091	0.906	0.094	1.00	0.00

Analysis of score interpretation for men

Raphael-Leff (1985, 1991) has used the same methods of assessing the scores for men as for women. The first method dividing men into participators (P) and renouncers (R). The second method divides men into three groups, participators (P) obtaining the lowest scores, the intermediate category (I) and the renouncers (R) who obtain the highest scores. The third method equally divides scores into five orientations, extreme renouncer (ER), renouncer, (R) intermediate (I), participator (P) and extreme participator (EP). Table 8 indicates the percentage of participants falling into each orientation, by method of interpreting the score. The majority of participants fall into the renouncer category on all methods of interpreting the score. On the second and third methods none of the men are in the participator category. The participants are in the intermediate and renouncer categories; or intermediate, renouncer or extreme renouncer categories, respectively.

TABLE 8**PERCENTAGE OF SCORES IN EACH ORIENTATION FOR THE THREE METHODS OF SCORE INTERPRETATION (MEN)**

		Method 1	Method 2	Method 3
Father's Questionnaire 1	EP			0
	P	10.3% (4)	0	0
	I		48.7% (19)	17.9% (7)
	R	89.7% (35)	51.3% (20)	56.4% (22)
	ER			25.6% (10)

EVALUATION OF THE THREE METHODS OF INTERPRETING THE SCORE

The methods are not formally comparable since they implement different category structures. It is therefore appropriate to use descriptive statistics to consider the merit of these three techniques of interpreting the score.

As revealed above the highest percentage of orientation consistency across the measures was established using method 1. The disadvantage of this method is that it fails to recognise individuals who have intermediate scores. This lack of discrimination may account for some of the movement between the two groups over the consecutive measures.

The second and third methods share the advantage of the intermediate category which holds a large number of participants. Many of the participants at one time or another fall into the intermediate category. This makes the **reciprocator** category an important feature of the score interpretation. A further advantage of the second method is that it shows the lowest level of movement between the various orientations over time. with consistency of orientation being a requirement of the model under investigation.

With method 3 not much use is made of the extreme categories, on average less than one percent of scores fall into the extreme categories. This discounts the use of the categories, extreme **regulator** and extreme **facilitator**.

Based on this evaluation it would appear that the most useful method of interpreting the score is the second method. This necessitates interpreting the scores using three categories, **regulator**, **reciprocator** and **facilitator**.

PART 2

The questionnaires are interpreted using the second method of score interpretation; **facilitator**, **reciprocator** and **regulator**. The responses of the participants are examined in three sections: Scores for couples, scores for men and scores for women participants.

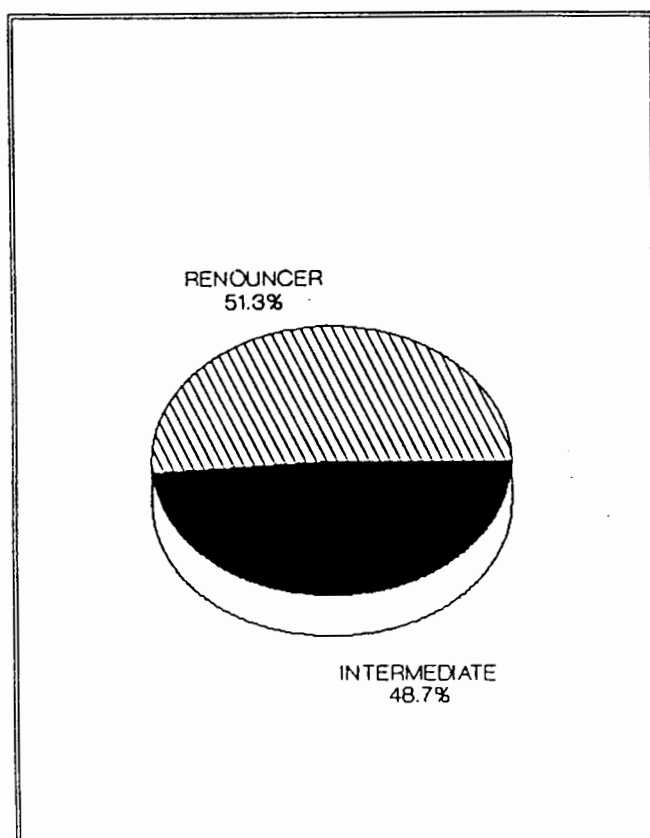
STABILITY AND CHANGE IN ORIENTATION FROM PREGNANCY TO EARLY PARENTHOOD

Thirty-nine couples completed all the questionnaires and it became evident that there was no relationship between the women's scores in the third trimester and the antenatal measure for men. A weak negative correlation ($r = -0.186$; $df = 37$; $p < 0.01$) was found between the two scores.

Figure 4 is a pie chart that depicts the percentages of men in each of the three orientations. A chi-square goodness of fit was conducted to establish if there was a significant difference between the number of participants in each orientation. The chi-square test yields a significant difference in the number of participants in each orientation ($X = 19.54$; $df = 2$; $p < 0.01$).

FIGURE 4

ORIENTATIONS FOR FATHERS



each time period. It is established that there are significant differences between the number of participants in the three categories at each time period (see appendix 4). It can therefore be said that the division of participants over the three orientations is not equal, at any of the time periods. The expected frequencies were derived under the hypothesised uniform distribution of frequencies over the categories.

One of the primary considerations in running multiple chi-square tests is that there is an increased probability of making at least one Type 1 error (Howell, 1989). In this case an error would be made when, the null hypothesis is rejected when it is true. Hence there would be no difference between the number of participants in each orientation even though a significant difference is indicated.

Statistical tests suitable for interval data are used to compare the scores on the four consecutive questionnaires. The highest possible score differs between the measures, making it difficult to compare the means of scores across the four measures. The scores on each questionnaire are made comparable by converting each participant's score to a percentage.

A repeated measures analysis of variance was conducted on the scores obtained for each time period. This was done in order to assess if there is a significant difference in the mean score obtained on each questionnaire. Table 10 is the summary table of the repeated measures ANOVA conducted on interval data.

TABLE 10**ANOVA SUMMARY TABLE**

Source	df	ss	MS	F
Time Periods	3	896	298.7	3.535*
Subjects	56	13309.3	287.7	
Error	168	14193.8	84.5	
Total	227	28399.1		

df = 3,168 (* p < 0.05)

The ANOVA summary table reveals that there is a significant difference between the mean scores on the four questionnaires ($F = 3.535$; $df = 3,168$; $p < 0.05$). This indicates that women did not answer consistently over the four measures. It is of interest to establish where the differences in response occur. Multiple comparisons, in the form of protected t-tests (Fisher's least significant difference test), are conducted to verify between which stages of pregnancy and early parenthood differences in response occur (Howell, 1989). The results from the multiple comparison are summarised in table 11. The results of the protected t-tests show that

significant differences occur between trimester one and two, and also between trimester three and the postnatal measure. A significant difference is also apparent between the first trimester and the postnatal period.

TABLE 11

MULTIPLE COMPARISONS BETWEEN ALL QUESTIONS

QUESTIONNAIRES	CALC t VALUE
Q1 Q2	2.381 *
Q2 Q3	-1.696
Q3 Q4	2.085 *
Q1 Q3	0.685
Q1 Q4	2.770 *
Q2 Q4	0.389

df = 55 (*p < 0.05)

Referring back to table 9, a high percentage of participants are noted to be in the **reciprocator** category for all questionnaires. In the antenatal questionnaires the remaining percentage is made up of **regulator** participants. In the postnatal measure the remaining percentages are made up of **facilitator** participants. In order to observe if this apparent shift in orientation produces a significant difference in scores, the antenatal measures were combined and a repeated measures t-test was used to compare the antenatal and postnatal scores. A significant difference between the

antenatal and postnatal measures ($t = 2.04, p < 0.05$) were established. Further examination showed that the antenatal scores are positively correlated with the postnatal scores ($r = 0.546, p < 0.01$). Indicating that there is a significantly strong relationship between antenatal and postnatal scores for women. There is a proportional difference in the antenatal and postnatal scores for each participant.

TABLE 12

CHARACTERISTICS OF FACILITATORS AND REGULATORS POSTNATALLY

	Facilitators n = 12	Reciprocators n = 45
Employment during Pregnancy	66.7% (8)	75% (34)
Employment after Childbirth	33.3% (4)	21% (13)
Antenatal Class Attendance	50% (6)	33.3% (15)
First Child	83.3% (10)	48.9% (22)
Vaginal Delivery	50% (6)	48.9% (22)
Demand Feeding	77.8% (9)	52.5% (24)
Rated Relationship as good/fair	8.3% (1)	42.3% (19)
Rated Relationship as very good	91.7% (11)	57.7% (26)

Table 12 depicts the distinction between the mothers who are **facilitators** and those who are **reciprocators**, on specific variables. There is almost no difference in the mean age of these two postnatal groups (**facilitators** = 30.4 and **reciprocators** = 30.0). Very little difference is observed relating to birthing method, in both groups almost half had normal vaginal deliveries and the others had caesarean sections. More **reciprocators** than **facilitators** were employed during pregnancy but at three months postpartum slightly more **facilitators** than **reciprocators** had returned to employment. More facilitators attended antenatal classes but this may be as a result of large numbers of first pregnancies amongst **facilitators**. **Facilitators** in general were feeding on demand where as with the **reciprocators** almost equal numbers fed on demand and by a schedule. **Facilitators** rate their relationships more positively than **reciprocators**, with most of the **facilitators** rating their relationship as very good. These findings need to be interpreted with caution due to the small numbers of participants in the **facilitator** category.

CHAPTER 5

DISCUSSION

Two important differences can be identified between the research of Raphael-Leff and the present study. Firstly there is a substantial difference in the proportion of the sample in the categories or orientations to parenting. Secondly, in the present study there is a high degree of change in the participant's orientations over time, which is not documented by Raphael-Leff. These differences will be detailed in this chapter, establishing what could account for the difference and examining methods of improving the model so as to eliminate these discrepancies. Future research ideas on orientations to parenthood will also be addressed, looking at different theoretical approaches and examining the need for in-depth investigations into the bipolar-reciprocator and intermediate-reciprocator orientations.

Division of the sample into the orientations

In the present study a large percentage of the sample had characteristics that classified them as reciprocators, this is in contrast to the results obtained by Raphael-Leff (1983, 1985b) where the sample was equally divided between the orientations. Raphael-Leff (1991) explains parenting orientations as falling on a continuum from extreme regulator to extreme facilitator, with the majority of parents clustering at the ends of the spectrum and some parents with moderate scores being classified as reciprocators. The present results are in contrast with these findings that parents tend to cluster around adjacent points on a continuum and also appears to challenge her idea of a continuum of parenting orientation. The present study revealed that the majority of parents were reciprocators, hence having the bulk of the sample between the facilitator and regulator positions on the continuum rather than clustering at the ends of the continuum.

In the study by Scher and Blumberg (1992), the **reciprocator** category is identified and then further divided into **intermediate-reciprocators** and **bipolar-reciprocators**. The **bipolar-reciprocators** are a particularly problematic group in relation to Raphael-Leff's (1983, 1985b, 1991) rationale, since they transgress the conceptual model. They clearly do not represent **facilitators** or **regulators** but are a combination of the two. **Bipolar-reciprocators** do not fulfil the criterion of falling along a continuum between **facilitators** and **regulators**, and they do not cluster around either of these two orientations. In the present study **bipolar-reciprocators** comprised 37 of the 57 women (64.9%). The data from the present study clearly shows that the bipolar-reciprocators are predominant. Bipolar-Reciprocators violate the principle of the continuum by having a combination of extreme scores rather than a majority of moderate scores. These large numbers make clear the need to examine both the categories of Raphael-Leff's (1983, 1985b, 1991) model and the model itself.

The reason for the high number of women in the **bipolar-reciprocator** orientation could be that women are presented with contradictory means of achieving adulthood; that of full time motherhood and that of having a career (Boulton, 1983; Skold, 1988; Woollett and Phoenix, 1991). These two positions are well supported; firstly, ideas generated through psychoanalytic theory indicate the importance and inevitability of motherhood. Secondly, feminists who advocate equality with men in the work place, in conjunction with the practical need for a family to have two incomes. Raphael-Leff (1985b) describes how these **reciprocators** are in a state of compromise in terms of parenting. They may have difficulty choosing between a professional life and exclusive maternal care. This may result in an indecision or inconsistency of parenting orientation, which manifests as the orientation bipolar-reciprocator. Further the high number of reciprocators and more specifically bipolar-reciprocators may be explained by differences in methodology between the present study and that of other research in the area. Further problems of categorisation including insufficient scoring guidelines may contribute to inconsistent findings between researchers.

The methodology used by Raphael-Leff (1983, 1985a, 1985b, 1991) and that adopted in this study were substantially different and could account for some of the apparent differences in results. Raphael-Leff (1983, 1985a, 1985b, 1991) obtained her data through her clinical practice and small survey groups whom she interviewed. In this study and in the research of Scher and Blumberg (1992) data was collected via self administered questionnaires. Self administered questionnaires may not be completed with the amount of honesty that an individual would offer when answering an interviewer or the level of introspection they would have with their therapist. Self administration could result in eliciting parents' intentions rather than the actual practices they follow.

Insufficient scoring guidelines are offered by Raphael-Leff for scoring the five questionnaires and the scoring guidelines are not supported by her theoretical argument. Raphael-Leff's theoretical explanation of parenting orientations only describes two orientations to parenthood, **facilitator** and **regulator**, these are reflected in her published research (1983, 1985a, 1985b). In addition to this she notes that there are few 'pure' types and that some women may fall into an **intermediate** position. This gives rise to the problems of categorisation and classification which are evident in Raphael-Leff's work (1983, 1985a, 1985b, 1991). Further, the scoring guidelines for the antenatal questionnaires consistently indicate that the classification of each response should be either **facilitator**, **reciprocator** or **regulator**. Inclusion is made of the reciprocator category which is not fully detailed in her conceptual explanation. The postnatal measure requires responses to be scored into five categories: **extreme facilitator**, **facilitator**, **reciprocator**, **regulator** and **extreme regulator**. Little explanation is offered for further dividing the orientations during the postnatal measures, with the exception of the argument that parenting orientations fall along a continuum. Little justification is offered as to why five categories rather than any other number were chosen. Valid categories are required if something useful

is going to be learned from the theoretical model. Parents who fall into the demarcated categories need to fulfil the criteria of the category and justification needs to be made for choosing any particular number of categories. The chosen categories or orientations need to be closely linked to the theoretical work on parenting orientations. This will alleviate the potential randomness of choosing categories and will assist in producing comparable and consistent results between research and researchers.

In order to remedy these differences or prevent future deviations in results when researchers use the same methods and scoring guidelines, the questionnaires need to be psychometrically validated. Sharp and Cooper (1992) recently identified the need for these questionnaires to be psychometrically evaluated and standardised. Presently Sharp (1994) is preparing a paper which will detail the full psychometric properties of the third trimester questionnaire for mothers and the questionnaire administered at three months postpartum. The importance of finding the psychometric properties of these scales cannot be underestimated (Scott and Wertheimer, 1962), the method of score interpretation determines to some extent the type of results that are found. Further examination of the methods of score interpretation will assist in producing clear scoring guidelines. Adjudication of the three methods of score interpretation should also include a comprehensive examination of the bipolar and **intermediate-reciprocator** orientations. In addition, verification of the characteristics of the **bipolar-reciprocator** group would need to be made in subsequent studies. Incorporation of this group or alteration to Raphael-Leff's (1983, 1985b, 1991) existing model would enhance the ability of researchers to identify parenting style.

This type of quantitative research could benefit from collaborative qualitative investigations. The importance of qualitative methods can be gleaned from the few questions of this type in the present study. Many responses to the open-ended

questions that pertained to aspects of parenthood, were not included in the above analysis of data. The reason being that conclusive results could not be reached using the limited amount of information presented by the participants. These questions appear to indicate important new areas of research that require investigations of their own. For example the marital relationship of a couple may impact on their orientation. As can be noted in the results, **facilitators** rated their relationships more positively than **reciprocators**. This line of investigation would require more than a cursory investigation of the couple's relationship during the limited period of pregnancy and may illuminate important similarities or differences between orientations. Raphael-Leff (1985b, 1991) offers little information about the relationship between a woman's orientation and her partner's parenting style, this could benefit from qualitative investigations. In this study the scores of women and their partners during the antenatal period correlated poorly, indicating no relationship between the two. The lack of relationship between the couple's orientation during the third trimester supports Raphael-Leff's (1991) theory. She contends that individuals become parents after experiencing different backgrounds and family histories and so have different expectations which influence the orientation that they adopt. This study shows that the orientations of a couple emerge as independent, but the influence of each partner's orientation on the other is unclear. With the exception of the questionnaires administered at three months postpartum, it is difficult to make conclusions about the couples transition into parenthood. It would be useful to discover the influence that parents have on each others orientation and it would be valuable to create a measure that reveals this.

A comparison of the present study and that of Raphael-Leff's work shows a vast difference in the division of the respective samples into the different orientations. As described above insufficient scoring guidelines and differences in methodology may explain some differences seen between the present study and the model of Raphael-

Leff (1991). These differences may be ameliorated by psychometrically validating the questionnaires and using qualitative questions to clarify assignment to orientations as well as elaborating on additional areas of parenting style.

Continuity of Orientation Over Time

Raphael-Leff (1991) contends that parents maintain their orientation through pregnancy into early parenthood. She notes that consistency in approach to any one pregnancy should occur except in the case of unforeseen life events. A limitation of Raphael-Leff's work is that she has not documented the progression of parents over the five questionnaires but has examined each questionnaire individually and made assumptions of stability from these pieces of research. In the present study none of the women reported unexpected or traumatic life events that occurred during the study. Even so, many women changed orientation during the course of pregnancy and half of the women changed orientation (50.9%) between the third trimester and the first postpartum measure. This constitutes the second major difference between the work of Raphael-Leff and the present study. In this light further research exploring the impact of childbirth on parental orientation is warranted. Raphael-Leff's assumptions about stability of orientation over time are not supported by the present findings.

Unlike the model of Raphael-Leff (1980, 1983, 1985a, 1985b, 1985c, 1986, 1991) other research emphasises change during pregnancy and early parenthood (Davids and Holden, 1970; Fawcett 1988). Studies to explain variation in attitudes during pregnancy and early parenthood have attributed change to infant temperament, changes in the mother's physical condition, socio-economic change in the family and changed marital relationships (Davids and Holden, 1970). Notably, unlike any other point in the transition to parenthood, the birth event can dramatically alter every one

of these factors. This could account for the change in orientation of the mother between pregnancy and early parenthood.

Factors other than the birth event need to be considered as the potential reasons for the change in orientation between the third trimester and the point at which the postpartum measurement is taken. Firstly, the postnatal measure is conducted during the first month postpartum and this could be viewed as a 'honeymoon' period. Secondly, mothers may be influenced by socially constructed notions of early motherhood. Thirdly, many of the mothers were **bipolar-reciprocators** who may have as one of their characteristics the ability to change orientation at some point in their transition to parenthood. Lastly, the change in orientation in early parenthood may be a consequence of a change in the measuring instrument.

During the first few weeks of motherhood (the 'honeymoon' period) the delight of her new baby may alter her orientation. The excitement of having a new member of the family and the attention from friends and relatives may highlight the more **facilitatory** qualities in the mother. The facilitator position has many of the positive qualities of the bonding process described by Ainsworth et al (1976) and Bowlby (1979) and highlighted by child care experts. The impression of the infant, the mothers altered physical state or a change in her relationship with her partner may also temporarily influence or alter her orientation. Due to the exclusion of the postnatal questionnaire at three months postpartum, assessment can not be made of the extent or duration of this observed change.

The **facilitator** orientation has many of the attributes that are recognised as motherly by psychoanalytic theory. This could be a second method of accounting for the movement of many women towards this orientation. **Facilitators** appear to be instinctually maternal; they equate womanhood with their position as mothers and feel that as biological parents they can mother their child better than anyone else.

With these ideas being a part of the dominant image of motherhood it is clear that there would be a preference for the **facilitator** style of parenting. Endorsing this, many child care experts appear to be offering **facilitator-type** advice. Many of the women reported reading Living and Loving magazine and a book on child care by Marina Petropolous (appendix 4), arguably these texts could be described as providing **facilitator-type** information. The information given at antenatal classes may also impact on the orientation adopted in early parenthood. It is noteworthy that more **facilitators** than any other orientation attended antenatal classes. This requires further investigation. In the light of the above mentioned factors the **facilitator** style of parenting may be considered most socially desirable. Women may respond to the questionnaires to convey the perception that they are **facilitators**. These socially desirable responses may be identifiable to the respondent when completing the postnatal questionnaire. Swartz and Levett (1990) provide evidence for the notion that psychological states are influenced by the production of professional knowledge about a particular issue. Large volumes of information about parenting have been generated and continue to influence parents.

Raphael-Leff (1991) describes how women in the **reciprocator** category do not feel the complacency of motherhood found by the **regulator** or the **facilitator**. **Bipolar-reciprocators** have characteristics of both **facilitators** and **regulators** and this may introduce conflicts for them during pregnancy and early parenthood. The characteristics of the **bipolar-reciprocator** have as yet not been documented. The ambiguous style of this group and fluctuations in orientation may be identified, in the future, as particular to this group.

Thirdly, the questionnaire style may have also affected the shift from a generally **regulatory** position to a more **facilitatory** position. Scoring of the antenatal measures was done using three orientations to classify each response but the postnatal questionnaire used five orientations. The antenatal questionnaires consisted of a series

of open and closed questions but the postnatal measure consisted almost exclusively of Likert scale questions. Likert scale questions are characteristically developed around prevailing attitudes and cultural practices. Motherhood has acquired a utopian position and because of this women may feel compelled to live up to the social expectations of motherhood. Media portrayals of motherhood may provide signs of the 'right' way to answer and discussing sensitive or personal material may deter parents from answering truthfully. This could result in participants responding in a socially desirable way rather than in terms of their own experiences and attitudes (Brenner, 1981; Gorden, 1975) and self administration may result in women reporting their intentions rather than their actual behaviours or attitudes.

Once a method of score interpretation has been chosen the interval scale will still allow some movement of individuals along the continuum without them changing orientation. Some changes in score do result in an orientation change but this need not mean that a change in attitude or behaviour has occurred. With the **bipolar-reciprocator** orientation having a score comprised of **facilitator** and **regulator** responses they could shift into either of these categories, which could account for the high number of changes in orientation. Hudson (1982) notes that on any interval scale, pairs of numbers should reflect an observable amount of difference. On this scale the differences between **intermediate-reciprocators** and **bipolar-reciprocators** is not identifiable. The benefits of an interval scale in Raphael-Leff's (1983, 1985b, 1991) model need to be established in order to acknowledge the use of an interval scale over a nominal or ordinal scale.

In examining the continuity of parenting style or orientation it is apparent that numerous factors influence this process and could result in a change in orientation. From the above discussion it can be discerned that the type of questionnaire used, social and environmental factors, the impact of the birth event as well as socially constructed notions of early parenting, all influence the stability of orientation.

Further investigation is required into the reciprocator orientation, due to the large numbers of participants in the category. The division of this orientation into intermediate-reciprocator and bipolar-reciprocator warrants documentation and exploration as it could be a reason for re-examining the basis of Raphael-Leff's model. If the bipolar-reciprocator category is emotionally or behaviourally different to the intermediate-reciprocators the scores obtained from the questionnaires become useless as discriminating tools, since members from both these groups could have identical scores.

Another method of explaining the differences between the present study and the work of Raphael-Leff would be to examine the cultural context of the participants in both studies. Although an in-depth investigation of this is beyond the scope of the present research future investigations may find that different cultural groups have differing levels of stability of orientation and may also divide differentially into the presented orientations. Raphael-Leff's (1983, 1985a, 1985b, 1991) British sample were readily divided into the facilitator and regulator orientations, the Israeli sample of Scher and Blumberg were divided more or less equally into the orientations facilitator, reciprocator and regulator, while the present study produced results that showed most of the participants to be in the reciprocator category.

In conclusion, two important differences between the work of Raphael-Leff and the present study have been alluminated. These differences have been attributed to differences in methodology and problems with scoring and hence categorising. An additional hypothesis is that these differences indicate a problem with the model itself, the lack of evidence of clustering of parenting styles at two opposing points as well as a poorly defined continuum. The need for further investigation into these differences has been emphasised.

Future research is warranted using Raphael-Leff's model to explore adult's orientations to parenthood. These studies should ideally take the form of in-depth investigations into methods of categorisation and relative levels of continuity over time, using a psychoanalytic framework. Additionally, the categories of intermediate-reciprocator and bipolar-reciprocator require definition and exploration. Viewing orientations to parenting from theoretical perspectives other than the psychoanalytic one used by Raphael-Leff may be illuminating and could explain differences between samples and individuals within the samples. Raphael-Leff's model needs critical examination in terms of the socially constructed meaning attributed to each of the orientations. Social constructionism could be used to critically analyse and evaluate the psychoanalytic model of parenting orientation. With many areas of the model still requiring exploration and many aspects in need of critical commentary, there is large scope for future research in the area of orientations to parenting using a variety of theoretical models.

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APPENDIX 1

CORRESPONDENCE WITH
PARTICIPANTS

ASTROCALL



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What's New & Newsy

compiled by
KARENA DU PLESSIS

Fast on the draw

These Art Studio kits will drive your kids wild with delight! Bright wax and pencil crayons, paints, pastels and koki pens are enough to inspire masterpieces. All the art materials are contained in a neat box and these will make wonderful Christmas gifts.

The large Art Studio sells for R55 and the small one for R30. Five lucky readers can win a large kit if they write to Eva Koen, Create-A-Book, Box 201901, Durban North, 4016. To order the Art Studios, telephone Create-A-Book on (031) 83-1202.



Pretoria Moms!

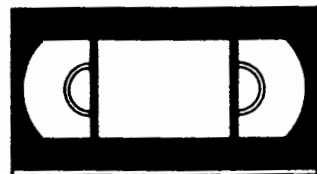
Join a mothers' club that meets every second Thursday morning from 10am - 12.30pm. You'll have the chance to listen to an interesting talk or demonstration while getting to know other moms and their babies. No charge is involved. Contact Jo Viljoen at ☎ (012) 345-1325 or (012) 662-2177 for details.

Sex explained to children

A new local sex education video for children aged three to 12 has just been produced. It is presented by Dr Paul - a clinical psychologist and host of *Sex Talk* on TV 1 and *Sexually Speaking* on Radio 702 - and Rita Margow, a teacher and author of the book *Sex - What To Tell Children*.

Among other topics, *Sex Explained To Children* deals with the reproductive process, correct terminology for sex organs, body care and cleanliness. The video also deals with molestation, menstruation and masturbation.

Sex Explained To Children is available from Libra Vision for R89.65.



Six readers can each win the video. *Sex Explained To Children* by writing to Libra Vision/LIVING & LOVING Giveaway, Box 15275, Vlaeberg, 8018.

Expectations and Experiences



Both pregnancy and parenthood are characterised by change and research is being done by a psychology masters

student on the expectations and experiences of women and their partners during this period. Through a set of questionnaires a researcher from UCT intends to observe and monitor the changes.

If you are in your second or third month of pregnancy and you and your partner are interested in participating in this research project, write to Janet Evans, Department of Psychology, University of Cape Town, 7700. Please include your name, age, home address, home and work telephone numbers and a convenient time to receive calls. All information will be treated as confidential.

National Animal Week

SPCAs throughout South Africa will be arranging promotions in their municipalities in conjunction with Checkers/Shoprite during National Animal Week, October 4 - 10.

This year concerned cyclists from the Datavia Recreation Club will be cycling to stop cruelty at saleyards. They also aim to encourage donations which will be used to increase the National Livestock Inspectorate.

These inspectors will monitor saleyards throughout the country to reduce abuse inflicted on animals.

Last year these cyclists raised R40 000 for the donkeys of South Africa.

Should you wish to send a donation or find out more about National Animal Week, please contact Barbara Nash, SPCA National Council of Southern Africa, Box 82831, Southdale, 2135 or ☎ (011) 682-2954.





Department of Psychology

University of Cape Town · Rondebosch 7700 · South Africa
Telephone: (021) 650-9111
Fax No: (021) 650-3726

Dear _____

Thank you for all the hard work you put into completing the questionnaires on pregnancy and parenting. Your participation has added remarkably to the study. I am sure you and your partner enjoyed participating in this study.

I hope you and your baby enjoy this small token of my thanks, for your involvement in my research. I will be submitting my masters thesis during 1994, of which your questionnaires make up a substantial part of the data. If you would like a copy of my results please phone me, or write to me at the above address.

Yours sincerely,

Janet Evans

APPENDIX 2

QUESTIONNAIRES

RAPHAEL-LEFF'S
ORIGINAL QUESTIONNAIRES

Joan Raphael-Leff, 1 South Hill Park Gardens, London NW3 2TD

These questionnaires have been piloted but not standardized. It is hoped that by discriminating three subgroups of pregnant women, subtle differences which might be swamped on other measures can be exposed and predictions (re labour patterns, infantile sleep disturbances, precipitators of depression, etc) be made. You are welcome to use some or all of the sections but please acknowledge source and notify me of any results from your research which may help in identifying key questions and reducing the length of questionnaire.

PSYCHOLOGICAL PROCESS in PREGNANCY (self administered questionnaire). FIRST TRIMESTER:

This is part of a study about the psychological experience of pregnancy. We would be grateful if you fill-in this questionnaire which will be treated confidentially. There are no right or wrong answers; each woman's experience is very different. We want to hear how you have been feeling during this pregnancy, so please add your comments or give examples in the space provided as this helps us understand what you mean. If you feel there is something important we have missed out in the questionnaire, or if you would like to talk to someone please let us know.

Hospital Number _____

Weeks pregnant _____

I/1. To what extent has your life-style changed since you realized that you are pregnant?

(Please tick appropriate box and add examples).

HARDLY AT ALL / A BIT / QUITE A LOT in what way?

- | | | | | | | | |
|----------------------------|---|---|---|---|---|---|-------|
| a. Eating habits | I | I | I | I | I | I | _____ |
| b. Social activities | I | I | I | I | I | I | _____ |
| c. Sex life | I | I | I | I | I | I | _____ |
| d. Work habits | I | I | I | I | I | I | _____ |
| e. Relationship to partner | I | I | I | I | I | I | _____ |
| f. Other changes | I | I | I | I | I | I | _____ |

I/2.A. During pregnancy - have you been

OFTEN/SOMETIMES/NEVER

- | | | | | | |
|--|---|---|---|---|------------|
| a. Feeling you'll enjoy looking pregnant | I | I | I | I | _____ |
| b. Being touchy and easily offended | I | I | I | I | _____ |
| c. Finding yourself behaving as if you believed in magic or superstitions (like touching wood, avoiding certain things, not buying baby clothes, seeking out foods, sights, etc).
(give examples please): | I | I | I | I | _____ |
| d. Have you been unusually forgetful?
what sort of things have you forgotten? | I | I | I | I | _____ |
| e. Have you found yourself day-dreaming
or thinking about your feelings? | I | I | I | I | _____ |
| f. Have you felt more dependent on others?
in what way? | I | I | I | I | _____ who? |
| g. Have you had unusually powerful dreams?
can you describe one? | I | I | I | I | _____ |

I/2. B. Some women experience very strong feelings during pregnancy:

- a. Have you felt unusually anxious? _____
what has worried you? _____
- b. Have you felt very unhappy? _____ about what? _____
- c. Have you thought of harming yourself or the baby? _____
- d. Have you been tormented by other recurrent feelings? _____

I/3. Which of these two ideas best describes your feelings about this pregnancy?

(Tick the side that fits better. If neither does, or if both apply, tick the middle box and add a comment; otherwise, tick the idea that is closer to your feelings, even if not exactly right).

- | | | | | |
|-------------------------------------|---|---|---|--|
| a. 'pregnant women get emotional' | 1 | 1 | 1 | 'a pregnant woman can resist becoming emotional' |
| b. pregnancy makes me feel richer | 1 | 1 | 1 | 'pregnancy makes me feel drained' |
| c. 'I feel like my usual self' | 1 | 1 | 1 | 'I feel very different than usual' |
| d. 'I feel invaded' | 1 | 1 | 1 | 'I feel filled' |
| e. 'I feel as if I'm blooming' | 1 | 1 | 1 | 'I feel as though I'm fading' |
| f. 'I still feel separate' | 1 | 1 | 1 | 'I feel as if I'm part of a long chain of mothers' |
| g. 'pregnancy satisfies me' | 1 | 1 | 1 | 'pregnancy unsettles me' |
| h. 'the baby feels like part of me' | 1 | 1 | 1 | 'the baby feels like a separate body inside me' |

I/4. Tick the one comment which is most true of your feelings:

- [] During pregnancy my body is shared with the baby _____
- [] During pregnancy what I do with my body is mostly determined by the baby _____
- [] During pregnancy my body is still basically my own _____

**PSYCHOLOGICAL PROCESS in PREGNANCY:(Self administered questionnaire)
SECOND TRIMESTER (AFTER Movement is experienced).**

This is part of a study about the psychological experience of pregnancy. We would be grateful if you fill-in this questionnaire which will be treated confidentially. There are no right or wrong answers; each woman's experience is very different. We really want to hear how you have been feeling during this pregnancy, so please add your comments or give examples in the space provided as this helps us understand what you mean. If you feel there is something important we have missed out in the questionnaire, or if you would like to talk to someone please let us know.

Hospital Number _____ Weeks pregnant _____ Due Date _____

II/1. To what extent have changes occurred your life-style recently?(Please tick appropriate box and add examples).

HARDLY AT ALL/ A BIT/ QUITE A LOT/ in what way?

- a. Eating habits I ___ I ___ I ___ I ___ _____
- b. Social activities I ___ I ___ I ___ I ___ _____
- c. Sex life I ___ I ___ I ___ I ___ _____
- d. Work habits I ___ I ___ I ___ I ___ _____
- e. Relationship to I ___ I ___ I ___ I ___ _____
 partner _____
- f. Other changes I ___ I ___ I ___ I ___ _____
- _____
- _____

II/2.A. Have you felt differently since feeling movements? (Please tick one & explain)

NOT MUCH CHANGE[] QUITE A CHANGE[] A BIG CHANGE[]

B. How much are you aware of fetal movements during your day to day activities? (Tick one & explain)

HARDLY AT ALL[] A BIT[] QUITE A LOT[]

C. Do you mind being distracted by the movements?

YES[] SOMETIMES[] NEVER[] (Tick one & give examples)

D. DO YOU:	OFTEN /SOMETIMES / NEVER (please describe)		
a. respond by stroking	I <u> </u> I	I <u> </u> I	I <u> </u> I _____
b. share it with someone close	I <u> </u> I	I <u> </u> I	I <u> </u> I _____
c. ignore it	I <u> </u> I	I <u> </u> I	I <u> </u> I _____
d. try and provoke movements	I <u> </u> I	I <u> </u> I	I <u> </u> I _____
e. have imaginary conversations	I <u> </u> I	I <u> </u> I	I <u> </u> I _____
f. wonder what the baby is doing	I <u> </u> I	I <u> </u> I	I <u> </u> I _____
g. just get on with your activity	I <u> </u> I	I <u> </u> I	I <u> </u> I _____
h. resent being interrupted	I <u> </u> I	I <u> </u> I	I <u> </u> I _____

II/2.E. Some women experience very strong feelings during pregnancy:

- a. In the past months, have you felt unusually anxious? _____
 what has worried you? _____
- b. Have you felt very unhappy? _____ about what? _____
- c. Have you thought of harming yourself or the baby? _____
- d. Have you been tormented by other recurrent feelings? _____

II/3. Which of these ideas is more in keeping with the way you generally feel about the baby? There is no right or wrong answer - just tick the box that is closer to your own feelings even if it does not exactly correspond to them. If you really can't decide or feel both, tick the middle box.

- a. 'I feel I have a little person inside' 1 1 1 'I have a fetus inside'
- b. 'I feel my baby playing around inside' 1 1 1 'I feel my baby kicking me'
- c. 'the baby lives in a world of its own' 1 1 1 'the baby tries to communicate with me'
- d. 'the baby feels part of me' 1 1 1 'the baby does not feel part of me'
- e. 'the baby seems like an intruder' 1 1 1 'the baby seems like an imaginary friend'
- f. 'the baby seems to know just what it wants' 1 1 1 'the baby does not know anything'
- g. 'I feel I'm carrying something special' 1 1 1 'I feel better when I'm not pregnant'

II/4. Tick the one comment which seems most true of your feelings:

- A pregnant woman's extreme feelings can affect her baby's well-being _____
- I believe most of the mother's thoughts during pregnancy can affect her baby _____
- I believe the baby will go on growing, whatever the mother is feeling _____

**PSYCHOLOGICAL PROCESS in PREGNANCY (self administered questionnaire)
THIRD TRIMESTER:**

This is part of a study of the psychological experience of pregnancy. We would be grateful if you fill-in this questionnaire which will be treated confidentially. There are no right or wrong answers, so please respond as you generally feel during this pregnancy. Where applicable, please add your comments or give examples in the space provided.

Hospital Number _____ Weeks pregnant _____ Due date _____

III/1. **To what extent have changes occurred your life-style recently?**
(Please tick appropriate box and add examples).

- | | HARDLY AT ALL | A BIT | QUITE A LOT | in what way? |
|----------------------|---------------|---------|-------------|--------------|
| a. Eating habits | I ___ I | I ___ I | I ___ I | _____ |
| b. Social activities | I ___ I | I ___ I | I ___ I | _____ |
| c. Sex life | I ___ I | I ___ I | I ___ I | _____ |
| d. Work habits | I ___ I | I ___ I | I ___ I | _____ |
| e. Relat. to partner | I ___ I | I ___ I | I ___ I | _____ |
| f. Other changes | I ___ I | I ___ I | I ___ I | _____ |

III/1.B. Some women experience very strong feelings during pregnancy:

- a. In the past months, have you felt unusually anxious?
what has worried you? _____
- b. Have you felt very unhappy? _____ about what? _____
- c. Have you thought of harming yourself or the baby? _____
- d. Have you been tormented by other recurrent feelings? _____

III/2. Which of these ideas is more in keeping with the way you generally feel about LABOUR?. There is no right or wrong answer - just tick the box that is closer to your own feelings even if it does not exactly correspond to them. If you feel both or cant decide, tick the middle box and comment.

if you try and imagine your LABOUR -:

- | | | | | | | | |
|---|-------------------|---|---|---|---|-----------------------------------|-------|
| a. does it seem: | stimulating | 1 | 1 | 1 | 1 | exhausting | _____ |
| b. would you rather it was: | managed by staff | 1 | 1 | 1 | 1 | managed by you | _____ |
| c. would you prefer to lie down | | 1 | 1 | 1 | 1 | walk about | _____ |
| d. would you rather be left alone with your partner | | 1 | 1 | 1 | 1 | have a midwife there all the time | |
| e. do you feel you'll be your usual self | | 1 | 1 | 1 | 1 | fear you'll reveal hidden aspects | |
| f. would you want to appear | aroused | 1 | 1 | 1 | 1 | in control | _____ |
| c. would you prefer | doing it yourself | 1 | 1 | 1 | 1 | being delivered | _____ |

III/3. What are your feelings about the BIRTH?

- a. 'I trust my body will 'know' what to do' 1 1 1 1 It needs training/preparation for it
- b. I'm looking forward to the birth 1 1 1 1 Sometimes, I find myself dreading it
- c. I would prefer the birth to be 'civilized' 1 1 1 1 as 'natural' as possible
- d. Birth is an intimate event 1 1 1 1 Birth is a medical event
- e. Giving birth can be painful & humiliating 1 1 1 1 giving birth is sensual & exciting
- f. For the baby, birth is the peak event 1 1 1 1 birth is life's beginning
- g. Babies initiate/participate in the labour 1 1 1 1 uterine contractions start labour

III/4.A. To what extent do you think that HAVING A BABY will change your life-style? HARDLY AT ALL ___ QUITE A BIT ___ COMPLETELY ___
what will it be like? _____

B. Do you intend to feed the baby by 'schedule' _____ or 'on demand' _____?
What do you feel about breastfeeding? _____

C. How do you imagine the BABY at first?

- a. totally dependent on you 1 1 1 1 potentially dominating
- b. a stranger at first 1 1 1 1 someone familiar
- c. able to recognize you from the start 1 1 1 1 unable to differentiate.
- d. s/he will communicate from birth 1 1 1 1 will need to be trained
- e. demanding 1 1 1 1 helpless and needy
- f. the baby knows what is best for him/her 1 1 1 1 the mother knows best

III.4.D. (Tick the one comment that best describes your ideas):

- In the first weeks the baby will be outgoing
- In the first weeks the baby will still be merged with me a lot of the time
- In the first weeks the baby will be separate but not yet sociable

III/5.A. How do you imagine YOURSELF during the first weeks?

- a. mostly a Mother 1 1 1 1 a Person as usual
- b. encouraging the baby to adapt to a routine 1 1 1 1 adapting to the baby
- c. feeling fulfilled 1 1 1 1 feeling trapped
- d. very much changed by motherhood 1 1 1 1 relatively unchanged
- e. waiting to get back to 'real' life 1 1 1 1 relishing my new life

B. (tick the one comment that best describes your ideas):

- f. I will spend the first weeks negotiating with the baby
- In the first weeks I will give in to the baby
- In the first weeks I will teach the baby to adjust

SELF-ADMINISTERED QUESTIONNAIRE FOR NEW MOTHERS (Fac/Reg. JRL Nov'87)

The following is a brief questionnaire which forms part of a study of the emotional aspects of pregnancy and early motherhood. Could you please fill in the questions, ticking the first lot and writing freehand in the rest.

Please leave your completed paper at the desk. THIS QUESTIONNAIRE WILL BE TREATED CONFIDENTIALLY AND ITS CONTENTS USED FOR THE PURPOSES OF THE STUDY ALONE. There are no 'Right' or 'Wrong' answers - it is important that you express what you feel.

Baby's date of birth: _____ (Girl/Boy); Baby's full name _____
the children: (sex & ages) _____ Today's date: _____

STRONGLY
AGREE/ AGREE/ DISAGREE/DISA

- 1. Newborn babies are not aware of people:.....1 1...1 1...1 1...1
- 2. During pregnancy a foetus may try to communicate with his/her mother.....1 1...1 1...1 1...1
- 3. A woman's identity is incomplete before pregnancy.....1 1...1 1...1 1...1
- 4. Babies should learn to adapt to a routine.....1 1...1 1...1 1...1
- 5. I believe a mother's thoughts during pregnancy can affect her foetus.....1 1...1 1...1 1...1
- 6. Because of their intimate contact during pregnancy, mothers understand their infants better than anyone else.....1 1...1 1...1 1...1
- 7. Babies must be trained to become socialized1 1...1 1...1 1...1
- 8. All babies sometimes cry for no reason or to 'exercise' their lungs.....1 1...1 1...1 1...1
- 9. Introspection during pregnancy is self-indulgent.....1 1...1 1...1 1...1
- 10. People looking after babies must try to meet needs as they arise.....1 1...1 1...1 1...1
- 11. If you don't control them, demanding babies can take over your life.....1 1...1 1...1 1...1
- 12. Babies know what they want and should be fed whenever they want it.....1 1...1 1...1 1...1
- 13. Newborn babies cannot distinguish between people looking after them.....1 1...1 1...1 1...1
- 14. I believe that every woman's body 'knows' how to give birth naturally without medical intervention.....1 1...1 1...1 1...1
- 15. Pregnancy makes me feel special.....1 1...1 1...1 1...1
- 16. During pregnancy, I had imaginary conversations with my baby.....1 1...1 1...1 1...1
- 17. I sometimes get the feeling that having been inside me, the baby was born knowing all the worst things about me.....1 1...1 1...1 1...1
- 18. I feel there are not enough resources for both baby and me.....1 1...1 1...1 1...1
- 19. I find my present way of life: (a)-totally fulfilling. (b)-quite satisfying. (c)-frustrating. (d)-totally unenjoyable
- 20. A. How does your baby compare with other babies? _____

B. What do you feel when your baby cries? _____

C. How is your baby different that you imagined s/he would be? _____

D. Since the birth, have you changed your own habits (ie. use of deodorant, eating garlic, dress style)? _____
deodorant, eating garlic, dress style

E. What are your main frustrations as a mother? _____

F. In what ways has motherhood changed you? _____

G. Looking back at the last weeks what do you wish you had done differently? _____

H. What gives you most satisfaction? _____

21. What pleased you most about the labour and birth: _____

What do you wish had been different?
Was it different to how you had expected it to be? (pleasure/expression from what is expected/pleasure)

22. What are your worries about the baby? (use space below).

+ 1, 2, 3, 4 6 weeks old, still yellow

FRQ POSTNATAL QUESTIONNAIRE:

This questionnaire is part of an international study of the psychological aspects of parenting. We would be grateful if you could return the completed questionnaire as soon as possible to -----

Do not put your name on it. But if you send yours back separately, please both make some mark that will bring partners' questionnaires together. There are no 'right' or 'wrong' answers, so please do feel free to express your own feelings as fully as you wish as we are very interested in your experience.

Are you the MOTHER or FATHER? (please circle one). Your Age: _____
Age & sex of Child(ren) in yrs:mos (i.e. F,3:7): _____

Please answer the following about your youngest child:

1. Do you have a daily routine: YES/NO (circle one) Please specify:

When did it begin? _____

2. Feeding:

In general, which do you believe (about breastfeeding or bottle):

___ Babies should be fed whenever and for as long as they want

___ Babies should be allowed unrestricted sucking including night feeds but the idea of 'mealtimes' should be introduced

___ Babies should be fed whenever they are clearly hungry

___ Babies should be fed adjustable quantities at specified times but not at night

___ Babies should be fed a set amount by schedule (3-4 hourly with no 'snacking' in between)

b. Ideally, when should solid feeds and weaning occur? _____

Has your baby breastfed? YES/NO For how long? _____

Do/did you (breast or bottle) feed by DEMAND or SCHEDULE?

At what intervals? _____

In the first months, how long was an average feed? _____

When were solids started? _____

Are you still feeding at night? YES/NO How often? _____

If not, when did you stop? _____

4. Which best describes your feelings during the first weeks :
(tick one)

- my baby seemed still part of me
 my baby seemed an outgoing sociable person
 my baby seemed separate but not yet sociable

5. How would you describe your interaction with your baby?
(tick one)

- I adapt to my baby
 we negotiate between us
 the baby adapts to the household routine

If you have more than one child, how did your outlook differ?

6. Please chart your general feelings during the pregnancy:

On the whole, my feelings about the baby were:

POSITIVE: _____ NEGATIVE _____

On the whole, my feelings about myself were:

POSITIVE: _____ NEGATIVE _____

On the whole, my feelings about my partner were:

POSITIVE: _____ NEGATIVE _____

7. Sleep: (please tick one and circle alternatives)

My baby:

- Sleeps in his/her own bed in the room with me /us
 Sleeps in the same bed as me / us
 Sleeps in another room (since age) _____

My baby:

- sleeps all night long
 sometimes wakes up at night
 wakes most nights
 wakes several times each night

What do you feel about it?

8. Crying:

Do you feel your baby:

Cries: _____ more than most babies _____ cries a lot _____ cries
some of the time _____ hardly ever cries _____ never cries

When your baby cries, do you:

- always respond immediately
 first try and find out what it is about
 wait to see whether the baby will stop

Do you feel your baby:

- Cries only with good reason
 Cries to communicate with me
 Sometimes cries for no reason

What do you feel when the baby cries?

9. Please describe the *birth* of your last child: (fathers too)

Where did it take place? _____
How long after the first contactions did you go to hospital? _____

How many hours was your labour in hospital? _____

Who was there? _____

[tick:] artificial membrane rupture__ cut (episiotomy) _____

Gas & air__ pain relief drugs _____

epidural__ forceps__ vacuum__ Caesarean:planned__emergency__

What did you feel?

10. Please describe your *first meeting* with the baby

What was your initial feeling towards the baby?

11. When did you *first feed* the baby? how? (fathers too)

12. Please describe the *ideal birth* you'd liked the baby to have had (fathers too):

13. When did you first leave your baby? _____

With whom? _____ For how long? _____

How many hours a week do you leave the baby now? _____

Did you take time off work before the birth? YES/NO How long? _____

What is your job? _____

Have you gone back to work? YES/NO When? _____

Where is your baby when you are working? _____

What do you feel about it? _____

14. Couples have different patterns of sexual activity. Have there been changes in your sex life since you became pregnant?

During the first 3 months of pregnancy, did you have sex:

- as often as before (_____times per month)
- more often _____ (times per month)
- less often _____ (times per month)

When did you first have intercourse after the baby was born?
_____ How did it differ?_____

15. Many parents find the early postnatal period difficult. How frequently did you experience these in the months following the birth of your last baby?(if 'most of the time' please tick & say which months)

- | | <u>MOST OF</u>
<u>THE TIME</u> | <u>QUITE OFTEN</u> | <u>NOT VERY</u>
<u>OFTEN</u> | <u>NOT</u>
<u>AT ALL</u> |
|--|-----------------------------------|--------------------|---------------------------------|-----------------------------|
| | (when?) | | | |
| -Tearfulness | | | | |
| -confidence | | | | |
| -enjoyment | | | | |
| -felt inadequate | | | | |
| -scared & panicky | | | | |
| -feeling your presence is
essential to baby | | | | |
| -unable to sleep
because unhappy | | | | |
| -worried & anxious for no
very good reason | | | | |
| -self-critical
& reproachful | | | | |

Many thanks for answering this questionnaire which will be treated as confidential. Please send it as soon as possible to_____

For scoring please contact:
Joan Raphael-Leff, 1 South Hill Park Gardens, London NW3 2TD, UK. 1992]

QUESTIONNAIRES
AS PRESENTED BY THE
RESEARCHER

SUBJECT NUMBER:.....
TODAY'S DATE:.....

PSYCHOLOGICAL PROCESSES IN PREGNANCY FIRST TRIMESTER.

This is part of a study about the psychological experience of pregnancy . I would be grateful if you could fill-in this questionnaire which will be treated confidentially. There are no right or wrong answers ; each woman's experience is very different . I would like to hear how you have been feeling during this pregnancy , so please add comments or examples in the space provided as this helps to more clearly understand those feelings . If there is something important you think I have excluded please make a note of it at the end of the questionnaire.

NAME.. **WEEKS PREGNANT**

YOUR PRESENT OCCUPATION.....

ARE YOU : (Please circle one)

Single Married Living tog. Divorced Widowed

YOUR PARTNERS ADDRESS(if different from yours).....

.....

.....

WAS THIS a planned or unplanned pregnancy (please circle one)

I/1. To what extent has your life-style changed since you realized you are pregnant?
(Please tick one and add examples).

- | | Hardly at all. | A bit | Quite a lot. |
|---------------------------------|----------------|-------|--------------|
| a. Eating habits | _____ | _____ | _____ |
| b. Social activities | _____ | _____ | _____ |
| c. Sex life | _____ | _____ | _____ |
| d. Work habits | _____ | _____ | _____ |
| e. Relationship to your partner | _____ | _____ | _____ |
| f. Other changes..... | _____ | _____ | _____ |
| | _____ | _____ | _____ |

2. During this pregnancy - have you been:

Often / Sometimes / Never

- | | | | |
|---|-------|-------|-------|
| a. feeling you'll enjoy looking pregnant. | _____ | _____ | _____ |
| b. touchy and easily offended. | _____ | _____ | _____ |
| c. finding yourself behaving as if you believed in magic or superstitions (like touching wood, avoiding certain things, not buying baby clothes etc) | _____ | _____ | _____ |

Example:.....

d. unusually forgetful?

What kind of things have you forgotten?

e. day-dreaming or thinking of your feelings. _____ ,

f. more dependent on others. _____

Who? in what way?

g. having unusually powerful dreams. _____

Can you describe one?.....

.....

.....

3. Which of these ideas best describes your feelings about this pregnancy ? (Tick the side that fits better . If neither does or both apply , tick the middle box and add a comment ; otherwise tick the idea that is most similar to your feelings , even if not exactly right).

FOR EXAMPLE:

pregnant women prefer hot drinks _____ pregnant women prefer cold drinks

If you feel that pregnant women prefer hot drinks you will indicate as above.

a. pregnant women get emotional. _____ pregnant women can resist becoming emotional.

b. pregnancy makes me feel richer. _____ pregnancy makes me feel drained.

c. I feel like my usual self. _____ I feel very different than usual.

d. I feel invaded. _____ I feel filled.

e. I feel as if I'm blooming. _____ I feel as though I am fading.

f. I still feel separate. _____ I feel as if I'm part of a long chain of mothers.

g. pregnancy satisfies me. _____ pregnancy unsettles me.
 h. the baby feels like part of me. _____ the baby feels like a separate body
 _____ inside me.

4. Tick the one comment out of the following three, which is most true of your feelings.

- _____ During pregnancy my body is shared with the baby.
- _____ During pregnancy what I do with my body is mostly determined by the baby.
- _____ During pregnancy my body is still basically my own.

5a. Have you been wondering about the sex of your baby?

OFTEN _____ SOMETIMES _____ NEVER _____

b. Which sex do you hope it is? BOY _____ GIRL _____ DON'T MIND _____

6. How would you describe your relationship with your partner? (Please circle one of the five comments below)

Very good good fair poor a failure

Comments:.....

SUBJECT NUMBER:.....
TODAY'S DATE:.....

PSYCHOLOGICAL PROCESSES IN PREGNANCY SECOND TRIMESTER

This is part of a study about the psychological experience of pregnancy . I would be grateful if you could fill-in this questionnaire which will be treated confidentially. There are no right or wrong answers ; each woman's experience is very different . I would like to hear how you have been feeling during this pregnancy , so please add comments or examples in the space provided as this helps to more clearly understand those feelings . If there is something important you think I have excluded please make a note of it at the end of the questionnaire.

NAME WEEKS PREGNANT

II/1. To what extent has your life-style changed since you realized you are pregnant?
(Please tick appropriate box and add examples).

- | | | | |
|---------------------------------|----------------|-------|--------------|
| a. Eating habits | Hardly at all. | A bit | Quite a lot. |
| b. Social activities | ----- | ----- | ----- |
| c. Sex life | ----- | ----- | ----- |
| d. Work habits | ----- | ----- | ----- |
| e. Relationship to your partner | ----- | ----- | ----- |
| f. Other changes | | | |
| | | | |

4. Tick the one comment out of the three which seems most true of your feelings :

___ A pregnant woman's extreme feelings can affect her baby's well being.

___ I believe most of a woman's thoughts during pregnancy can affect her baby .

___ I believe the baby will go on growing , whatever the mother is feeling.

5a. Do you know the sex of your baby? YES NO DON'T KNOW

b. If you don't know the sex of your baby would you like to know? YES NO

6. What educational information are you receiving relating to pregnancy, childbirth or parenthood? (tick all the comments that apply to you and give examples)

___ Academic literature.....

___ Popular books(e.g. from CNA)

___ Magazines.....

___ Information from family or friends

___ Antenatal classes.....

7a. If you are attending an antenatal class is it :

___ at a provincial hospital.

___ at a private hospital or clinic.

b. Does your partner attend with you? (Please tick one) YES NO ___

SUBJECT NUMBER.....

TODAY'S DATE.....

PSYCHOLOGICAL PROCESSES IN PREGNANCY THIRD TRIMESTER.

This is part of a study about the psychological experience of pregnancy. I would be grateful if you could fill-in this questionnaire which will be treated confidentially. There are no right or wrong answers; each womans experience is very different. I would like to hear how you have been feeling during this pregnancy, so please add comments or examples in the space provided as this helps to understand more clearly those feelings. If there is something important you think I have left out please make a note of it at the end of the questionnaire.

NAME _____ WEEKS PREGNANT _____

DUE DATE _____

PARTNERS NAME. _____

III/1. To what extent has your life-style changed since you realized you were pregnant?
(Please tick appropriate box and add examples).

- | | | | |
|----------------------------|----------------|-------|--------------|
| | Hardly at all. | A bit | Quite a lot. |
| a. Eating habits | _____ | _____ | _____ |
| b. Social activities | _____ | _____ | _____ |
| c. Sex life | _____ | _____ | _____ |
| d. Work habits | _____ | _____ | _____ |
| e. Relationship to partner | _____ | _____ | _____ |
| f. Other changes | | | |
| | | | |

2. Which of these ideas is more in keeping with the way you generally feel about LABOUR? There is no right or wrong answer - just tick the side that is closer to your own feelings even if it does not exactly correspond to them. If you feel both or can't decide, tick the middle box and comment.

EXAMPLE:

pregnant women prefer hot drinks _____ pregnant women prefer cold drinks

If you feel that pregnant women prefer hot drinks you will indicate as above.

IF YOU TRY AND IMAGINE YOUR LABOUR -

- a. does it seem: exhilarating. _____ exhausting.
- b. would you rather it was managed by staff. _____ managed by you.
- c. would you prefer to lie down. _____ walk around.
- d. would you rather be left alone with your partner. _____ have the midwife there all the time.
- e. do you feel you'll be your usual self. _____ fear you'll reveal hidden aspects of yourself
- f. would you want to appear: aroused. _____ in control.
- g. would you prefer doing it yourself. _____ being delivered.

3. What are your feelings about the birth ?

- a. I trust my body will know what to do. _____ It needs training/preparation for it.
- b. I'm looking forward to the birth. _____ Sometimes, I find myself dreading it
- c. I would prefer the birth to be medically controlled. _____ as 'natural' as possible.
- d. birth is an intimate event _____ birth is a medical event.
- e. giving birth can be painful and humiliating _____ giving birth is unusual & exciting.

- e. giving birth can be painful _____ giving birth is sensual & exciting.
- f. for the baby birth is the peak event. _____ birth is life's beginning.
- g. babies initiate / participate _____ labour starts with uterine contractions in labour.

4.A. To what extent do you think HAVING A BABY will change your life-style ?

HARDLY AT ALL I I QUITE A BIT I I COMPLETELY I I
 What will it be like ?.....

B. Do you intend to feed the baby by 'schedule' I I or 'on demand' I I ?

What do you feel about breast feeding?

C. How do you imagine the baby at first ?

- a. totally dependant on you. _____ potentially dominating.
- b. stranger at first. _____ someone familiar.
- c. able to recognise you from the start. _____ unable to differentiate.
- d. s/he will communicate from birth. _____ will need to be trained.
- e. demanding. _____ helpless & needy.
- f. the baby knows what is best for him/her. _____ the mother knows best.

D. Tick the one comment that best describes your ideas:

- In the first weeks the baby will be outgoing .
- In the first weeks the baby will be merged with me a lot of the time.
- In the first weeks the baby will be separate but not yet sociable.

5.A. How do you imagine yourself during the first weeks?

- a. mostly a mother. a person as usual.
- b. encouraging the baby to adapt to a routine. adapting to the baby.
- c. feeling fulfilled. feeling trapped.
- d. very much changed by motherhood. relatively unchanged
- e. waiting to get back to 'real' life. relishing my new life.

B. Tick the one comment that best describes your ideas:

- I will spend the first few weeks negotiating with the baby.
- In the first few weeks I will give into the baby.
- In the first weeks I will teach the baby to adjust.

SUBJECT NUMBER.....

TODAY'S DATE.....

PSYCHOLOGICAL PROCESSES IN PREGNANCY FOR FATHERS-TO-BE.

This is part of a study about the psychological experience of pregnancy. I would be grateful if you could fill-in this questionnaire which will be treated confidentially. There are no right or wrong answers; each man's experience is very different. I would like to hear how you have been feeling during this pregnancy, so please add comments or examples in the space provided as this helps to more clearly understand those feelings. If there is something important you think I have left out please make a note of it at the end of the questionnaire.

NAME..... PARTNERS CONFINEMENT DATE.....

AGE..... PRESENT OCCUPATION

Was this pregnancy PLANNED / UNPLANNED (please circle one)

I/1. To what extent has your life-style changed since you realized your partner was pregnant?(Please tick appropriate box and add examples).

Hardly at all. A bit Quite a lot.

- a. Eating habits _____
- b. Social activities _____
- c. Sex life _____
- d. Work habits _____
- e. Relationship partner _____
- f. Other changes.....

2. Which of these best describe your feelings about your partners pregnancy.

- a. pregnant women get emotional _____ pregnant woman can resist becoming emotional.
- b. My partners pregnancy satisfies me _____ my partners pregnancy unsettles me

3 Which of these ideas is more in keeping with the way you generally feel about LABOUR? there is no right or wrong answer - just tick the side that is closer to your own feelings even if it does not exactly correspond to them . If you feel both or can't decide , tick the middle box and comment .

- a. Would you rather it was managed by staff _____ managed by you
- b. Would you prefer you partner to lie down _____ walk around
- c. Would you rather be alone with your partner _____ have the midwife there all the time

4. What are your feelings about the BIRTH?

- a. I'm looking forward to the birth _____ Sometimes I find myself dreading the birth
- b. I would prefer a medically assisted birth _____ a 'natural' birth
- c. birth is an intimate event _____ birth is a medical event

5.A. To what extent do you think having the baby will change your life style?

HARDLY AT ALL _____ QUITE A BIT _____ COMPLETELY _____

What will this be like?.....

B. Tick one comment out of the three that best describes your feelings.

_____ I will spend the first few weeks negotiating with the baby.

_____ In the first few weeks I will give into the baby.

_____ In the first weeks I will teach the baby to adjust.

C. Tick one of the four comments that best describes your ideas.

_____ I will help my partner to encourage the baby to adapt to a routine.

_____ I will help my partner to adapt to the baby.

_____ The baby will naturally adapt to my partners routine.

_____ My partner will easily adapt to the babies routine.

I/6 How would you describe your relationship with your partner? (Please circle one of the five comments below)

Very good good fair poor a failure

Comments:.....

SUBJECT NUMBER:

TODAY'S DATE:

QUESTIONNAIRE FOR NEW MOTHERS

This is the first postnatal questionnaire in the study of the psychological experience of pregnancy and parenthood. I would be grateful if you could fill-in this questionnaire that will be treated confidentially. There are no right or wrong answers ; each woman's experience is very different. I would like to hear how you have been feeling during this pregnancy and now that you are a mother, so please add comments or examples in the space provided as this helps to more clearly understand those feelings. If there is something important you think I have left out please make a note of it at the end of the QUESTIONNAIRE.

NAME

BABY'S DATE OF BIRTH..... BOY / GIRL (Please circle one)

STRONGLY AGREE = 1

AGREE = 2

DISAGREE = 3

STRONGLY DISAGREE = 4

(CIRCLE THE NUMBER OF THE OPTION THAT MOST LOSELY FITS YOUR FEELINGS)

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1. Newborn babies are not aware of people.	1	2	3	4
2. During pregnancy a foetus may try to communicate with his/her mother.	1	2	3	4
3. A woman's identity is incomplete before pregnancy.	1	2	3	4
4. Babies should learn to adapt to a routine .	1	2	3	4
5. I believe a mothers thoughts during pregnancy can affect her foetus.	1	2	3	4
6. Because of their intimate contact during pregnancy, mothers understand their infants better than anyone else.	1	2	3	4
7. Babies must be trained to become social.	1	2	3	4

- | | | | | | |
|-----|---|---|-------|---|---|
| 8. | All babies sometimes cry for no reason or to `exercise' their lungs. | 1 | 2 | 3 | 4 |
| 9. | Introspection during pregnancy is self-indulgent. | 1 | 2 | 3 | 4 |
| 10. | People looking after babies must try and meet their needs as they arise. | 1 | 2 | 3 | 4 |
| 11. | If you don't control them , demanding babies can take over your life. | 1 | 2 | 3 | 4 |
| 12. | Babies know what they want and should be fed whenever they want it . | 1 | 2 | 3 | 4 |
| 13. | Newborn babies can not distinguish between people looking after them. | 1 | 2 | 3 | 4 |
| 14. | I believe that every woman's body `knows' how to give birth naturally without medical intervention. | 1 | 2 | 3 | 4 |
| 15. | Pregnancy makes me feel special. | 1 | 2 | 3 | 4 |
| 16. | During pregnancy , I had imaginary conversations with my baby. | 1 | 2 | 3 | 4 |
| 17. | I sometimes get the feeling having been inside me, the baby was born knowing all the worst things about me. | 1 | 2 | 3 | 4 |
| 18. | I feel there are not enough resources for baby and me. | 1 | 2 | 3 | 4 |
| 19. | I find my present way of life | | _____ | | |
| | -totally fulfilling | | _____ | | |
| | -quite satisfying | | _____ | | |
| | -frustrating | | _____ | | |
| | -totally unenjoyable | | _____ | | |

20.

A. How does your baby compare with other babies?

.....

.....

B. What do you feel when your baby cries?

.....

.....

C. How is your baby different to you imagined s/he would be?

.....

.....

D. Since the birth have you changed your own habits (e.g. use of deodorant , eating garlic, dress style)

.....

.....^b.....

E. What are your main frustrations as a mother ?

.....

.....

F. In what ways has motherhood changed you?

.....

.....

G. Looking back at the last weeks what do you wish you had done differently?

.....

.....

H. What gives you most satisfaction, being a mother?

.....

.....

.....

21. a. What pleased you most about the labour and birth?

.....

b. What do you wish had been different?

.....

.....

22. What are your worries about the baby?

.....

.....

23. How do you feel about your baby?

.....

.....

24. Do you feel guilty about the feelings you have?

.....

25. Do your feelings scare you?

.....

26. Have you had any recent problems in your relationship?

.....

.....

SUBJECT NUMBER:.....

TODAY'S DATE:.....

POSTNATAL QUESTIONNAIRE FOR MOTHERS AND FATHERS .

Both you and your partner will receive a copy of this, the last questionnaire. There are no right or wrong answers, so please express your own feelings as fully as you wish. It would be appreciated if you could send the questionnaire back as soon as possible. Many thanks for answering the questionnaire which will be treated as confidential .

Are you the MOTHER or FATHER ? (Please circle one)

Your age : _____

Sex and age of your children in yrs:months (i.e. F ,3:7)

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR YOUNGEST CHILD :

1) Do you have a daily routine with your child : YES / NO (please circle one)

Please specify :

How old was the baby when this began? _____

FEEDING

2a) In general, which do you believe (either about breast or bottle feeding) :
(please tick only one)

Babies should be fed whenever and for as long as they want. _____

Babies should be allowed unrestricted suckling, including night feeds, but the idea of 'meal times' should be introduced. _____

Babies should be fed whenever they are clearly hungry. _____

Babies should be fed adjustable quantities at specified times but not at night. _____

Babies should be fed a set amount by schedule (3-4 hourly with no 'snacking' in between). _____

b) IDEALLY, when should solid feeds and weaning occur? (at what age) _____

3) Has your baby been breast-fed? YES / NO

For how long? _____

Do/did you (breast or bottle) feed by DEMAND or SCHEDULE? (please circle one above)

If schedule, at what intervals? _____

In the first months how long was the average feed? _____

When were solids started? (indicate babies age) _____

Is your baby still feeding at night? YES / NO

How often? _____

If not, when did you stop? (indicate babies age) _____

4) Which best describes your feelings during the first weeks: (tick only one)

My baby seemed still part of me. _____

My baby seemed a social outgoing person. _____

My baby seemed separate but not yet sociable. _____

5) How would you describe your interaction with your baby: (tick only one)

I adapt to my baby. _____

I negotiate with the baby. _____

The baby adapts to the household routine. _____

If you have more than one child, how did your outlook differ with the arrival of this baby?

6) Please chart your general feelings during your last pregnancy:

FOR EXAMPLE : On the whole my feelings about my mother were:

POSITIVE 1 2 3 4 5 6 7 NEGATIVE

If your feelings toward your mother were slightly negative.

On the whole my feelings about the baby were:

POSITIVE 1 2 3 4 5 6 7 NEGATIVE

On the whole , my feelings about myself were:

POSITIVE 1 2 3 4 5 6 7 NEGATIVE

On the whole , my feelings about my partner were:

POSITIVE 1 2 3 4 5 6 7 NEGATIVE

7) SLEEP : (please tick one)

a) My baby: _____ sleeps in his/her own bed in the room with me/us
_____ sleeps in the same bed as me/us
_____ sleeps in another room (since age)

(please tick one)

b) My baby: _____ sleeps all night long
_____ sometimes wakes up at night
_____ wakes most nights
_____ wakes several times each night

c) What do you feel about these sleeping habits?

8) CRYING : (please tick one)

Do you feel your baby cries: ___ more than most babies
 ___ cries a lot
 ___ cries some of the time
 ___ hardly ever cries
 ___ never cries

When your baby cries , do you ___ always respond immediately
 ___ first try and find out what it is about
 ___ wait to see whether the baby will stop
Do you feel your baby: ___ cries only with good reason
 ___ cries to communicate with me
 ___ sometimes cries for no reason

9) Please describe the birth of your last child
(fathers should complete this question too)

Where did it take place? _____

Who was present at the birth, besides the medical staff. _____

How did this make you feel? _____

How long after the first contractions did you go to hospital? _____

How many hours was your labour in hospital? _____

Were any of these procedures used? (tick appropriately)

_____	artificial membrane rupture
_____	cut (episiotomy)
_____	pain relief drug
_____	epidural
_____	forceps
_____	vacuum

Caesarean:planned _____ emergency _____

What did you feel? _____

10) Please describe your first meeting with the baby:

What was your initial feeling towards the baby?

11) When did you first feed the baby? _____

How? (fathers should complete this question too)

12) Please describe what you consider to be an ideal birth (fathers should complete this question too)

13) When did you first leave your baby? _____

With whom? _____ For how long? _____

14) Did you take time off work before the birth? YES/NO

How long? _____

Have you gone back to work? YES/NO When? _____

Where is your baby when you are working? _____

What do you feel about it? _____

15) Couples have different patterns of sexual activity . Have there been changes in your sex life since you became pregnant?

During the first three months of pregnancy , did you have sex : as often as before

_____ -more often (_____ times per month)

_____ -less often (_____ times per month)

When did you first have sex after the baby was born? _____

Did it differ from before? YES / NO

If yes, how? _____

16) Many parents find the early postnatal period difficult . How frequently did you experience these in the months following the birth of you last baby?

	MOST OF THE TIME	QUITE OFTEN	OFTEN	NOT VERY AT ALL	NOT
-tearfulness					
-confidence					
-enjoyment					
-felt inadequate					
-scared & panicky					
-feeling your presence is essential to baby					
-unable to sleep because unhappy					
-worried & anxious for no very good reason					
-self critical & reproachful					

17) Have there been any stressful events in the last year?
 For example: death of a family member, loss of employment, divorce or separation, moving house, illness etc.

When did this occur? (Month and Year) _____

18) What are your main frustrations as a parent?

What do you find most satisfying about being a parent?

What are your worries about the baby?

How do you feel about your baby?

Do you feel guilty about the feelings you have? YES/NO

Do your feelings scare you? YES/NO

Have you had any recent problems in your relationship?

APPENDIX 3

SCORING GUIDELINES

SCORING of PSYCHOLOGICAL PROCESS IN PREGNANCY QUESTIONNAIRES:

There are three maternal orientatations this questionnaire taps: Facilitator; Regulator and Reciprocator categories. On the whole, the Reciprocator is the middle category unless otherwise specified. Evaluate tone and content of comments and examples written in the space provided next to each question. These provide clarification as to what this particular woman means when she ticks this box. For instance: change in eating habits may reflect her concern for the health of the foetus or an anxiety binge of compulsive eating. Imaginary conversations may reflect maternal involvement and fantasy or (rarely) consist entirely of admonitions or threats: 'Stop that kicking or else!'.

- Sections I/1;II/1;III/1: Evaluate these according to current norms in the location where testing is taking place. Facilitator - changes relating to physical/emotional preparation for baby and motherhood; Regulator - no changes or some relating to 'living life fully' before the birth.

(i.e. I.a. changes in eating habits: Fac: 'eating for two'; 'cutting out alcohol'; Reg: 'eating out a lot'; 'eat, drink and be merry for soon we'll be housebond'.) or achieving a 'healthier body' focussed on pregnant woman's wellbeing rather than that of the foetus. Here and throughout, the category of Reciprocator involves an idea of reciprocity - the woman perceiving a balance between meeting her own needs and those of her baby).

- I/2 A; Facilitator OFTEN experiencing emotional changes which are attributed to the pregnancy/ responding to fetal movements ; Regulator - NEVER experiencing emotional changes, or resentful of those that do occur. Evaluate emotional 'tone' of answers and see I/3a . Reciprocator - middle position or comments specifying reciprocity.

- I/2 B a-d; II/2.E a-d; III/1.B.a-d. are not scored for orientation. They are screening questions for psychiatric disorder and require further probing if the answers are positive.

- Sections II/2,B; II/2.C. II.2.D.h:
Facilitator OFTEN responding to fetal movements ;
Regulator - NEVER responding or resentful of the distraction

- Section III/2: The pattern of response (left column) is: F R R F F F F
(F=Facilitator; R.=Regulator)

- Questions I/3; II/3; III/3 :
The pattern of responses (left column) is: F F R R F R F F
note: Section II/3 on fetal fantasies may be repeated again in the third trimester and final scoring adjusted accordingly.

- Sections III.4 C; III.5 A: F R F F R (F)

- Questions I/4 ; II/4; III/4 D.; III/5 B:
The order from the top is: Reciprocator; Facilitator; Regulator.

KEY to Self Administered Facilitator/Regulator Questionnaire for new mothers:

	Strongly Agree/	Agree/	Disagree/	Strongly Disagree*	
1.	Regulator 4	3	1	0	Facilitator
2.	Facilitator 0	1	3	4	Regulator
3.	Facilitator 0	1	3	4	Regulator
4.	Regulator 4	3	1	0	Facilitator
5.	Facilitator 0	1	3	4	Regulator
6.	Facilitator 0	1	3	4	Regulator
7.	Regulator 4	3	1	0	Facilitator
8.	Regulator 4	3	1	0	Facilitator
9.	Regulator 4	3	1	0	Facilitator
10.	Facilitator 0	1	3	4	Regulator
11.	Regulator 4	3	1	0	Facilitator
12.	Facilitator 0	1	3	4	Regulator
13.	Regulator 4	3	1	0	Facilitator
14.	Facilitator 0	1	3	4	Regulator
15.	Facilitator 0	1	3	4	Regulator
16.	Facilitator 0	1	3	4	Regulator
17.	Regulator 4	3	1	0	Facilitator
18.	Regulator 4	3	1	0	Facilitator
19.	a=0. b=1 Facilitator;		c=3; d=4 Regulator		

Total: Questions 1-19:

extreme Regulator: 61-76

extreme Facilitator: 0-15

moderate Regulator: 46-60

moderate Facilitator: 16-30

Intermediate: 31-45

20. Facilitator: 0=extreme; 1=moderate. Neutral: 2 Regulator: 3=moderate; 4=extreme

A evaluate Facilitator = idealization Regulator: Denigration

B. Facilitator: needed, anxious to gratify vs. Regulator: criticized, irritated.

C. Facilitator: idealization vs. Regulator: disappointment

D. Facilitator: 'natural/personal' smell awareness of baby vs. Regulator: back to pre-pregnancy or 'new' sexy-image

E. Facilitator: obstacles to mothering vs. Regulator: obstacles to being a 'person'.

F. Facilitator: emphasis on maternal skills; Regulator: personal growth.

G. Evaluate degree of rigidity of defenses, intensity of emotional involvement; reality testing and growth.

H. Facilitator: interaction with baby; being needed; Regulator: own competence; ability to control baby and life.

21. Facilitator: 'natural' birth; self-baby mutuality. Regulator: 'civilized'; control over process & pain

Facilitator: wish to undo intervention; less separation; Regulator: wish had more intervention;

22. Facilitator: mother failing to give baby 'perfect' babyhood. Regulator: baby becoming 'spoilt'; unmanageable; bad.

* Whenever there are doubts about evaluation - score 2.

Total: Questions 20, 21, 22:

extreme Regulator: 27-32;

extreme Facilitator: 0-6;

moderate Regulator: 20-26.

moderate Facilitator: 7-13;

Intermediate: 14-20

SELF-ADMINISTERED QUESTIONNAIRE - Facilitator/Regulator 6 months and over:

Shortest version: only questions 1., 2., 3. For scoring see: Facilitators & Regulators:

Vulnerability to Postnatal Disturbances, J. Psychosom. Obs. & Gynaec., 4(1985), 151-168.

Additional questions: 4. Regulator's separateness before phase of 'differentiation'.

0=post 6 ms; 1=6 wks-6 ms; 2=up to 6 wks; 3=at birth; 4=pregnancy.

5. As E above (Fac.=obstacles to mothering; Reg.=obstacles to being a 'Person').

Joan Raphael-Leff, 1 South Hill Park Gardens, London NW3 2JD.

Facilitators & Regulators Questionnaire (FRQ)*. Joan Raphael-Leff,
Please answer this questionnaire in relation to your youngest child:
age ___ M/F. Other child(ren) ages/Sex: _____

Question 1: Do you have a daily routine? YES/NO (please specify)

[leave 6 free lines] When did it begin? _____

Scoring:

- | | |
|------------------------|---|
| 0 Extreme Facilitator | NO routine; nothing at all specified |
| 1 Moderate Facilitator | says YES but nothing specific itemized or says
NO and very few general activities
enumerated (such as play, lunch, nap) |
| 2 Intermediate group | some set sequences |
| 3 Moderate Regulator | detailed times/activities; some flexibility |
| 4 Extreme Regulator | inflexible specification of times/activities |

Note: Where routine was begun at 1 year, deduct 1 from score

Question 2: a. In general, which do you believe (about breast or bottle) during the first three months: Tick one.

- 0 ___ Babies should be fed whenever and for as long as they want
1 ___ Babies should be allowed unrestricted sucking including night feeds
but the idea of 'mealtimes' should be introduced
2 ___ Babies should be fed when they are clearly hungry
3 ___ Babies should be fed as much as they want but only at set times
4 ___ Babies should be fed a set amount 3-4 hourly

b. Ideally, when should weaning occur? _____

Note: in a culture-bound activity such as this, weaning age must be adjusted to suit local feeding recommendations and changing habits. (b) is scored only if it falls in the extremes - +1 for very early or -1 for very late weaning.

Question 3: When do you believe the baby begins trying to communicate with you? _____
How? _____

Scoring:

- | | |
|------------------------|-----------------------------|
| 0 Extreme Facilitator | during pregnancy |
| 1 Moderate Facilitator | immediately/ from birth |
| 2 Intermediate group | within the first 2 week |
| 3 Moderate Regulator | next 6 weeks/social smiling |
| 4 Extreme Regulator | after 2 months |

Note: focus on baby's intentional efforts at communication

Question 4: Which best describes your feelings: (Tick one)

- 0 ___ during the first weeks - my baby seemed still part of me
1 ___ during the first weeks - my baby seemed an outgoing sociable person
2 ___ during the first weeks - my baby seemed separate but not yet social
3 ___ during the first weeks - my baby sometimes seemed critical of me

Question 5: How would you describe interaction with your baby:

- 0 ___ I adapt myself to my baby
1 ___ We negotiate between us
2 ___ The baby adapts to the household routine

Total Scores:

Extreme Facilitator: 0-2

Moderate Facilitator: 3-5

Intermediate (Reciprocator) group: 6-10

Moderate Regulator: 11-13

Extreme Regulator: 14-18

Bi-Polar group: People whose moderate scores are composed of a combination of high and low scores constitute a separate group

* This 1992 questionnaire has been modified to assess beliefs rather than activities. It therefore can be used earlier than 6 months. Italicized words only (no scoring notes/numbers) should appear on the questionnaire.

APPENDIX 4

SUMMARY STATISTICS

APPENDIX 4

QUESTIONNAIRE	χ^2 CALCULATION	$\alpha = 0.01$
Q1	38.0	*
Q2	64.5	*
Q3	42.4	*
Q4	57.2	*
Q5	19.5	*

df = 3 . 0.05 *

THE NUMBER OF PARTICIPANTS RECORDING PARTICULAR BOOKS OR MAGAZINES WHICH THEY FOUND EDUCATING ABOUT PREGNANCY OR PARENTHOOD:

MAGAZINE	NUMBER OF PARTICIPANTS
Fairlady	2
Femina	1
Living and Loving	35
Your Family	2

BOOKS BY AUTHOR	NUMBER OF PARTICIPANTS
Shelia Kiteinger	2
Marina Petropolous	14
Miriam Stoppard	7