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**THE TRANSITION TO MOTHERHOOD: A PHENOMENOLOGICAL STUDY OF  
WOMEN'S EXPERIENCES AS FIRST TIME MOTHERS**

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A Dissertation Submitted to the School of Graduate Studies of the  
University of Ottawa as Partial Fulfillment of the Requirements  
for the Degree of Doctor of Philosophy

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## DEDICATION

This work is lovingly dedicated to my late grandfather, Gordon Morris, "my papa", whose unconditional love gave me the confidence to dream and to my parents, my mother, Lottie Cudmore, and my father, Vernon Cudmore, who have always been there for me and who have provided encouragement and support from a distance.

It is also dedicated to my husband and best friend, Richard Voss, who has patiently travelled this long and often arduous road by my side, shouldering far beyond his share of household and parental responsibilities and providing endless encouragement and support. Your caring and thoughtfulness have never ceased to amaze me.

Finally, I dedicate this work to my beautiful daughters Emily, whose presence inspired the project, and to Sarah, whose cheerful and accepting demeanor facilitated its completion. Your presence kept me centered and ever mindful of life's blessings. I love you both beyond reckoning.

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## ABSTRACT

The transition to motherhood is a transformative experience in a woman's life that has generated increasing interest as a subject of research. The majority of studies that have investigated the phenomenon of first time motherhood employ traditional research methods which tend to fragment the woman's lived experience of becoming and being a mother. Consequently, they provide little in-depth understanding of the meaning of new motherhood as lived by the woman.

The present study explored the phenomenon of first time motherhood using a discovery oriented, phenomenological approach, which seeks to gain an in-depth understanding of the nature and meaning of phenomena as lived and experienced by human beings. The phenomenological method systematized by Giorgi (1985), and based on the phenomenological methods of both Husserl and Merleau-Ponty was used. Written and oral descriptions of four new mothers were analyzed and situated meaning structures as well as a general meaning structure of the phenomenon of becoming and being a mother were articulated.

The findings of this study revealed the general meaning structure of new motherhood to include the following interrelated dimensions: (1) The emergence of a profoundly close and loving relationship with one's baby which includes a shared emotional world between the new mother and her baby, a deep and primordial need to protect her baby from harm, a sense of responsibility and commitment to care for her baby now and in the future, and feeling captivated by the very presence of her newborn; (2) Living with one's child as an enduring presence which includes a sense of responsibility and caring in the baby's presence as well as in his absence, experiencing her "self" as second to her baby, and a loss freedom for herself; (3) Experiencing an

expanding horizon of interrelatedness that involves a new feeling of closeness in the mother's relationships with others, in particular with her spouse but also with other family members and new mothers generally, grounded in shared experience and mutual understanding.

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## INTRODUCTION

Know, Ariel: We have always been separate. While I was  
pregnant. During labor. From the moment you were born.  
Always I had some sense of your utter separate reality.  
And who could be closer than we two?  
(Chesler, 1979, p. 282)

Motherhood is an age-old role that continues to occupy an important position in the lives of most women. Despite the growing rate of voluntary childlessness, the majority of women still become mothers and motherhood continues to be a significant part of most women's identities.

Over the years, however, the role of mothers has changed considerably. Prior to the latter part of the 18th century, a woman's role as mother involved more childbearing than childrearing. Most women became mothers at a young age and gave birth to many children. Rarely, however, were they the primary caretakers of their children. Childrearing was a task that was shared with family members, servants, wet nurses or other adults in the child's life. Housekeeping, with all the manufacturing it involved, demanded much more of the woman's time and was more highly valued than childrearing as it contributed to the survival of the family (Rhodes, 1987; Scholten, 1985). The idea that childhood was a special time with special requirements best provided by mothers had not yet emerged. On the contrary, children were viewed as little adults and received minimal care and little or no tenderness from parents (Aries, 1962, Mook, 1977). Thus, although women gave birth to many children, caring for them was not a central part of the motherhood role.

During the late 18th and early 19th centuries, women assumed increasing responsibility for the care and nurturance of their children. Industrialization and the removal of production out of

the home lessened the work of housekeeping, providing women with more time for childrearing (Scholten, 1985). More importantly, children, and therefore childrearing, developed new importance within society. Children came to be seen as unique individuals worthy of parental care and guidance. The elevated position of the child within society placed new demands on the family and led to the emergence of the nuclear family as the appropriate domain for childrearing (Mook, 1977). Although both mothers and fathers became more involved with their children, the societal belief that the mother was the parent most "naturally" suited to nurture young children resulted in women becoming the primary caregivers (Scholten, 1985). Thus, at the same time that childrearing became an important societal concern, it also became a central part of the motherhood role. By the middle of the 19th century, the view of mother as primary caregiver was well established. Motherhood acquired the status of a vocation and was seen as a woman's most valued role. Being a mother was the essence of Victorian womanhood. In the words of one historian, being a mother was a "woman's one duty and function...that alone for which she was created" (Ryan, 1983, p. 143).

The latter half of the 20th century has witnessed significant changes in the lives of women, including their roles as mothers. More than ever before, the role of motherhood involves choice. A woman can choose not only whether to become a mother but also when, as well as the number of children she desires. In contrast to previous generations of women, mothers today have fewer children and are more often older when they have their first child (Birns & Hay, 1988). In addition, late 20th century mothers face a unique dilemma. Like their 17th century counterparts, the majority of mothers today occupy an important economic role within the family. Unprecedented numbers of women with young children are now employed outside the

home and share the responsibility for childcare with other adults (Ghalam, 1993). At the same time, the welfare of children has become an increasingly important societal concern, resulting in each child and the work of raising them assuming much greater importance. Furthermore, the Victorian belief that the mother is the person best suited to nurture one's children, although no longer prevalent, continues to influence our ideas about motherhood despite the increasing number of women in the paid labor force. The result is that motherhood in the late 20th century has become a very challenging role for women. As such, it has generated much interest as a subject of study.

My own experience as a new mother provided the inspiration for the present study. Becoming a mother was a profound experience for me that completely changed my life. Despite my familiarity with motherhood and my preparations for my own experience, I encountered unexpected emotions and new experiences as I made the transition into motherhood. It was the depth of the transition as well as the surprise I felt in response to such a familiar, everyday life experience that evoked my interest in the subject of motherhood.

The majority of the early literature on motherhood focuses on the mother as a socializing agent, examining the role of the mother in the development of the child. The emergence of a life-span developmental psychology provided the framework for research on the impact of the motherhood role on the woman's adult development. Much of this research concerns itself with the negative impact of motherhood for the woman, in particular, women's dysfunctional response to new motherhood. Recent empirical studies explore first time motherhood as a period of normal transition, focusing on the effect of new motherhood on various aspects of the woman's

life and functioning. The majority of these studies highlight the impact of first time motherhood on one's marital relationship and employment status.

In addition to this growing body of research, numerous books comprising women's stories of motherhood have been published over the last twenty five years (eg. Chesler, 1979; Friedland & Kort, 1981; Harrison, 1986; Jackson, 1992; Radl, 1987). Unlike the mainstream empirical research, which tends to provide a fragmented and incomplete picture of new motherhood, these books offer eloquent and rich descriptions of women's experiences of becoming mothers and caring for children. Although valuable and insightful, these stories do not comprise rigorous and systematic qualitative research efforts to understand the essential nature of the phenomenon of first time motherhood as lived in everyday experience. Thus, we continue to have little in-depth scientific understanding of the nature and meaning of becoming and being a mother. What does it mean to be a first time mother? What is the essence of the transition to motherhood? Questions regarding the nature and meaning of human phenomena point to a search for understanding and call for a research approach that aims to understand the meaningfulness of human experience as it is lived. The phenomenological approach, which is part of the human science tradition introduced by Dilthey at the end of the 19th century, is such an approach.

As a human science, phenomenology is concerned with the study of phenomena as they are lived and experienced by human beings. As such, it accepts the fundamental inseparability of the person and his/her world and is therefore intrinsically different from the natural sciences. At the same time, phenomenology is committed to the basic principles of science in that it strives to be systematic and rigorous in its exploration of the phenomena of the lived world.

Phenomenology seeks to gain a more in-depth understanding of the nature and meaning of our everyday experiences. It is a systematic attempt to explicate through description the inherent meaning structures of phenomena as experienced in the life world. In short, phenomenological research is a search for what it means to be human; to come to a fuller grasp of what it means to live experientially in the world as a man, a woman, a child or, in the case of the present study, a first time mother (van Manen, 1990).

Phenomenological studies exploring the subject of first time motherhood are in their infancy. Those that have been completed focus primarily on the experiences of pregnancy and childbirth, or the expectant stages of motherhood, rather than on the phenomenon of new motherhood per se. To address this paucity of research, we have undertaken a phenomenological study of women's experiences as first time mothers. As an in-depth study, its aim is to enrich our understanding of what it means to live in the world as a new mother. The phenomenological method used in the present study has been systematized by Giorgi (1985).

The first section of the dissertation reviews and evaluates the mainstream and phenomenological literature on motherhood. The research approach and methodology section presents the philosophical foundations and basic characteristics of phenomenological research, a rationale for a phenomenological approach and the phenomenological research method used in the present study. The section on research results presents the situated structures for the individual subjects as well as the general psychological structure of the phenomenon of becoming and being a mother. Finally, the discussion section involves a dialogue between the findings of the present study and relevant mainstream as well as phenomenological literature.

The implications of the present study and the limitations of the study and suggestions for future research are also presented.

## REVIEW OF THE LITERATURE

The literature which explores the phenomenon of first time motherhood is a large but scattered body of information comprising research from a variety of disciplines and orientations. Within this literature, several perspectives on motherhood can be identified. In the following review, five of these perspectives will be presented and discussed.

The first perspective is based on literature from the field of child development that has explored the early mother-child relationship. This perspective focuses on the mother as an important influence on the developing child. The second perspective, which comes primarily from life-span developmental psychology, sees motherhood as an important stage in the woman's adult development. The view of parenthood as a crisis event is a perspective that emerged from sociological studies exploring the impact of parenthood on the family. The clinical perspective comprises studies of women's dysfunctional response to motherhood and provides a picture of motherhood as a precipitant of psychopathology in women. The view of new motherhood as a period of normal transition is the perspective underlying the majority of current research on motherhood. Quantitative and qualitative studies of first time motherhood will be reviewed in this section.

Phenomenological research on motherhood is also beginning to emerge. Studies exploring expectant motherhood, ie. the periods of pregnancy and childbirth, will be discussed. A critical evaluation of the literature on motherhood as well as the aim of the present research study will conclude the review.

### Motherhood and Child Development

Until the middle of this century, psychological interest in the study of motherhood was limited to questions about the role of the mother in the development of her children.

Developmental psychology emerged as a formal discipline during the late 19th and early 20th centuries as a consequence of the improved status of the child within society and advancements in systematic methods necessary for the scientific study of the child. At that time, society regarded mothers as the primary caretakers and the most significant influence in the child's life. As the field expanded and knowledge about child development increased, the role of the mother in the development of the child naturally came under close scrutiny.

Among the theories that attempt to understand and explain human relationships, especially that between a mother and her child, the one that has had perhaps the most influence on 20th century thought is psychoanalysis (Birns & Hay, 1988). Psychoanalytic theorists not only believe that mothers are important to their children's development, they maintain that mothers have a special and irreplaceable role in the child's life. Although Freud's ideas about mothers were very preliminary, they provided a starting point for later elaborations of his theory.

Freud's (1940) psychoanalytic theory was the first to emphasize that early life experiences strongly influence subsequent psychological functioning. Although Freud acknowledged the strength of the mother-infant relationship, he did not elaborate on the role of this early relationship in the individual's psychological development. Freud focused on his belief that all human behavior is primarily motivated by the need to satisfy instinctual needs. For him, it was the strength of the instincts and the conflicts they engendered in interaction with the ego and the superego that were the primary forces shaping the individual's development.

In comparison to Freud, the object relations theorists (Mahler, Pine & Bergman, 1975; Winnicott, 1965) emphasized the role of the mother-infant relationship. They revised orthodox Freudian theory in several ways, the most important of which was the replacement of Freud's instinctual drive model by an "object-seeking" model. For the object relations theorists, it was the "object" of the drives that was critical. These theorists believed that the mother-infant relationship forms the basis of emotional and psychological development and that the mother plays a significant role in the initial formation of the self in infancy. Mahler et al. (1975) wrote that it is the fusion with and subsequent separation from the mother that represents the beginning of self-identity.

One of the most influential figures in the psychoanalytic movement was the pediatrician and child analyst D. W. Winnicott. More than any of the analysts, Winnicott (1965, 1970) stressed the role of the mother as the primary agent of the infant's well being and later psychological health. He believed that it was the mother's behavior and her competence in providing the child with the ideal environment that is the critical factor in determining the infant's normal or pathological development. Winnicott (1965) wrote that it is through "good enough mothering" or the mother's natural ability to sensitively assess and adapt to the infant's needs, that the infant gradually develops a sense of separateness, independence and healthy ego functioning.

As a psychoanalyst trained in the object-relations tradition, Bowlby (1969) was also convinced of the importance of the mother-infant relationship in the development of the self and later social behavior. He was critical of the theory's inadequate empirical basis, however, and became captivated by the imprinting studies of ethologist Konrad Lorenz and the research of

Harry Harlow, an animal learning theorist studying attachment behavior in rhesus monkeys. Drawing heavily on this research, Bowlby was able to formulate and provide an empirical basis for his attachment theory (Paterson & Moran, 1988).

According to Bowlby (1969), the bond between a mother and her infant is an innate, primary need which serves the biological function of survival. Infants are biologically prepared to perform behaviors (ie. crying, smiling) that will elicit caregiving from the mother and mothers are likewise prepared to respond to the infant's signalling behavior with caregiving behavior. Through repeated interactions with the attachment figure, the infant forms internal representations of the self and others. These "internal working models" (Bowlby, 1973) subsequently form the basis for future relationships. The "model of the self" structures expectations about one's own role in relationships while the "model for others" serves as a template for future relationships, forming the fundamental assumptions and beliefs about how others will behave. Thus, a child neglected by her mother in infancy may develop a model of the self as unworthy and view others as uncaring and unresponsive.

The above theories clearly suggest that the mother plays an influential role in the early emotional and social development of the infant and that her influence extends beyond infancy, accounting for much of the individual's subsequent psychological functioning. Over the years, the psychoanalytic view of the mother-child relationship, particularly Bowlby's theory, has engendered much research. The work of Mary Ainsworth and her colleagues deserves mention, as it represents the first empirical support for Bowlby's attachment theory and the psychoanalytic perspective generally.

As a colleague of Bowlby's, Ainsworth was greatly influenced by his ideas. Ainsworth is credited with devising one of the first and certainly most famous procedures for assessing individual differences in attachment, ie. the "strange situation technique" (Ainsworth & Wittig, 1969). In a now classic study, Ainsworth, Blehar, Waters & Wall (1978) determined that children are either securely or anxiously attached and that these attachment styles are associated with the mother's caretaking style. Mothers of securely attached children were found to be more responsive to the feeding signals and the crying of their infants, and to readily return the infant's smiles. Mothers of anxiously attached children were inconsistent, unresponsive, or rejecting. Thus, the attachment patterns that Ainsworth observed in her laboratory appeared to be directly related to the way the babies were being raised.

Ainsworth's work is important as it lends empirical support to Bowlby's theory and has inspired numerous studies investigating the extent of the mother's influence on the child's development. Although variables other than a mother's care are now recognized as important influences on the child's development, research continues to suggest that maternal behavior, attitudes and personality shape and determine the behavior and the mental health of children (Birns & Hay, 1988).

#### Motherhood as a Developmental Phase

For many years, academics working in the field of developmental psychology concentrated almost exclusively on the periods of childhood and adolescence. This emphasis was due in part to the interest within developmental psychology in age related and maturational changes over time which are naturally more apparent during the early years of development. It was also related to the belief that the adult years are static; that adulthood is merely a

continuation of what was established in childhood. Freud's assertion that the foundation for adult personality is laid during the early years of childhood contributed largely to this belief (Okun, 1984).

By the middle of this century, however, a life-span developmental perspective began to emerge and brought into question the view of adulthood as a stable phase of life void of developmental processes. This view suggested that human beings change throughout their lives as they live through critical life experiences and that personality is a constantly changing phenomenon. Erikson (1959, 1963) was one of the first analysts to attempt a formulation of a developmental theory for the entire life cycle. His psychosocial theory of human development is well known and has contributed greatly to the view that the adult years are a time of change and growth.

The emergence of a life-span perspective in developmental psychology created a heightened interest in adult development and socialization and provided a framework for questions about parenthood and its impact on adult development. Much of the early research exploring changes in the woman's psychological development over the transition to parenthood comes from psychoanalytically oriented researchers using a case study approach. These theorists, primarily women, wrote extensively about female reproductive psychobiology, advancing a view of pregnancy and early motherhood as experiences that activate and maintain a developmental process in the parent (Benedek, 1959; Bibring, 1959; Deutsch, 1945). According to this view, motherhood is an important phase of adult female development as it revives in the woman conflicts of earlier developmental periods with which she must deal. Resolution of these conflicts leads to a new level of psychological maturity and integration. If this new

reorganization is not accomplished, however, the result is a generally less satisfactory level of functioning which can lead not only to problems for the woman herself but also to problems in the mother-child relationship. Pregnancy and early motherhood are thus seen as a time of normal psychobiological crisis for women, the completion of which is a necessary component of full maturity and healthy ego development.

#### Parenthood as a Crisis Event

During the middle part of this century, family sociologists became absorbed with the question of how families respond to various types of crises. Researchers investigated crises ranging from those of extra-family origin, such as war and unemployment, to intrafamily crises such as death, divorce and remarriage. Hill (1949) was the first to suggest that the arrival of a first child could precipitate a crisis for married couples in that it was an abrupt change that made old patterns inadequate and necessitated immediate change in the family system. Hill's suggestion led to a series of sociological studies based on the theoretical notion that becoming a parent represented a time of crisis for men and women (Dyer, 1963; Hobbs, 1965; LeMasters, 1957).

In the first of these studies, LeMasters (1957) argued that the arrival of a first child constituted a crisis since adding a new member to the family forced a reorganization of the family system. LeMasters defined crisis as "any sharp or decisive change for which old patterns are inadequate" (1957, p.353). His interviews with 57 married couples who had become parents during the previous five years revealed that 83% retrospectively reported extensive or severe crisis in adjusting to their first child. In a replication of the LeMaster's study, Dyer (1963) found 53% of the couples in his sample experienced severe or extensive crisis, providing support for

the hypothesis that first time parenthood is associated with considerable stress. In contrast, Hobbs (1965) failed to replicate the above findings. Using a questionnaire rather than an interview to assess the degree of crisis, Hobbs found the majority of couples in his study experienced only a slight crisis.

Other researchers became embroiled in the debate over whether becoming a parent constituted a "crisis", whether it was instead a "normal" crisis or whether the crisis aspects had been overemphasized (Jacoby, 1969; Meyerowitz & Feldman, 1966; Rapoport, 1963). This debate continued despite many suggestions that it was time to move beyond the notion of crisis. Rossi (1968) believed there was an incongruity in speaking of any crisis as normal. She argued that the concept of "normal crisis" should be dropped and replaced with the notion of the transition to and impact of parenthood. Likewise, Hobbs and Cole (1976) suggested that it may be more accurate to conceptualize beginning parenthood as a period of transition which is somewhat stressful rather than as a crisis experience. The conceptualization of motherhood as a period of normal transition is well integrated into the current literature today. However, the "parenthood as crisis" debate focused research and writing about the transition to parenthood on the notion of crisis for three decades.

#### Motherhood and Psychopathology

Relevant to the formulation of parenthood as a crisis event is the research which has focused on motherhood as a precipitant of psychopathology in women. Most of this research is based upon a medical or clinical model of motherhood, which views pregnancy, birth and the postpartum period as a period of increased physical and psychological vulnerability that under certain stresses can result in severe emotional problems. Research conducted from this

perspective concerns itself with mothers "at risk" and focuses on identifying and explaining the psychological syndromes which may affect women during pregnancy and particularly, in the postpartum period.

Zilboorg (1931) published one of the first reports of postpartum depressive reactions to new parenthood concluding that parenthood represented too great an emotional burden for the mothers and fathers in his study. Since that time, numerous studies focusing on motherhood as a precipitant of psychopathology in women have been completed providing converging evidence that women are at increased risk for the development of a psychiatric disorder during the postpartum period (Cutrona, 1982; Fleming, Ruble, Flett & Wagner, 1990; Hopkins, Marcus & Campbell, 1984; Murray & Gallahue, 1987; Parlee, 1978; Yalom, Lunde, Moos & Hamburg, 1968). Although a complete review of this literature is beyond the scope of this dissertation, the three postpartum syndromes which have been identified within the literature will be discussed in terms of their incidence, duration and symptomatology.

Postpartum psychosis is the rarest of the postpartum disorders, occurring in approximately one to two women per thousand deliveries. It is also the most severe. Psychotic episodes after childbirth are highly disabling; the woman is unable to care for her infant and hospitalization is generally required. Onset of the psychosis usually occurs within 6 weeks after childbirth. The symptoms of psychoses that develop following childbirth are not significantly different from those found in cases that develop independently of childbirth, with the exception that delusions may reflect concerns about childbirth and childcare. Due to the relatively rare occurrence of this disorder and the absence of specific symptoms, most researchers have concluded that postpartum schizophrenia and nonpostpartum schizophrenia are fundamentally

the same illness. Thus, while the psychological and/or physical stress of childbirth is viewed as the precipitant, a genetic or developmental vulnerability to psychosis is present among women who develop postpartum psychoses (Herzog & Detre, 1976; Hopkins et al., 1984; Protheroe, 1969).

The second postpartum syndrome, postpartum depression, is characterized by symptoms of depression and anxiety that persist beyond the first week postpartum, lasting anywhere from two weeks to a year or more (Murray & Gallahue, 1987). Prevalence estimates for postpartum depression range from 3% to 33% depending on the diagnostic methods used (Cutrona, 1982). Hopkins et al. (1984) suggest that data from recent studies using more rigorous assessment strategies indicate that about 20% of women experience a clinical depression in the postpartum period. Preliminary studies suggest that the symptoms of postpartum depression are somewhat different from those of depression not occurring in the postpartum period. Pitt (1968) found that women suffering from postpartum depression more frequently had problems falling asleep than awakening too early in the morning, experienced more severe mood swings in the afternoon and evening than in the morning and rarely expressed feelings of hopelessness or despair but frequently experienced feelings of guilt and inadequacy. Other findings suggest that suicidal ideation is a relatively infrequent symptom of postpartum depression (Hopkins & Campbell, 1984). Despite this evidence, Cutrona (1982) states that due to the wide variation in diagnostic criteria and poor description of symptoms, postpartum depression remains a poorly defined disorder.

The third postpartum syndrome is referred to as "postpartum blues". It is characterized by tearfulness and episodes of crying, dysphoria, anxiety, irritability, feelings of inadequacy and

inability to cope and emotional lability. The crying spells may be intense and prolonged and often occur for no apparent reason (Murray & Gallahue, 1987; Pitt, 1973; Yalom et al., 1968). This is a transient form of postpartum depression that develops most often in the first few days following childbirth, with peak onset on day three. For most women, symptoms are present for all or part of one to three days, although for a minority of women, symptoms continue for a week or more. Postpartum blues is a common phenomenon with prevalence estimates ranging between 50 and 70 percent (Cutrona, 1982; Pitt, 1973). It is, therefore, not considered a psychiatric disorder. The relationship between postpartum blues and more prolonged depression is not clear. It is not known whether postpartum depression is caused by a failure to recover from initial blues or whether postpartum blues and postpartum depression are actually two separate syndromes (Cutrona, 1982).

Studies which have examined the relationship between number of children and the above syndromes are of particular interest to the present project. Pitt (1968) found postpartum depression more likely among first time mothers while Martin (1977) found depression less prevalent among new mothers. Similar findings have been reported for postpartum blues. Two studies found blues more common among first time mothers (Gelder, 1978; Yalom et al., 1968), one study found blues less common among first time mothers (Jarrahi-Zadeh, Kane, Van DeCastle, Lachenbruch, & Ewing, 1969), and one study found no relationship (Pitt, 1973). It remains to be seen whether first time mothers are at greater risk for developing either postpartum blues or depression.

### Beginning Motherhood as Normal Transition

Research which has explored the transition to motherhood within the last twenty years is based on a view of new motherhood as a period of normal transition in the woman's life. This research, which emanates from several disciplines, explores the effect of first time motherhood on the functioning and life of the woman. Both quantitative and qualitative studies of new motherhood have been carried out.

#### Quantitative Studies of New Motherhood

Numerous quantitative studies examining the impact of first time motherhood on the woman have been completed. In an attempt to provide some order to this body of research, the findings have been organized into three general categories: the effect of becoming a mother on the woman's personality development and sense of self, the impact of new motherhood on the woman's relationships, and the social impact of first time motherhood.

The psychological impact of new motherhood. Research that has explored the effect of new motherhood on the psychological development of women has identified various aspects of personality that appear to be influenced by the motherhood experience. Findings regarding changes in women's personal maturity, self-identity, self-esteem and sense of control are presented. Increased maturity has been cited as a psychological outcome of new motherhood. The psychoanalytic view of motherhood as a developmental experience which enables women to achieve a higher level of intrapsychic integration and psychological maturity has found support in recent research. Sherefsky and Yarrow (1973) and Mercer (1986) observed improved levels of personality integration following the birth of the first child and cite this as evidence of developmental maturation and growth in mothers. Studies also suggest that women view

motherhood as the event marking their entrance into adulthood (Hoffman, 1978; Leifer, 1977). The majority of women in Leifer's (1977) study felt ambivalent about the entrance into a new life stage while those in Hoffman's (1978) study reported feeling either positive or negative about their new status. Women who viewed this status change as negative more frequently cited the increase in responsibilities and worries and the loss of freedom that caring for others entails (Hoffman, 1978).

Another area of psychological change centres around the woman's identity. Becoming a mother means taking on a new identity. Taking on a new identity involves a complete rethinking of self. Grossman, Eichler & Winickoff (1980) have suggested that the psychological task of adjusting to one's first baby is an enormously difficult one, in part, because the woman must enlarge her identity to include the role of mother and integrate this new role into her sense of self. Rubin (1967) argues that accepting the maternal identity involves redefining the self, not through expanding one's identity, but by relinquishing earlier roles and grieving the loss of the nonmother self. Although limited in number, the research does suggest that becoming a mother involves the reorganization of one's identity (Cowan, Cowan, Coie & Coie, 1978; Cowan et al., 1985; Leifer, 1977). Cowan et al. (1985) found that being a parent became a much larger part of women's identities than men's during the transition to parenthood, whereas one's view of oneself as a partner/lover and professional/worker declined.

Research has also explored the impact of motherhood on the woman's self-esteem. Some studies report that self-esteem declines for new mothers (Entwisle & Doering, 1981; Mercer, 1986), while others report improvements in self-esteem (Leifer, 1977; Fawcett, 1978). Curry (1983) found that women who adapted easily to motherhood reported an increase in self-esteem

whereas women who had more difficulty adapting did not experience an increase. Still other studies have found self-esteem to be a remarkably stable characteristic (Leifer, 1980; Cowan et al., 1985).

Changes in one's sense of personal control is an area of personality functioning that has received some attention. Mikus (1981) found that mothers of young children felt less in control of their lives than women without children. In the sample of mothers, a negative response to motherhood was correlated with a strong sense of being able to run one's life. Sirignano and Lachman (1985) found that changes in feelings of self-control were related to infant temperament as perceived by parents. Mothers who perceived their babies as difficult temperamentally reported a loss of perceived control, whereas mother's who perceived their infants' temperaments as easy did not.

Although the extent and range of the impact of new motherhood on women's psychological development has yet to be thoroughly investigated, existing research suggests that becoming a mother is associated with increased maturity and a redefinition of self-identity. Research into the effect of first time motherhood on women's self-esteem and sense of control remains inconclusive.

The impact of new motherhood on women's relationships. Much of the research investigating the transition to the parental role has focused on the impact of the first child on the marital relationship. The effect of first time parenthood on other significant relationships, such as the relationship with one's family of origin, one's friendships etc., has been studied less frequently. Research which addresses the impact of new motherhood on women's marital relationships and on their relationships with their families of origin is presented below.

An important question that has occupied researchers over the last 20 years is whether the birth of a first child causes negative change in the marital relationship. Early cross-sectional studies suggest a negative relationship between presence of children and marital satisfaction (Hicks & Platt, 1971; Spanier & Lewis, 1980). Longitudinal studies are also beginning to demonstrate that marital satisfaction declines early in the transition to first time motherhood. Although a few studies show nonsignificant declines in new mothers' satisfaction with their marriages (Ryder, 1973; White and Booth, 1985), the majority of studies using prebaby and postbaby marital measures report significant declines in marital satisfaction as measured by observer ratings of marital adjustment (Shereshefsky & Yarrow, 1973), researcher created marital quality questionnaires (Feldman & Nash, 1984; McHale & Huston, 1985; Monk et al., 1996; Ruble, Fleming, Hackel & Stangor, 1988; Wilkinson, 1995) and the Locke-Wallace or Dyadic Adjustment Scale (Belsky, 1985; Cowan et al., 1985; Cowan & Cowan, 1988; Grossman, Eichler & Winickoff, 1980; Terry, McHugh & Noller, 1991).

What aspects of the marital relationship do new mothers report being dissatisfied with?

Studies indicate that first time mothers report more arguments with their spouse, sexual difficulties, a decrease in time spent with their husbands (Feldman & Nash, 1984), experiencing less positive feelings for their husbands (Ruble et al., 1988), being less satisfied with their interaction with the spouse and less in love (McHale & Huston, 1985) and an increase in marital stress and conflict (Cowan et al., 1985; Cowan & Cowan, 1988; Miller & Sollie, 1980). It has been suggested that the changes in marital satisfaction reported by women after the transition to motherhood may be a reflection of the decrease in marital satisfaction that occurs over time in marriages rather than a result of the birth of the first child. Unfortunately, few of the longitudinal

studies cited above employ a childless comparison group and, therefore, cannot address this issue. Those that do provide conflicting results. A few studies found a general decrease in marital quality for both first time mothers and childless wives over time, suggesting that negative changes in the marital relationship are independent of the births of children (MacDermid, Huston & McHale, 1990; McHale and Huston, 1985; White and Booth, 1985). Cowan et al. (1985), however, employed a childless comparison group and found greater negative change reported by those women that had a child.

An important area of change for first time mothers that is thought to be related to the decline in marital satisfaction involves the shift toward a more traditional, gender-stereotypic division of roles after the baby's birth. A number of studies indicate that regardless of whether couples were egalitarian or traditional before parenthood, they shifted toward a more traditional allocation of tasks once the baby was born (Cowan, Cowan, Coie & Coie, 1978; Cowan & Cowan, 1988; Hoffman, 1978; McHale & Huston, 1985; Ruble et al., 1988). This shift was most marked with respect to household tasks. McHale and Huston (1985) state that the transition to parenthood increased the workload at home for both men and women, but the increase was considerably greater for women. The increase for women involved more of the kinds of tasks that traditionally have been done by women (ie. cooking, cleaning, laundry). Hoffman's (1978) study similarly revealed that both nonworking and working mothers reported less help from their husbands than their childless counterparts. Hoffman argues that one effect of the first child is the increased separation of functions between husband and wife. The economic support of the family moves more exclusively to the husband and the household tasks move more exclusively to the wife.

This shift toward a more traditional division of roles is not limited to household responsibilities. A woman's role in decision making decreases after she becomes a mother (Cowan et al., 1978; Hoffman, 1978) and she less frequently initiates sexual activity (Cowan et al., 1978). More importantly, the bulk of the childcare responsibility typically falls to the new mother (Cowan et al., 1978; Ruble et al., 1988). Cowan et al. (1978) write that even couples who expected to share childcare found that, within several weeks after delivery, the woman took on these chores, regardless of whether she was breastfeeding or employed. The findings of Cowan et al. (1985), that the role of parent becomes a much larger part of women's psychological sense of self than men's, are not surprising given that women assume responsibility for most of the childcare. Recent studies have suggested that the discrepancy between a woman's expectations concerning division of labor before parenthood and her actual experience of division of labor postpartum are associated with marital dissatisfaction for women (Belsky, 1985; Ruble et al., 1988; Terry et al., 1991). Interestingly, Cowan et al. (1985) revealed that women's view of themselves as partner/lover declined more than a man's after parenthood.

Taken together, the research suggests that new mothers see themselves as mothers first and wives second. The relationship with their infant takes priority over their marital relationship, with which they become less satisfied. The domestic and childcare responsibilities increase significantly, resulting in a more traditional role for new mothers, perhaps contributing to the decrease in marital satisfaction.

Research which has explored the impact of first time motherhood on other significant relationships suggests that one effect of new motherhood appears to involve a renewed interest in the family of origin, especially one's parents. All but one of the studies exploring this issue

revealed that new mothers report an increase in the amount of contact with extended family as well as improved relations with one's parents (Cowan et al., 1978; Feldman & Nash, 1984; Hoffman, 1978). Cowan et al. (1978) suggest that a new baby forces a shift in identity from the self as a child of one's parents, to the self as a parent of one's child. As women assume their maternal identity and role they develop a more sympathetic identification with their own mothers. The only study to employ a childless comparison group found no difference in parents' and nonparents' involvement with extended family (McHale & Huston 1985).

The social impact of new motherhood. All women who become mothers experience changes in the social fabric of their worlds. The effect of first time motherhood on women's employment as well as changes in daily lifestyle that occur after the first birth are two areas that have been explored in the research.

In recent years the percentage of married women in the labor force has steadily increased, resulting in unprecedented numbers of women with children becoming employed. In 1991, 63% of women with children under age 16 were employed, compared to 50% in 1981. Although labor-force participation rates have increased for all married women, the most dramatic growth has been among women with preschool aged children. Just ten years ago, 42% of mothers with children under age 6 were in the labor force; by 1991, 57% were employed (Ghalam, 1993).

Not surprisingly, female labor-force participation, and especially that of mothers with preschoolers and infants, has been the focus of a growing body of research. Much of this research has investigated how maternal employment influences the development of children (Gold & Andres, 1978; Gottfried & Gottfried, 1994; Hock, 1980; Hoffman, 1963; Lerner &

Galambos, 1986, 1991). While this continues to be an important topic of study, other questions, such as how becoming a mother affects the woman's employment status, have been explored.

Studies which have investigated the effect of becoming a mother on a woman's employment pattern suggest that many women leave the labor force, at least temporarily, when their first child is born (Cowan et al., 1985; Hoffman, 1978; Waite, Haggstrom & Kanouse, 1986). A longitudinal study of women's employment in the period before and after the first birth revealed that labor force participation of married women drops from about 75% one year prior to the birth to about 20% in the month when the birth occurs. Follow-up analyses revealed that while many mothers return to their jobs during the two years following the birth of their first child, employment rates remain 40% below their previous levels (Waite, Haggstrom, & Kanouse, 1986).

Do these changes represent temporary accommodations to the demands of childrearing or relatively permanent shifts in a woman's employment goals and status? Studies suggest that whether a woman returns to the labor force after the first child or remains a full-time mother and homemaker, even temporarily, depends on a number of variables. Economic necessity has been identified as an important factor. Women whose husbands have relatively high incomes have consistently lower labor force participation rates than women in lower income groups (Greenstein, 1986). Higher educational levels and prebirth involvement in the labor force have also been positively related to labor force participation after the first birth (Avioli, 1985; Cotton, Antill, & Cunningham, 1990; McLaughlin, 1982). The number of months a woman is employed during her pregnancy has been identified as a variable. Owen and Cox (1988) and Pascual, Haynes, Galperin and Bornstein (1995) found that women who worked for most of their

pregnancy reentered the labor force very soon after their baby was born, whereas women who quit their job early in pregnancy tended not to return to work. The work history of the woman's mother is another variable which has been identified, although not consistently. Amstey & Whitbourne (1988) found that the majority of women who returned to work full or part time had mothers who worked, a finding which did not hold for the women who remained at home. In contrast, Cotton et al. (1990) found no relationship between work activity of the mother and the woman's labor force participation. Finally, women who are career oriented or express a favorable attitude toward working tend to return to the labor force in greater numbers than those who are not (Amstey & Whitbourne, 1988; DeMeis, Hock & McBride, 1986; Hock, Morgan & Hock, 1985). In fact, attitude toward employed mothers has been found to have a greater effect on women's labor force participation than any of the above variables (Greenstein, 1986; Waite & Stolzenberg, 1976). According to these studies, returning to work soon after a birth is primarily a function of positive attitudes about mothers in the workplace.

As is evident from the above summary, research in this area has concentrated on determining which demographic and attitudinal variables will affect a woman's labor force participation after the first birth. Interestingly, none of these studies have explored the effect of the mothering role on the woman's decision to return to work or remain at home. Overlooking the effect of the mother's growing relationship with her infant is, in my opinion, the greatest shortcoming of these investigations.

Studies which have addressed this issue suggest that while the mothering role takes precedence over the career role in the early postpartum months, it has no clear effect on women's later labor force participation. Researchers have shown an increased salience of motherhood and

a decreased salience of employment during the early months of motherhood among both home oriented and career oriented women (Daniels & Weingarten, 1982; DeMeis et al., 1986; Hock, Gnezda, & McBride, 1984; Hock et al., 1985). In fact, Hock et al. (1984) found that a woman's preference for remaining at home with her infant actually increased during the first three months. However, the few longitudinal studies which have been completed suggest that postpartum employment is not affected by the woman's experience of motherhood (DeMeis et al., 1986; Hock et al., 1985).

Research investigating the transition to motherhood consistently reports changes in two specific areas of women's daily functioning. A number of studies have found that time deprivation becomes an issue after the birth of the first child. McHale and Huston (1985) found that the personal leisure time of women decreases after the first child compared to childless women. Mothers in several other studies reported having less time for socializing and visiting friends, for solitary activities such as reading a book or relaxing, and to be alone with their husbands (Feldman and Nash, 1984; Hoffman, 1978; Monk et al., 1996). Sleep deprivation also appears to be an issue. Women report feeling fatigued and exhausted because of little or interrupted sleep from getting up at night with the baby (Feldman & Nash, 1984; Mercer, 1986).

#### Qualitative Studies of New Motherhood

Relatively few qualitative studies of first time motherhood could be found in the literature. LaRossa and LaRossa (1981) conducted a study on the transition to parenthood that sought to explore the patterns of interaction in families with infants. Twenty couples who had become parents for the first or second time participated in unstructured interviews at three, six and nine months postpartum. The interviews were transcribed verbatim and analyzed using the

grounded theory method of Glaser and Strauss (1967). The findings revealed the following pattern of interaction for couples with an infant. The dependency of the human infant requires that the parents be on call to care for their infant. This obligation tends to reduce the couples free time, the time when they can do what they want to do rather than what someone else (the baby) wants them to do. The scarcity of this valued resource creates a conflict of interest between husbands and wives (ie. when one partner is free to pursue his or her own interests, the other must forego his or her own interests for the sake of the baby). Conflicts of interest generally result in conflict behavior as the husband and wife pursue their own interests. LaRossa and LaRossa (1981) refer to this basic pattern of interaction as "A Conflict Sociological Model of the Transition to Parenthood". Instrumental to this model are four variables which can intervene to affect the basic pattern: the level of protectiveness of the parents, interchangeability of care, the value of free time and the legitimacy of the division of labor.

LaRossa and LaRossa's (1981) study also revealed differences in the nature of the baby care provided by the husband and wife. Overall, fathers were less involved in childcare than mothers and were less likely than mothers to sacrifice their free time for the baby. The fathers contact with the baby involved more play than care (ie. diapering, feeding) and when the father did engage in childcare he was seen as helping his wife rather than sharing the parental responsibilities. This perception of the father as a surrogate parent was shared by the husband and the wife. Finally, the findings of LaRossa and LaRossa's (1981) study suggest that husbands and wives drift toward a more traditional division of labor during the transition to parenthood.

Smith (1991) has investigated the transition to motherhood and its effect on identity using a descriptive, case study approach. The study explores the transformations to the woman's sense

of identity as she becomes a mother as well as the woman's construction of an identity for her growing child. The participant, a 29 year old woman, was interviewed at three, six and nine months during her first pregnancy and five months after childbirth. The interview consisted of a semi-structured series of open ended questions. The subject was also asked to keep a diary for the duration of the study. The transcribed data or texts were submitted to a textual analysis (Strauss, 1987) wherein the text was examined for emergent themes. The findings suggest that the transition to motherhood can be a complex and dynamic process of identity transformation. The establishment of the woman's identity as a mother and of an identity for her child involve both a personal and social component. The woman first imaginatively constructs these identities and then, as the pregnancy advances, seeks social confirmation of her constructions by shifting her attention from an inward to an outward focus. Smith (1991) suggests that the woman's relationships to significant others, what he refers to as "the relational force" (p. 234) becomes increasingly important in the establishment of identities for both the mother and the child as the pregnancy progresses.

#### Phenomenological Research on Motherhood

Phenomenological literature on the subject of motherhood, particularly first time motherhood, is in its infancy. The available literature concentrates more on the phenomenon of expectant motherhood or the periods of pregnancy and childbirth than on motherhood per se.

Johnson (1991) has written a theoretical paper in which she reflects on the experience of pregnancy and its implications for the traditional psychological conception of the self. She states that psychology's understanding of the self reflects assumptions regarding the self's boundedness, singularity and integration. This view of the self is based on the belief that the body is a

separate, physical unity with boundaries that demarcate the internal and external world or the self and other. However, pregnancy is a bodily experience that challenges the psychological assumptions of bodily integration, boundedness and singularity and reinforces the need for a revised conception of the self. In pregnancy, the body becomes inhabited by what is perceived as a subject-to-be that is at the same time the self. The self is doubled and multiplied. The vulnerability of the self's boundaries is apparent not only in the external stretching out of the body limits, which forces a re-orientation with familiar life spaces, but also in the sharing of body space and functions. One's previous sense of personal identity slowly dissipates and is reconstituted socially in the mold of mother. Johnson (1991) concludes that the recognition of the self's multiplicity, the permeability and shifting of its boundaries, and the difficulty of self-constitution of identity during pregnancy confirms the need for new decentered or multicentered conceptions of selfhood.

Bergum's (1986) doctoral dissertation explores the transformative moments that women experience as they become mothers through bearing, birthing and caring for children using a hermeneutic phenomenological approach. The study is centered around "conversations" with six women who describe their experience of pregnancy, childbirth and the first months of living with a child. Between five and seven conversations were held with each woman from mid-pregnancy to a few months postpartum. The conversations were unstructured with open-ended questions being used to initiate discussion and provide clarification.

From the conversations with these six women, Bergum developed stories to express the unique nature of each woman's experience. Each narrative revealed a theme or "moment" of the transformative nature of the woman's experience of childbirth. These themes were found in other

women's experiences as well. Each theme represents an identifiable aspect of the transformative process that taken together reveal the nature of the transformation of woman to mother. The thematic moments were submitted to a hermeneutic analysis which involved "tracing etymological sources, searching idiomatic phrases, exploring other childbirth literature and artistic sources and attending to personal experience" (Bergum, 1986, p. 48). In Bergum's exploration, the transformative moments were woven into the existential themes of temporality, spatiality, corporeality, and communality in an attempt to create an in-depth, experiential understanding of a woman's transformation to mother.

Bergum's findings suggest that the transformation to motherhood is a process that, in some cases, begins before the child is born. Coming to the decision to have children in their lives is for some women the beginning of their transformation to motherhood. The decision to have a child means opening oneself to the possibility of being a mother. It means opening one's life to the possibilities that living with a child can bring while at the same time closing off other of life's possibilities. Being "with child", that is, experiencing the presence of the growing child within, is another aspect of the transformative process. Being with child is a union unlike any other. Mother and child are one, an indissoluble whole, yet they are two. It is a being another while being oneself. There is no closer union.

Perhaps the most important aspect of the transformation of woman to mother is the moment of childbirth itself. In giving birth to children women also give birth to themselves as mothers. The pain of childbirth is a transformative experience that comes from the separation of the mother and child union but it leads to the possibility for wholeness and integration in the woman. With the pain of childbirth women become mothers.

Bergum's study also suggests that through the experience of living with the child a woman becomes transformed. Two particular transformative moments highlighted by her study are the sense of responsibility and the experience of living with a child on one's mind. Becoming a mother means accepting responsibility for the birth and life of another person. This profound sense of responsibility, which subjects us to certain terror when something goes wrong, is a transformative experience. Becoming a mother means no longer acting only for oneself; it is a becoming one for the other. In taking responsibility for the child as other, one is forced to be responsible also for oneself. For a woman becoming a mother, this sense of responsibility begins in pregnancy.

The experience of living with a child on one's mind, what Bergum calls the "mind-fulness to the child" (p. v.), is also a transformative experience. Such mind-fulness involves feelings of guilt and self-questioning which leads to change in a woman's understanding of herself. It involves an attentive love which is based on the woman's recognition that she is the preserver and nourisher of her child. This attentive love must gradually give way to a recognition of the separateness of one's child. Living with a child on one's mind allows women to see the world differently because, as mothers, they know now "how babies and mothers are" (Bergum, 1986, p. 160).

#### Critical Evaluation of Literature

The psychological view of the mother as an important agent in the child's early emotional and social development and subsequent psychological functioning is one of the most influential perspectives on motherhood within psychology. The psychoanalytic writings which underlie this view stand alone in their understanding of the mother-infant bond and highlight the mutual

nature of the mother and child roles (ie. that one cannot exist without the other). However, this view says little about the effect of motherhood on the woman's development.

Questions about the impact of the role of mother for the woman were made possible by the emergence of a life-span developmental psychology. Psychoanalytic theories of adult development view motherhood as an important developmental phase in the woman's life. This research was the first to recognize the psychological impact of new motherhood for the woman but viewed this process as intrapsychic in nature. Intrapsychic explanations of the psychological impact of motherhood, however, overlook the role of the woman's current relationships and social context in creating psychological change.

The sociological perspective of parenthood as a crisis event and the clinical view of motherhood as a possible precipitant of psychopathology in women address the issue of the impact of motherhood on women's adult development. However, in presenting new motherhood as a period of increased psychological vulnerability for women that may lead to crisis or emotional conflict, these perspectives emphasize women's negative adaptation to motherhood. It may be argued, in fact, that the psychoanalytic conception of motherhood as a developmental phase, with its emphasis on resolving previous conflicts, also portrays motherhood as a period of crisis. Such a view however, offers little understanding of the transition to motherhood as a normal, adaptive experience for women.

Recent quantitative and qualitative studies of first time motherhood accept the view of new motherhood as a period of normal transition and seek to investigate the effect of becoming a mother on the functioning and life of the woman. As such, these studies offer the most current findings on first time motherhood as a normal, transitional phase. This research literature

documents the kinds of changes that occur in the woman's life as she becomes a mother, but fails to grasp the underlying structure or essential meaning of the phenomenon of first time motherhood as lived. Consequently, it provides little understanding of the life-world of new mothers.

Phenomenological research enables one to go beyond a mere cataloguing of the positive and negative changes associated with new motherhood. It offers an in-depth understanding of the meaning of the phenomenon as lived. A phenomenological approach can, therefore, achieve a deeper and richer understanding of what it means to become and live in the world as a new mother. Phenomenological research on the subject of motherhood to date has focused more on the experiences of pregnancy and childbirth, or the expectant stages of the motherhood process, than on the phenomenon of new motherhood per se. Bergum's (1986) study is one that explores expectant motherhood as well as the first months of living with a child. Although her interest is primarily focused on childbirth as a transformative experience, she also provides some insight into the experience of living as a new mother. She describes the overwhelming sense of responsibility that mothers feel and the experience of living with a child on one's mind as transformative experiences in the process of becoming a mother. Bergum's study, while a poignant exploration of the transformative nature of childbirth, is not yet an in-depth study of the phenomenon of first time motherhood. The present phenomenological study of women's experience as first time mothers was undertaken with the explicit purpose of enriching and deepening our understanding of what it means to become and live in the world as a new mother.

## RESEARCH APPROACH AND METHODOLOGY

The answers we derive from research are largely determined by the questions we ask and the way we ask them. Thus, when we seek to understand phenomena that are distinctly human, it is important that we use a research approach and method capable of capturing the essential meanings of these phenomena. The phenomenological approach was selected for use in the present study of first time motherhood. As part of the human science research tradition, it is well suited to an exploration of the meaning structures of the experiences of women who have recently made the transition into motherhood.

In this chapter, the philosophical foundations of a phenomenological approach, including a discussion of central figures and their contributions, will be presented. This summary will serve as a context for the subsequent section which will outline the basic characteristics and criteria of phenomenological research. A rationale for using a phenomenological approach as well as the phenomenological research method employed in the present study will then be discussed.

### Philosophical Foundations of a Phenomenological Approach

Phenomenology plays a central role in the human science research tradition which first emerged at the end of the 19th century. At that time, psychology, in its efforts to distinguish itself from the speculative philosophy of its time and be recognized as a legitimate, formal science, embraced the methods of the natural sciences. In so doing, however, it also adopted the natural scientific approach and limited its content to those topics best suited to the natural scientific method (Giorgi, 1970, 1971). A number of scholars, believing that natural scientific psychology

failed to do justice to the nature of lived experience, argued for a scientific approach capable of exploring distinctly human phenomena.

Among these scholars, Wilhelm Dilthey is credited with introducing the idea of a human science approach and differentiating it from the natural science paradigm. According to Dilthey (1894/1977), the human sciences and the natural sciences are systems with divergent epistemological concerns. The natural sciences emphasize explanation as they deal with objects that can only be related through the development of hypotheses and the employment of cause-effect thinking. Human experience, on the other hand, involves a pattern of meaning and an underlying connectedness, referred to by Dilthey as our lived experience (*Erlebnis*), that can be directly experienced and therefore, calls for understanding rather than explanation. We explain nature, Dilthey wrote, but human life we must understand. For Dilthey, it is only through understanding that we are able to comprehend the reality of lived human life. To understand human phenomena, Dilthey believed that description of the pregiven connectedness of lived experience was the method of choice. He was convinced that psychology, as the study of human experience and behavior, clearly belonged to the human sciences and required methods, like description, appropriate to its subject matter. It was Dilthey's descriptive approach to psychology that initially captured the attention of Edmund Husserl.

As the father of phenomenology, Husserl is the central figure in the development of a phenomenological approach. His primary aim was to establish phenomenology as a rigorous scientific philosophy capable of grasping the essential and universal structures of human consciousness (Spiegelberg, 1965). Husserl's development of phenomenology grew out of his efforts to overcome the impasse within philosophy between those who affirmed the independent

existence of the object (the realists) and those who gave priority to the mind or subject (the idealists). He felt that if we are to know anything, we must know it as it is given to our own consciousness. For Husserl (1913/1969), consciousness is not an absolute constitutor of the world, but is co-constituted with its objects through its acts, such that consciousness and its object are always interrelated.

Husserl used the term intentionality, a concept introduced to him by his former teacher Brentano, to describe the essence of consciousness. He expanded Brentano's formulation of consciousness by demonstrating the indissociable unity of the subjective and objective aspects of consciousness. He identified the subjective dimension as noesis or mental act (eg. thinking, perceiving) and the objective dimension as noema or the objects of those acts. Human consciousness, he noted, always has an intended object that presents itself to a subject. There is no consciousness without its object and no object without consciousness.

Husserl's primary contribution to the human sciences was the development of a phenomenological method and the phenomenological reduction, which he considered to be the core of his method. Phenomenological reduction involves moving from the natural world or "natural attitude" (ie. the naive belief of the independent existence of what is given in experience) toward the "phenomenological attitude" (ie. the view of the world as phenomenal in nature). That is, one must shift one's attention from the everyday world of beliefs, prejudices, assumptions, theories and explanations, wherein attention centers on the objects of consciousness and return to the primary, pre-reflected experience of the object in its immediate givenness or the phenomenal realm, wherein attention is focused on objects as constituted in and through consciousness (Karlsson, 1993). The attitudinal shift whereby the natural attitude of theoretical

preconceptions and biases is suspended or set aside so that one may be immersed in a phenomenological attitude is known as "bracketing". The phenomenological method furthermore involves employing imaginative variation. From within the phenomenological attitude, one imagines multiple variations of the phenomenon under consideration and then intuitively reflects on these variations to confirm or refute their plausibility as essential and enduring features of the phenomenon. It is through bracketing, followed by imaginative variation, that one ideally is able to unveil the invariant core of a phenomenon. This invariant core or fundamental meaning structure of a phenomenon, Husserl referred to as *eidos* or essence (Husserl, 1907/1970).

The work of Martin Heidegger also shaped the development of the phenomenological approach, primarily by extending phenomenology to include the existential dimension of human experience. His major project centered on explicating the fullness of the "being" of human existence. He posited that human existence reveals itself as a "being-in-the-world" or *Dasein* (being-there). Heidegger (1926/1962) envisioned an indissoluble unity between the individual and his/her world wherein each contributes to the meaning of the other. It is each individual's existence that gives his or her world its meaning and it is through the world that the very meaning of the person's existence emerges.

Maurice Merleau-Ponty extended Husserl's phenomenology of consciousness and the existential-phenomenological approach of Heidegger towards a phenomenology of perception and the human body. His primary interest focused on perception, which he viewed as the basis for all knowledge and our means of access to the world as it is given to us prior to any reflection on it. For Merleau-Ponty (1962), our body is the vantage point of perception and the world as

perceived. As such, the body is not a physical organism, but a lived body that grounds our capacity for self-awareness and self-knowledge. For Merleau-Ponty, intentionality is not limited to conscious acts, which Husserl emphasized, but extends to our behavior. Heidegger's notion of being-in-the-world was elaborated upon by Merleau-Ponty's ideas regarding the embodied subject. For Merleau-Ponty, we are embodied subjects-in-the-world. In his words, "The world is wholly inside and I am wholly outside myself" (Merleau-Ponty, 1962, p.407).

Merleau-Ponty's work is particularly relevant for psychology. More than any of the philosophers, he demonstrated the value of the phenomenological method for psychology by applying phenomenological principles to the study of human perception, experience and behavior.

Taken together, the writings of Dilthey, Husserl, Heidegger and Merleau-Ponty reveal the foundational principles and concepts upon which existential-phenomenology as a human science approach and methodology is based.

#### Basic Characteristics of Phenomenological Research

Phenomenological research and mainstream research in psychology are founded on two very different scientific approaches often referred to as the human science and natural science paradigms respectively. Both approaches are committed to the basic principles of science and as such strive to be methodical, systematic and critical in their pursuit of knowledge. At the same time, each approach rests on a different set of philosophical presuppositions which determine not only their view of reality but also their methods of investigation. Consequently, the basic nature of phenomenological psychological research differs substantially from that of mainstream psychological research.

As a human science, phenomenology is concerned with the study of the meaning of phenomena as they are lived and experienced by human beings. As such, it recognizes and endorses the fundamental inseparability and co-constitutionality of the person and his/ her world. Phenomenological research seeks to reveal the meaning structure or essence of a phenomenon as lived through the use of description. That is, it seeks to understand phenomena. In contrast, natural scientific psychology views the subjective and objective realms of human nature as fundamentally separate. Objective reality, that is, the world as it "actually is" independent of the subject, is composed of observable, measurable objects, such as human behavior, that are joined and influenced by external relations. Mainstream psychological research focuses on explaining the relationship between these objects or variables through experimental methods. Thus, in phenomenological research, understanding replaces explanation as its goal and description replaces experimentation as its method (Valle, King & Halling, 1989).

The emphasis on objective, external, measurable behavior in mainstream psychological research bypasses exploration of the person's experiential world or what traditional psychology refers to as the subjective realm. Experiential phenomena are either seen to be unmeasurable, and therefore not important, or are redefined in terms of their external behavioral manifestations. From a phenomenological perspective, on the other hand, experience and behavior are seen as intrinsically interwoven and inseparable from the person's lived world. In isolating human behavior and studying only that which is observable, traditional research in psychology tends to overlook important human phenomena.

As a discovery-oriented approach, phenomenological psychological research remains open to the totality of the meaning of the phenomenon as it is lived. It seeks to unveil the

structure or the most comprehensive invariant meanings of the phenomenon. Therefore, the formulation and testing of hypotheses, predictive statements about the cause-effect relationship between variables, is not conducted. Structure or meaning replaces cause-effect relationships as the content of phenomenological psychology (Valle, King, & Halling, 1989).

Basic scientific criteria viewed as critical to mainstream psychological research are reconceptualized in phenomenological research to reflect the basic character of the phenomenological approach. Scientific objectivity which excludes the subject, perhaps the most important criteria of natural scientific psychology, is not pursued in phenomenological research. From a phenomenological perspective all "objective realities" are constituted by and for human subjects. Thus, it is meaningless to pursue scientific objectivity as a pure object unrelated to subjectivity, for to do so is to dwell outside the realm of psychological reality. At the same time, suggesting that phenomenology is interested in understanding the subjective as opposed to the objective is also an erroneous assumption. Phenomenology seeks to understand the objects of consciousness in terms of the acts of the subject to whom the object appears. Phenomenological research emphasizes the interrelatedness of the subjective and the objective and is, as such, thoroughly relational (Giorgi, 1983).

The scientific criteria of validity and reliability are defined differently in phenomenological research. In mainstream research, validity and reliability refer to the confidence one has in the measuring instruments used to obtain research data. An instrument is valid if it actually measures the concept it is supposed to measure and it is reliable if it is consistent and gives the same measurement under the same conditions (Polkinghorne, 1986). Thus, research findings are only as valid and reliable as the measuring instruments used to obtain

them. In phenomenological research, validity and reliability of research findings is equated with faithfulness to the phenomenon. If the general structural description truly captures the essence of the phenomenon as it is manifested in the naive descriptions of the subjects, then one has validity in a phenomenological sense. If one can use the essential description to consistently describe the phenomenon, one has reliability (Giorgi, 1987).

The criterion of generalization in mainstream psychology, which refers to whether or not research findings will be representative in other contexts, is not pursued in the same manner in phenomenological research. The aim of phenomenology is not to make empirical generalizations of a phenomenon in the sense of causal statements with general applicability. Rather, the general structure, as a stable articulation of the phenomenon's constituents and typical variations, reveals the meaning of the phenomenon and is, therefore, that which is inherently general and essential. .

The utility of mainstream research findings is based in part on their ability to predict probable outcomes given certain circumstances. Predictability, however, is not pursued in phenomenological research. The utility of phenomenological research findings lies in the power of the articulated meaning structure of a phenomenon to provide a deeper and clearer understanding of that experience. This comprehensive understanding may further lead to increased sensitivity to and appreciation of those involved in such experiences, which is of great value to those in the helping professions, and an enlarged and deepened understanding of the findings derived by quantitative methods (Polkinghorne, 1989).

In phenomenological research, the idea of the researcher as an independent observer is replaced with the notion of a participant-observer. Mainstream psychology acknowledges that the presence of the researcher can influence the nature of the experimental findings and attempts

to eliminate this bias by treating him/her as a variable that can be controlled. Phenomenological research instead recognizes that the researcher and the participants are both meaningfully present in the research process, but in divergent ways that should be explicated each time (Giorgi, 1985).

#### Rationale for a Phenomenological Research Approach

The natural science paradigm which underlies the majority of psychological research has been successfully employed in psychology but has failed to do justice to uniquely human phenomena. Natural scientific psychology views the world, including human beings, as consisting of two separate realities. Objective reality, of which human behavior is a part, is composed of observable, measurable objects that are joined and influenced by external relations. The subjective realm, including human experience, consists of internal events (ie. a person's thoughts, ideas and feelings) that are experimentally unobservable. The only means of measuring these internal processes, is to redefine them in terms of their external behavioral manifestations. In such a reformulation, however, the true nature of the phenomena of lived experience tend to lose their essential qualities.

Phenomenological research recognizes and endorses the fundamental inseparability of the subjective and objective realms of human nature, and thus also of human experience and human behavior. Underlying this view of human nature is the principle of intentionality wherein human consciousness is always directed toward something other than itself. Phenomenologically speaking, human beings are always oriented toward the world and can only be understood in terms of their interrelatedness to the world. Human phenomena, therefore, can not be explained only in terms of external, causal relations. Rather, knowledge of genuinely human phenomena

may be better described in terms of the invariant meaning structure inherent in these phenomenon of lived experience.

The phenomenon explored in the present study, The Transition to Motherhood: A Phenomenological Study of Women's Experiences as First Time Mothers, is well suited to the use of a phenomenological research approach. The purpose of the present study is to enrich our understanding of what it means to live in the world as a new mother. As such, it is consistent with the aim of a phenomenological approach, which is to gain a deeper understanding of the meaning structure of a phenomenon as lived in everyday experience.

The phenomenological method used in the present study is that developed by Giorgi (1985). Giorgi has systematized the phenomenological method of both Husserl and Merleau-Ponty into a phenomenological psychological method of analysis that is in keeping with the tradition of philosophical phenomenology but also comprises modifications which address the concrete level of psychological praxis. This method uses descriptions of lived experiences from naive subjects as research data. The descriptions are then submitted to a partial phenomenological reduction and analysis. Herein the natural attitude characteristic of the everyday world of common assumptions and theories is "bracketed", and the phenomenological attitude is adopted by the researcher. Through an active process of reflection and imaginative variation, the essential nature of the phenomenon is revealed. It is subsequently thematized and described in terms of situated and general structures.

## Phenomenological Research Method for the Present Study

### Participants

The criteria for the selection of subjects in the present study required that each woman be in her last trimester of pregnancy and have no biological, adopted, foster or step-children. That is, she must be experiencing the mothering role for the first time. The participants were recruited from prenatal classes offered in the community. The researcher presented a verbal description of the study as well as the participation requirements at one of these prenatal classes. A recruitment letter was also given to each of the women in the class (See Appendix A for copies of the recruitment script and letter). Six of the nine women attending the prenatal class volunteered for the study and became participants in the project.

The six subjects ranged from 28 to 36 years of age and all were married. The duration of marriage for the participants ranged from two and a half to eight and a half years. Each of the women had either a college or university education and were fully employed at the time of recruitment. All of the births took place in hospitals with the exception of one, which was a home birth assisted by a mid-wife. One of the women delivered her baby prematurely between the 36th and 37th week of her pregnancy and two subjects had Caesarean childbirths. Only one of the six subjects had a multiple birth and she had twins. Of the seven babies born to these women, four were girls and three were boys.

Following the initial phase of the research process described below, one woman chose to withdraw from the study. After discussing the project in greater detail with the researcher, she realized that she would be out of the country at the time of data collection.

### Research Process

The women who volunteered to participate in the study were met individually by the researcher during their last trimester of pregnancy. At that time, they were asked to read and sign a written consent form (See Appendix B) and complete a screening questionnaire. The Participant Information Questionnaire was created for use in this study as a means of gathering demographic and socioeconomic information about the participants (eg. age, education, occupation). It was also used as a screening device to determine the subject's current parenthood status (See Appendix C). During this initial meeting with each subject, the research project was described in greater detail and questions were addressed.

When their babies were between 10 and 11 weeks old, each participant was given a copy of the research questions and asked to provide a detailed written description of her experience. It was requested that the description be returned within one week. Upon receiving each description, the researcher scheduled an interview, which was held approximately one week later at the convenience of the subject. The interview was audiotaped and took place in the subject's home to ensure greater comfort and convenience to the new mother. The interview's for each participant were between one and two hours in length.

Written protocols. Each participant was asked to provide a detailed written description in response to two research questions. The research questions were open-ended phenomenologically based questions designed to solicit detailed first-person descriptions of the subjects' lived experiences of motherhood. The questions were presented to the subject's as follows:

What is the experience of being a mother like for you? How has becoming a mother affected your life? Please provide a vivid and detailed description of your experience, including examples.

These questions were selected on the basis of a pilot study which indicated that this formulation of the questions evoked a rich description of the lived world of new mothers.

Interview. Following the completion of the written protocols, each subject was interviewed by the researcher. The format of this interview was open-ended and at most semi-structured. The interview process was guided by the fundamental question underlying the research project, in this case, what it is like to live in the world as a new mother. More specifically, the researcher was guided by the themes of the life-world of the woman as revealed in her written description. Prior to the interview, the researcher read the subject's written description and identified themes that required further elaboration and/or clarification. These themes were taken up and elaborated upon in the interview by means of open-ended and clarifying questions. The questions were formulated in ways that allowed the researcher to stay as close as possible to the participant's concrete, lived experience. The researcher also endeavoured to remain open to new and unexpected aspects of the phenomenon. To this end, the interview process was also discovery oriented.

### Data Analysis

The written protocols and the interview data constitute the primary data of the study. The audiotaped interviews were transcribed verbatim, including all verbal utterances as well as noticeable nonverbal behaviors such as pauses, crying etc. As the data from the first four subjects was considered sufficient and adequate for the purposes of the project, the data from the

fifth participant was excluded from the analysis. The data of the remaining four subjects was systematically analyzed using the psychological phenomenological method developed by Giorgi (1985) at Duquesne University. This analysis included verification of all the meaning units, the situated structures and the general structure by the researcher as well as the thesis supervisor.

The researcher received training in this phenomenological research method as part of her preparation for her dissertation. This training involved attending weekly seminars with a small group of doctoral students over a period of four years. These seminars included reading and discussing foundational and current literature in phenomenological philosophy; instruction in applying the psychological phenomenological method as well as practice analyzing a number of protocols.

Giorgi's method contains four essential steps. They are as follows:

1. Sense of the Whole. The first step involved reading the written and transcribed protocols in their entirety to gain a general sense of the description as a whole. This process was repeated until the researcher felt she had a good understanding of what the subject was trying to express.

2. Discrimination of Meaning Units within a Psychological Perspective and Focused on the Phenomenon Being Researched. In this phase of the analysis, each text was read with the specific aim of dividing it into manageable units of expression which Giorgi (1985) refers to as meaning units. A meaning unit is a spontaneously perceived discrimination within the subject's description that emerges when the researcher adopts a particular attitude and mind set toward the text. Since it was a psychological analysis of the phenomenon of first time motherhood that was being sought in the present study, the meaning units were delineated from within a psychological

attitude and the set that the text is an example of the phenomenon of becoming and being a mother. The meaning unit discriminations were noted directly on the description whenever the researcher became aware of a shift or change in meaning of the experience for the participant that appeared to be psychologically sensitive.

3. Transformation of Subject's Everyday Expressions into Psychological Language with Emphasis on the Phenomenon Being Investigated. The third step of the data analysis consisted of transforming all of the discriminated meaning units from the subject's concrete expressions into psychological language, in order to make explicit the psychological meanings implicit in the life-world description of the subject. The transformation of the descriptions into psychological language is not simply a translation into the abstract psychological terms associated with the various perspectives within psychology. Rather, phenomenological analysis employs a jargon free "language of common sense enlightened by a phenomenological perspective" (Giorgi, 1985). The transformations were carried out through a process of reflection and imaginative variation. Reflection from within a phenomenological attitude is a disciplined reflection that involves bracketing one's own theoretical and personal preconceptions in order to be open to the essential meanings of the experience as given by the subject. It is an attitude that must be maintained, not only in this phase, but throughout the analysis. Imaginative variation is also a process which facilitates the emergence of the essential features of the phenomenon as described. It involves exploring the limits of each unit's meaning by varying the constituents, themes, temporal and spatial aspects etc. composing the phenomenon as described. Through this process, the researcher arrives at the essential meaning of each unit and discloses the essential features of the phenomenon. For this project, the researcher was guided in this process by asking what is truly

essential about each meaning unit with respect to the psychological experience of becoming and being a mother.

4. Synthesis of Transformed Meaning Units into a Consistent Statement of the Structure of the Phenomenon Being Investigated. The final step in the analysis involved synthesizing and integrating the insights contained in the transformed meaning units into a consistent description of the psychological structure of the phenomenon of first time motherhood. This description essentially contains all transformed meaning units. A situated structure for each subject, which took into account the psychological meanings and insights from both the written and transcribed protocols, was first completed. Valuable in their own right, these structures served as a means of reaching a more general formulation of the phenomenon of first time motherhood.

The situated meaning structures for all subjects were compared and reflected upon in order to articulate a general psychological structure of the phenomenon of becoming and being a first time mother. As in the previous step, disciplined reflection from within a phenomenologically reduced attitude and the systematic use of imaginative variation were used to articulate the invariant nature of the structure. More specifically, the researcher read the situated structures with the aim of identifying those features which transcend the individual's experience and manifest a more general dimension of the phenomenon. The situated structures were also used to establish commonalities and variations. In doing this comparison, the researcher at times returned to the naive descriptions to further verify the transformed meaning units that emerged from the situated structures. Wertz (1985) posits that for an insight to be accepted as general, it is not necessary that it have been made explicit in the previous stages, only that it can be found in other cases upon further reflection. This insight is important as it

reveals the process of formulating a general structure to be more than a mere cross-checking of converging statements. On the contrary, it is a deeply reflective penetration of highly implicit commonalities that involves a to and fro movement between the phenomenal descriptions and the transformed descriptions. Finally, the process of imaginative variation employed at this stage is used to move to a level of generality beyond the individual experience. Thus, the parameters of the variation were opened further to gain insight into the general meanings of the phenomenon of first time motherhood.

## RESEARCH RESULTS

The results of our phenomenological analysis are revealed in the situated and general meaning structures of becoming and being a mother presented below. The situated structures of first time motherhood for each subject, which combine the psychological meanings and insights from both the written protocol and the interview, are presented first. These individual structures remain closer to the concrete descriptions of the subjects and provide the matrices from which the general structure is drawn.

The general structure attempts to describe the essential nature of the phenomenon of first time motherhood as lived by the women. It is important to keep in mind that the general structure is not an articulation of the universal essence of first time motherhood. Rather, this structure reflects a realm of generality that takes the context of the phenomenon into account (Giorgi, 1985). For example, the general structure for the present study is based on descriptions from married women who gave birth to their babies. Thus, the findings of our study can not be said to extend to adoptive or single first time mothers.

In the presentation of the results, pseudonyms have been used to ensure the anonymity and protect the privacy of the participants. Background information on the four subjects can be found in Appendix D. The phenomenological analysis of the written protocols for each subject are located in Appendix E. An example of the analysis of the transcribed interviews is located in Appendix F. Copies of the written protocols as well as transcripts of all interviews and analyses are available upon request.

## Situated Meaning Structures of the Phenomenon of Becoming and Being a Mother

### Situated Meaning Structure of Karen

For Karen, becoming and being a mother has been a highly emotional experience that she feels has enriched her life and evoked new feelings of contentment. The new emotions of motherhood began during childbirth, with Karen and her husband questioning their readiness to be parents and feeling concerned for the health of their premature baby.

Karen did not experience the immediate wellspring of love for her newborn that she perceived in her husband and attributes this to her being initially focused on her own postpartum recovery. Karen's attachment to her baby grew out of tranquil times with her resting baby when she was free to reflect on his presence. On one occasion, Karen was emotionally struck by the realization that this baby was her child and was overcome with feelings of immense love for her baby and wonderment that she created such a miracle.

For Karen, the initial period at home with the baby was a time of intense happiness and overwhelming new emotions. Karen and her husband experienced a new feeling of togetherness as they realized they were now a family. Karen felt grateful that she and her baby were well and felt proud of her quick recovery. Sharing her mother's joy was a special experience for Karen. Yet it also saddened her to realize that her mother would miss much of her baby's development. Some of the happiest moments for Karen, as a new mother, were the quiet, relaxed times spent holding her baby close or reveling in the wonder of his being. Karen experienced and suddenly felt she understood the strength and the meaning of parental love. For Karen, it is a unique form of love because it involves a sense of responsibility for another who is born from you, as an expression of shared love, but forever remains a part of you. Karen was often moved to tears by

the overwhelming new feelings of happiness she experienced as a new mother. As Karen realized the uniqueness of her relationship with her first born and how quickly he was changing, she experienced time as fleeting and yearned to hold onto the special joys of new motherhood forever.

Karen feels overwhelmed at times by the responsibility of parenting and is fearful about whether she is capable of raising a responsible, respectful child. She is also frightened about her child's future and by the realization that it is partly beyond her control.

One aspect of being a new mother involved Karen adjusting to being a full time homemaker. In light of an existing agreement between Karen and her husband that whoever was at home would do the housework, Karen assumed responsibility for a workload that was previously shared with him. However, she soon felt that shouldering the burden of the workload in addition to the full time responsibility of caring for a new baby was unfair. As well, she perceived her spouse as taking advantage of her being at home by no longer doing chores he had done regularly and felt he could be making more of a contribution. At the same time, Karen was concerned about asking her husband to do too much knowing that he was already stressed from his new job. Karen's feelings of resentment toward her spouse diminished when she expressed her feelings to him and he agreed to do more.

Karen feels proud that she has been able to accomplish so much while caring for a new baby, and feels that her experience as a new mother has been better than her expectations. She attributes her overall positive mothering experience primarily to having an easy baby, which has enabled her to concentrate on enjoying the baby and has left some time for herself. Karen also believes that her expectations were based on exaggerated stories of motherhood and therefore

were unrealistically low. Finally, Karen feels that as a couple they were ready to be parents and that mothering came naturally to her.

Although the overall experience of caring for a new baby has been surprisingly easier than Karen expected, as parents they have had some difficult times. For example, Karen and her husband were frightened by their baby's first intense crying spell and felt frustrated not knowing what was wrong and helpless to comfort him. It pained both parents to see their baby hurting, but the experience did not leave Karen feeling like an incompetent mother. Karen and her husband feel they have learned to cope with his fussy periods.

For Karen, having a child has restored the meaning and significance of family rituals and traditions (eg. at Christmas). Karen derives a new feeling of contentment from being together and sharing their happiness with extended family.

After the bustle of Christmas, Karen became acutely aware of the emptiness of her home and suddenly felt unfulfilled by the daily routine. She began to question whether she would enjoy being a "stay at home" mother, despite her belief that being at home is important for her child's development. However, as her baby gradually became more responsive to her, she began to feel increasingly gratified in her relationship with him and certain of the importance of her care and mothering for his development. At the same time, Karen still does not feel completely fulfilled.

Karen experienced a sense of pride and accomplishment when she learned to identify and even anticipate her baby's needs rather than becoming aware of them through trial and error guessing. The feeling of accomplishment that Karen experiences as a mother is different and better than that which she derives from her work because, as a mother, Karen feels a deep sense

of love and commitment for her child that she does not feel for her work. Karen also enjoys her role as a mother more and perceives it as a more important role that only she can do.

Karen and her husband were initially uncertain about whether they wanted children and whether they would be good parents as they enjoyed their childless lifestyle. However, the couple's positive experience as new parents has confirmed for Karen that their decision to have children was the right one. She feels becoming parents has fulfilled her and her spouse's desire to share their lives with others. Karen also believes that delaying parenthood until they were ready was wise, even though thoughts of having more children makes her momentarily question whether they waited too long.

Karen expected to feel uncomfortable and unsure caring for a new baby and is surprised by how easy and natural mothering has been. She believes, however, that the greatest challenges of parenting lie ahead of her. Not knowing how well she will meet these future challenges is somewhat frightening to her, even though she believes that being a good parent means simply doing your best.

Karen feels she is better able to understand the pain of parents who have lost a child because, as a mother, she has a lived understanding of parental love and can now imagine and begin to understand the pain of losing her own child. She also finds the parental abuse of children and the destruction of an innocent child's trust completely abhorrent and unforgivable.

Karen feels that both childbirth and motherhood are "personal journeys" that can only be understood through lived experience. For Karen, being a mother has been an everchanging and enriching journey of discovery that she looks forward to continuing.

Experiencing the joys of motherhood has shifted Karen's priorities such that she places greater importance on and derives more fulfilment from her family life than from her career. Although Karen always believed that family would be her first priority, she was not certain which aspect of her life she would find more rewarding. Karen is still surprised that she derives more fulfilment from her family life in view of her success professionally. Having made her family her first priority, Karen has decided to return to work only part time. She still struggles with her decision not to remain home full time, despite feeling that she needs some professional activity to be fulfilled. Although Karen feels happier and believes family time has become more important, she is not yet sure how motherhood has changed her.

Since becoming parents, Karen and her husband have less desire and energy for a sexual relationship. Although Karen feels having children restricts your lifestyle somewhat, she is not overly concerned. She accepts that having children does change your life but does not experience the changes as overwhelming.

#### Situated Meaning Structure of Suzanne

For Suzanne, becoming and being a mother has been a difficult and at times overwhelming experience. She feels she entered into motherhood with idealistic expectations of childbirth and new motherhood that left her completely unprepared for the painful reality of her experience. For Suzanne, knowing that other women have experienced and survived the challenges of becoming a mother has been her greatest source of strength during the traumatic moments of her childbirth and new motherhood experience. It has given her a sense of perspective and has helped her to understand that her experience is not unique. Suzanne feels she has become part of a huge community of mothers and as such, shares a lived knowledge of

mothering that was not available to her before. She now understands what it means to be a mother.

For Suzanne, giving birth was a very painful, traumatic and shocking experience that shattered her illusions of childbirth being a spiritual experience. Suzanne believed that during labor she would be in control and through relaxation techniques would be able to lessen the pain. The realization that her attempts to do so were futile was a very bleak moment of childbirth. She felt greatly disappointed in herself and, overcome with pain, temporarily lost her will to give birth naturally. She felt extremely alone at that time and feels that the knowledge that other women had given birth naturally as well as her husband's support gave her the determination to continue with her natural birth and to reclaim her role as an active participant.

Suzanne feels a part of her died during childbirth when the mother in her was born. She compares her childbirth and the feeling she experienced of "wondering into an unknown" to that of death and the transformation from life to afterlife. Suzanne feels childbirth is the most life altering experience she has ever encountered. She attributes this to the fact that although she had knowledge of childbirth she had no lived understanding of this experience and was totally shocked and astounded by the painful reality of giving birth. Suzanne strongly believes that giving birth is a life event that can only be meaningfully understood through lived experience.

Overwhelmed by the intense pain and difficulty of the birth process, Suzanne feels she was in shock after the birth. She felt betrayed by her body and questioned the evolutionary necessity of such pain for the childbirth process. She feels she blamed her baby for the pain she endured and resented her for expressing no gratitude for the ordeal she'd been through (eg. expressing no interest in nursing, crying when Suzanne held her and not making Suzanne feel

needed). Suzanne felt betrayed by her baby when she lay quietly in her husband's arms but not in hers.

Expecting to be delighted by the sight of her newborn, Suzanne on the contrary experienced no joy and no bond between her and her baby. Only the next morning, after Suzanne spent time alone coming to terms with the ordeal of the birth, was she able to be with her baby and make peace with her, forgiving her for the pain and asking for her forgiveness. Suzanne feels strongly that she rejected her baby at birth and feels guilty about this and fearful that it will have repercussions for her baby later in life. She compares her childbirth and post birth experience to the process of therapy, to the painful realizations one must face in therapy in order to achieve transformative peace. In Suzanne's words, "The bleakest of life's moments bring out the sacred around us - prayer, crying forgiveness," moving us forward.

The initial adjustment to parenthood was very difficult for Suzanne and her spouse. Unlike the mounting excitement, drama and sense of imminence that preceded the birth, they found the routine of parenting much less exciting and felt very disappointed by it. As a new mother, Suzanne soon dreaded the sleepless nights and ensuing fatigue and directed her anger at the baby. At times she felt overwhelmed by the baby's nighttime demands and sometimes treated the baby unlovingly, and then felt very guilty and ashamed of her behavior. Suzanne feels this happened more when she felt exhausted and her husband was unable to relieve her of caring for their baby. It surprises Suzanne that she has disclosed such strong negative perceptions about herself to the researcher. Suzanne found a way to transform the night wakings into a positive experience by recording her dreams.

Suzanne feels she experiences alternating "good" and "bad" days as a new mother. For Suzanne, a "good day" is one where the needs of her and her baby are in harmony. Suzanne feels most successful as a mother when she is able to satisfy her baby's needs without feeling like she's sacrificed or denied her own needs and sense of self. These occasions fill Suzanne with sense of freedom. Suzanne perceives a "bad day" to be one where her baby's needs compete and interfere with her own activities. On these days, Suzanne feels guilty for not being in tune with her baby's needs and helpless to do anything but respond to them. In the process, she puts her own projects aside and then feels unproductive and enslaved by her role as a mother. Suzanne finds she struggles to adapt her activities to accommodate the needs of her baby at these times. She wonders if all new mothers experience this struggle or whether older and more psychologically mature women adapt to and accept the sacrifices of motherhood more easily.

When Suzanne is feeling unproductive, she reassures herself by reminding herself of the greater importance of her baby's happiness and her enjoyment of her baby as compared to the completion of the household chores. Suzanne feels that her belief that her husband will be upset if the chores are not completed leads her to place great importance on them. Suzanne now sets a reasonable limit on the number of daily chores she wants to accomplish.

As a new mother, Suzanne feels overwhelmed by the personal sacrifices she has had to make for her baby and struggles to find space for herself. At times, Suzanne feels imprisoned by the constant responsibility and lifelong commitment of motherhood, experiencing it as a loss of freedom and a heavy burden she can never escape. When Suzanne's husband relieves her from her mothering responsibilities by assuming care of the baby, she feels temporarily liberated of the burden of mothering and regains a sense of freedom. For Suzanne, the amount of time and

space she has for herself greatly affects her attitude as a mother. When Suzanne feels depleted of her resources, she experiences a sense of physical and psychological discomfort and approaches her mothering role with ambivalence, feeling she has sacrificed her self for her role as mother. She feels she spends much of her time catering to her baby's needs and putting her own needs second and easily loses touch with her own desires and sense of "self". Consequently, Suzanne finds it necessary to spend time alone periodically, rediscovering who she is and what she wants, even if it means saddling her husband with the responsibility for their baby.

Suzanne is able to spend time alone replenishing herself and indulging her own needs for only a certain length of time, however, before she is reminded of her responsibility to her baby and begins to feel guilty about not being there for her. Suzanne experiences these feelings as an embodied "call to home" that intensifies the longer she is away. When this "call to home" becomes intolerable Suzanne returns home to her baby. Suzanne also feels guilty about indulging herself when her husband may have needed her. Although she feels it's unfair, she experiences herself as the sole caregiver. Suzanne attributes this to her baby's dependence upon her (eg. breastfeeding) but it also relates to the fact that Suzanne feels like a caretaker for her husband as well. Suzanne feels responsible for ensuring that her spouse is not put in a situation where he is unable to meet the baby's needs and then becomes angry with Suzanne for not being there. Suzanne tries to avoid this situation and the guilt it would evoke by ensuring that she has satisfied as many of the baby's needs as possible before leaving. The fear that her husband or her baby will have needed her while she was out indulging herself and the guilt associated with selfishly putting her own needs ahead of theirs is unbearable for Suzanne and makes her feel very

tense. At the same time, when Suzanne unnecessarily sacrifices her own needs or wishes for those of her husband or her baby, she feels angry that she didn't listen to her own true wishes.

Suzanne refers to the struggle she has psychologically separating from her baby as the problematic side of the bond she shares with her, which she describes as a "two-edged sword". At times Suzanne finds she is unable to devote herself to her own projects because she remains psychologically present to her sleeping baby rather than her work. At these times, Suzanne lives in a state of nervous anticipation that her baby will awaken and need her. On the other hand, Suzanne's attachment to her baby allows for an unspoken communication between them and enables her to anticipate her baby's needs. Suzanne feels that she and her baby share emotional states in that the feelings of one evoke similar feelings in the other. "She smiles my inner smile. She frowns or cries and my body seems to physiologically transform." Suzanne finds that this mirroring experience has become less intense and less frequent with time. Suzanne feels that no one is as attached to her baby or knows her baby's needs as well as she does and, therefore, feels indispensable. She realizes, however, that her husband is also able to know the baby's needs but only when he is alone with the baby and does not have Suzanne to rely on.

Suzanne feels there is a difference in the roles that she and her husband play as parents in that she experiences a sense of responsibility and caring for her baby that she perceives in her spouse only when he is left alone with the baby. Suzanne feels that, as primary caregiver, she has learned to understand her baby better than her husband and relies on this knowledge in taking care of her. He relies on Suzanne's knowledge to make decisions, unless he is forced to rely on his own understanding (eg. when he is left alone with the baby). Suzanne would like her

husband to rely less on her and realizes that for this to happen, she must provide him with opportunities to be the primary caregiver.

Although Suzanne has made arrangements with her spouse to have some time between nursings when he assumes care and responsibility of the baby, she desires a situation where he is able to temporarily become the primary caregiver and relieve her of complete care and responsibility (including feeding). Suzanne believes that in order for her to feel absolutely "relieved of duty" as a parent, she must feel certain that whoever is caring for her baby will assume complete responsibility and care.

Being a mother is an ongoing learning experience for Suzanne. Learning to express milk was a frustrating and discouraging experience that led Suzanne to question her ability and evoked concern about the consequences of failing (eg. having to feed her daughter formula, being unable to go out alone with her husband). Only the knowledge that other women have been successful helped Suzanne to persevere.

Like her childbirth experience, Suzanne believes that becoming a mother has been a life altering experience of which she had no prior lived sense. Suzanne now has a lived understanding of the shared consciousness between a mother and child; the depth of the attachment and responsibility a mother feels for her child; the strength of the bond that exists between blood relatives and a better understanding of the relationship her mother had with her.

For Suzanne, becoming a mother has also been a transformative experience. Although she finds it difficult to admit to her feeling that a part of her has died, she does feel that the person she was before becoming a mother is gone and she now has a new perspective on life and

her role in it. As a new mother, Suzanne has developed a new social awareness and feels a responsibility to society that she did not feel before having a child.

Suzanne has very non-traditional parental beliefs (eg. against vaccination, supports home schooling, no religious affiliation) and feels perturbed when others impose their childrearing beliefs on her. At the same time, upholding her own parental beliefs scares her. Suzanne feels the nightmares she experiences of her baby being taken away from her are manifestations of her strong fears that her family will judge her to be an unfit mother because of her beliefs as well as her own insecurities about her ability to be a good mother. Suzanne feels being a mother is the greatest responsibility she has ever experienced and she feels anxious when she begins to doubt her own ability. Suzanne wants to be sure that the decisions she makes for her baby have her best interests in mind and are not made for selfish reasons. At the same time, she does not want to betray herself in the process. Suzanne experiences her baby's presence as a test of her integrity in that her baby lets her know when she is putting herself first.

Suzanne fears that she and her daughter will have a conflictual relationship in the future and will have difficulty loving each other because of the decisions and choices that Suzanne has made for her. She also fears her daughter will feel unloved and unwanted the way she did by her step-mother. Suzanne realizes, however, that she can only do her best and that her child's future is partly beyond her control.

Suzanne feels that being a new mother affects her relationship with her husband in that when she feels depleted of resources from mothering, she becomes unusually sensitive to his remarks and so compromising in their relationship that she loses touch with the person she

knows herself to be. As a new mother, Suzanne also misses the intimate time she and her husband used to regularly spend together.

As a new mother, Suzanne encounters the same experience of being stared at and approached by strangers as she did when she was pregnant. Unlike when she was pregnant and she perceived the attention and comments of others to be an intrusion, Suzanne now enjoys this attention. Suzanne is proud of her baby and believes that when she smiles at some older person and makes them feel better that she is sharing the spirit of childhood with them. She feels she is sharing "her light, her blessedness." In addition, Suzanne feels her baby's presence is like a bridge between her and others that invites an openness in relating to strangers. When Suzanne was pregnant, she did not experience this openness; rather she perceived others as being interested in her baby rather than herself, which she disliked greatly.

Suzanne feels that becoming a mother has changed her relationship with everyone. She feels that assuming the responsibility of motherhood has enabled her to enter the adult world of her father and grandparents. As a mother, Suzanne shares an unspoken lived understanding of parenthood with her father and grandparents. She also feels a level of respect for them and from them that she did not experience before becoming a mother.

As well, Suzanne feels that the lived experience of mothering that she now shares with other mothers and the sense of maturity she feels as a mother has fundamentally changed her relationship with her step-mother, aunt and especially her grandmothers. For Suzanne, becoming a mother has given her a new understanding of what it means to be a woman and of many of the changes women experience during their life cycle.

As a new mother, Suzanne feels a sense of permanence, continuity and belonging with her family that she was not aware of before.

Suzanne feels her baby's presence strengthens and deepens all of her family relationships, even evoking genuine kindness and caring from a family member with whom Suzanne had no prior relationship. An exception to this is Suzanne's father, whom she perceives as being uncomfortable with her baby and hesitant to begin a relationship with her.

Suzanne feels she has had to considerably lower her expectations of herself and what she can accomplish each day to feel good about herself as a mother. Despite doing this, Suzanne struggles to feel good about herself and her daily accomplishments knowing that she does not meet society's ideal of "a good mother". Suzanne finds it difficult to avoid measuring herself against this ideal and feels inadequate in the eyes of others when they measure her against it.

In marked contrast to the desperation Suzanne feels at times as a new mother, is the intense feeling of well-being and sense of affirmation she feels when her baby smiles at her. At these times, Suzanne feels extreme gratefulness as well as a sense that she has been blessed. In Suzanne's words, "there's a light shining on the world and it's shining right on me, right at this moment."

#### Situated Meaning Structure of Cathy

For Cathy, becoming a first-time mother has been a highly emotional experience wherein she has encountered many diverse emotions with an intensity previously unknown to her. Initially, the presence of her baby evoked feelings of happiness and a sense of elation. As she became acquainted with her baby and his cries, Cathy felt very concerned that she and her husband were not meeting the baby's needs properly. At times, simply being with her baby

evoked feelings of exhilaration and love for him. Still other times, Cathy felt frustrated by her baby's crying. Cathy felt her emotions initially resonated with her baby's own rapidly changing emotional states and quickly realized that she was unprepared for the depth of the feelings and the "emotional marathon" she experienced as a new mother.

Cathy perceived the birth of their baby as more emotionally overwhelming for her husband than for her and attributes this to her being a doctor and being familiar with the birth process. She experienced primarily a sense of relief when she first held her baby and nursed him immediately after his birth. It was only when she was able to be alone with her baby for the first time that the awareness that he was her own child overcame her and she experienced "an incredible surge of love" for him and a longing to hold him forever. She also felt a need to protect her baby as she realized that she and her husband were ultimately responsible for his well being. Cathy attributes her initial feelings of relief to the fact that she felt very tired from the labor and delivery and anxious about her baby's health.

Cathy felt an immense love for her baby despite him being as yet unknown to her. At the same time, she found him demanding and felt exhausted. She attributes her feeling of exhaustion to the nursing difficulties she experienced with her baby in her first weeks as a new mother, and believes these problems affected all of her early experiences as a mother.

Although Cathy thoroughly enjoyed her first nursing with her baby, she quickly discovered that he was not latching on properly. The assistance offered by several nurses failed to improve the situation. The different nursing positions they recommended overwhelmed Cathy as she felt obligated to remember the nursing position of each nurse and use it in her presence rather than choosing one that suited her. Once home, Cathy continued to struggle to get her baby

latched on properly and found having no one to help her very difficult. However, she assumed that the struggle was just part of the process of learning to nurse. When the baby refused to nurse on one occasion, Cathy became very concerned about whether her baby was getting adequate nourishment. She feels worrying about her baby's physical well-being awakened her to the burden of the responsibility of being a parent. For Cathy, having to struggle with her baby and listen to him cry each time she nursed him was so unpleasant that she began to feel anxious and to resent the baby each time he awoke to nurse, which in turn evoked feelings of guilt. The assistance of several lactation consultants failed to improve the nursing, although Cathy found their presence comforting. Against adversity Cathy persevered, never once considering the option of bottlefeeding, and was amazed that the baby actually gained weight. However, after two weeks, when the pain and soreness of her breasts became excruciating and she began to feel overwhelmed by the time consuming process required to ease the pain, Cathy finally decided to switch to bottlefeeding. Even while bottlefeeding her baby, however, Cathy pumped her milk and tried unsuccessfully to resume nursing him. Cathy decided to give up on nursing completely when her baby was one month old. The decision brought enormous relief to her.

Cathy feels she failed at breastfeeding and experiences guilt for depriving her baby of the best source of nourishment. She finds it difficult to be surrounded by people who support breastfeeding and is concerned about how, as a physician, she will be able to promote breastfeeding when she was unable to nurse herself. Although she believes that dealing with her feelings of failure and guilt has become easier, she tearfully acknowledges that she is still struggling to accept that she is not to blame. She remains filled with deep regret and disappointment that she was unable to nurse her baby. Cathy attributes her difficulty overcoming

her feelings of failure and guilt to her strong belief in and commitment to breastfeeding and to the shock she felt at being unable to nurse. Cathy's desire to make bottlefeeding as similar to the experience of breastfeeding as possible by viewing it as a special time of affectionate closeness with their baby that only she and her husband should enjoy, reveals the strength of her commitment to breastfeeding. Cathy believes that dealing with her feelings will become easier as the baby grows and begins to rely less on milk for nourishment.

Cathy found that once she was no longer occupied with the nursing difficulties, she was able to concentrate more on enjoying her baby. Cathy and her spouse took pleasure in simply watching their baby and revelling in the fact that he was theirs. Cathy feels her baby has a magnetism that draws her to him and makes it difficult for her not to be with him, even when her presence is not necessary. She is amazed that, even as a newborn, he expressed his own "personality" and preferences.

Cathy experienced frequent teariness and sadness in her first weeks as a mother. She attributes her sadness primarily to the difficulties she encountered nursing but also to days when her newborn was especially fussy or times when she felt overwhelmed by her role as a new mother. Cathy feels her periods of sadness continued for about a month, although she started to feel considerably better after her first successful outing with her baby.

Cathy experienced a sense of euphoria on her first outing alone with her baby, "as if I had come out of a dark tunnel and into a wonderful place". She describes this event as a turning point in her experience as a new mother. Cathy attributes her feelings to the sense of accomplishment she felt knowing she could go out alone with her baby and complete some errands. Furthermore, receiving the support of other medical professionals and realizing they did

not view her nursing struggles as failure evoked a sense of relief in Cathy and helped her put her own experience into perspective. Although Cathy still experiences difficulties at times as a new mother, the feeling of euphoria has also recurred since that time.

One aspect of being a new mother involved Cathy defining her role as primary caregiver and negotiating an equitable division of childcare with her husband. Although he became very involved with and enjoyed caring for their baby, he initially relied on Cathy to make all the childcare decisions and at times was unavailable to relieve Cathy of the care of their baby. Feeling overburdened, Cathy resented her husband for relying so much on her and experienced the division of childcare as unfair. Cathy feels talking with him improved the situation as he assumed more responsibility. She attributes the initial unbalanced division of childcare in part to her husband's lack of appreciation for the difficulty of her role as primary caregiver. Taking care of the baby has helped him to become more aware of Cathy's perspective and to assume more responsibility. Although Cathy enjoys the break provided when her husband assumes responsibility for the baby, she finds it difficult to relinquish the decision-making to him, believing she knows the baby needs and preferences better. Cathy feels she interferes and offers advice that is not helpful as it does not allow her husband to learn the baby's preferences for himself.

As a new mother, Cathy was daunted by the constant and demanding responsibility of motherhood. She experienced it as much greater than the overwhelming responsibility she felt as an on-call medical student. Cathy attributes this to the fact that as a doctor, she could look forward to the time when she would be off-call and could enjoy her free time. As a new mother, Cathy was initially overwhelmed by the realization that her responsibility to her son was

unending and by the feeling that she would no longer have any free time for herself. Cathy feels having a supportive and involved husband has made her aware of how incredibly more difficult the demands of parenting alone must be.

For Cathy, the most difficult aspect of becoming and being a new mother is no longer being "master of her own time" and learning to live with her baby's erratic and unpredictable schedule. Being accustomed to planning and scheduling her day, Cathy initially tried to organize her activities according to her baby's routine. However, Cathy quickly realized that the baby's schedule was so unpredictable that she was often unable to accomplish the activities she planned and experienced disappointment at the end of the day. Cathy feels that living with her baby's erratic schedule became easier once she realized that she should not plan her time and once she accepted that she could accomplish less. Lowering her expectations and meeting them resulted in Cathy feeling happier and more satisfied than if she set expectations she could not achieve. Cathy also gradually learned which tasks she could accomplish with her baby present and which tasks she could not.

Since becoming a mother, Cathy feels she no longer has the freedom to spend time on herself or her appearance. She accepts this as part of adapting to her baby's presence and feels she has easily accommodated to making her baby's needs her primary concern. She has also changed from a deep to a light sleeper and has become absorbed by and an expert in children's clothing, toys and accessories.

As a new mother, Cathy is so deeply affected by her baby's emotional states that she feels she experiences a mirroring of his emotions eg. when he smiles, she feels wonderful; when he cries, she feels unhappy. Cathy finds it especially painful to listen to her baby cry when she is

not in a position to comfort him (eg. when someone else is holding him). She perceives her baby's cries as his way of communicating an unfulfilled need and her first priority is to satisfy his needs. Cathy feels very gratified that her presence and caring comforts her baby and that he seems to recognize her.

Cathy feels that the happy experiences with her baby far outweigh the initial difficulties. Each time her baby smiles, Cathy is overcome with the same feelings of love and joy that she experienced the first time he smiled and laughed. She is totally captivated by her baby and takes pleasure in the wonder of his being. She feels he displays amazingly mature gestures and facial expressions and that when he began cooing in response to her speaking to him, she became aware of him as a "person" and not just a baby.

There are times, however, when Cathy still feels emotionally drained by his demands. When Cathy tries repeatedly to satisfy her baby without success, she feels like a servant to him and is amazed at how such a small baby can have so much control. However, her baby's smile makes her feel instantly revitalized and warm inside and evokes a desire to smile in response. Cathy feels that overall she is very accepting of her baby's demanding behavior and rarely becomes frustrated. She never becomes irritated when her baby is difficult, even though she feels she is easily irritated by people. Cathy perceives having to deal with difficult behavior as part of her responsibility as a mother.

At times Cathy feels her baby is an extension of herself in that she is driven by and derives pleasure from satisfying her baby's needs and experiences compliments to him as if they were for her. At other times she is truly amazed that he is her very own baby and a part of her at

all. Cathy feels her baby is a symbol of her and her husband and their caring and that a compliment to him is also a compliment to them.

As a mother, Cathy wants her son to be a happy and confident person and she puts much thought into, and at times worries about, doing what is best for him. She wonders about the impact of her career on her son's development. Cathy feels becoming a mother has already affected her attitude about her career in that her baby is now her first priority and she is less willing to sacrifice personal time for her work. Given an ultimatum between work and family, she would choose family. At the same time, Cathy feels pressure from within her profession to put her career before her family and finds this difficult to fight. Being a mother is also forcing Cathy to rethink and perhaps adjust her career goals. Cathy continues to work toward her medical specialty and has not yet decided what aspect of medicine she will concentrate on (ie. clinical practice, medical education). She feels having a baby has added to the confusion and difficulty of making a decision by introducing questions about how much she is prepared to work.

For Cathy, the presence of her baby has transformed her and her husband from a couple into a family. She feels they are more selfless, in that they are less focused on and concerned about themselves, and instead, are centered on the three of them forming one family unit. Cathy also feels the baby's presence has strengthened the relationship between her and her husband in that she experiences a new bond of closeness with him as parents of their child.

For Cathy, the most amazing aspect of being a new mother is experiencing the power of her baby's presence. Even though he has only been a part of their lives for a short time, she can't begin to imagine life without him.

### Situated Meaning Structure of Gail

For Gail, becoming and being a mother has been an experience of such unparalleled joy that she experiences moments of disbelief that she is actually a mother and that her baby is her own. Being a mother has brought a sense of completeness to Gail's life and makes her feel that she has found her calling.

Gail was stunned and filled with disbelief upon discovering she was pregnant, as she did not expect to have a child. Although both she and her husband enjoy children, he was concerned he was too old to become a father. Gail really wanted a family, but accepted her husband's wishes, believing she could fulfill her maternal desire through her relationships with other children. They both welcomed the idea of becoming parents, although Gail feels she required time to adjust to the idea of having a child, whereas he was ecstatic from the beginning.

Gail marvelled at being pregnant and enjoyed her pregnancy. She felt responsible for the physical well-being of her unborn baby and even experienced warm feelings of affection for her the first time she heard her heartbeat and saw her move. Still, the realization that she was becoming a mother to her own child had not yet sunk in. It was only upon seeing her newborn after her Caesarean that Gail became aware of the full reality of her baby's presence and experienced maternal feelings for her baby. She initially experienced a rush of emotions: feelings of relief that her baby was finally born and was healthy, disbelief over her large size, and amazement over how beautiful she was. Above all, she experienced an instant outpouring of love for her baby and felt an immediate attachment to her as her mother. She was filled with thoughts of the joy and responsibility of caring for and raising her baby and felt somewhat anxious as she envisioned the obligations she faced as a parent. Although she was unable to hold

her baby until the next morning, just being close enough to touch and kiss her intensified her feelings as a mother and seemed more than enough for Gail.

Learning to breastfeed her baby was an unpleasant experience for Gail. She perceived the nurses who first assisted her as insensitive to her concerns and basically unhelpful, but felt too tired and weak to assert her wishes. The experience left Gail feeling frustrated and stressed and instilled doubt in her about her ability to breastfeed. Later assistance from a more sensitive nurse who was able to show Gail a nursing position that was more comfortable for her improved the breastfeeding. Gail regretted not nursing her baby that first night as she believes the delay may have contributed to her nursing difficulties. She felt guilty for sleeping through the night and angry at the nurses for allowing it, yet she realizes she was probably too weak then to breastfeed her baby.

Despite her considerable experience with babies, Gail was anxious during her pregnancy about how comfortable she would be with her own child. However, except for her initial nervousness breastfeeding, she felt very much at ease taking care of her baby. Once Gail became comfortable nursing her baby, she was able to concentrate on simply enjoying her presence. On one occasion, as she held her sleeping baby close to her and tenderly stroked her, she experienced the warmth and "perfect fit" of her nestled body and felt intuitively that she was meant to have this child. For Gail, being able to touch and hold the baby she had carried inside her for so long evoked an indescribable feeling of closeness. Gail "revelled in snuggling close together" with her baby as she "cradled her close to her heart."

As a new mother, Gail has experienced a variety of intense emotions. She experienced enormous joy as she held her baby for the first time and is filled with intense feelings of pride

and happiness at each of her baby's new developments. For Gail, words fail to describe the first time her baby smiled at her in recognition and she felt the growing bond of closeness between them. Each time her baby smiles at her she is overcome with love and feels she would do absolutely anything for her. She wonders how she will find the strength to set and reinforce necessary limits as a parent when she experiences her daughter's smile as so intoxicating. For Gail, simply being with her baby and seeing her husband's joy as a father fills her with happiness.

Gail has also experienced worrisome periods, beginning with her feelings of concern that she would be unable to breastfeed her baby. She became worried over the slightest changes in her newborn's nursing patterns and bodily rhythms and attributes this to being a new mother and to her inexperience with newborns. Although she feels confident that her baby will always be loved and well cared for, she is concerned about being able to provide materially for her now and in the future.

At times, Gail has experienced feelings of frustration and anger as she and her husband adjust to their new roles as parents. Gail believes these feelings are evoked more by her husband's behavior than the baby, as she has been very easy to care for. Although Gail feels he is good to care for the baby when she needs him to, his life has not been disrupted in the same way Gail's has, as he still relies on her as the primary caregiver. Gail feels frustrated when her husband is able to enjoy activities that she misses as a mother, yet does not assume care of the baby so that she may also enjoy them. As well, Gail experiences frustration when he becomes stressed by their baby's crying. The relationship between Gail and her spouse is negatively affected by this in that they direct their frustration at each other and Gail in turn becomes angry with herself for doing so. Gail sees herself as a parental role model for her husband, who is less

experienced with babies, and feels she has to learn to help him rather than become angry with him at these times.

As a new mother, Gail is saddened by the realization that her time at home with her baby is passing so quickly and by the thought of having to leave her to return to work. Gail is amazed by the intensity of the bond she has with her baby and by how quickly she became attached to her. Prior to becoming a mother, Gail believed that her experience helping distraught parents deal with leaving their babies in care would facilitate her own separation from her baby. As a new mother, however, Gail now realizes that nothing could have prepared her for the depth of her attachment to her baby or the difficulty she experiences separating from her. When she is away from her baby she misses her terribly and thinks about her constantly. For Gail, the mere thought of having to place her baby in childcare is unbearable. However, knowing that her baby will be close by in the daycare she supervises is some consolation to Gail.

For Gail, becoming a mother has changed her priorities in that being with her baby is now more important to her than her job and she feels she will be less generous volunteering her time at work. Still, Gail is surprised that she finds the idea of returning to work so upsetting as she has always enjoyed her work.

Gail had a close adult relationship with her own deceased parents and is saddened that they will never know and enjoy her baby. She is pleased, however, that she and her husband have a child to care for them in their later years the way she lovingly cared for her parents when they could no longer care for themselves.

As a new mother, Gail experiences a feeling of protectiveness for her baby so fierce that she feels she could even kill to keep her from being hurt. The intensity with which she experiences these feelings surprises Gail, given her pacifistic beliefs.

For Gail, one aspect of being a new mother has involved adapting to playing "second fiddle" to her baby, who has become the center of everyone's attention. While she was pregnant, Gail felt everyone was very considerate towards and took a special interest in her. She experiences the change in the way she is treated by others, ie. from receiving special attention to being practically overlooked, as so dramatic that it is actually humorous. Gail readily accepts that her baby takes first place and believes that's the way it should be. As a mother, Gail takes great pleasure in the joy her baby brings to others and feels extremely proud of her. Gail also places herself in a position second to her baby in that she puts her baby's needs before her own. When asked if there are times when putting her own needs second becomes difficult, Gail admits that when she feels overtired she finds it hard to put her baby's needs first and begins thinking of herself and her needs. However, by taking some time for herself, Gail feels she is able to renew her feeling as a person in her own right and regains a sense of balance.

At times Gail misses pleasurable activities she enjoyed before having a baby (ie. taking an afternoon nap or having a relaxing cup of tea). However, she feels her longing for these pleasures is not a lingering feeling. She finds that time seems to pass more quickly than it used to and she is often unable to complete her daily tasks. Also, the time consuming preparations required for outings in addition to her baby's schedule make it impossible for Gail to go anywhere on the spur of the moment.

Although Gail has never been an enthusiastic nor an orderly housekeeper, she finds she is becoming more conscientious about the cleanliness and tidiness of her home out of concern for her baby's health and safety. She worries about her husband's habit of leaving things lying around and hopes that his love for their baby and his concern for her safety as she becomes more mobile will motivate him to change this behavior. Still, she foresees tension and the occasional argument between them, as he is a stubborn person who is set in his ways. Gail has always accepted the traditional division of household labor between them, but admits that she experiences frustration when she feels overwhelmed by the workload and her husband is not helping out and would like the workload to be more evenly dispersed. Gail appears uncomfortable portraying her husband negatively and adds that he has many good qualities and makes an effort to help out when it's really necessary. Gail worries about how she will keep up with the housework when she returns to work, when she experiences occasional difficulty doing so being home full time. She wants to ensure that juggling full time employment and the household responsibilities will not interfere with her family time nor have negative effects for herself, her baby or her marital relationship.

As parents, Gail and her husband have less time for each other and their intimate relationship. She attributes this to her baby's presence and the constant care she requires. She feels she and her husband make an effort to spend time together and do special things for each other (eg. He now regularly prepares Gail's morning cup of tea). Although Gail admits she sometimes misses the quiet, relaxing times she and her husband enjoyed together and feels determined to ensure that they continue to have time for each other, she also acknowledges that they prefer and are more comfortable including the baby in their activities. Gail also feels the

time she and her spouse do spend together has changed, in that their conversations revolve around their baby, despite their efforts to discuss other happenings. Gail feels it's important for her to be able to converse with him about topics other than their baby, but finds this difficult when she spends most of her time at home caring for her. She tries to expand her range of conversational topics by keeping herself informed about current news events and her husband's interests.

Gail feels that having their own child has transformed them from a couple into a family unit and has added another dimension to their relationship as a couple. She feels having a child has created a new bond of shared experience as parents that strengthens their relationship with each other. Gail and her husband experience a new and remarkable feeling of closeness when they are enjoying the presence of their baby together.

As a person who always needed a lot of sleep, Gail is surprised that she does not find the night feedings very difficult. However, as a new mother, she feels her sleep patterns have changed. Gail can now function on less sleep and has no difficulty returning to sleep upon being awakened. She feels choosing to breastfeed rather than bottlefeed as well as her baby's easy manner have made the night feedings relatively easy and she enjoys the opportunity to cuddle her baby.

As a new mother, Gail feels a sense of responsibility for her baby that motivates her to ensure that she is always well cared for and provided for. Although she feels she will have to return to her job full time until her husband's business is more financially stable, both she and her husband hope that she will be able to stay at home with their daughter within a year. Ensuring that her baby is always well provided for motivates Gail to find a means of earning an income

while she is at home with her. Gail feels that having a baby has not changed her and her husband's goals, but it has increased the financial strain and may mean a delay in achieving these goals. Gail feels strongly, however, that her baby's needs and happiness comes first. She believes she will be very assertive with her spouse about ensuring that the house is childproofed, even though she feels doing so will create tension between them. She also feels motivated to become more physically active and improve her physical well-being for the baby's sake.

Overall, becoming a mother has been a relatively easy transition for Gail. Although she worried during her pregnancy about how she would deal with the challenges of motherhood, she feels she has adjusted very well to the changes in her life. Gail attributes this to her baby's easy temperament and to her own calm and patient disposition, as well as to her and her husband's relaxed, unscheduled homelife, which has enabled them to simply follow the baby's schedule. Gail also acknowledges that her husband's presence at home during the day has facilitated her adjustment to her baby in that he is available to help her. She feels the joy she derives from the presence of her baby makes the many changes she has experienced as a mother seem easy. Gail has experienced occasional difficult and frustrating moments as a mother (eg. when her baby's needs have interfered with her own time bound activities). However, she is not overwhelmed by these experiences and they do not reflect her overall positive experience of mothering. Gail has no regrets about becoming a mother. Although she states that she may find motherhood more difficult as her baby becomes more active, she remains confident of her ability to be an effective parent.

### General Psychological Structure of the Phenomenon of Becoming and Being a Mother

The phenomenon of becoming and being a mother is a transformative experience that permeates every facet of a woman's lived world. Not only does she become transformed as a mother, her self-world relationships also assume a new form.

Giving birth to her baby is a fundamental moment in a woman's transformation to motherhood in that it is the event which marks the beginning of her life as a mother. With the birth of her child, a woman becomes a mother. Childbirth also marks the beginning of the baby's existence as a separate being. The special union that once delicately interwove the expectant mother and her unborn child in a shared existence gives way to a new relationship between mother and baby. For the first time, a woman is able to see, touch, and hold the baby that she felt growing within her. Whereas she once expressed her affection for her baby by caressing her own stomach, she now does so by lovingly cradling him in her arms. Her baby has become an actual rather than an envisioned presence in her life. It is through their separateness, through seeing her baby as an actual presence, that a woman begins to understand herself in relation to her baby.

Yet, it is only through experiencing herself as a mother, through the dawning of motherhood as a lived reality, that a woman's transformation is realized. The lived reality of motherhood, that is, a woman's felt sense of being a mother, emerges as she opens herself to her newborn and embraces him as her own. In doing so, a new mother is overcome with intense feelings of love for her baby. Cathy wrote "I remember holding [my baby] and looking at him the first night at the hospital. I felt an incredible surge of love for him...I wanted to hold him forever." Karen described the feelings she experienced as she held her baby close to her. She wrote "I felt immense love and wonderment that I had created, nurtured and born this miracle".

This effusion of love that is experienced by a new mother permeates her being. It is the tears that well up in her eyes and the warmth that permeates her body as she beholds her baby. It is the mother's hands as they caress her baby and "the perfect fit" of the baby's nestled body against her own. It is a mother's love, unlike any other.

The all-encompassing love that a new mother feels for her baby, as well as the newborn's smallness and helplessness, evoke within her a pervasive sense of caring and a deep and primordial need to protect her baby from harm. Gail said "I am like a tiger protecting her babies - it's such a fierce feeling it surprised me!". When harm does befall her baby, when she is faced with even the threat that something may be wrong, she is filled with a deep sense of worry and fear. In the face of such fear, she feels the weight of her responsibility as a mother. Cathy wrote "The full sense of responsibility occurred to me when we brought [the baby] home. We were having a lot of difficulty with nursing and I was very worried that [he] wasn't getting enough to eat".

The overwhelming sense of responsibility experienced by a first-time mother is a responsibility like no other she has ever encountered. It is being responsible for the life of another person, her own child, in a way that no other person is. It is an awesome project. Cathy wrote "they're so helpless right at the beginning...I'm there, we're there to protect him and no one else is there, he's our ultimate responsibility". This feeling of responsibility is not limited to the present care and well being of her baby. It is interwoven with a mother's awareness that her commitment to her child is a lifetime one and is experienced as an ongoing responsibility to ensure that her child will always be well cared for. Envisioning her future responsibility as a mother, whether it is the obligations that lie ahead of her (eg. education, financial security) or

making the right decisions as a parent, evokes feelings of fear and doubt in the woman about her ability to parent her child. These feelings are heightened by the realization that regardless of how well she parents, part of her child's future is beyond her control. Karen said

He just seems so small and so much responsibility on me...will I be able to give him the right values and the morals? and will I be able to raise him such that he has respect for me?...That scares me because part of it yeah, you can do as much as you can, but then how much will not be in your control?

Similarly, Suzanne fears that her non-traditional parental attitudes, which have already affected her decision-making as a parent, will lead to a conflictual relationship between her and her daughter in the future. She writes "this is the most responsibility I've ever had which keeps me upset when I am full of self-doubt".

The maternal love a woman feels for her newborn is not always experienced immediately. Lovingly opening oneself to one's child, becoming transformed as a mother, is a deeply felt experience that requires space to occur. Most of the women in the study did not immediately experience a wellspring of love for their newborns. Rather, they experienced primarily a sense of relief when they first held their babies, as they were living through the physical aftermath of childbirth, i.e. the bleeding, soreness, and fatigue. It was only in the hours and days after giving birth, when they were no longer occupied with their own physical state, that they were free to behold and lovingly give themselves to their babies.

Of the four women in the study, Suzanne was the least free to open herself to her newborn's presence. Her transformation to motherhood seemed somehow suspended. Like the other women, she did not experience an immediate outpouring of love for her baby. In contrast

to the others, however, she felt she initially rejected her newborn. Suzanne held idealistic expectations of childbirth which left her completely unprepared for the reality of giving birth. Her painful home birth shattered her illusions of childbirth as a "spiritual experience" and left her in shock. She felt resentment towards her baby for the pain she endured and for showing her no gratitude by not making her feel needed. Suzanne required time by herself to come to terms with her experience before she could be with, let alone love, her baby. In struggling with the trauma and pain of her childbirth, Suzanne was not free to move forward and lovingly embrace the presence of her newborn baby. Her transformation to motherhood took longer as she had much further to go.

Gail was the only woman to experience an immediate outpouring of love for her baby and to feel that she was a mother the moment she saw her baby at birth. She gave birth by Caesarean section using a local anesthetic and was therefore completely free of pain, yet fully conscious during the delivery. Of all the women, she was perhaps most free to immediately behold her baby and reflect on the wonder of his presence.

The intense feelings a new mother experiences for her baby, the feelings of love and caring, concern and the sense of protectiveness and responsibility, bonds her to him. This bond deepens as the baby develops and becomes increasingly responsive to his mother's loving gestures. For example, the baby is soothed by his mother's comforting embrace and comes to smile in response to her playful gestures. A new mother experiences this "recognition" by her baby as a sign of his growing bond with her and his acceptance of her. His responsive gestures leads her in turn to perceive herself as a caring, loving mother. In essence, she feels affirmed as a mother by her child. For a new mother, this is an enormously gratifying experience. Cathy

wrote "I get a very satisfying feeling when I pick him up and he stops crying - I'm almost sure he recognizes me and that is so gratifying". Suzanne described this experience with moving eloquence.

There is such a powerful feeling of well-being when she smiles, it seems like a drug. [It's a feeling that] I'm doing the right thing, she loves me, yes, I'm her mother...It's a reflection of my mothering to me...I feel chosen...there's a light shining on the world and it's shining right on me, right at this moment.

In becoming transformed as a mother, a woman's lived world is also transformed. She not only develops a profoundly close and loving relationship with her baby, she also encounters a new order in which her "self" acquires a position second to that of her baby. This secondary position is a change for the new mother and a dramatic contrast to the special attention and consideration she received from others as an expectant mother. During her pregnancy, a woman is showered with attention and support by family and friends and experiences herself in a new position of importance. With the arrival of her baby, she experiences a sudden shift in the way she is treated by others. Her baby becomes the center of everyone's attention and she assumes a position of secondary interest. As Gail said "Since her birth I've become used to being second fiddle. Everyone wants to see [the baby]". A new mother not only assumes a secondary position in the eyes of others, she also places herself in a position second to that of her baby. Regardless of how tired or hungry she may be, she cares for and tends to the needs of her baby first. In this new order, her baby's needs and happiness take priority over everything. Gail said "I could be starving with hunger and she is hungry at the same time, I'll feed her before I'll look at feeding myself, so I also put myself second, I put her first". Suzanne said "At times I don't even think

about what I want, I may want sleep and she wants food and it's she that takes over and you know, I definitely am second in that relationship".

There is great individual variation in the way that each woman responds to this new order in her world. Some new mothers, like Karen, readily accept their secondary status and seem to have little difficulty adapting to their new life. Others, like Suzanne, struggle to accommodate their life to their baby and feel overwhelmed by the sacrifices they have to make. But regardless of whether a new mother's transition to motherhood is primarily easy or difficult, the experience of mothering entails moments of exquisite joy and tearful frustration; unbridled enthusiasm and bittersweet resignation as women adapt to their new lives as mothers.

At times, a new mother feels an intense desire to be with her baby. She is totally captivated by her newborn and derives enormous pleasure simply watching or holding him. The baby's presence seems to have a magnetism which draws her near to him. Some of Karen's happiest moments as a new mother were "the quiet times...just holding him on my shoulder or when he was feeding or sleeping, just looking at him". Cathy described feeling pulled toward her newborn, even when she was not needed to care for him or satisfy his needs. She wrote "I am mesmerized by [the baby]. I often watch him while he sleeps or plays by himself".

This desire to be with their babies is so powerful that most new mothers find it difficult to be away from their newborns. They dislike being separated from them and miss them terribly when they are apart. Gail wrote "while she's away from me I swear I don't go two minutes without thinking of her and when we are re-united it feels like we were apart for years". Women with successful and satisfying careers feel torn by the idea of leaving their babies to return to work. Having experienced the joy of being a mother, they know that their babies, and not their

jobs, are now their first priority. For some, the desire to be with and care for their babies is reflected in their decision to return to work only part time. For others, who must return to work full time, it reveals itself in the unbearable sadness that is evoked each time they envision themselves leaving their babies in the care of some other person.

At the same time, a new mother also experiences moments when caring for her baby becomes a tiring, unfulfilling, and for some, an overwhelming task. Ensuring that all her baby's needs are satisfied and that he is well cared for is a demanding and all consuming responsibility that limits the time a new mother has for herself. In addition, the baby's unpredictable schedule makes it very difficult for her to plan her day or accomplish necessary tasks. When she does engage in an activity, she lives with the everpresent possibility of being interrupted. Thus, a new mother not only has very little time for herself, she also has no control over her time. As Cathy said, she was no longer master of her own time. In her words "[I thought] he would sleep for three hours and I would get all this done, well he never slept for three hours and if he did I wouldn't know he was going to be sleeping for three hours".

At times, a new mother misses being able to engage in the activities she enjoyed before becoming a mother and having time for herself. This loss of freedom is felt more deeply when she feels tired and overburdened by her responsibility as a mother. It is when she feels her own needs are being deprived that a new mother finds it most difficult to put her baby ahead of herself and begins to think about herself first. At the same time, however, she experiences tremendous guilt when she feels she has put her own needs ahead of those of her baby. A new mother is pulled by her love for and her responsibility to her baby as well as by her desire, and at times her need, to create space for herself.

The loss of freedom experienced by a new mother is compounded by her perception that she shoulders the burden of the responsibility for both the housework and childcare. Regardless of whether her husband shared equally in the household division of labour prior to the birth of their baby or played a more traditional and less involved role, a new mother finds herself responsible for the bulk of the housework. Karen wrote "I had to adjust to being Suzy Homemaker. All of a sudden I had to do the housework, cooking etc. where this was always shared with [my husband]". Similarly, a new mother experiences herself as the primary caregiver and perceives a clear difference in the roles that she and her husband play as parents. She feels a sense of responsibility for her baby that she does not perceive in her husband, in that, regardless of how involved he is in the daily care of the baby, he tends to rely on her to make all the childcare decisions. The woman, on the other hand, relies on her own knowledge of her baby to decide how to best care for him. Thus, even when she is not directly caring for the baby, she is managing the care from a distance. Cathy said "[my husband] relied on me, um, for the know how and I think I resented that at the beginning....when we should give him his bath, how often we should feed him, um, how much to put in his bottle, all the decisions basically". For a new mother, being primary caregiver feels, at times, like an unfair burden for which she resents her husband. At the same time, when her husband becomes more involved in the childcare decisions, she finds it difficult to relinquish this responsibility to him.

It is experiencing her baby as an enduring presence that fundamentally transforms a woman's existence and most clearly reveals the depth of her transformation as a mother. The bond between a new mother and her baby is characterized by a profound closeness that at times blurs the emotional boundaries between "self" and "other". At times there is a sharing of

emotional states to such an extent that the feelings of the one resonate within the other. Suzanne wrote "She [the baby] smiles my inner smile. She frowns or cries and my body seems to physiologically transform much like my breasts leaking milk just before she begins to cry". This bond is a union of such depth, it enables a new mother to anticipate her baby's needs even before they are expressed. At the same time, a new mother experiences difficulty distancing herself from her new baby. When a new mother is away from her baby for more than a few hours, she is overcome with intense feelings of responsibility, caring and concern that are experienced as an embodied "call to home". For the nursing mother, it is the soreness of her full breasts and the milk that seeps from them each time she thinks of her baby. Even the baby's absence evokes his presence in the woman's life. As Suzanne said "I don't wake up and find myself without a child, she's always there...you can go somewhere, but she'll always be there, in thought, in being, whatever". For the new mother, the baby is not only an enduring presence, she is also a lifelong presence. She is now a part of the mother's world and will forever be a part of her world. For the new mother, it is indeed a different existence.

One dimension of a woman's lived world that is greatly affected by becoming and being a mother is her relatedness to others. Becoming transformed as a mother involves a kind of expanding relatedness of one's life-world that shifts the woman's center of experience away from a focus on her "self" towards others. This new relatedness begins with the mother's growing relationship with her new baby but may also be felt in her relationship with her spouse and with her extended family, especially with her own parents and those of her husband. It may also be experienced as a new feeling of closeness with mothers generally. For a new mother, her baby's presence is like a bridge that links her to others. The close relationship she has with her baby

creates a new sense of belongingness with others and alters the structure of her existing relationships, as they tend to be strengthened and take on new meaning.

Experiencing the joyful presence of one's child not only transforms a woman into a mother, it also transforms the couple into a family. It is the birth of the family. The woman and her spouse experience a new feeling of togetherness and family time assumes a position of central importance. Family rituals and traditions are suddenly restored with meaning and significance. In Gail's words

There is a special kind of closeness/intimacy we [the couple] feel whenever we are playing together with [the baby]. It's so much fun to play and laugh with her. I love to see the joy in [my husband's] face. We are truly a family unit!

With the emergence of the family, the couple relationship receives less attention. Both the woman and her husband become less centered on themselves as a couple and become focused on the baby and on the three of them forming one family unit. Cathy wrote "I realize that our [my husband and me] focus has changed to center on [the baby] and we are now a family". This shift is reflected in the conversations and in the activities of the couple. Despite their efforts to discuss other topics, the couple's conversations tend to revolve around the baby. This is particularly true for the new mother, whose social outings have greatly decreased. The activities that the couple previously enjoyed together now include the baby or are engaged in with much less frequency. The latter is particularly true of a woman's intimate relationship with her husband. As Suzanne wrote "There will be clearly no lovemaking this morning, no happy Sunday brunch "together" as much as I would like this."

Despite this loss of "couple time" and despite the fact that as a couple they are less involved with and less present to each other, the women in this study experienced a new feeling of closeness with their husbands. This new bond of closeness, which is grounded in the couple's shared experience as parents, is experienced by the woman as strengthening the relationship between her and her husband. Gail said

there's another bond between the two of us, on top of all the bonds that we had just as husband and wife and friends and lovers, there's now another type of bond holding us together, something more in common that we're experiencing together.

Thus, although the presence of the baby draws the couple's focus away from their relationship, it simultaneously strengthens and deepens this relationship, creating a new feeling of closeness between them.

In becoming transformed as a mother, a woman's relations with her extended family may also acquire new meaning and significance. For the women in this study, experiencing the closeness and loving presence of their own babies has created a heightened awareness of the importance of family relationships. Karen derives a new feeling of contentment from being together with her parents and those of her husband. Suzanne experiences a new sense of belongingness and permanence with her own family and feels a new closeness with her husband's family. Even Gail's sadness that her deceased parents will never know and enjoy her baby reflects the importance of extended family relationships in the new mother's life.

Many new mothers also feel they now share a lived understanding of parenting with their own parents, which deepens the relationship between them. Suzanne wrote "I feel different now in relationship particularly to my father and grandmother. I now share a common past and

current role, that of parenting". Karen wrote "I experienced a whole different kind of love and all of a sudden understood what my parents meant when they said 'I love you'". As a mother, a woman now understands what it is to love her own child and to feel responsible for that child, just as her parents loved and felt responsible for her.

The lived knowledge that a woman gains as a mother also contributes to a sense of shared community with all other mothers. A new mother understands what it means to be a mother, what it is to love her own child, in a way that she could not previously. It is the lived experience of parental love that enables one mother to understand the pain of another mother whose child is suffering. As Karen said "If I read a story in the paper...a parent losing a child to a very serious illness or to an accident or some kind of trauma, before it would just be a story, yes, that's sad, now it would be oh my God if that happened to [my baby] I know how devastated I would be, so it's kind of a kindred spirit". Being a mother is an experience that creates a shared landscape for all women with children.

## DISCUSSION OF RESULTS

The preceding phenomenological analysis of the phenomenon of becoming and being a mother provides us with descriptions of the subjective and intersubjective transformations experienced by a new mother as she makes the transition into motherhood. As such, these phenomenological descriptions extend beyond the findings of previous mainstream research. The latter studies are primarily concerned with examining the impact of the first child on the functioning and life of the woman. In focusing on the birth of a child as a causal event which exerts an impact on the life of the woman, this research assumes a separateness between having a child and the changes experienced by the woman as a new mother. As such, it fragments the woman's lived experience of becoming and being a mother. The present study reveals the inherent meaning structure of the phenomenon of first time motherhood and captures the fundamental interrelatedness and wholeness of the experience as lived by the woman.

At the same time, the phenomenological description provided by the present study also displays some similarities with the previous research findings. In this chapter, a dialogue between the phenomenological findings of the present study and those of the research literature reviewed previously will be undertaken. This discussion will also interface the findings of the present study with relevant existential-phenomenological writings. This will be followed by a discussion of the larger implications of the current project. Finally, the limitations of the present study as well as suggestions for future research will be considered.

### Dialogue with Relevant Literature

To facilitate the dialogue between the phenomenological findings of this study and those of relevant research literature, this discussion will center around three dimensions of new

motherhood which emerged from the preceding phenomenological analysis. They are (1) experiencing a profoundly close and loving relationship with one's baby, (2) living with one's baby as an enduring presence, and (3) experiencing an expanding horizon of interrelatedness. Although these dimensions are presented and discussed separately, it is important to keep in mind that they comprise constituents of the general structure and are as such interrelated.

#### A Profoundly Close and Loving Relationship with One's Baby

The general phenomenological structure of first time motherhood presented previously revealed the woman's growing relationship with her new baby to be an essential aspect of becoming and being a mother. The relationship between a new mother and her baby is a union of profound depth in that a new mother experiences a closeness with her child that she feels with no other person. She deeply loves her baby and is captivated by his very presence. She is uncomfortable being away from him and knows without question that she would give her life for him.

Despite the importance of this relationship in a woman's transformation to motherhood, as a subject of study it has been largely overlooked in traditional research. Mainstream studies typically focus on the effect of the first child on the woman's life rather than exploring the nature of the mother-infant relationship (eg. Cowan et al., 1985; Hock et al., 1984; Hoffman, 1978; Ruble et al., 1988; Terry et al., 1991; Wilkinson, 1995). The majority of the studies that have explored the mother-infant relationship emanate from the field of child development and therefore concentrate on the importance of this relationship for the child (Ainsworth, Blehar, Waters & Wall, 1978; Bowlby, 1969; Mahler, Pine and Bergman, 1975; Winnicott, 1965; 1970).

In describing the mother's role in the formation of the child's bond with his mother, Bowlby's (1969) theory of attachment in children moves beyond the other psychoanalytic theories which assert the importance of the mother-child relationship. Bowlby states that the attachment process is a mutual system in which the infant is biologically prepared to act in ways that invites a caregiving response from the mother and that the mother is likewise prepared to respond to the infant's signalling behavior with nurturing responses. The nurturing response of the mother, in turn, elicits a response from the baby. It is through repeated occurrences of this process that the baby is seen to gradually form a bond with the mother.

Although Bowlby's writings do not directly address the formation of the mother's bond with her baby, the implication of the attachment process is that a mother becomes bonded to her baby through responding to him and providing care for him. The findings of the present study reveal that a mother's bond with her baby involves much more than a repeated pattern of behavioral responding. A new mother's bond with her baby is grounded in the deep and primordial emotions she experiences for her baby as she embraces his presence in her life. A new mother does not need to hear her baby cry to lovingly cradle him in her arms. She does not need to see him smile to play with and smile at him. She is called by and drawn to her baby even as he sleeps. It is the baby's presence, his being as the other who is mine, that captivates the new mother.

The findings of the present phenomenological analysis also reveal that the mother's bond with her baby is deepened by the baby's responsiveness to her caregiving. When the baby responds to the mother's loving gestures (i.e., is soothed by her comforting embrace), the mother experiences this response as recognition of her and as a sign of his growing bond with her. The

baby's responsive gestures lead her in turn to perceive herself as a caring, loving mother. She feels affirmed as mother by her baby and experiences a growing closeness to him.

Merleau-Ponty's (1962,1964) theoretical writings on the intersubjective nature of our encounters with others are particularly relevant to a discussion of the mother-child relationship and provide a foundation on which to further our understanding of the intersubjective world of the mother and her baby. One of the fundamental themes in Merleau-Ponty's existential-phenomenological philosophy is that of the interrelatedness of human beings in the world. According to Merleau-Ponty (1962), we are thrown into a physical and social world from the beginning. The social world is already there for us before we come to know it. The question for him was how we come to know the presence of the other (i.e., the nature of our intersubjective existence).

Merleau-Ponty (1964) approached the question of intersubjectivity by describing the way in which the other is given to us from the first years of life. From birth to about the age of three, the young child lives in the syncretic stage. This is a stage of "undifferentiated group life" (1964, p.119) wherein distinctions between self and others are not drawn. Because the young child's interpersonal boundaries and sense of self are as yet poorly developed, he is pulled towards and becomes immersed in the expressions of the other, experiencing them as if they were his own. For Merleau-Ponty, the child at this time is

a me which is unaware of itself and lives as easily in others as it does in itself - but which, being unaware of others in their own separateness as well, in truth is no more conscious of them than of itself (1964, p. 119).

For Merleau-Ponty, the emergence of the child's awareness of others is facilitated by the development of his experience of becoming aware of his own bodily self. Gradually, through the developing perception of his own body, through the child's realization that he is also that which others see him to be, the child moves on to form interpersonal boundaries that allow him to experience himself as relatively separate from others.

Yet, the syncretic perception that prevails in the young child's world never disappears completely. Rather, it is reawakened in each of our encounters with others and forms an indispensable foundation for our intersubjective world throughout life. In Merleau-Ponty's words "the experience of the other...tears me away from my lone self and creates instead a mixture of myself and the other" (1964, p. 154-155).

Cast in the light of Merleau-Ponty's writings, the loving relationship between a new mother and her baby can be seen as a truly intersubjective encounter. The profound closeness that characterizes the relationship between the mother and her baby, the blurring of emotional boundaries that enables a new mother to cry her baby's hurt and smile his delight is clearly reflective of the state of undifferentiation between self and other described by Merleau-Ponty. Indeed, the mother-child relationship is perhaps the prototypical intersubjective experience in that, the baby is the mother's own flesh and blood. For the new mother, the child is literally a me that is at the same time other. The mother's profoundly close and loving relationship with her baby fundamentally transforms her lived world and thus alters her existence. In experiencing the world through her baby, the new mother's self becomes a self for the other.

### Living With One's Baby as an Enduring Presence.

The phenomenological analysis of the present study revealed the woman's experience of living with her child as an enduring presence to be a fundamental aspect of becoming and being a mother. It is this experience that most clearly reveals the depth of a woman's transformation to motherhood. For the new mother, her baby is her first priority and the center of her world. Caring for her baby is an all consuming occupation and responsibility that leaves her little time for herself. So enduring is her baby's presence that even when he is not with her, he is present within her, in her thoughts, in her very being. In describing her own experience as a new mother, Chesler (1979), eloquently captured this aspect of new motherhood: "Ariel: Wherever I am, you're there too, hovering around my shoulders. I'm never alone. Not even when I'm lonely and quite alone; in my study, or in another city" (p. 190).

Mainstream studies which suggest that women have less time to engage in the activities they enjoyed before becoming a mother (Feldman & Nash, 1984; McHale & Huston, 1985; Monk et al., 1996) as well as those which report that new mothers feel less in control of their time (Mikus, 1981), partially address the woman's experience of living with her child as an enduring presence. These findings are congruent with our own findings in that the women in this study also described experiencing less time for themselves and feeling less in control of their time. The findings of this study also concur with those studies which found a shift toward a more traditional, gender-stereotypic division of roles within the couple relationship after the baby's birth (Cowan & Cowan, 1988; Hoffman, 1978; LaRossa & LaRossa, 1981; Ruble et al., 1988; Terry et al, 1991). The new mothers in the present study felt they shouldered the burden of the responsibility for the household chores as well as for childcare. As in previous research, this

shift toward a more traditional allocation of tasks occurred regardless of whether the woman shared an egalitarian or more traditional relationship with her husband before parenthood.

Yet the present study extends beyond the cataloguing of changes outlined in the previous research by describing the meaning of the experience of living with one's baby as an enduring presence. Our findings revealed that even when the husband becomes more involved in the daily care of the baby, as requested by the new mother, she continues to feel responsible for all of the decisions regarding her baby's care. Thus, even though she is not directly involved in caring for the baby at all times, she is always "directing" the care and experiences herself as never being "off call". Becoming and being a mother is much more than experiencing less time for oneself and an increase in one's workload. It is living through a new existence wherein one's baby is always present in some form and occupies a position of absolute priority.

Mainstream studies which have explored the effect of becoming a mother on the woman's decision to return to work or remain at home also speak to the new mother's experience of living with the enduring presence of her child. These studies found that while a woman's role as mother takes precedence over her career role in the early postpartum months, postpartum employment is not affected by a woman's experience of motherhood (DeMeis et al., 1986; Hock et al., 1985). The findings of the present study reveal a very different picture. For the women in this study, all of whom were employed prior to the births of their babies, their experience as mothers not only affected their decisions regarding their careers, it was central to their decisions. Although the interviews with the women took place during the early months of their maternity leaves, one mother had already made plans to return to her career only part time and another had decided to remain home full time.

Of more significance, however, is the way in which the baby's presence in her life completely altered each woman's priorities with respect to work. All of the women in the study, even the woman who was returning to full time employment, stated without hesitation that their families and not their careers were now their first priority. Thus, regardless of whether a woman's experience as a new mother affects her pattern of employment, it clearly transforms her attitude about her career and its importance in her life relative to her family. The baby's presence permeates every facet of the woman's lived world and transforms her very way of being in the world.

Bergum's (1986) hermeneutic phenomenological study, which explores the transformation of woman to motherhood through a description of women's experiences of pregnancy, childbirth, and the first months of living with a child, speaks poignantly of the woman's experience of living with her child as an enduring presence. Bergum refers to this aspect of motherhood as the "mind-ful-ness to the child" (p. v.). She describes the woman's ability to nourish her child as an aspect of motherhood which bonds her to her baby in such a way that the "child is always on one's mind" (p. 150). Moreover, nourishing and caring for her baby, indeed living with her child, changes the woman's experience of time. Instead of hours and minutes, a new mother's day is broken into feeding time, nap time, laundry time etc. There is little time for oneself as mother. Our findings are congruent with Bergum's assertion that being a mother involves an altered sense of time. In addition to the finding that time appears to quicken in the presence of the baby, our study also reveals that in the baby's absence, a new mother experiences time as passing very slowly. For a new mother, being away from her baby for a just a few hours can feel like an eternity.

Bergum's (1986) finding that a new mother is transformed by a sense of responsibility for the birth and life of another person is congruent with the findings of our analysis. She describes this sense of responsibility as one that begins before the birth of the baby and which subjects a parent to certain terror when something goes wrong with their child. The present study also found a profound sense of responsibility for one's child to be an important aspect of new motherhood. This sense of responsibility is experienced both as a present sense of responsibility for the care and well being of one's newborn and an ongoing responsibility to ensure that one's child will always be well cared for. It is a dimension of new motherhood that enables the woman to live forward toward the future as readily as she lives in the present moment. For the new mother, the child is not only an enduring presence, he is also a lifelong presence in her life.

#### Experiencing an Expanding Horizon of Interrelatedness.

The phenomenological analysis of the present study revealed an expanding horizon of interrelatedness to be a fundamental part of a woman's transformation to motherhood. In becoming and being a mother, a woman experiences a new feeling of closeness with others that is grounded in shared experience and mutual understanding. Significant personal relationships, like the woman's relationship with her spouse or family members, take on new meaning and importance and tend to be strengthened. The presence of her baby not only transforms the woman into a mother, it also transforms the couple into a family.

The findings of mainstream studies which have investigated the impact of the first child on the woman's relationships, are relevant to our discussion of the new mother's experience of an expanding horizon of interrelatedness. Much of the research which has explored the impact of the baby on the couple's marital relationship reports a significant declines in marital satisfaction

for the new mother (Belsky, 1985; Cowan et al, 1985; Feldman & Nash, 1984; MacDermid et al., 1990; McHale & Huston, 1985; Ruble et al, 1988). Feldman and Nash (1984) found that new mothers reported a decrease in time spent with their husbands and problems in their sexual relationships, although the nature of these problems was not clarified. Becoming a mother has also been found to be related to more arguments with one's spouse (Cowan et al, 1985; Feldman & Nash, 1984), less positive feelings for one's husband (Ruble et al, 1988), and a decrease in satisfaction with one's spousal interactions (McHale & Huston, 1985).

The results of the present study concur with some of these findings. The women in our study also found that many of the activities they previously enjoyed with their husbands were engaged in with much less frequency. As well, they felt they were less involved with their husbands and had little time and energy for their intimate relationships with their spouses. The women in this study also described feeling resentment towards their husbands for their lack of involvement in the daily household and childcare responsibilities. Yet, in contrast to the findings of the studies surveyed, the women in the present study did not report feeling dissatisfied with their marital relationship. On the contrary, they experienced a new feeling of closeness with their husbands which they perceived as strengthening and deepening their relationship.

How can we account for the divergence in the above findings on marital satisfaction in new mothers? For the most part, mainstream studies investigating the effect of new motherhood on the woman's relationship with her spouse equate negative changes in the couple relationship (ie. a reduction in the amount of time the couple spends together, an increase in conflict or arguments between the couple) with marital dissatisfaction. The present phenomenological study, which is fundamentally interested in exploring the meaning of the experience of becoming

and being a mother as lived by the woman, does not predefine the phenomenon in measurable terms but remains open to the whole phenomenon as it is lived. Although the women in this study did experience changes in their relationships with their husbands which they found difficult at times, they did not describe feeling less satisfied with their marriages. While the presence of the baby drew the couple's attention away from their relationship and at times even increased their arguments and conflicts, it simultaneously evoked a new feeling of closeness between them.

The apparent contradiction between the lack of attention given to their couple relationships and the new feelings of closeness the women experienced in their relationships with their husbands becomes more understandable when one accepts that the birth of the first child is simultaneously the birth of the family. The woman and her husband take on new roles as mother and father and experience a new bond of closeness between them that is grounded in their shared experience as parents to their child. For the woman, this new parental bond is experienced as strengthening the relationship between them.

Mook's (1989) recent writings on the intersubjective nature of family life illuminates this shared world of family members. Basing her proposition on Husserl's (1977) and Merleau-Ponty's (1962, 1964) phenomenological theories of intersubjectivity, Mook posits that the family is a "co-constituted intersubjective community" (p. 9). She describes family members as experiencing subjects who relate intentionally to each other such that each member is a subject who interrelates with and forms an integral part of the intersubjective family community. Together family members participate in common perceptions, experiences and actions, albeit always from their own perspective. Within the community of the family, the members live the lives of each other and participate in each other's joy and suffering (Mook, 1989).

Research studies which have investigated the impact of first time motherhood on the woman's relationships with extended family members found that new mothers reported an increase in the amount of contact with extended family and improved relations with their parents (Cowan et al., 1978; Feldman & Nash, 1984; Hoffman, 1978). For the women in the present study, becoming a mother did not necessarily increase their contact with their extended family, but it did seem to evoke an awareness of the importance of these relationships. Family relationships took on new meaning and significance for the women. As well, experiencing the role of parent themselves, the new mothers in the present study felt they now shared a lived understanding of parenting with their own parents and experienced a deepening and expanding relationship with them. This finding concurs with Cowan et al (1978) statement that in assuming a maternal identity, a woman develops a more sympathetic identification with her own mother.

The present study revealed that the expanding horizon of interrelatedness experienced by the new mother extends beyond the woman's relationships with family members. In becoming a mother, a woman experiences a sense of shared community with all other mothers. She begins to develop an understanding of what it means to live in the world as mother and feels a closeness to women she does not even know. Bergum (1986) addresses this aspect of new motherhood when she writes that in becoming transformed as mothers, women "know how mothers are now" (p.160).

#### Implications of the Present Study

Aanstoos (1992) argues that the capacity to be "trans-formed", to enact a new formation, is the essence of development. Yet, he refers to our understanding of how transformation happens as the "black hole" of developmental psychology. According to Aanstoos,

developmental psychology has mainly concerned itself with recording the various transformations that occur throughout the person's development and offers very little description of the nature of these transformations. This tendency towards breadth rather than depth is particularly evident in theories of adult development.

Erikson's (1959, 1963) psychosocial theory of human development is undoubtedly one of the best known life-span developmental theories. His theory focuses on providing an overview of the stages of adult development rather than an in-depth description of the nature of the changes that accompany each of these stages. Erikson describes the stage of generativity versus stagnation as that period in life when a person is primarily concerned with establishing and guiding the next generation. This involves investing oneself in the future, through one's own children or grandchildren or through such other means as community involvement or creative activities. Erikson's description of parenting as a time of becoming invested in the future through one's children is an important insight that is supported by the findings of the present study. However, Erikson does not write about the nature of becoming and being a parent in great depth, nor does he describe the woman's experience of becoming a mother.

Feminist writers have argued that theories of adult development, like Erikson's, have largely ignored female development (Belenky, Clinchy, Goldberger & Tarule, 1986; Dinnerstein, 1976; Gilligan, 1982). Indeed, the developmental theories of both Levinson (1978) and Vaillant (1977) are actually based on studies that involved only samples of adult males. Gilligan (1982) suggests that the qualities of caring, attachment and interdependence generally associated with female development have been devalued by male theoreticians. For the most part, major theories of adult development tend to equate healthy development and maturity with the capacity

for separation, differentiation and autonomy, qualities which have traditionally been linked with male development. It is perhaps for this reason that the developmental literature contains almost no discussion of the importance of children in adult development.

The present study addresses the limitations of the adult developmental literature outlined above. As an in-depth exploration of the meaning of the experience of becoming and being a mother as lived by the woman, the present study extends our understanding of one of the most transformative experiences in a woman's adult life. As such, it makes an important contribution to the literature on women's adult development.

The implications of the present study extend beyond the contribution it makes theoretically. The findings of our study also have practical and educational implications both for women and for individuals who are directly involved in the postpartum care of the new mother, including nurses, midwives, doctors and even the woman's spouse. Our findings revealed that the intense emotions that a new mother feels for her baby do not necessarily emerge immediately after childbirth. Although most of the women in the present study held and nursed their babies immediately upon giving birth, in the first hours after childbirth they were primarily occupied with the physical and psychological aftermath of labor and delivery. As a result, these women were not present to their babies initially in the way that they were later, when they were no longer so occupied with their own care.

This finding highlights the importance of providing the new mother with a caring, supportive environment that is sensitive and attentive to her needs. Giving birth to a child is one of the most difficult and exhausting activities a woman will ever experience. Yet, almost immediately after childbirth everyone's attention, both health care professionals and family, is

quickly shifted to the new baby. Taking time for the new mother, to alleviate her physical and/or psychological discomfort, to answer her questions and allay her fears, is a crucial step for those involved in her postpartum care. It is only when she is no longer distracted by her own concerns that a new mother is free to open herself and be present to her new baby.

Our findings also speak to the necessity of educating women and society in general about the realities of new motherhood. For example, like the majority of women in this study, many new mothers are not overcome with feelings of love and joy when they first see their babies. Yet, their own expectation that they will be or should be, may evoke strong feelings of guilt and inadequacy in them. It is only through studies like the present one, which describe the woman's lived experience of becoming and being a mother, that we can begin to really understand what it means to become transformed as a new mother.

#### Limitations of This Study and Suggestions for Future Research

The findings of the present study demonstrate the viability of using a phenomenological approach to explore women's lived experiences of first time motherhood. It has fulfilled our aim of enriching and deepening our understanding of what it means to become and live in the world as a new mother. While recognizing the contributions of this study, it is also important to acknowledge its limitations and to explore directions for future research.

One of the practical realities of conducting phenomenological research is being faced with a process of analysis which is both demanding and extremely time consuming. In the present study, the phenomenological analysis of the written protocols and transcribed interviews for the first four subjects required so much time that the data for the final subject had to be excluded. As phenomenological research studies, like the present one, continue to demonstrate

the viability of using a phenomenological approach to investigate complex human phenomena, further research is required to develop more efficient means and strategies for conducting this type of research.

In the present study, the analysis of the interview data was particularly labor intensive for two reasons. First, the interviews were very long. This shortcoming could be attributed in part to the researcher's relative lack of experience in conducting phenomenological research. It is not unusual for a novice phenomenological researcher, in an effort to ensure she has "analyzable" data to ask for elaboration or clarification of parts of the written description that is not required. Such a problem points to the importance of being experienced and proficient in conducting phenomenological research interviews.

The second reason the interview data was more difficult than the written protocols to analyze has to do with the nature of the interview process itself. Discovery-oriented interviews comprised of open-ended questions by their very nature tend to invite lengthy "stream of consciousness" type responses from the research participant that contain unedited thoughts and statements which are sometimes tangential to the specific question being posed. This makes the analysis of the interview data more difficult as all parts, including the less relevant statements, must be dealt with in the analysis. Further research into the methodological aspects of conducting phenomenological research interviews is needed. Studies which are able to demonstrate more efficient ways of analyzing interview data that are in keeping with phenomenological theory will be very important.

Some might consider the relatively small number of subjects who participated in this study to be a limitation of the present project. The aim of phenomenological research is to

articulate the invariant meaning structure inherent in a particular phenomenon of lived experience. The more subjects one studies, the greater the variations of that phenomenon, which may increase the researcher's ability to see what is essential to it (Giorgi, 1985). At the same time, the demanding and time consuming nature of phenomenological analysis limits the number of subjects one can adequately study. Furthermore, a relatively superficial exploration of a large number of subjects would be less revealing as well as less satisfying than a deep and profound analysis of one case (Wertz and van Zuuren, 1987). The challenge within phenomenological research is to balance the number of subjects with the quality and depth of the analysis. In offering a general meaning structure of first time motherhood that transcends the individual experience of the four women who participated in the study, we feel the results of our phenomenological analysis have achieved an acceptable balance.

One means of increasing the variations of a phenomenon, and therefore our ability to see the commonalities within that variation, is to conduct further studies on the same phenomenon. Future phenomenological studies of women's experiences of becoming and being a mother are important as they would provide a means of validating and extending the findings of our study and furthering our understanding of the meaning of first time motherhood.

Another limitation of the present study has to do with the range of generality of our results. The women who participated in this study were all biological mothers who had been married for at least two years. The general meaning structure of the phenomenon of first time motherhood that emerged from our study can not be generalized to the experience of new motherhood in different situational contexts, like for the adoptive or single mother. Studying the experience of first time motherhood in samples of women different from our own would provide

opportunities to explore further the commonalities and variations in the phenomenon of first time motherhood. For example, one might conduct a study of first time motherhood with women who have adopted their first baby or with women who are single mothers. The latter investigation might explore the growing number of single women who choose to become mothers through artificial insemination. Other areas of exploration might involve investigating the experience of teenage mothers or of women who encountered difficulties during pregnancy or had difficulty becoming pregnant and were able to do so only with the aid of fertility drugs. Alternatively, one might explore the experience of drug addicted mothers or of new mothers who give birth to a child with a deformity. Only with further studies such as these will we be able to extend and deepen our understanding of what it means to become and live in the world as a new mother.

The present exploration of becoming and being a mother is confined to a very brief period in the new mother's life, namely the first months of living with her baby. As the transition to motherhood was the primary focus of the present investigation, the study was specifically designed to explore this intense period of deep change. However, follow-up studies which explored the woman's experience of motherhood after six months or one year, when she had settled into and adapted more to the role, would allow for a temporal perspective on the phenomenon of motherhood, to gain an understanding of the enduring features of being a mother.

In conclusion, the phenomenological approach employed in the present study has provided us with a means of researching the lived experience of new mothers that respects the fundamental wholeness and interrelatedness of the experience as lived in everyday life. The findings of this study offer an enriched and deepened understanding of what it means to become

and live in the world as a new mother and lend depth to the understanding of first time motherhood provided by the current mainstream literature.

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APPENDICES

APPENDIX A

Recruitment Script and Letter

## RECRUITMENT SCRIPT

My name is Laurinda Cudmore and I'm a graduate student with the School of Psychology at the University of Ottawa. I am conducting a research study of women's experiences as first time mothers with Dr. Bertha Mook, a professor with the School of Psychology.

The purpose of this project is to better understand, from a woman's point of view, the experience of becoming and being a mother and the changes that motherhood brings to a woman's life. Motherhood is perhaps the most profound life transition a woman undertakes. It is an intensely personal experience, yet one that creates a shared landscape for all women with children. My interest in this topic comes from my own experience as a mother.

We are looking for women who are in the last trimester of their first pregnancy and presently have no children.

Individuals who are interested in participating will be asked to complete a preliminary screening questionnaire pertaining to personal and socioeconomic information. Women who are selected as research participants will be asked to provide a written description of their experience in response to a research question when their babies are between 8 and 16 weeks old and be interviewed about their description at a later time. The interview will be approximately one hour in duration and will be audiotaped. All information will be kept strictly confidential and will not be used in any way that will identify the persons responding to the questions or interviews.

If there are any questions, I would be happy to answer them at this time.

If you are interested in participating you can write your name and phone number on this sign up sheet.

Should you decide at some later time that you would be interested in taking part or would like additional information concerning the study, you can contact me at xxx-xxxx.

## RECRUITMENT LETTER

### The Transition to Motherhood A Study of Women's Experiences as First Time Mothers

Laurinda Cudmore, M.Ps., graduate student and Prof. Bertha Mook, thesis supervisor, both affiliated with the School of Psychology at the University of Ottawa, will be conducting a qualitative research study of women's experiences as first time mothers.

The purpose of this project is to better understand, from a woman's point of view, the experience of becoming and being a mother and the changes that motherhood brings to a woman's life. Motherhood is perhaps the most profound life transition a woman undertakes. It is an intensely personal experience, yet one that creates a shared landscape for all women with children. Laurinda, who is the primary investigator, is particularly interested in this topic as she is herself a mother.

We are looking for women who are in the last trimester of their first pregnancy and presently have no children.

Individuals who are interested in participating will be asked to complete a preliminary screening questionnaire pertaining to personal and socioeconomic information. Women who are selected as research participants will be asked to provide a written description of their experience in response to a research question when their babies are between 8 and 16 weeks old and be interviewed about their description at a later time. The interview will be approximately one hour in duration and will be audiotaped. All information will be kept strictly confidential and will not be used in any way that will identify the persons responding to the questions or interviews.

If you are interested in participating or would like further information concerning this study, please contact Laurinda Cudmore at xxx-xxxx.

APPENDIX B  
Research Consent Forms

## RESEARCH CONSENT FORM

I, \_\_\_\_\_, am interested in participating in this study on women's experiences as first time mothers, being conducted by Laurinda Cudmore, M.Ps., graduate student and Prof. Bertha Mook, thesis supervisor, both affiliated with the School of Psychology at the University of Ottawa. The purpose of this study is to better understand, from a woman's point of view, the experience of becoming and being a mother and the changes that motherhood brings to a woman's life.

If I agree to participate, my involvement will consist of first completing a screening questionnaire pertaining to personal and socioeconomic information. It will be completed during the third trimester of my pregnancy and requires approximately 5 minutes. As a research participant, I will be asked to provide a written description of my experience in response to a research question when my baby is between 8 and 16 weeks old. I will also be asked to participate in audiotaped interview of approximately one hour within a few weeks of the completion of the written description. I understand that since this research deals with personal experiences it may evoke uncomfortable or distressing feelings. The researchers will make every effort to minimize these occurrences and be supportive of my wishes at such times.

I have received assurance from the researchers that the information I will share will only be used for research purposes and will remain strictly confidential. That is, only the investigators of this project will have access to this information. To ensure my confidentiality, a pseudonym will be substituted for my name on all but one piece of data, the Participant Information Questionnaire, which will identify me by name. This form will be kept in a secure place to which only the primary investigator (Laurinda Cudmore) has access. The research material may be used for publication purposes, but only after all names and identifying references have been changed to protect my privacy.

I give my consent for the recording of the interview on tape, with the understanding that the contents will only be used for research purposes and in respect of confidentiality. Only the investigators of this project will have access to the tapes, which will be erased upon completion of the study. I understand that in reporting the findings of this study, content from my description may be quoted, but only after my name has been changed to ensure my confidentiality.

I am free to withdraw from the study at any time or refuse to participate without penalty.

If you have any questions please call Laurinda at xxx-xxxx or Prof. Mook at xxx-xxxx.

There are two copies of the consent form, one which you may keep.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

RESEARCHER'S SIGNATURE: \_\_\_\_\_

## RESEARCH CONSENT FORM - PRENATAL INSTRUCTORS

I, \_\_\_\_\_, agree to the recruitment of subjects during my prenatal class for the study on women's experiences as first time mothers, being conducted by Laurinda Cudmore, M.Ps., graduate student and Prof. Bertha Mook, thesis supervisor, both affiliated with the School of Psychology at the University of Ottawa. The purpose of this study is to better understand, from a woman's point of view, the experience of becoming and being a mother and the changes that motherhood brings to a woman's life.

I understand that this recruitment of subjects will involve a brief verbal description of the study and the participation requirements, distribution of a recruitment letter to class members, obtaining the names of interested individuals on a sign up sheet as well as answering questions which may arise. The recruitment procedure will require approximately 15 minutes of the class time.

If you have any questions please call Laurinda at xxx-xxxx or Prof. Mook at xxx-xxxx.

There are two copies of the consent form, one which you may keep.

SIGNATURE OF PRENATAL INSTRUCTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

RESEARCHER'S SIGNATURE: \_\_\_\_\_

APPENDIX C

Participant Information Questionnaire

## PARTICIPANT INFORMATION QUESTIONNAIRE

Date:-----

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

SUBJECT'S      PARTNER'S

Date of Birth:      \_\_\_\_\_

Education:      \_\_\_\_\_

Occupation:      \_\_\_\_\_

Approximate Income:	below 20,000 ( )	below 20,000 ( )
	20 - 29,000 ( )	20 - 29,000 ( )
	30 - 39,000 ( )	30 - 39,000 ( )
	40,000 + ( )	40,000 + ( )

Length of Marriage/Partnership: \_\_\_\_\_

Anticipated date of birth of baby: \_\_\_\_\_

Will this be your first childbirth experience? \_\_\_\_\_

Have there ever been or are there presently any children living in your home? \_\_\_\_\_

(If yes, specify your relationship to the child (ie. biological, adopted, step-child or foster child and of which parent.)

\_\_\_\_\_

\_\_\_\_\_

APPENDIX D

Background Information on Research Participants

## BACKGROUND INFORMATION ON RESEARCH PARTICIPANTS

(1) Karen, age 35, has an M.B.A. degree and was employed full time as an administrative manager prior to the birth of her son. She and her husband have been married 8 1/2 years. Karen's spouse, age 37, also has an M.B.A. degree and is employed as a marketing manager. Karen gave birth to her son in hospital during the 36th/37th week of her pregnancy, making her delivery slightly premature. She received an epidural during childbirth.

(2) Suzanne, age 30, has a B.A. degree and was employed in an office position at a museum prior to the birth of her daughter. She and her husband have been married for three years. Suzanne's spouse, age 30, was completing his last year of schooling in theatre set design and construction. Suzanne gave birth to her daughter at home with the assistance of a mid-wife.

(3) Cathy, age 28, is a family doctor who was practicing medicine as well as taking further courses in medicine prior to the birth of her son. She and her husband have been married for 3 1/2 years. Cathy's spouse, age 31, is a dentist. Cathy gave birth to her son in hospital on her due date. She received an epidural during childbirth.

(4) Gail, age 36, has a college diploma and was employed full time as a daycare supervisor prior to the birth of her daughter. She and her husband have been married for seven years. Gail's husband, age 44, has his own business in equipment rentals. Gail gave birth to her daughter in hospital by Caesarean section two weeks past her due date.

APPENDIX E

Analysis of Written Protocols

## ANALYSIS OF WRITTEN PROTOCOL OF KAREN

- |   |  |  |
|---|--|--|
| 1. The experience of becoming and being a mother can best be described as a series of emotions, many of which are new to me.  | 1. K describes first time motherhood as a primarily emotional experience, including many new emotions.                                 |  |
| 2. As a general statement, I can say that my life is richer, fuller and I feel more content than before we were a family.   | 2. K feels her life has been enriched and she experiences more contentment being a family.   | 1.& 2. K describes first time motherhood as a primarily emotional experience that has enriched her life.   |
| 3. I have been blessed with a very easy child, one who is content and not at all fussy, so I have been able to focus on being a mother for the emotional and physical development | 3. K feels fortunate to have a very easy baby which has enabled her to concentrate on the baby's overall development.                  |  |
| 4. and haven't had the stress of endless nights, or hours of crying, which I'm sure would detract from the overall experience.  | 4. K hasn't experienced the stress of caring for a difficult baby which she believes would diminish her positive mothering experience. | 3.& 4. K attributes her positive mothering experience in part to having an easy baby which has enabled her to enjoy him without the stress of caring for a difficult baby. |
| 5. How much of this is due to the baby or the environment, I'm not sure, but I'm sure that both play an important role.   | 5. K attributes her baby's easy behavior to both his temperament and his environment.  |  |

6. The new emotions started in the hospital. With the baby coming 3 1/2 weeks early, and having a "long" time before delivery (inducement), we had many hours to be concerned about his health, size, etc., even though all indications were that all was normal.

7. After the baby was born, I did not immediately bond and feel a wellspring of love, which his dad seemed to do.

8. It didn't come until the second and third day in the quiet times after feeding. I would have him up on my shoulder; he would be quiet and content and then I felt immense love and wonderment that I had created, nurtured and born this miracle.

9. I think the delay (relative to H's) was due to the fact that immediately after the birth I was dealing with many physical issues - bleeding, fatigue, swelling etc. I needed to get through that phase first to be able to focus more on the baby.

6. For K the new emotions of motherhood began shortly before the baby was born. Delivering prematurely combined with the long waiting period prior to the delivery led K and H to be concerned about the baby's health despite a lack of evidence.

7. K did not feel an immediate bond with her baby after his birth or experience a "wellspring of love", but perceived H to.

8. For K the bond with her son emerged a few days after the birth during quiet moments of physical closeness with her baby. At these times K felt immense love for her baby and wonderment that she created such a miracle.

9. K perceives her immediate focus on her physical recovery as delaying her bonding to her baby.

6. K and H experienced parental concern for their premature baby even before his birth.

7.& 8. K did not feel an immediate wellspring of love for her baby like she perceived H to. Rather, K's attachment to her baby grew out of quiet moments of closeness between mother and baby. At these times, K felt immense love for her baby and wonderment that she created such a miracle.

9. For K, initial focus on her physical recovery delayed a sense of immediate closeness to her baby.

10. The week after we came home from the hospital was like a honeymoon. By that I mean there were so many happy moments, and so much new to enjoy. It was a very emotional time. I was not at all depressed but overwhelmed with new feelings.

11. I experienced a whole different kind of love and all of a sudden understood what my parents meant when they said "I love you". This attachment to the baby grew so strong and the concept of our own family was exciting.

12. I had some bouts of tears, but they were tears of joy, not sadness.

13. At the same time, however, I felt these special days slip by so quickly. I knew these were feelings and emotions that I would likely not have again because I'm sure it will be a different kind with a second baby.

14. So much changed so fast, as the baby grew and started developing. Part of me wanted time to freeze so I could have this tiny, precious baby forever.

10. K describes the first week at home with the baby as an intensely happy and enjoyable time of overwhelming, new feelings.

11. K experienced and suddenly understood the strength and the meaning of parental love. K's parental attachment to her baby grew stronger and she was excited by her realization of being a family.

12. K feels that her bouts of tears expressed joy, rather than sadness.

13. Realizing the uniqueness of her emotional relationship with her firstborn, K perceived her time as a new mother as passing too quickly.

14. As the baby developed, K experienced how quickly children change and yearned to hold on to her newborn.

10. K describes new motherhood as an emotionally overwhelming and intensely happy time.

11. Being a first time mother, K experienced and suddenly understood the strength and meaning of parental love, and she welcomed family life.

12. K expressed her joy through tears.

15. Intellectually, however, I knew that there would be many more moments of joy as he grew up, but I wanted these precious moments to stay forever.

15. Although K realized that her child would also bring her happiness when he was no longer a baby, she nevertheless yearned to hold on to the experience of new motherhood.

13.-15. As K realized the uniqueness of her relationship with her firstborn and how quickly he was changing, she experienced time as fleeting and yearned to hold onto the joys of new motherhood forever. (even though she knew her son would also bring her joy in the future)

16. Part of me was also very scared. I saw stories of murder, violence on T.V. and newspaper, and saw street punks and I couldn't help but wonder "Is that my son in 15-20 years?" "What can I do to prevent that?"

16. As a new mother, K is also frightened by the possibility that her son may grow up to become part of the violence and moral decay in contemporary society and wonders if there is anything she can do to prevent that.

17. ..and tried to imagine the parents of these children when they came home from the hospital.

17. K tried to imagine the parents of future delinquents when they came home with their newborns.

16.& 17. As a new mother, K is frightened about her child's future and about the responsibility of raising a child in an increasingly immoral world.

18. These first few weeks, then, were quite a "high" - the happy emotions, the feelings of new love, extreme thankfulness that the delivery went so well and that the baby was so healthy and that I was feeling so well. Not much could burst our bubble of happiness and excitement.

18. K describes the first weeks of mothering as an intense period of happiness that included feelings of new love and gratefulness that mother and child were so healthy and well.

19. The next stage from about 2 weeks to 6/7 weeks was a bit different. I was on my own during the days (mom had gone home) and H was back to work.

20. The baby was still easy but I had to adjust to being Suzy Homemaker. All of a sudden, I had to do the housework, cooking etc., where this was always shared with H.

21. I seemed to be picking up after him everywhere (he liked not having to do this stuff anymore) and I got a little overwhelmed at some points and a bit resentful.

22. We worked it out, however, and I got over it.

23. I was not trying to be Supermom; I had been warned, but I felt the burden of responsibility on my shoulders.

19. K experienced a change when left alone with her baby after an initial period of familial sharing and support.

20. Although K's son was still easy to care for, K had to adjust to her new role as full time homemaker. K suddenly found herself totally responsible for a work-load that prior to the birth of the baby was shared with H.

21. K perceived H as enjoying not making his previous contribution to the household and felt overwhelmed by the workload at times, as well as slightly resentful toward him.

22. K and H came to an understanding about the division of household labor and her negative feelings diminished.

23. Although K had been forewarned about and felt she was not setting unrealistic goals, she still felt burdened by new responsibilities.

19.& 20. After an initial period of familial support, K had to adjust to a new role as full time homemaker ie. to being responsible for a workload that was previously shared with H.

21. K perceived her husband as taking advantage of the situation and felt overwhelmed by the workload at times as well as slightly resentful towards him.

24. Between it all, I still found time to do some baking for Christmas, make some Christmas gifts and enjoy the baby.

25. I was surprised that the feedings and care for the baby were not as difficult as first imagined. The horror stories of sleepless nights and hours of walking the baby around the house never materialized. He woke up to feed and then went back to sleep.

26. We had a few fussy times. The first serious one scared both H and I (he cried really hard) and it hurt to see him so upset and not knowing what to do.

27. I did not have feelings of inadequacy, which I expected, but sadness to see him hurting. Experience has now taught us what to do at different times.

24. Despite her increased workload, K was still able to enjoy her baby and complete some additional projects.

25. The experience of caring for a new baby was surprisingly easier than K had expected.

26. K did experience times when her baby was not soothed by her attempts at care. The first occasion scared both parents because of the intensity of the baby's cries. It also hurt them to see their baby in distress and not know what to do.

27. K expected to feel incompetent as a mother during these times but did not. K felt sadness to see her baby hurting and be unable to soothe him. Experience has taught K and H how to handle these situations.

26.& 27. The parents were frightened by their baby's first intense crying spell but have since learned how to cope with his fussy periods. The experience did not make K feel incompetent, but it pained both parents to see their baby hurting and be unable to soothe him.

28. Christmas was a time to let a lot of these new feelings sink in. The fact that we are now a family made it a very different and beautiful christmas.

29. We got to share it with H's parents which made me proud (to be able to share/give them a grandson) and I enjoyed watching the happiness of the new grandparents.

30. I was expecting more stress than actually occurred. H's parents respected how we wanted to deal with the baby and were more independent than I expected. It was a relaxing and happy time; quite different than my expectations.

31. The next stage started after Christmas; for a few reasons. The first is that all of a sudden the house was ours again, and very quiet, with grandparents gone.

32. At first I didn't really like it and thought the days would be too long, and thought that staying at home would be "boring", for want of a better word.

28. Christmas was an opportunity for K to reflect on the new feelings she experienced as a first time mother. Becoming a family altered K's experience of Christmas, making it more beautiful than before.

29. K felt proud giving her in-laws their first grandchild and took joy in their happiness.

30. Having her in-laws as houseguests was an enjoyable experience, quite different from K's expectations of stress. K's in-laws were independent guests who were respectful of their children's parenting decisions.

31. K experienced another change in her experience as a new mother after the family gathering of Christmas, when she was once again alone with the baby.

32. Initially, K disliked staying at home alone and thought that being a "stay at home" mother would be unfulfilling.

28. Reflecting on her new experience, K realized that being a mother and becoming a family gave Christmas new meaning.

30. K was pleasantly surprised that her in-laws were enjoyable houseguests and that they respected the parenting decisions made by K and H.

31.& 32. After the company of family for christmas, K disliked being home with only the baby and began to feel that being a "stay at home" mother would be unful- filling.

33. But at the same time the baby started developing much more quickly (he was then 2 months old), and I realized how much one would miss if not at home.

34. The smiles, which started around Christmas came much more frequently, which would brighten anyones day. Then he quickly became much more interactive, reacting to smiles, music, words or actions by me.

35. All of a sudden I wasn't a super babysitter, just feeding and dressing. I was a mother who was helping to develop her child. I could start to see the results (even though up until now his rapid growth and health were results of my care and feeding, this was quite different).

36. There is also now a feeling of pride because I can begin to understand the different moods and either satisfy his longing or even anticipate what he needs or will need.

37. It's a feeling of accomplishment and competence different than I feel when at work. For example, he stops crying and starts smiling because I play with him.

33. However, K perceived the baby's rapid development and realized the rewards of being at home.

34. The baby quickly became more responsive to his mothers smiles, words and music which brightened her days.

35. Although K was aware that the baby's physical health was the result of her care, she was suddenly able to see the relevance of her care in the baby's psychological development.

36. K takes pride in her growing ability to understand her baby's moods and even anticipate his needs.

37. The sense of accomplishment and competence that K feels as a new mother differs from that which she experiences at work.

33.& 34. K realized the rewards of being at home as the baby became increasingly responsive to her smiles, words and music which delighted her.

35. K was suddenly able to see the relevance of her care and mothering for her baby's development.

38. So, in summary, the early experience of motherhood has been very satisfying and filled the need of wanting to share our lives with more than ourselves.

39. Being married for eight years, we had led a "selfish" life and weren't sure whether children would be part of the picture.

40. Then we knew it was important and we know that waiting was wise, and the decision to have children, so far, does not need second guessing! Having a family feels very right and is fun.

41. I can now share the feelings when I see happy families out and about in the neighborhood, on the canal or wherever.

42. This early stage is likely the easiest. I am surprised how easy it has been and how naturally everything seemed to happen.

43. I expected to feel more uncomfortable and unsure about feedings, clothing, how to deal with crying etc. but it has not been difficult.

38. K describes new motherhood as a very satisfying experience that has fulfilled her and H's longing to share their lives beyond themselves.

39. K and H had become used to a lifestyle without children and were unsure about whether to have children.

40. K and H have no regrets about their decision to have children and believe delaying parenthood was wise.

41. K feels she can now share in the joys of having a family.

42. K is surprised by how easy and natural caring for her baby has been.

43. K expected to feel uneasy caring for a new baby.

38.-40. K and H believe that delaying parenthood until they felt ready was the right decision because it is a satisfying experience that has fulfilled their longing to share their lives beyond themselves.

42. & 43. K expected to feel uncomfortable and unsure as a new mother and is surprised by how naturally mothering has come to her.

44. I do think, however, that the hardest parts are still to come. I don't know the answers, but I think about how we will deal with schooling, teenagers discipline, societal pressures etc.

45. How to be a good parent? I know you have to do your best and take what comes, but sometimes the unknown is a bit frightening.

46. These thoughts were stronger in the first few weeks, but still there, and I don't expect them to go away.

47. I find now, as well, my emotions are closer to the surface. When I read stories of parents who have lost children to illness or tragedy, I can now begin to understand the pain they must have, where as before it was a sad story in the paper.

44. K wonders how she will meet the challenges of parenting an older child, which she believes will be more difficult.

45. K wonders what it means to be a good parent and understands that it involves doing your best and accepting the outcome, but admits not knowing the future is somewhat frightening.

46. K's thoughts about the future challenges of parenting were the strongest in the first weeks of mothering.

47. As a mother, K feels she is better able to understand the pain of parents who have lost children.

44.-46. K believes the greatest challenges of parenting lie ahead of her, and not knowing how she will meet these future challenges is somewhat frightening, despite believing that being a good parent means just doing her best.

48. What bothers me more is when I hear or read of stories of molesta- tion, violence or lack of care (moms killing their children, babies found in garbage etc.). I just can't fathom how anyone could do some- thing like that to a child. They completely depend on and trust you. To destroy that trust is unforgiveable.

49. It's been quite a journey of discovery so far, and I know it will only get more interesting and rewarding.

50. It is also a personal journey. No one could ever tell you what it will be like, both on the physical side (ie. delivery) and emotional side.

51. I can't remember the pain of labor, but I can, and hopefully always will, remember the joy of the first days and weeks; it ranks right up there with the day I got married.

52. I also look forward to continuing the journey, which is what motherhood is. It's not static. There are always new emotions, new discoveries, and new rewards. These, I believe, change the person because new experiences always enrich a person's character.

48. K is troubled by stories of child abuse and feels completely unable to understand or forgive this form of behavior.

49. K describes her experience of motherhood as a "journey of discovery" that she believes will become more interesting and rewarding.

50. K also describes motherhood as a personal journey that one can only understand by experiencing it.

51. For K the joy of being a new mother, which she hopes to always remember, far outweighs the pain of becoming a mother (childbirth).

52. K looks forward to continuing her journey of motherhood, with its changing emotions, discoveries and rewards, which she believes will change and enrich her.

48. K finds the parent- al abuse of children, who completely depend upon and trust their parents, abhorant and unforgiveable.

49. &50. K describes motherhood as a journey of lived understanding.

52. K looks forward to continuing the everchanging and enriching journey of motherhood.

53. Motherhood has also made me forget, for the time being, about my professional life. I know family is the most important, my career will be second.

54. I always suspected that would be the case, and I now know it will be that way for sure. It surprises me a bit because of my success in the business world.

55. But the fulfillment from these first few months is so different and more satisfying than that from work, that it's easy to make family #1.

56. Again, I don't expect these feelings to be static. There is so much new that one has to take time to absorb it. A few years from now I could feel differently.

53. Being a mother has shifted K's involvement from her career to her family, which she knows will always take priority over her career.

54. K implicitly believed that family would be her first priority and is now certain of it yet it still surprises her because of her success professionally.

55. Making family her first priority is easy for K because she experiences more fulfillment and satisfaction from being a mother than being an employee.

56. K believes that her feelings about family are not static and could change with time.

53.-55. Being a mother has shifted K's priorities such that she places greater importance on and derives more fulfillment from her family life than her career. Although K always believed that family would be her first priority, the shift still surprises her because of her success professionally.

## ANALYSIS OF WRITTEN PROTOCOL OF SUZANNE

1. As I wait semi nervously for the baby to groan awake knowing it could happen anytime and as I finish off the family-size raisin glosettes I bought for myself just to remind myself that I have preferences and that I can do what I want to do, I try to explain what this baby has done to my life.

2. I wake up with her in my arms and go to bed that way. (prison)

3. H doesn't understand how mind blowing it is when he interrupts just one of these cycles. Psychologically it means that either I'm with her all the time or that I haven't seen her for days

4. and depending on how my energy is, I then look at her with sincere delight or with bittersweet (delight/resignation) as my "self" takes back seat to my responsibility as her mother and being present (open) psychologically to her.

1. As a new mother, S feels overwhelmed by the personal sacrifices she has had to make for her baby and struggles to find space for herself.

2. S feels imprisoned by her baby's constant presence.

3. S feels psychologically freed when H temporarily relieves her from her ongoing mothering responsibilities.

4. The amount of energy and space S has for herself greatly affects her attitude as a mother. When S feels depleted of psychological resources, she approaches her mothering role with ambivalence (delight/resignation), feeling she has sacrificed herself for her role as mother.

2.-3. S feels imprisoned by her baby's constant presence and psychologically freed when H relieves her from her mothering responsibilities.

5. These are the moments when there is nothing left to absorb hiccups in the relationship when I am his wife who negotiates, compromises, out of balance with S the individual woman with desires, preferences, passions, whims and selfishness.

6. She is not yet his baby. His antennae only come out when I leave them alone.

7. I sense this as I leave the apartment this morning to have breakfast alone at MacDonalds. Without signaling too much alarm I leave the bed, feed and change her and settle her knowing that I have 2 to 4 hours to "play" with before the call to home becomes too strong.

8. There will be clearly no lovemaking this morning, no happy Sunday brunch "together" as much as I would like this,

9. I have no reserve and need to re"source", re"self" , go inward or follow my "self".

5. Feeling depleted of psychological resources also weakens S's coping skills for her marital relationship. S feels she becomes so compromising in her marital relationship that she loses touch with the person she knows herself to be.

6. S experiences a sense of primary responsibility and caring for her baby that she feels only emerges in H when she leaves him alone with their baby.

7. S senses H's role as primary caregiver emerging as she leaves the house to reclaim some personal space until she becomes overwhelmed by the need to return to her baby. S refers to this feeling as "the call to home".

8. As a new mother, S misses the intimate time she and H used to regularly spend together.

9. At times S feels she has no psychological space left for herself and needs to take time for her own needs.

10. I touch the fabric in a store, ponder about purchasing plants and placing them in my apartment, read the New York Times (3 articles completely), dream on the bus, buy my chocolate. Guilt free. Almost.

11. Perhaps H has been pacing the apartment with her screaming in his arms. I arrive home tense yet all is quiet.

12. This connectedness is a two edged sword: so powerful that I will often sense she will wake up just before she does, or know exactly what she needs, a toy to get her talking or a swing or rock to get her past the edge that prevents her from falling asleep.

13. I will also feel that it cannot be that strong for anyone else (that I'm indispensable in a sense or that no one is as connected as I am).

14. Then I have to remind myself that H too does this, but not when I am there.

10. S enjoys the time she reserves for herself, but it is not without guilt.

11. S feels guilty about indulging herself when H and baby may have needed her. S arrives home expecting trouble, but everything is fine.

12. S describes the strength of the bond she experiences with her baby as a "two edged sword": so powerful that she is able to anticipate her baby's needs and behaviors.

13. S feels that no one is as attached to her baby or knows her baby's needs as well as she does and therefore feels indispensable.

14. But S realizes that H is also able to know the baby's needs, but only when he is alone with her.

12. S describes the strength of the bond she experiences with her baby as a "two edged sword": on the one hand positive, in that she is able to anticipate her baby's behavior and needs but it also seems to be negative in that she finds it hard to disengage from her baby.

15. She has given me a sense of perspective. All these women have given birth, all these women live as a couple or now, as a family - have conflict and stress and survive. This is not a unique situation.

16. I feel I've tapped into a huge community. I now understand.

17. If I didn't focus on these realities, I could easily wonder at the reasons for self-inflicted trauma. The stress involved - is it worth it?

18. The birth - it was like someone had shared the biggest secret in the world with me. I was dumbfounded.

19. I felt like a boy who relishes the stories of the war, the heroic battles fought here and there and perhaps even told to him by his father or grandfather only to find himself on the front lines with frozen feet and body parts missing. Suddenly it was as if someone had said "congratulations you survived the war".

15. Becoming a mother has given S a sense of perspective on motherhood; S now realizes that many women live with and survive the challenge of mothering and that her experience is not unique.

16. S feels she has become part of a larger community and now understands what it means to be a mother.

17. Knowing that other women share her experience of mothering helps S to understand why she chose to go through this traumatic and stressful experience.

18. S was shocked and dumbfounded by discovering what the experience of childbirth is all about.

19. S feels she had glorified expectations of childbirth that were shattered by her traumatic and painful experience.

20. What I thought would be a spiritual experience was downright rude: messy, desperate, - like a bad case of the flu.

21. Makes you rethink human nature. What sense is there in evolutionary terms to make birth like this. Had I had a knife at one point I would have probably killed myself.

22. Actually a part of me did die at that point and another was born - the mother was born.

23. I have often commented to others that this must be what death is: wondering into an unknown, trusting the voices around me to guide me through to my next transformation.

24. The bleakest of life's moments bring out the sacred around us - prayer, crying, forgiveness, then we can move forward.

25. It's a little like entering therapy, painful realizations for transformative peace.

20. S expected childbirth to be a spiritual experience and was disillusioned by the rudeness of her experience.

21. Experiencing the trauma and pain of her childbirth makes S wonder about its evolutionary necessity.

22. S feels a part of her did die during childbirth and the mother in her was born.

23. S compares the feeling she experienced during childbirth, of wondering into an unknown and trusting those around her to guide her through the experience, to that of death and the transformation from life to afterlife.

24. For S, "the bleakest of life's moments bring out the sacred around us - prayer, crying, forgiveness" which allows us to move forward.

25. S compares her childbirth experience to the process of therapy; to the painful realizations one must face in therapy to achieve transformative peace.

18.-20. S's traumatic painful and rude childbirth experience dumbfounded her and shattered her illusions of childbirth as a spiritual experience.

26. The first week after she was born both H and I felt this huge let-down, almost wishing her back into the womb, after the excitement of her birth. The adjustment was very difficult.

27. By the end of the first week I began dreading going to bed at night because of the knowledge I would be woken up so many times and be so tired.

28. It got to be that I was upset with her for waking me and unsympathetic to her cries. Sometimes I would pick her up roughly and then feel so horrible like I could have hurt her because I was so angry.

29. One night I screamed at H to wake up and take her, took off from the room and cried myself to sleep in the living room wrapped up in a sleeping bag.

30. I felt so much guilt at having all this anger toward her for demanding so much. I felt so inadequate and ashamed that I hadn't been able to control myself. Truly horrible.

26. After the anticipation and excitement surrounding the birth, S and H found the adjustment to parenting to be very difficult and felt very disappointed.

27. S soon began to dread the sleepless nights and ensuing fatigue.

28. S felt upset and angry at the baby for waking her and treated her very unlovingly at times. Then S would feel horrible about her behavior.

29. One night S became so overwhelmed by the baby's demands that she screamed at H to take the baby and cried herself to sleep in another room.

30. S felt very guilty for feeling so angry at the baby and inadequate and ashamed of losing control of her behavior.

27.-30. As a new mother S began to dread the sleepless nights and ensuing fatigue and directed her anger at the baby. Overwhelmed at times by the baby's

nighttime demands, S sometimes treated the baby unlovingly. S felt very guilty and ashamed of her behavior.

31. I can't believe I'm telling you this. I still feel awful about it.

32. I knew I had to find a way that would make the wake-ups a positive experience. So I told myself that it was a perfect way to track dreams much like I did when I was pregnant and urinating in the middle of the night.

33. When I'm out in public I still feel pregnant in that I'm being stared at all the time and approached by strangers all the time.

34. It's a wonderful feeling now with her because I'm so proud and know how people feel good when they look at a baby. I feel like I'm sharing her light, her blessedness.

35. When I was pregnant I felt violated when strangers would make my pregnancy their business. I felt it was like expressing an opinion on my hair or my body size - totally not their business.

31. S is surprised she has disclosed such awful behavior about herself to the researcher.

32. S searched for a way to transform the night wakings into a positive experience and decided to record her dreams.

33. As a new mother, S encounters the same experience of being stared at and approached by strangers as she did when she was pregnant.

34. Unlike when she was pregnant, S now enjoys the attention of strangers. Sharing her baby with others is a wonderful feeling for S because she is so proud of her daughter and knows the joy she brings to them. S feels she is sharing "her light, her blessedness."

35. S felt violated when strangers would involve themselves in her pregnancy.

36. I still have dreams of having her taken away from me or having to go to intense lengths to protect her because of a decision I've made such as having her at home or not vaccinating her or even home schooling her.

37. I feel oppressed often when I feel I will be taking a decision that others will not share.

38. My sister-in-law and her family are giving us gifts that stress christianity, a framed baby announcement, a needlepoint dedication with verses of the bible, even our midwife sent her a bible and I am perturbed by this onslaught and don't know how to respond.

39. I had a dream that my in-laws were organizing her christening and that when I put my foot down and said "no" they all got into a snit and I awoke in a sweat.

40. I feel the same way when I'll be saying no to lollipops too, the most well-intentioned: taking my stand scares me.

36. S has nightmares of her baby being taken away from her by others who question her judgement as a mother, reflecting her insecurity as a mother.

37. S feels the weight of standing up for her uncommon parental beliefs.

38. S feels perturbed when family and friends send baby gifts expressing religious beliefs with which she does not agree.

39. S fears conflictual relations with her in-laws because of her non-religious parental beliefs.

40. Standing up for her parental beliefs in refusing well intentioned offers scares S.

38. &39. S feels perturbed when others emphasize a christian upbringing for her baby and fears conflictual relations with her in-laws because of her non-religious parental beliefs.

41. I feel like her presence is a test of my integrity. Being true to myself and my needs and to hers: not staying out past her tolerance point, not using her in the upholding of my principles, such as not seeking medical attention for certain ailments etc., really studying my motivations for decisions that affect her life...

42. ...this is the most responsibility I've ever had which keeps me upset when I am full of self-doubt.

43. Will she hate me someday for this decision? I fear a relationship like the one I had with my step-mother.

44. Sometimes when I look at her I feel myself become like her. Sometimes when she nurses I have flashbacks of when I was a baby nursing in my mother's arms. I remember the feeling in my mouth of her nipple, of being swaddled and held and of smells and how comforting that was.

45. I feel like I'm the mother, the child, and the grandmother all at once.

41. S experiences her baby's presence as a test of her integrity in that she wants to be sure that the intentions underlying the decisions that affect her baby's life have her baby's best interests in mind without betraying her own needs.

42. S feels being a mother is the most responsibility she has ever experienced, therefore, she feels anxious when she is filled with self-doubt.

43. S fears that her daughter may hate her someday for some of her parenting decisions and fears repeating the negative relationship she had with her step-mother.

44. Nursing her baby at times evokes strong feelings of "becoming like her (baby)" as well as vivid memories of her own comforting nursing experiences.

45. At times, S feels like she is simultaneously the mother, the baby as well as her mother.

46. Once she was born my relationship with everyone changed. I had acceded to the level of mother.

46. S feels that becoming a mother changed her relationship with everyone.

47. I feel different now in relationship particularly to my father and grandmother. I now share a common past and current role, that of parenting.

47. S feels her relationship with her father and grandmother in particular is different in that she now shares the role of parenting with them.

46.& 47. S feels that becoming a mother changed her relationship with everyone, particularly her father and grandmother, with whom she now shares the role of parenting.

48. I am now linked to another for life. It's a feeling of permanence that I was never conscious of but now realize exists with every member of my blood family - of belonging.

48. As a new mother, S feels a sense of permanence, continuity and belonging with her family that she was not aware of before.

49. I also feel my daughter, as a baby particularly, because she is so attractive to others to hold, watch, love, she cements all of my other family relationships because she is their family too. They are protective of and involved with their granddaughter or niece.

49. S feels that her baby's presence grounds all her family relationships.

48.& 49. S feels that her baby's presence grounds her family relationships and has awakened her to a sense of permanence, continuity and belonging with her family that she was not previously aware of.

50. Ever since the birth, I feel its one good day and then one bad day.

50. As a mother, S experiences alternating good and bad days.

51. One day, I feel totally synchronized with her needs, I'm ready to stop my projects when she calls or would seem like she'd like to play.

52. On off days I start something and there's a sense that she doesn't want me to accomplish anything; she'll need me to change her (I mean more of the telekinetic need - like vibes I pick up that say "be with me, any way is fine"), or move her around or even just hold her or use the hair dryer to soothe her because she's too wound up.

53. Then I feel helpless, guilty, in jail, at her mercy, unproductive and have doubts about my own role in life as a slave to her.

54. Then I calm myself down by telling myself it's okay to think about myself but not to let the fact that the diapers or dishes aren't done overshadow her smile.

51. S feels good as a mother when her needs are synchronized with her baby's needs.

52. S experiences bad days as a mother when her needs are not synchronized with the baby's (eg. the baby's needs interfere with her activities).

53. On the bad days, S feels at the mercy of her baby, unproductive, helpless, guilty and enslaved which evokes doubts about her role as a mother.

54. S calms herself by reminding herself that while her needs are important, she must not allow completing the chores to become more important than her baby's happiness and her enjoyment of her baby.

50.-52. As a new mother S experiences alternating "good days", when the needs of S and her baby are synchronized, and "bad days", when the baby's needs compete with S's needs.

54.& 55. When S is having a "bad day" as a mother and feeling un-productive, she reassures herself by acknowledging that while it's acceptable for her to think of herself and her needs, relative to her baby's happiness

55. There's also a feeling that somehow H will come down on me if things aren't done when he gets home. Now I make a list of 3 things that I want to get done per day for me.

56. Also, with H, I've negotiated that 4 nights a week when possible, I have three or four hours where she is not my responsibility. H responds to all of her needs.

57. I want to set up a situation where I've got a bottle available to him if she should get hungry. Then I can shut down my antennae and only then.

58. I need to be told that whoever is caring for her will deal with everything otherwise even if she's in someone's lap my brain is still on remote mode monitoring her sounds and her messages.

59. My mother-in law, surprisingly enough is one of the few people who will do this so well that I feel instantly better, "relieved of duty" the moment I enter her house.

55. S feels that her belief that her H will be upset if the chore are not completed leads her to place great importance on them. S now focuses on a few daily projects she wants to accomplish.

56. S has also negotiated with H to have some time for herself between nursings when he assumes care of the baby, relieving her of this responsibility.

57. S desires some time when H assumes complete responsibility and care for their baby (including feeding) and she feels freed of the responsibility of parenting.

58. For S to feel completely relieved of the care of her baby, she needs to be assured that whoever is caring for her baby will assume complete responsibility.

59. To S's surprise, her mother-in law is one of the few people whose caretaking leaves S with a sense of being "relieved of duty".

and her enjoyment of her baby, completing the chores is not important, despite what she believes H wants. To deal with this situation, S concentrates on a reasonable number of daily chores that she wants to accomplish.

60. I feel like I am in school, learning a new language bit by bit every day. Learning to express milk was/is the most frustrating thing I have ever done, one hour for two ounces of milk -unbelievable!

61. The only thing that has kept me trying is that other women have persevered and with time have developed the ability to do it more quickly or at least not expect it to go quickly.

62. The first time I tried I threw out the half ounce I got in a half hour and cried for a half hour. I was so discouraged thinking I was inept and would never be able to do it

63. and visualizing all the ramifications of not expressing milk - not ever going out again alone with H, introducing formula much sooner than I would like - essentially letting everyone down including the baby!

64. I have had to lower my expectations of myself considerably in order to feel good about myself and my experience of motherhood.

60. For S, being a mother is an ongoing learning experience. Learning to express milk, in particular, was an unbelievably frustrating experience for S.

61. The knowledge that other women have successfully learned to express milk helped S to persevere.

62. S's first attempt at expressing milk was very discouraging and led to doubts about her ability to be successful.

63. It led S to imagine the possible negative consequences for herself, H and her baby of not expressing milk.

64. S feels she has had to greatly lower her expectations of herself to feel good about herself as a new mother.

60.-63. Being a mother is an ongoing learning experience for S. Learning to express milk was a frustrating and discouraging experience that led S to question her ability

and evoked concern about the consequences for her family of failing. Only the knowledge that other women have been successful helped S to persevere.

65. During labour I felt I could control the pain, make the sensation less, not yell-out and set myself up for discouragement.

66. At one point I was in the bathtub waiting for the cramp to subside as I had read it would in hot water, but it just got more intense - I cried and cried and finally told H I wanted out, that I couldn't go through with it. (That I wanted to go to the hospital and be done with the discomfort).

67. I felt alone in the world and only the knowledge that other women had done this before made me able to reconsider and continue to experience my body.

68. I look at her and feel that we still share states. She smiles my inner smile. She frowns or cries and my body seems to physiologically transform much like my breasts leaking milk just before she begins to cry.

69. There is such a powerful feeling of well-being when she smiles it seems like a drug. The mirror of the desperation I feel at times at this new situation.

65. S's expectation that she would be in control during labor resulted in discouragement.

66. S became so overwhelmed by the pain at one point during labor that she cried out to H that she could not go through with a natural birth.

67. S felt extremely alone and only the knowledge that other women had given birth naturally gave S the strength to continue.

68. S feels she and her baby share emotional states in that the feelings of one evokes similar feelings in the other.

69. The intense feeling of well being that S experiences when her baby smiles at her is the contrast to the desperation she feels at times as a new mother.

## ANALYSIS OF WRITTEN PROTOCOL OF CATHY

- |   |  |
|---|--|
| <p>1. Since becoming a mother 2 1/2 months ago, I've experienced a whole range of emotions - with an intensity I hadn't experienced before.</p>   | <p>1. For C, being a new mother has led her to experience a wide range of emotions with an intensity never known to her before.</p>  |
| <p>2. I thought I was well prepared for my son's birth - not only did I have many friends who had recently had children, but I am a family physician and have seen and looked after a fair amount of children in my practice. But I soon realized that I was not prepared for the "emotional marathon" of motherhood.</p> | <p>2. As a new mother, C quickly realized that, despite her familiarity with mothers and their newborn babies both personally and professionally, she was not prepared for the "emotional marathon" of motherhood.</p> |
| <p>3. I remember holding the baby and looking at him the first night at the hospital. I felt an incredible surge of love for him - as well as a need to protect him. I wanted to hold him forever.</p>  | <p>3. C recalls one of the first times she held her newborn. She experienced "an incredible surge of love" for her baby and a longing to hold him forever. C also felt very protective of her newborn.</p>             |
| <p>4. The full sense of responsibility occurred to me when we brought him home. We were having a lot of difficulty with nursing and I was very worried that he wasn't getting enough to eat.</p>  | <p>4. The full sense of the responsibility of being a mother struck C once she was home and became worried that her baby, because of nursing difficulties, was not getting enough nourishment.</p>                     |
| <p>5. At the same time, I was feeling very guilty about the nursing difficulties as well as about my resenting him getting up to nurse.</p>   | <p>5. C felt she was to blame for the nursing difficulties and experienced guilt about this and for resenting her baby when he needed to nurse.</p>  |

6. It was a huge relief once these problems were resolved (we switched to bottle and we were both much happier).

7. For such a little person, the baby commands so much attention and energy. I was amazed that he has his own personality and likes and dislikes from such an early age!

8. I loved this person so much right from the beginning - and yet I knew so little about him.

9. The baby didn't make things easy though. He was demanding and I was exhausted, especially during the nursing trials.

10. I remember a turning point for us though, when he was 2 1/2 weeks old. I went out alone with him and accomplished a few errands. On my way home, I felt a sense of euphoria come over me - a feeling as if I had come out of a dark tunnel into a wonderful place.

11. I can't say I haven't had difficult days since then, but the feeling of euphoria continued to recur.

6. Resolving her nursing problems by switching to bottle feeding brought enormous relief to C and she and her baby were much happier.

7. C was amazed that her newborn already had his own "personality" and preferences and that he commands so much of their attention and energy.

8. From the beginning, C felt an immense love for her baby, despite him being as yet unknown to her.

9. C found her newborn demanding and she felt exhausted, especially when they were having nursing difficulties.

10. C describes one of the first times she went out alone with her baby and successfully completed a few errands as a turning point in her experience as a new mother. She experienced a sense of euphoria "as if I had come out of a dark tunnel and into a wonderful place".

11. Although C still experiences difficulties as a new mother, the feeling of euphoria keeps recurring.

12. I also realize now that I was quite depressed during the first couple of weeks. I suspect the nursing troubles contributed to this, but I was also unexplicably teary and sad at times.

13. The periods of teariness and sadness took about a month to go away completely, but I started to feel considerably better with that first onset of euphoria at 2 1/2 weeks.

14. During my medical training, I had done a lot of on call nights and I remember during my last year of medical school feeling overwhelmed by the responsibility I had to my patients. However, my responsibility to my baby was so much more - 24 hours a day everyday. Even with my experience as a family physician, I found this daunting.

15. I remember thinking how much more difficult it would be as a single parent (I couldn't imagine it)!

12. Upon reflection, C realizes that she was quite depressed the first weeks after giving birth. Although she suspects the nursing difficulties contributed to her sadness, she acknowledges feeling unexplicably teary and sad at times.

13. Although her bouts of teariness and sadness continued for approximately a month, C felt increasingly better after her first successful outing with her baby.

14. C is daunted by the demanding responsibility of motherhood and experiences it as much greater than even the overwhelming responsibility she felt being on call many nights as a medical student.

15. Feeling daunted by the responsibility of parenting with a supportive H, C finds the demands of parenting alone unimaginable.

16. Since my son's been born, I've noticed a couple of changes in myself. I am no longer a heavy sleeper and wake up even when he squirms. I take less care in my appearance and have learned to get dressed in about 10 seconds flat.

17. When we go to the mall, I am only attracted to children's clothing and toys. I can even debate the benefits of zippers vs. snaps on sleepers. I've become a "maven" in a dozen different areas concerning baby's accessories - car seats, strollers, cribs, etc.

18. Maternity leave has been the first time I've been off work or school for an extended period of time - and I've really enjoyed the freedom to decide what to do each day without the daily pressures of work.

19. I had to readjust my expectations of accomplishments though, and get used to the baby's schedule (or lack thereof) and small accomplishments only.

16. C feels she has changed from a heavy to a light sleeper and has less time to be concerned with her appearance since becoming a mother.

17. As a new mother, C has become absorbed by and an expert in children's clothing, toys and accessories.

18. C is really enjoying her maternity leave and the freedom to plan her days without the stress and daily pressures of work.

19. For C, having to adapt to her baby's erratic schedule has meant lowering her expectations about what she can accomplish.

20. Going for a run with the baby in the stroller (which he loves) and stopping off to pick up a few pharmacy items (never ending) was a good morning accomplishment. He loves going outside in the stroller, so I try to go out as much as possible.

21. By accepting I can't do as much as I'm used to in a day. I am satisfied (and tired), but not disappointed at the end of each day.

22. I find I am deeply affected by the baby's behavior and moods. When he's clearly unhappy, so am I. When he smiles, I feel wonderful.

23. Since he was born, I haven't been able to stand him crying - especially when I'm not holding him.

24. I get a very satisfying feeling when I pick him up and he stops crying - I'm almost sure he recognizes me and that is so gratifying.

25. I remember so clearly my son's first smiles. Each time he smiles I still feel overcome with love and joy. His first laugh was just as incredible.

20. For C, taking her baby out in the stroller, which he enjoys greatly, and purchasing a few necessities was a good morning accomplishment.

21. Accepting that she is unable to accomplish daily what she did prior to becoming a mother enables C to feel satisfied and to avoid feeling disappointed.

22. C is so deeply affected by her baby's emotional states that she experiences a mirroring of his emotions (eg. when he smiles, she feels wonderful).

23. It pains C to hear her baby crying, especially when she is not in a position to comfort him.

24. C feels very gratified that her presence and caring comforts her baby and that he seems to recognize her.

25. Each time her baby smiles, C is overcome with the same feelings of love and joy that she experienced the first time he smiled and laughed.

26. When he started cooing in response to my speaking to him - I felt as though he's a real person - almost as if he's an adult trapped in a baby exterior.

27. All of this more than makes up for the difficult first few weeks.

28. I feel that the baby is an extension of myself. When he gets compliments it's as if I've just received them too. On the other hand, it's sometimes hard to believe he's mine and not just someone I'm taking care of.

29. I worry a lot about doing the right thing for the baby. I so want him to be happy and self-assured.

30. I wonder about whether my going back to work will affect him and how much I should work.

31. I've also begun to prioritize with respect to my career. My time is much more precious now - I am not as willing to volunteer it - I feel I need to spend this time with him.

26. When C's baby started cooing in response to her speaking to him, she experienced him more as a "person" than a baby, almost as "an adult trapped in a baby exterior".

27. C feels that the happy experiences with her baby far outweigh the initial difficulties.

28. At times C feels her baby is an extension of herself (eg. compliments to him make C feel as though she's being complimented also); while at other times she is truly amazed that he is her very own baby and a part of her at all.

29. As a mother, C worries a great deal about whether she is providing the best possible care for her son to become the happy and confident person she hopes he will be.

30. C contemplates the impact of being a working mother on her son's development.

31. As a mother, C's time has become very precious and her priority is to spend it with her baby. Consequently, she has less time now for her career.

32. This means reconsidering, perhaps re-adjusting my career path - especially with respect to my interest in education.

33. I am mesmerized by the baby. I often watch him while he sleeps or plays by himself - he often has such adult gestures and facial expressions.

34. There are times however, when he tires me out - he often wants to be held and needs our attention. I sometimes feel like a servant to him and wonder that such a little person could have so much control. But then he'll flash me a smile which renews my energy immediately.

35. I realize that our (H and me) focus has changed to centre on the baby, and we are now a family.

36. What I think is most amazing is the fact that although he's only 2 1/2 months old, I can't imagine life without him.

32. C feels she will have to rethink and perhaps adjust her career goals.

33. C is totally captivated by her baby and often watches him while he sleeps or plays. C finds her baby shows amazingly mature gestures and facial expressions.

34. As a mother, C also experiences times when she feels like a servant to her baby and finds his demands exhausting. She is amazed that her small baby can have such control over her. However, C feels instantly revitalized by her baby's smile.

35. C feels that her baby has become the focus of her and H's attention and that they have become a family.

36. For C, the most amazing experience of being a new mother is her inability to imagine life without her baby, even though he has only been a part of their lives for a short time.

## ANALYSIS OF WRITTEN PROTOCOL OF GAIL

1. Being a mother is the most incredible experience I've ever had the pleasure to enjoy and explore!

2. I was very surprised to discover I was pregnant. H and I weren't really planning to have children - he's 10 years older than I and thought he was too old. But we both greeted prospective parenthood happily.

3. The first time I heard the baby's heartbeat, saw the baby move on the ultrasound, I felt so incredibly warm - but I'm not sure I felt like a mother.

4. I did feel like a mom the minute I saw her at birth. There was such a rush of feelings at that moment - relief that she was here finally (2 weeks overdue), worry that she was okay and amazed at how beautiful she was and stunned at her size - (9 lbs 4 1/2 oz. and 23 1/2" long! (her father is average and I am short) Then the instant love just came rushing out.

1. For G, being a mother is the most incredible experience of joy and discovery.

2. Discovering she was pregnant surprised G as she and H, who thought he was too old to be a father, were not planning to have a family. However, they both welcomed the idea of becoming parents.

3. G experienced warm feelings of affection for her unborn baby the first time she heard her heartbeat and saw her move, but did not yet feel like a mother.

4. G first felt like a mother the moment she saw her newborn. Seeing her baby evoked a rush of emotions: relief that her baby was finally born and was healthy; disbelief over her large size, and amazement over how beautiful she was. G also experienced an immediate outpouring of love for her baby.

5. It's been a rushing roller coaster of emotions since then - great peaks of incredible joy; worrisome periods; frustration and anger and sadness (because she's growing so fast and soon I'll have to go back to work and have her in some form of day care).

6. I've had a lot of experience with children and infants yet I was very nervous during pregnancy as to how I would cope with my own baby. Yet the minute I held her I was instantly comfortable with her.

7. Once we got through the first rough day of figuring out how to "nurse" we just reveled in snuggling close together.

8. One morning - it was very quiet in the hospital - she fell asleep upon my shoulder. Instead of putting her in her bassinet I just kept her there with me -gently stroking her and hugging her. I dozed off a bit with her. I can't describe the feeling of closeness,I had cradled her inside me for 9 months and now I was finally able to cradle her close to my heart.

5. From the moment she became a mother, G has experienced a variety of intense emotions including periods of great joy as well as concern and frustration. G also feels sadness when she realizes how quickly her baby is growing and how soon she will have to place her in daycare.

6. Despite considerable experience with babies and children, G was anxious during her pregnancy about how she would be with her own baby. However, G felt comfortable with her newborn the moment she held her and was therefore reassured.

7. Following an initial struggle with nursing her baby, G was able to concentrate on enjoying her baby and "just revelled in snuggling close together".

8. On one occasion, G tenderly stroked and cuddled her baby as she lay sleeping in her arms, dozing at times with her. For G, being able to touch and hold the baby who grew inside her for so long evoked an overwhelming feeling of closeness to her baby.

9. I beam with pride at each of her "firsts" (and occasionally wipe away a tear as she grows up too fast!)

10. Her smile literally makes me melt - it will be interesting to see how I do at setting and reinforcing limits and saying "No" when she smiles at me that way.

11. I am like a tiger protecting her babies - it's such a fierce feeling it surprised me! I think I could kill anything/anyone who hurts her (and I'm a pacifist!)

12. I still shake my head and pinch myself to see if it's all real - She's mine! She's a real baby - not a doll that I'm playing with.

13. Since her birth I've become used to being second fiddle. Everyone wants to see the baby. "How is the baby doing?" "I want to hold the baby" everyone says.

14. Even H - he actually forgot me in my hospital room the morning we went home. He left the room with her and left me with my suitcase - which I wasn't allowed to lift.

9. G feels intense pride at each of her baby's developmental changes. At the same time, it saddens her that her baby is growing so quickly.

10. G feels overcome with love when her baby smiles at her and wonders how well she will be able to set and reinforce necessary limits when faced with this smile.

11. As a new mother, G experiences a feeling of protectiveness for her baby so fierce that she feels she could even kill to keep her baby from being hurt. G is surprised by the intensity with which she experiences these feelings given her pacifistic beliefs.

12. G still has moments of disbelief that she is really a mother; that the baby is not only real but hers.

13. As a new mother, G has become accustomed to taking second place to her baby, who is now the center of everyone's attention.

14. Upon leaving the hospital, even H was so absorbed with the baby that he actually forget about assisting G.

15. I write all this with a grin on my face. I love to see the joy she brings to people and I just about burst with pride!

16. I've worked in group care for 13 years. I've helped a lot of parents deal with their emotions at leaving their child in my care.

17. I was able to empathize with the difficulty to a certain extent and I felt that I would be able to handle separating from my baby a little easier because of my experience and training etc.

18. No way! I'm a basket case at the mere thought of going back to work and arranging care.

19. I'm okay about leaving her with family members as babysitters but while she's away from me I swear I don't go 2 minutes without thinking of her and when we are re-united - it feels like we were apart for years.

15. G readily accepts that she takes second place to her daughter. The joy her baby gives to others fills her with pride.

16. G has had many years experience in daycare and has helped many parents deal with the difficult emotions they experienced upon leaving their child in daycare.

17. G feels that prior to becoming a mother, she was able to understand to some extent the difficulty parents experienced leaving their child in daycare. She also believed that her work experience would facilitate leaving her own baby in daycare.

18. As a new mother, G feels overwhelmed by the mere thought of leaving her baby in care. She realizes her training has not prepared her to separate from her baby.

19. G feels comfortable having family members care for her baby when necessary. Still, she finds it difficult to be apart from her baby in that she thinks about her constantly and misses her terribly when they are separated.

20. I think what I'm trying to say with all this is that I was totally unprepared for the breadth and depth of emotions that come hand in hand with the fantastic experience of becoming a mother.

21. I am very fortunate that she is such a "good" baby - she's happy, content, easy-going and fusses only rarely. And so - it hasn't been too difficult or too disruptive to my (own) life.

22. I have never been a very organized person (at home) - now I have the perfect excuse.

23. Gone are the days of spur of the moment outings etc. it takes so long to get her ready to go. By the time she's ready and I'm ready - it's often time to feed her again!

24. Time always went by quickly - now it just zooms by. When your day is broken into 2 to 3 hour blocks it just goes by so quickly! Suddenly it's five and still things aren't done!

20. Upon reflection, G feels she was utterly unprepared for the breadth and depth of feelings she is experiencing as a new mother.

21. G feels that having a baby has not been overly difficult nor disruptive to her own life and attributes this to the fact that she has a happy baby who is easy to care for. G considers herself very fortunate to have such a contented baby.

22. G feels being a new mother provides her with the perfect justification for her unorganized manner at home.

23. As a new mother, G finds the preparations for outings with her baby so time consuming that spontaneous outings are not possible.

24. For G, time seems to pass even more quickly than it used to and she is often unable to complete her daily tasks.

25. I miss (occasionally) those lazy weekend afternoons when I could just take a nap. Now it seems by the time I can sit down and think about a snooze - the baby wakes up.

26. H is very good about taking care of the baby but somehow he and she get to sleep at the same time and he doesn't wake up when she does if I'm around.

27. I find I want to be more active. I like to do things with her - go for walks, go visiting etc. I want to be more physically fit for her -I have to be if I'm going to keep up with her.

28. I miss having a hot cup of tea. I swear she knows the minute I sit down with a cup of tea while she's asleep! Oh well - caffeine's not good for us anyway.

29. I have never been a very tidy housekeeper. I am trying to improve upon this - especially for the time when she starts moving about.

25. G sometimes misses those quiet weekend afternoons when she could just relax and take a nap.

26. Although G feels H is very good about caring for the baby when she needs him to, his life has not been disrupted in the way G's has in that he still relies on her as the primary caregiver.

27. As a new mother, G enjoys going on outings with her baby. She wants to become more active and improve her physical well being for her baby's sake.

28. As a new mother, G finds it difficult to sit down and enjoy a hot cup of tea without being disturbed by her baby. Although she misses this indulgence, she dismisses it as unimportant and accepts not being able to enjoy it by rationalizing that it is unhealthy for you.

29. G feels she has never been an organized housekeeper but intends to improve upon this as she is concerned about the safety of her baby once she is able to move about on her own.

30. I don't know how I'm going to manage once I'm back to work - this is a major concern now.

31. H is used to leaving everything where it lands, walking on the floors everywhere with his usually muddy or oily boots etc. He doesn't change easily and I can foresee some stressful times ahead as we adjust.

32. I am an easygoing person. H and I had a very relaxed kind of life - no schedules (at home anyway) we liked to eat later in the evening. The baby hasn't really disrupted this terribly much. We've just flowed along with her "schedule".

33. H has been at home much of the time this winter so we take turns at playing with her, going shopping. He takes care of her so I can shower etc. or do the laundry or get supper ready.

34. There are fewer times for just my H and I. By the time the baby's in bed and we've had our dinner - I'm usually ready for bed.

30. G is very concerned about how she will keep her house in order when she returns to work and has to juggle her job and the housekeeping tasks, in addition to caring for her baby.

31. G's H is not accustomed to cleaning up after himself and is resistant to change. Consequently, G foresees some conflict and stress as they adjust to being better organized at home.

32. G considers herself an easygoing person with a very relaxed, unscheduled homelife. As yet, she has not experienced her baby's presence as overly disruptive to her and H's lifestyle as their flexibility has enabled them to simply follow the baby's "schedule".

33. Having H at home frequently has also facilitated G's adjustment to her baby in that H is available to take care of the baby when she needs to attend to other tasks.

34. G feels she and H have less time for each other. She attributes this to the fact that she has more to do now and feels more tired than before.

35. We try to make time for ourselves and make a point of doing special things for each other.

36. For example, H is an early riser. I am not. Luckily the baby doesn't usually want to get up until 7:30/8:00 a.m. When we come downstairs he will have my morning cup of tea ready and he talks and plays with her as I get to drink it. We also "chat" with each other, make plans etc during this time.

37. There is a special kind of closeness/ intimacy we feel whenever H and I are playing together with her. It's so much fun to play and laugh with her. I love to see the joy in his face. We are truly a family unit!

38. I have to concentrate - make an effort to ensure that the baby is not my sole topic of conversation with H. It's hard when days go by where all I've done is care for her etc.

39. I've actually started to read the papers, listen to radio news and the talk shows (radio) that H loves.

35. G and H make an effort to spend time together and do special things for each other.

36. G's H prepares her morning tea for her and cares for the baby so that she may enjoy it. Also, S and H make an effort to talk with each other and discuss their plans each morning.

37. G and H experience a new and remarkable feeling of closeness when they are together playing with their baby and enjoying her presence. G loves to see the joy the baby brings to H and feels they are now truly a family.

38. G feels it's important for her to converse with H about topics other than their baby but, as a new mother who spends most of her time caring for her baby, G finds this difficult.

39. In order to expand her range of conversational topics, G makes an effort to inform herself about current news events and keep up with H's interests.

40. This is more due to the fact that I'm at home during the day than to the baby but she definitely has affected my daily experiences. I'm a mom now - not a daycare coordinator responsible for 61 children and 24 staff!

41. Surprisingly enough to me - the middle of the night feedings have not bothered me too much.

42. I remember being not too keen on breastfeeding a few years back - but wow! it's much nicer than heating bottles in the middle of the night.

43. I used to need a lot of sleep and had troubles getting back to sleep if woken up. Now - I can fall back asleep almost instantly after I've fed her and I don't seem to need more sleep during the day to compensate for the time awake during feedings.

44. Having the baby has strengthened my sense of motivation. I want to make sure that she is always well taken care of, has everything she needs. So now - we work a little harder, plan a little more carefully.

40. G feels being at home with her baby has undoubtedly affected her daily experiences, as she is now focused on being a mother rather than a career woman.

41. G is surprised that she has not found the night feedings to be very disruptive.

42. Although G did not always favor breast-feeding, she now feels it's better than bottlefeeding and makes night feedings much easier.

43. As a new mother, G feels her sleep patterns have changed. She needs less sleep than before and has no difficulty returning to sleep after nursing the baby.

44. As a mother, G feels more motivated to ensure that her daughter is always well cared for and provided for.

45. But our goals and dreams we had before the baby haven't really changed. We would still like to purchase a trailer of some sort so that we have a place to get away to on weekends. The plans for H's business of equipment rentals haven't changed. He just has to work harder to ensure that the income is there. We both firmly agree that I need to be at home for her.

46. The baby has changed my priorities. Work used to be important and I happily gave of my own time to ensure things went smoothly. I will now give more grudgingly of my time - because I want to be with her.

47. Our needs - H and I - are planned and met once she is cared for. We may have to put a hold on the purchase of a trailer for a bit -but we will have one one day.

48. I am actively exploring ways of earning some money while still being at home with the baby - I'm trying hard to discover the spirit of the entrepreneur.

49. Having the baby is forcing me to be very creative in this and in general -how I run our lives.

45. G feels that having a baby has not changed her and H's goals for his business nor their dreams of having a weekend getaway. G does feel that H will have to work harder to achieve these goals as they both strongly believe that G should stay at home for the baby.

46. G feels that becoming a mother has changed her priorities. Being with her baby is now more important than her job and G feels she will be less generous at work with her own time.

47. Also, G feels the baby's needs and happiness come before those of her and H, even if that means delaying their own goals because they are financially strained.

48. G is seeking a means of earning an income while staying at home with her baby.

49. G feels having a baby is forcing her to find creative solutions financially as well as in their personal lives.

50. H and I are having to learn new roles now as mommy and daddy. I am definitely the primary caregiver. He is wonderful with her - except when she's upset. He panics and doesn't know what to do. I have to learn to help him work through these times and not get mad at him! I am the role model for him when it comes to parenting. (Not to imply that he is inexperienced - it's just been a very long time since he's been involved with babies).

51. The baby has brought a sense of completeness, of "rightness" to my life. She has added yet another dimension to me - and by far it has been the best.

52. I really enjoyed my adult years with my parents and was very glad to care for them while they were ill and dying. I am selfishly glad that she will be with us/me in the same way. Robert Munsch's story - Love you, forever says it all.

53. I have enjoyed motherhood so much - it seems as if this is what I was meant to do -

50. G feels she and H are learning new roles as parents. She feels she is the primary caregiver for her baby and also a parental role model for H, who is less experienced with babies. G feels H is very good with their baby, except that he panics and becomes helpless when she is upset. G feels she has to learn to support her H at these times rather than get angry with him.

51. G feels becoming and being a mother is the best experience of her life in that her baby has brought a sense of completeness to her life life that she affirms wholeheartedly.

52. As an adult, G greatly enjoyed being with her parents and lovingly cared for them when they could no longer take care of themselves. G is pleased that she and H have a child to care for them in a similar way as they are aging.

53. G thoroughly enjoys being a mother and feels like she has found her calling.

54. that it really doesn't feel like I've had to make a lot of changes to my life - even though I know I have. The changes have been easy to do - because of the baby.

54. The joy that G derives from the presence of her baby makes the many changes she has experienced as a mother seem effortless.

APPENDIX F

Analysis of a Transcribed Interview

## ANALYSIS OF TRANSCRIBED INTERVIEW OF GAIL

1.R. Maybe we could start by talking about the labor and delivery. Could you describe that for me and how you experienced it?

G. Sure. Well I was induced because I was two weeks overdue and the baby was, by the ultrasound, quite large, they were estimating very close to ten pounds, so they took me in at, I was, oh, 15 days past my due date,

2.G. and it was a very long process um, nothing was working, they did everything, they'd used the gells to the maximum and then they put me on the drip and I was getting lots and lots of cramps which were getting very, very painful, but nothing was happening, my cervix didn't enlarge um,...36 hours later I was at 5 cm and if the drip stopped or anything like that, it started to close down right away, I had a bit of a problem with the first epidural, a reaction to one of the drugs they put in to try to top it up, cause it wasn't working very well and so at that point when the obstetrician came to examine me she said this isn't working and it's not going to work, so we chose for a c-section at that point,

1. G's labour was induced as she was long overdue and her baby appeared to be very large.

2. Despite every effort the induction was unsuccessful and G agreed to a caesarean birth.

3.G. which was really neat, it was a wonderful experience, the caesarean section, I was awake using just the epidural, and it was great. especially once I realized they actually had me opened up and were working on me and I didn't feel anything, I was fine (laughs), it was really neat to imagine what was going on

4.G. and when they lifted the baby out all I could see was this huge long baby coming up over this screen and my first words were "oh my God, look at the length of her, sort of thing (says while laughing) and um,

5.G. it was great, I was really tired afterwards and um, but she was healthy and that was all that mattered and there were no problems.

R. So the c-section went very well in your opinion.

G. Very well

6.G. and I recovered from it very, very quickly, I was up and moving the next morning um, with very little discomfort um, I know I had the demerol pump, but I very rarely needed to use it.

3. Given only a local anesthetic, G was able to be awake during her caesarean birth and found the experience wonderful.

4. When G first saw her baby, she was amazed by her long length.

5. Although G felt very tired after the birth, she was primarily happy that her baby was healthy and that there were no complications.

6. G experienced very little discomfort after the operation and feels she recovered very rapidly.

7.G. The hardest part was when I was nursing her and having to pick her up to switch sides, I had to wait for somebody to come and pick her up because I wasn't allowed to lift that much weight, (laughs) but the nurses were really good about coming at a certain time to help with that.

8.R. Let's move back, you talked about that you were really surprised to discover you were pregnant, that you weren't planning to get pregnant. Can you tell me more about that?

G. Well H and I um, had always discussed, you know, yes we both like children, he was really worried because he was 10 years older than I, which puts him in his later 40's, um, that he was too old to start having a family

9.G. and while I being younger would have really liked to, I said well that's fine, you know, I work with children, I've got lots of neices and nephews and what not,

10.G. but we always said if it ever should happen, it wasn't a problem, we just weren't going to go plan to have them

7. For G, the most difficult part of delivering by caesarean was needing assistance to lift her baby during nursings. However, G found the nurses very helpful.

8. Although G and H both like children, he worried that he was too old to begin a family.

9. Although G really wanted to have children, she accepted H's wishes, believing she could fulfill her desire through her work with children and her many neices and nephews.

10. G and H both agreed they would not actively try to have a baby, but would accept it if they did.

11.G. and it happened by accident and he was actually better about it than I was, I was stunned, I couldn't believe it, after getting used to not having children, all of a sudden I had to switch around again and get used to the idea that we were going to, and he was just ecstatic from day one,

12.G. he says now if he'd known what it was like, that it was so nice, we would have done it a long time ago. He's really happy with it....

13.G. everybody was really stunned, there were a lot of jaws hitting the floor (laughs). It was welcomed once everybody got over the shock. (laughs).

14.R. You said at the minute that you saw her at birth you felt like a mom. Tell me what that means, what did you feel? (cont.)

11. G feels H responded with more enthusiasm than she did upon discovering she was pregnant. Having accepted that she would not have children, G was stunned and filled with disbelief at hearing she was pregnant and required time to adjust. In contrast, G feels H was ecstatic from the beginning.

12. G feels H is very happy, as he says he would have had a child long ago if he'd known what a wonderful experience it was.

13. G feels that her being pregnant stunned everybody they told, but they quickly welcomed it.

14.G.(cont.) Um, I felt that this little person was mine and she was my responsibility and um, it just seemed to, like a door was opened up on a whole bunch of new things to come um, you know, experiences to go through with her, um, the responsibilities that are sometimes kind of frightening, you know, thinking oh my God we've gotta raise her, we've got to put her through school, that sort of thing, um,

15.G. but mostly it was just, you know, it was um, it's really hard to describe, there was an instant feeling of love and a bonding, even though I was barely touching her, because my arms were all strapped up with IV's and things like that um, it was just there,

16.G. there were all these feelings, you know, I'll be responsible for caring for her, enjoy caring for her um, looking after her future, just, they were all flashing through and on top of it all, there was just this really nice warm feeling coming up, just instantly.

14. The moment G saw her baby she felt an immediate attachment to her as her mother and felt a sense of responsibility for her. She envisioned new experiences she would encounter raising her baby and felt somewhat anxious about the obligations she faced as a parent.

15. When G first saw her baby, she experienced primarily feelings of love and a bonding with her baby.

16. G experienced feelings of affection for her baby the moment she saw her and was filled with thoughts about the joy and the responsibility of caring for and raising her baby.

17.R. So that was very soon after the birth. Were you able to hold her?

G. No my sister-in-law who was with me in the delivery room, she, as soon as they let her, she took her and held her right down to my face, I unfortunately didn't get to hold her till the next morning, they kept her in the nursery all night.

18.G. H took her for two hours right after the birth while they were getting ready for her in the nursery and he had a good experience with that.

19.G. But my sister-in-law held her down to my cheek and I was able to kiss her and I got to see her and everything like that.

20.R. So it was during that time that you were feeling these emotions?

G. It was actually the minute I saw her being lifted up over the screen, it was just instant and it just got stronger and stronger as she came closer and when my sister-in-law held her down to me, you know, they just really intensified

17. After the birth, the baby was held close to G's face, but she was only able to hold her the next morning.

18. G's H was able to hold their baby for some time after the birth and enjoyed this experience.

19. G seemed satisfied just being able to see and kiss her baby.

20. The emotions G experienced when she first saw her baby intensified as her baby was brought closer to her.

21.G. and it was like reality hit you know, finally the baby was here, there is a real baby here (says laughing), it brought everything into being true, you know, and not just some sort of..amazing dream, cause that's really what it felt like to be pregnant, like I couldn't believe it.

21. Upon seeing her baby, G became aware of the full reality of her presence, in contrast to her dream-like feelings during her pregnancy.

22.R. You said when you were going for the ultrasound, that when you heard the heartbeat, that you had these incredibly warm feelings but you said I'm not sure I felt like a mother. How was that different at that time than the feelings you experienced when you saw her at birth?

G. I was listening to the ultrasound or watching the ultrasound and hearing the heartbeat and things like that and I was amazed more at the...like it's an amazing technology and I thought it was really neat, and yes hearing that little heartbeat really gave some warm feelings, but it still wasn't real, even though, you know, the baby was moving, it just wasn't real,

22. Being able to hear her baby's heartbeat and see her move during her pregnancy evoked feelings of amazement and even affection within G. Still, she feels she had not yet grasped the full reality of becoming a mother.

23.G. I was having fun being pregnant, you know, there was lots of attention being given to me, it was different, it didn't really sink in that you know, yes, that baby's mine and that's going to be a baby soon, it was more marvelling at the fact, like I felt responsible for her and I took care of myself but I didn't know, like I didn't see the baby, I didn't know the baby, you know, I can't explain it very well (laughs).

24.R. You talk about at the time of birth, you mention that the instant love just came rushing out, which is what you described above, then you say it's been a rushing roller coaster of emotions since then. I'll go through these individually and see if you can describe for me situations in which you experienced these emotions to help explore them a little further. You talk about great peaks of incredible joy.

G. Yeah, actually seeing her and the first time I held her in my arms was just amazing, she was beautiful and of course having had a c-section she wasn't marked up or anything like that, she was a big, beautiful baby um,

25.G. the first time she smiled up at me, you know and she was looking at me, it was, it's undescrivable how good it made you feel and you knew that the bonding was really taking place

23. G marvelled at being pregnant and enjoyed her pregnancy and although she felt a sense of responsibility for the baby's physical well-being, she feels she had not yet grasped the reality of becoming the mother of her own child.

24. Seeing her baby and holding her for the first time were incredibly joyful experiences for G. She thought her baby was absolutely beautiful.

25. For G, words fail to describe how wonderful she felt the first time her baby smiled at her in recognition and she felt the bonding between them.

26.G. and um, watching her play with her dad, you know, he was just in love with her from minute one, holding her and playing with her and watching that really brought a good feeling of joy too, knowing that he was really enjoying having her and um,

27.G. you know every time she's accomplished something new, it just, it makes me feel very, very happy and joyous to see her and she's such a happy baby to begin with, she's a joy to be with and play with, and talk to and all the sort of things you do with a baby.

28.R. Okay. Then you mentioned there were also some worrisome periods for you. What were you talking about, tell me about that?

G. Um, well the first, I think, worrisome period, was probably learning to nurse her um...she had a bottle during the first night while I was sleeping and found it was a little easier to drink from the bottle than it was from the breast and it was hard for me to ah, it took a couple of days to really get settled into it, so I was worried that I wasn't going to be able to breastfeed her um,

26. Watching H and her baby enjoying each other and knowing that he loves her and greatly enjoys being a father brings tremendous joy to G.

27. G feels great joy in simply being with her baby and is filled with happiness at each new development.

28. G was concerned that she would be unable to breastfeed when she initially encountered difficulties nursing her baby.

29.G. but there was also that, okay, you know, we just started our own business and financially things are not as steady as they could have been, so, you know, how are we going to make sure that she's got everything that she needs, that her future's going to be secure for her, as much as we can possibly make it anyways um, so those are sort of the first two worries, um.

30.G. when I first came home with her I remember her bowel movements changed and all of a sudden I was worried whether she was sick or something like that or was she getting enough breast milk, cause her nursing pattern had changed from the way it was in the hospital um, all those new mom things, I know babies pretty well on the upper end of the age range from working with them in the day care, but I have been out of practice with newborns and having it my own newborn made it a totally different thing, I was a bit of a basket case there for awhile, in wanting to make sure that everything was okay for her.

29. G also worries about being able to provide for her baby now and in the future, in light of the financial instability they are experiencing as a result of starting their new business.

30. Slight changes in her newborn's nursing patterns and bodily rhythms evoked concern within G about her baby's well-being. G attributes this to her inexperience caring for newborns and to her maternal desire to ensure her baby's well-being.

31.G. Being worried for her future was really, that sort of thing, what's it going to be like for her and how can we make it better, I certainly wasn't worried about her being loved or even being able to look after her, I knew we'd do just fine and we were, we just had to get used to it, and there's lots of support and things like that in the family, so it was really, I guess making sure she was okay and making sure her future was all right, hoping she's not going to get sick.

32.R. You talk about feeling frustration and anger. What kinds of things created those feelings in you?

G. Um, well the frustration was, I'm trying to think why I put that (laughs), frustration in sometimes not knowing what to do for her and um, but it was never frustration because she was crying a lot, because she's never had a really...crying period,

31. G is confident that her baby will always be loved and well cared for, yet she is concerned about being able to provide for her baby's future.

32. When G is questioned about her expressed feelings of frustration and anger as a new mother, she has difficulty remembering when she experienced these feelings. She describes feeling a sense of helplessness when she is unable to soothe her baby at times but adds that she has never felt frustrated towards her baby for crying as she has never cried for long periods.

33.G. I guess there's a bit of um..probably, it was more directed to the..changes, you know, the stress put on the husband and wife relationship, either he wasn't around or he wasn't helping enough as he's learning his new role and things like that, I think that's probably more what it was directed to, because she's been such an easy baby to look after..certainly I get frustrated when I don't know how to help somebody, but I think well, we were working out how to be parents together and still be a couple, that sort of thing, I think that's probably where the frustration and anger had come from.

R. You bring that up later in your description and I'd like to talk more about it later.

G. I can't think why else I would have said that, because it really, I haven't gotten frustrated or upset looking after her because she's been easy to look after and I keep shaking my head saying it's going to change (laughs).

33. G feels that the occasional frustration and anger she experienced as a new mother had more to do with the stress they experienced as a couple adjusting to their roles as parents and was directed towards H for not helping her enough rather than towards the baby. G feels that she has never gotten frustrated or upset with her baby because she is so easy.

35.R. Then you mention sadness because she's growing so quickly. Can you tell me more about that feeling?

G. Well, it's sadness in seeing, as I said, her grow up so fast, it's just like slipping away, all this enjoyable time with her, while it's great to see her learn new things and develop and what not, but it, part of me wants to cling to her being a small baby and, I guess because it means I'm going to be at home with her that much longer while she's a small baby, um...certainly, I never thought the idea of going back to work would bother me, because I enjoyed my job now I don't want to leave her but I'm gonna have to, so that makes us pretty sad but I think she'll be coming to the daycare with us so at least we'll be close together and um...you know, seeing how time slips away so quickly...

36.G. sadness that my parents aren't alive to see her, they would have been really thrilled to have her.

35. G is saddened by how quickly her time at home with her baby is passing and by the thought of having to leave her baby to return to work. G enjoys her work and is surprised that she finds the idea of returning upsetting. Knowing that her baby will be close by in the daycare at her work is some consolation to G.

36. It also saddens G that her deceased parents will never know and enjoy her baby.

37.R. You talk about, I assume it was the first day in the hospital, you mention that first rough day of figuring out how to nurse. Can you describe that day for me a little more?

G. I was still pretty tired and hadn't eaten and hadn't had much to drink, I was feeling a little bit wobbly, I had two young nurses working with me and they were pushing me this way and making me hold the baby this way, and I kept saying she's too long I'm not comfortable holding her that way, I think I'm gonna drop her and that sort of thing, she wasn't latching on and she was crying and there were people in the room watching, you know my sister was there and a good friend was there and I could see them shaking their heads at the nurses, not at me, but at the nurses, I didn't have the...energy to say you know, back off for a minute and let me try

38.G. and they kept saying well, she's gonna get dehydrated and all this, and I was just, you know, all these things, these thoughts, I thought you know I really wanted to be able to nurse her and I thought I'm gonna keep trying at it,

37. G's first attempt at nursing her baby was very unpleasant. She experienced the nurses as domineering and insensitive and had difficulty nursing the baby despite their assistance. Still feeling tired and weak, G feels she did not have the energy to assert her wishes.

38. The experience made G question her ability to nurse her baby. However, G felt strongly about wanting to breastfeed and so remained committed to trying.

39.G. it was later that night after I got a different nurse and things started to happen, she showed me, she said well try lying down with her if your not comfortable holding her right now and so we did that and it worked much better and she was really good about it,

40.G. so then the baby started to latch on a little bit better, it took, she fought it, she'd literally put her hands up against me and push away, you know it was really quite funny, and the head was turning from side to side and it was really quite funny to watch her, thinking back. I didn't find it too funny then,

41.G. but that was um, it was nerve racking and I really couldn't hold her very well because she was so big and I couldn't lean her on my incision and ah, it was ah...nerve racking and frustrating, thinking you know, it's gotta work

39. It was only when G received help from another nurse who listened to G and showed her a nursing position that was more comfortable for her that the nursing started to improve.

40. Finding a comfortable nursing position helped to improve the nursing but G continued to struggle with breastfeeding. In hindsight, G views her newborn's resistance as humorous, however, she was not amused by her behavior when it was occurring.

41. G found her early nursing experience, especially the difficulty she had holding her baby because of her incision and the baby's large size, both frustrating and stressful.

42.G. and I kept thinking I should have said make sure you bring her to me during the night, let me sleep for a couple of hours but if she gets hungry, I remember reading how important it is to feed your baby within the first couple of hours um, for the bonding and also for, you know, for getting the nursing going and I was feeling guilty that I slept all night and also angry that the nurses had let me sleep all night (laughs). But in retrospect, I probably wouldn't have been able to do anything cause I was so tired and so shaky, I probably wouldn't have been much good at doing anything, even if they had brought her to me.

43.R. You talk about the moment when she fell asleep on your shoulder. Can you tell me how that felt?

G. Well, it felt like it was a perfect fit, um, it was like snuggling your favorite teddy bear, um, there was the physical warmth of her body on mine, um, we were both very relaxed and comfortable with each other um...it just seemed..it seemed right and ah, (cont.)

42. Believing that the delay may have contributed to the difficulties, G regretted not nursing her baby sooner. She felt guilty for sleeping through the night and angry at the nurses for allowing it. At the same time, G feels she was probably too tired and weak then to nurse her baby.

43. Holding her sleeping baby close to her, G experienced the warmth and "perfect fit" of her nestled body. She reflected on her baby as her own child and was convinced that she was meant to have this child.

43.G.(cont.) emotionally it was just, you know, I was thinking, she's mine, this is my baby, I have her now, it was meant to be, you know, after thinking we weren't going to have children, and it just felt so good, and I said this was meant to be, this was not an accident, this was supposed to be this way because it was just so..right, it was perfect, everything just felt the way it..should be, or at least the way I think it should be (laughs).

44.G. I wasn't nervous holding her, um, looking after her, other than being nervous about the breastfeeding, but I wasn't scared to handle her, I wasn't scared to give her her first bath or anything like that, changing her diaper was fine, other than the difficulty cause I had my hands so swollen, I had trouble doing the pins and things like that, it, just everything was right, it was smooth and she was calm and I was calm.

44. Except for her nervousness about breastfeeding, G felt very comfortable taking care of her baby.

45.R. You say her smile literally makes me melt. What does that feel like?

G. It feels like she'll be able to get away with anything she wants to (laughs), even though I've always been considered, in working with children, I was always known as one of the ones who were considered to be firmer, not rough or harsh or anything, but firmer, setting the limits and expecting them to be adhered to um, but I look at her when she smiles at me like that and I think oh I'm gonna have a hard time sticking to the no when it needs to be no or what not, it makes me smile, it makes me laugh, her smile, it's just such a feeling, you know, of feeling really good about myself, about herself, that you'd do anything for her, in a minute, in a second do absolutely anything. You just turn to mush, she's got us wrapped around her little finger (we laugh).

46.R. You said I'm like a tiger protecting her babies. Can you tell me about a time when you felt that?

G. Well, the first time she started to cry when somebody else was holding her and she was looking towards my voice or H's voice, like I just immediately went and took the baby away from her, from this person, not that there was anything wrong but, I wasn't going to let her cry in somebody else's arms,

45. Although G has a reputation amongst her colleagues as being firm and unyielding with children, she fears she will have difficulty setting and maintaining limits with her own daughter, as her smile makes G feel wonderful and like she would do absolutely anything for her.

46. G feels extremely protective of her baby and cannot bear to hear her crying in someone else's arms.

47.G. um, the first time I had to leave her with somebody else, it was my sister who I trust implicitly, um, I was just, I was wanting to make sure everything was perfectly right for her and I was worried the whole time I was away from her, what she was going to be like, and told my sister who's very experienced with children every little detail about it, I was being very protective, making sure everything was okay for her,

48.G. but when she cries when somebody else is holding her or when she gets really, as if she gets startled by something, I just want to.. react to her. the first time the dogs accidentally, stepped on her leg.. H was leaning down to kiss her while I was holding her and he'd just gotten in and the dogs are used to (cont.)

47. G is so protective of her baby that the first time she left her with someone else she left her detailed instructions about how to care for her and worried about her the entire time, despite knowing that she was very experienced with children and was completely trustworthy.

48. G is so protective of her baby that she felt angry enough to kill or rid herself of her beloved pets the first time they accidentally hurt and startled the baby.

48.G.(cont.) joining in on that nightly ritual when he gets home from work and..the largest dog came up and surprised me, I wasn't ready for it, and he stepped on her knee and she started to cry, well I was ready to kill the dog you know, even though I know he didn't mean to and it's going to be the first of many, many scrapes and bumps from the dogs, they really are good with her, this was a total accident, but I was ready to kill the dog and say get rid of them, you know, I don't want them around, which is totally illogical. And the dogs were our babies before she was born, we've always had pets and they always. you know, they've been very much a part of our family, so there's been a big change for them, their noses were definitely out of joint when we came home for sure. They are good with her, they're gentle most of the time.

49.R. You say since her birth I've become used to being second fiddle. Tell me more about that experience, about suddenly feeling in second position.

G. Yeah, it's really funny, it's such a change, because while I was pregnant um, everybody was very..interested in what was going on and making sure I was all right and helping me with this and helping me with that, always talking about me, you know, which was different in itself, then all of a sudden she's there and people come in and they gravitated right to her first and talked to her and oooood and aaahhhed over her and sort of, and then all of a sudden they'd say, "oh yeah, G, how are you feeling", you know (says laughing),

50.G. I just laughed at it, it was such a dramatic change, um, that it was funny and I certainly wasn't upset by it and I still laugh because everybody automatically goes to her first, which is great, I mean that's the way it should be and...so that's the way the change happens and um...she comes first and that's the way it should be, so that's being second fiddle, H comes in, he kisses her first and then thinks about kissing me hello or whatever (says laughing) and asks how she is before, you know, it's different, but that's great, she's the one who needs to be looked after.

49. As a new mother, G feels she plays a secondary role to her baby, who is attended to by everyone first. During her pregnancy, everyone took a special interest in G and were especially considerate towards her. G experiences the sudden shift in the way she is treated by others as amusing and dramatically different.

50. G finds the change in the way she is treated by others, from receiving special attention to being practically overlooked in favor of her baby, so dramatic that it is actually humorous. She accepts that she takes second place to her baby as she feels her baby is the one who needs to be cared for and should be first.

51.R. So that experience is okay with you then?

G. Oh yeah, I really find it kind of funny and everybody's so sheepish about it when they finally say oh yeah, and how are you? (says laughing), the looks on their faces, and any other mother, my sisters all say, oh yeah we went through the same thing.

52.G. I also put myself second place to her. I will look after her needs before I will look after mine, I could be starving with hunger and she is starving with hunger at the same time, I'll feed her before I'll look at feeding myself, so I also put myself in second, I put her first. She's a helpless little baby, I can look after myself but she can't so, I will do what she wants first and then take care of me afterwards.

51. G finds the experience of being overlooked for her daughter rather amusing and knows, from the assurances she receives from other mothers, that her experience is not unique.

52. G also places herself in a position second to her baby in that she puts her baby's needs before hers.

53.R. Are there times when putting her needs first is not funny anymore, it's frustrating or tiring? Is that part of your experience?

G. There's definitely been moments like that, um, certainly, sometimes in the middle of the night, and I'm tired and she's.. maybe being a bit fussy about eating and not wanting to go back to sleep, which has happened a couple of times, and I keep thinking oh, I just need to get some sleep, I'd like to put her down in her crib and go back to sleep um....I think if I get too tired, that's when I start thinking, it's not fun, I need to look after myself a little bit more,

54.G. but H is really good, he knows when I'm reaching that point and he'll send me off out to the store or something like that and he'll look after her for awhile just to give me a bit of a break and then I come back feeling renewed again and yes I am a person in my own right (says laughing) I'm not just the mother of this child. So it can get back into balance very quickly that way, and it's probably when I get too tired that I start feeling that way

53. When asked if there are times when putting her own needs second is no longer amusing, G admits that when she's overtired she finds it difficult to put her baby's needs first and she begins to think about herself and her needs.

54. G feels H recognizes when she is becoming overwhelmed and is very helpful in assuming care of the baby, leaving her free to do something she enjoys. G feels these opportunities allow her to quickly regain a sense of balance by renewing her feeling as a person in her own right.

55.R. So it sounds like you've found ways to work through that, that are good for you.

G. Yeah, H will either take over, or if I really feel it's getting to me, I'll put her into her swing, where's she's happy and then I'll sit down and make myself a cup of tea and I'll drink about half of it before going back to her, and so I can sort of...just take control of myself again and get things back into perspective.

56.R. You talk about your experience in childcare and how you thought that might help you when she goes into care herself, separating and that kind of thing, um, and then you wrote, no way, I'm a real basket case at the mere thought of going back to work. I'd like to talk about your work situation a little bit. You plan to return to work full time, part time?

G. Full time, my job demands full time, unless I was to try and change positions, which would be a demotion because I'm at the sort of level where I can't, there's no job sharing opportunities unless you're in a less responsible position....(tends to baby briefly).. She'll be about 6 months old when I'm due to have to go back, and I have to go back full time because my job demands that um,

55. When G feels overwhelmed by the baby's demands, she renews herself and regains a sense of perspective by taking some time for herself.

56. G feels after her six months of maternity leave she will have to return to her job full time.

57.G. hopefully it won't be for a long time though, what we're looking at is just..get a few things under control and um...then be able to come home with her, so hopefully a year at the most, and then be able to come and stay home with her,

58.G. cause that was always the way we both thought it should be, they should be at home with their mother, um, which sounds funny coming out of a day care worker's mouth but, it's an option that we like to provide for people who want it, you know, the care is available if they don't want to stay at home, and a lot of mom's don't and that's fine. I would like to be able to stay at home with her though.

59.R. So, you're ideal situation would be to be at home with her full time? (cont.)

57. G hopes to work for only a short time, until their financial situation is more stable, and then stay home with her baby.

58. As a new mother, G would like to stay at home with her baby and believes, like H, that babies should be with their mothers. She recognizes the apparent contradiction of her belief given her position as a daycare worker and adds that she believes that childcare should be an available option for those who want it.

59.G.(cont.) Full time, or you know, if I could find something part time, I'd like to be able to have some sort of income coming in to help out as well, so as I'm working full time I'm gonna be exploring some sort of option to work part time somehow. Even if it's, my sister and I are looking at setting up a crafting business, because we're both very much into that, and maybe we can make some money doing it that way, you know, something that's not going to take me away from her or involve a lot of expensive care for her. It's not because I need it to satisfy my professional sort of ego, it's more making sure, you know, that little bit of extra income would help in making things better for her.

60.R. You write that you were totally unprepared for the breadth and depth of emotion of becoming a mother. Do you feel there's any way you could have prepared yourself for that, that you might have known before hand what that felt like? (cont.)

59. Ideally, G would like to be at home with her baby yet continue to contribute financially to ensure her baby is well provided for. She is exploring the possibility of establishing a home based business which, in addition to meeting the above concerns, would also eliminate the need for expensive childcare.

60.G.(cont.) No, I've worked with parents and I've seen what they've gone through and I've been able to empathize with them in the past to a certain extent, but it, and even that didn't prepare me for the way I'd feel, um, I have a lot of neices and nephews, some of whom I'm very, very close to um..and I've, you know, gone through things with them, but it's still, it's not the same, it's not the same as my own child and it just constantly amazes me how strong it really, really is...and so quickly, like right off the bat, like it's not something that we grew into over two months or so, it was something that happened instantly.

61.R. You talk about the fact that she's a good baby, an easy baby and that it hasn't been too difficult or too disruptive to your own life. But you also mention that spur of the moment outings are gone because it takes so long to get her ready and that time flies by and things don't get done. So your giving me examples of ways your life has been disrupted, yet you don't feel like your life's been disrupted. Can you talk to me about that? (cont.)

60. G feels that neither her work with parents and seeing their emotional attachment to their children nor her close relationship with several of her nieces and nephews has prepared her for the depth and breadth of emotion she feels as a new mother. G is amazed by the strength of the bond she has for her baby and by how quickly she experienced it and feels nothing could have prepared her for this experience.

61.G.(cont.) Um, it doesn't seem to bother me, um, when people describe me they usually describe me as being a very calm, unflappable type of person, I don't usually get angry or upset by things, you know, so I think maybe that has something to do with it, you know, I just take things as they come and deal with each thing individually as it happens and so I think that's probably why it hasn't been terribly disruptive,

62.G. I think back to some of my nephews who were very colicky as young babies and the times I used to go over and help out, I would go and look after the babies in the evening and send the mom's and dad's out of the house so that they could get a break from it and I see the disruption that brought into their family. you know the stress and not being able to go anywhere because the baby was just not conducive to taking anywhere, things like that, whereas she'll go anywhere and she's quite happy with us, um, she just goes about and she doesn't seem to get upset by too much, so it just goes along easy as it can be.

61. G attributes the fact that she has not experienced the changes of new motherhood as overly disruptive to her calm, patient, and accepting way of being.

62. G feels that compared to a colicky baby, who brings stress and disruption to their parent's lives, her baby is very easy to care for and has not disrupted their lives.

63.R. So you go with the flow with her and follow her, you don't create a schedule for yourself, so there is nothing for her to interfere with. Does that fit your experience?

G. I think that's something I learned in my training with babies, they set their schedule and you follow it, a lot of times you set yourself up for frustration if you try to impose a schedule upon her, upon the baby, their not ready for it, they don't want...

64.G. certainly there's been the odd frustrating moment when you're trying to go out somewhere, you've changed her once or twice already and you just get her in her snowsuit and then she poops in her snowsuit, so I mean (says laughingly), you know little things like that, but it's not the sort of thing that I let upset me, I tell people if I'm late, I'm sorry, you know, if it's a really important appointment or something I'll do my best to be there on time, and say well you'll just have to deal with it, whoever's looking after her, but that's okay, it doesn't bother me.

63. G feels her experience as a daycare worker has taught her that trying to impose a schedule upon babies results in frustration and that it is better to follow their lead.

64. G has experienced moments of frustration when her baby's needs have interfered with her time-bound activities. However, G is not upset by these experiences as she views her baby's needs as her priority.

65.R. You say you miss the lazy weekend afternoons, taking a nap and having a hot cup of tea, that she seems to know when you're doing these things. I guess these are the things you pamper yourself with.

G. That's right and habits that after um, 13 years of being with H, you know, they're habits that we've created, um, it's hard to give those up sometimes, you know so quickly, you know we like to on Saturdays, you know, after the works done around the house, just sit back and you know, watch the car races on t.v. or something like that, we're both into that, you know, it's quiet, he doesn't like to go out and socialize a lot, he likes to, he's very much a stay at home type of person and we don't do a lot of entertaining, so it's just been the two of us very quietly enjoying our times together. cause he works very long hours when he's at work, so we don't see much of each other during the week days, so it was always nice, and um, now, sometimes it's hard, you know, to give that up but that feeling doesn't last very long.

R. So that's a passing feeling for you?

G. It comes and then it goes again, so it's certainly nothing that lingers on,

65. As a new mother, G misses the quiet, relaxing time she had become accustomed to spending with H and the activities that they regularly enjoyed together. This feeling is not a lingering one however and passes quickly.

66.G. again maybe a little bit of the sense of frustration comes in because I sometimes don't see, um, H jumping up as quickly to tend to her needs, just as I'm dozing off and he's already had a nice long snooze on the couch or something like that, so there's a little bit of frustration there..... (tape ends)

R. You've mentioned that before, trying to sort out the parental roles and you describe yourself as the primary caregiver. Is that what you're talking about here?

G. Yeah, that's part of it I think.

67.R. You touch on this idea of H's role later, you say he's used to coming in and dropping his things and your thinking how are we going to negotiate this, sort of adapt new roles. Maybe we can talk more about that, Actually, maybe you could start by telling me the roles you played in your relationship before the baby, so that I can understand how they're changing or if they have changed. (cont.)

66. G experiences frustration at times when H does not assume responsibility for the baby when she tries to engage in an enjoyable activity that he has been able to enjoy without disruption.

67.G.(cont.) Um, I think I've always been the one to compromise, he's a man very set in his ways and not given to compromising easily, and very, very stubborn, so I've always been the one to compromise, certainly the house has been my responsibility, he's always been good if there's people coming and we're entertaining and that sort of thing but on the day to day sort of everyday things, naahh, very old fashioned in his ways,

68.G. his sisters and mother spoiled him when he was young and his father by picking up after him all the time, so it's not a habit he's been able to acquire (says laughing), and so that's going to be a big concern, cause he works with um, greasy equipment and things like this and parts and pieces and..he's a smoker and so things get left where they land, that's not going to be possible when she's mobile and able to get at all these sorts of things, so it's going to be how are we going to get him to change his habits to an extent that's safe for her but not impossible for him.

67. G describes the relationship between her and H as very traditional, with G being the one who always compromises and is responsible for the housekeeping.

68. G fears H's habit of not cleaning up after himself will become problematic when their baby is crawling and wonders how they will be able to help him change this habit to a degree that is tolerable for him but that also results in the house becoming safer for the baby.

69.R. Before the baby was born, were you okay with the way the relationship was working, the roles you played?

G. I think most of it was I'm accepting it, because I know that's the way he is and I can't change him and I knew that when we first got together, I knew he was like that, so it wasn't something that just came out after we were living together and married, um, I accepted it, certainly it builds up some frustration periodically when you can't seem to get on top of things, it gets too messy or whatever or you're just too tired and he's not helping out and that sort of thing,

70.G. I'm painting a bad picture of him here (laughs), he's got a lot of other really good things that balance it out, you know, you take the good with the bad and I mean I'm not perfect either so, um, I accept it and just deal with it and when it comes down to the crunch he'll pitch in and throw things away where they need to be hidden so that people don't see them (says laughing). But it's certainly a thing that I've learned to accept.

69. Knowing she cannot change H's traditional views and behaviors, G has accepted them. Yet she experiences frustration at times when the housework becomes more than she can handle and he is not helping out.

70. G feels she has portrayed H in a bad light and adds that he has many good qualities and that she accepts him as he is. G feels H makes an effort to help when it is really necessary.

71.R. So that's definitely something that you've compromised on, in that particular way you'd like him to be different.

G. Sure, to be a little more conscientious about doing things, you know, instead of dropping it there, his cigarette pack, go the 10 steps over to the garbage or you know putting his clothes in the laundry hamper instead of just wherever he takes them off, you know little things like that, it could be a little bit more evenly dispersed between the two of us.

72.R. So how do you see that working now that the baby is here?

G. Well, already I've had to work a lot harder at keeping the place clean, you know, keeping up with the dog fur because we've got two large dogs who shed a lot, so that it's not getting into her mouth cause it's flying around, just being, working at being more conscientious about making sure things are in their place, so I'm working that much harder at it, it's even more for me, he still hasn't reached the stage, um, he says well, she's not moving around, so I know he'll realize it once she does start to move around, or the first time she picks something up that she shouldn't, you know, it will certainly come to him then, um, but it's meant more work for me that way already and she isn't moving around (laughs).

71. G agrees that she would like H to be more conscientious about cleaning up after himself and feels the workload could be more evenly dispersed between them.

72. As a new mother, G feels she already has more housework to do and her baby is not yet moving around. The baby's presence has not changed H's behavior but G believes that he will realize the importance of not leaving things lying around once the baby begins to crawl.

73.R. So your concerned about the time when you have to childproof?

G. It's like is he going to be able to realize, not realize, he realizes how important it is, but is he going to be able to adjust to that, because I certain-ly haven't been able to make him change so, so hopefully, because he loves her so much and he doesn't want to hurt her in any way, maybe that'll be enough to make him change(laughs).

R. So that's something you foresee having to deal with?

G. I can see it causing some pretty...tense moments (laughs), the odd little spat.

74.R. You mention that you are trying to improve your housekeeping, especially for the time when she starts crawling and then you say "I don't know how I'm going to manage once I'm back to work, this is a major concern now". Can you tell me more about that?

G. Well right now I'm at home all day so I can generally keep on top of it, as long as she's cooperating, and there are days when I don't keep on top of it and I say to H, I said " I can't keep the kitchen counter clear of all the dirty dishes and I'm home all day, what's it gonna be like when I'm back working"

73. Unable to change H's behavior, G is concerned about whether he will be able to change his habit of not cleaning up after himself when the baby begins to crawl. She hopes his love for their baby will be sufficient motivation to make him change. Regardless, G foresees tension and occasional arguments as H learns to adjust.

74. G is concerned about how she will keep up with the housework when she returns to work when she experiences occasional difficulty doing so being home full time.

75.G. cause I work extended hours, um, and you know we're home in the evenings only and the weekends, and I think you know, I don't want to spend my whole weekend cleaning up, I want to be able to spend the time with her and do things with her and with you, so how am I going to manage what now is taking me a full day, condense it into a couple of hours in the evening, that sort of thing and the extra, you know, it's tiring the job that I do, I'm tired at the end of a day, I want to get home, so...forcing myself to keep going to clean up is never been an easy thing to do and you know I'll say oh, it'll be there tomorrow (says laughing), but now I won't be able to do that.

76.R. So juggling the two jobs.

G. Yeah and making sure she doesn't suffer and making sure I don't burn myself out either or that I don't get so frustrated by it all that I start taking it out on H or something like that, being upset with him, it's not his fault that I'm going back to work, it's nobody's fault, it's just the way things are.

75. G does not want to spend her weekends housecleaning, rather, she would like to spend this time enjoying her family. However, she is concerned about being able to complete all the housework in the evenings, especially since working in the evenings after a tiring day at work has always been difficult for G.

76. G wants to ensure that juggling full time employment, mothering and household responsibilities will not have negative effects for herself, her baby or her marital relationship.

77.R. You mention that there is less couple time for you and H. Talk to me about that.

G. Well, again it's that she's always there and she doesn't sleep much during the day so, we're always busy with her and um, I can see it bothers him more that we have to sort of entertain her, she can't do anything by herself right now, I keep saying it'll be better when she can sit up by herself and hold on to the toys more easily but right now she's, you know, totally dependent, so there's that

78.G. and certainly, the sleeping patterns, at night time, you know, I'm waking up with her feeding her and I'm tired, I'm ready to go to bed by 10 o'clock, whereas he's a night owl, he likes to stay up, so I'm not up as much with him in the evening as I was before and um, when I have to wake up in the middle of the night, all I want to do is go back to sleep (laughs) so it's a change that way all around, um,

77. G feels her newborn requires constant care and attention from her or H and consequently they have less time for each other. G feels having to constantly attend to the baby is sometimes annoying to H and feels that the need to entertain her will lessen as she becomes better able to entertain herself.

78. G feels her increased level of tiredness as a new mother interferes with their intimate time as a couple in that she now goes to bed earlier than her H.

79.G. if we go anywhere, he believes, and I believe it too, that she should be able to go with us, so even that um, we used to take the odd midnight jaunt over to um a little place just outside Montreal to get some smoked meat, if we were both awake we'd hop in the car and go, now if we want to do that she'll go with us, you know, we won't go anywhere that she can't go basically, even though we know we have to make time where it's just by ourselves, we haven't reached that point yet (laughs), to be able to do it, so there's always another little body around.

80.R. So you do notice a change in the amount of time.

G. Oh yes definitely, right now she goes down to bed probably about 8 o'clock at night and she's good til about anywhere from 1 o'clock to 4 o'clock in the morning, but we don't get much time to ourselves until well after 8 o'clock um, we've always eaten dinner late, but now it's even later because we tend to wait until she's in bed, so that we're not gulping our food down while we're trying to deal with her, and that sort of thing.

79. G feels she and H are not yet comfortable going out without the baby and prefer that she is with them wherever they go. At the same time, however, this leaves them with less couple time without the baby.

80. G reiterates that she and H have little time for each other until their baby is asleep.

81.R. Is the nature of the time you spend together also different?

G. Sure, we tend to talk more about her than anything else, and I find with me not working, being out with other adults all day, I find I have less to talk about, you know I'm trying very hard to make sure I read the newspaper and listen to the news and certainly ask him, you know, we try to talk about what's going on for him during the day, but even our conversations are different, we always tend to end up back to her somehow.

82.R. You talk about a special kind of closeness and intimacy that you share because of her presence here, and you mention that we are truly a family unit. What's different now that makes you feel like a family unit?

G. Before we were a couple, and yes, very close and a good solid relationship, um, but to me a family unit has always implied children and now we have a child and um, it's just um, added another dimension to being together, um...knowing that she's a part of both of us, she came from both of us, she's already got characteristics of both of us and personality traits, you can see, from both of us and it's just rounded things out maybe or expanded..

81. G feels that the time she and H do spend together has changed in that their conversations usually focus on the baby, despite their efforts to discuss other happenings.

82. G feels that having a child who is a part of and possesses characteristics of both her and H has added another dimension to their relationship as a couple and has changed them from being a couple to becoming a family unit.

83.G. um, there's another bond between the two of us, on top of all the bonds that we had just as husband and wife and friends and lovers, there's now another type of bond holding us, keeping us together, and um, something more in common that we're experiencing together.

84.R. You say that surprisingly for you the middle of the night feedings haven't been, sounds like they've been better than what you might have expected. Can you talk to me about that?

G. Before I was pregnant I always needed a lot of sleep, I guess being pregnant and having to get up to go to the bathroom was sort of a really good training for waking up in the middle of the night, um...luckily she only generally wakes up once during the night and then very early in the morning, she's pretty good about going right back to sleep after she's finished eating, so, and I'm able to go right back to sleep, all of a sudden I can go right back to sleep once I've been awakened, which was never the case before, I used to, if I got woken up during the middle of the night, I'd be up for oh, a good two or three hours, it was not easy to get to sleep, now it's nothing to fall asleep (laughs)

83. G feels that having a child has created a new bond of shared experience as parents that strengthens their relationship with each other.

84. As a new mother, G does not find the night feedings troublesome as she finds her baby very cooperative and feels she has learned to return to sleep readily upon being awakened and to function with less sleep.

85.G. and she's really good about feeding and it's a nice cuddly time, you know, I'm not having to get up and heat bottles and things like that, so, it's just bring her into bed and feed her and then you tuck her back into her bed, and you sit there and cuddle her while you're feeding her, so it's a nice easy time, as long as she's..not being too fussy about it, she has her fussy times, so it really hasn't been all that hard,

86.G. and I don't find I feel really, really tired, the only way I feel really tired is if I don't go to bed in the evening when I am tired and I stay up too late and don't get those couple of extra hours before she wakes up for her feeding, then it's hard, you're sitting there falling asleep while you're feeding her and we have a water bed, so I'm always worried about falling asleep with her. It's been a lot easier, like I don't feel tired like I thought I would and I certainly don't mind doing it, it's a nice time.

87.R. You mention having the baby has strengthened my sense of motivation and you mentioned that you want to make sure that she always has available to her what she needs. Can you tell me more about that feeling? (cont.)

85. G finds the night feedings relatively easy and enjoys the opportunity to cuddle her baby.

86. As a new mother, G does not feel tired from the night feedings the way she expected to, unless she goes to bed late in the evening.

87.S.(cont.) She's definitely the drive behind it, I always wanted to do certain things and get things done, but now to make things right for her, because I'm responsible for her, just drives me to get it done and make sure that it's done, whereas in the past I might have said "well, you can't do that now, we'll work on it later", but now I'm gonna do it and make sure it's done.

88.R. Do you feel she has allowed you or maybe forced you to become more disciplined?

G. Yes, um....more assertive too, in order to make sure, I'll be very assertive when it comes to childproofing the house, you know, like I said that's going to probably bring up some very tense moments, you know, it'll be a big adjustment for both of us and moreso for H, but I will be very assertive in making sure that everything is safe for her, um, whereas, you know, I haven't been assertive with him before, you know, certainly in terms of where things are kept, it's not been a priority between us, but because of her it will be a priority and I'll make sure it's done, I'll probably have to do alot of it myself (says laughing).

87. As a new mother, G feels a sense of responsibility for her baby that motivates her to ensure that she has everything she needs.

88. Ensuring her baby's safety is so important to G that she feels she will be very assertive with H about child-proofing the house, even though she believes it will create tension between them. Knowing H's stubborn ways, G laughingly adds that she will probably have to do a lot of the childproofing herself.

89.G. I'd have to say that she's really...really been....it goes beyond just looking after her too, um...I want to make sure...that we still can remain a couple too, that we still have that aspect of our lives too, so I try to compensate for, you know, when I can, for the fact that I give up so much of my time to her, so making sure that's still there, there's a sense of determination, a sense of..um, assertiveness, a sense of discipline that's come in...that maybe wasn't quite as strong before.

90.R. You said she's changed your priorities with respect to work, you are less willing to give of your time, and with respect to you and H's needs, that your needs are her needs. Have your priorities changed in any other way?

G. Having our own baby has really sort of colored the way we look at everything..um, like H says, if she's not welcome, then I'm not going, that sort of thing, which...is a bit different, you know, we never thought of not going somewhere because of something that was a part of us, but I think the examples I gave you describe the change in priorities.

89. G also is very determined to ensure that she and H continue to have time together as a couple.

90. G feels that having a baby has changed her priorities generally and with respect to work.

91.R. In talking about having to learn new roles, you've talked about H having to make changes that may be difficult for him and your having to help him deal with her when she's upset and not to get mad at him. Is that hard for you?

G. Yeah, I get really frustrated because he gets so angry if she gets upset, not angry at her but, just angry and you see him tensing up and I keep thinking "well, why don't you just calm down and go with it", he keeps saying "well what's wrong with her" and I say "I don't know" (laughs), I said all I do is go through the options, is she hungry, is she wet, whatever, and sometimes she's just going to be unhappy, I get angry with him for getting so upset about it and then I'm angry at myself for getting angry at him (laughs).

92.R. Has he had a difficult time with her when he's been alone with her?

G. If he has he hasn't said he has, um, he's certainly said "oh she was only happy when we were up and walking about" and it's a common joke that she'll be asleep when I leave, but the minute I drive out of the laneway she's awake, um, but I've never come back to find him frustrated or her sad or looking like she's been crying a lot, but he plays with her steady and he keeps her entertained.....

91. G feels frustrated and angry with H when he becomes frustrated and stressed when their baby is crying. Then G becomes angry with herself for feeling angry at H.

92. G has never seen H frustrated when he's been alone with the baby, although he entertains her constantly in G's absence.

93.G. the worst time we had was one night she ah, wouldn't go to sleep, the first time she wouldn't go to sleep, I'd tried everything and he'd tried everything, but he was getting upset about it whereas I just kept going from one thing to another, he said "you've spoiled her....you should just put her to bed and let her scream" and I said I don't know what's wrong with her, she'll be alright in a minute, we just have to give her...and he said no, you've just spoiled her, so I said okay I'll go put her up in her bed, I said I'll turn the monitor off cause I'm not ready to listen to her scream at this point and I know there's going to come a time where I'm going to have to do that cause she's gonna have to go to..sleep and not want to but, but he was the first one to go....I put her into bed and walked away from her, came down here and starting working in the kitchen trying not to listen to it, and he was right up there taking her out of bed, and was just all in a huff about it (says laughing), you know, so it's not easy, there are times, you know, you just want to yell, you know, just let it go and relax about it.

93. G feels frustrated when H gets upset by the baby's crying to the point that it affects their relationship because they begin to direct their feelings toward each other. She wishes he would just relax and not get worked up about her crying.

94.R. You wrote at the very end that you've enjoyed motherhood this far so much, um, that it really doesn't feel like you've had to make a lot of changes to your life, even though you know you have. And you describe changes to your life, but you don't describe them as big or difficult changes.

G. Yeah, it's not really been that big of a change, I was worried about it while I was pregnant, I was worried how I was going to cope as a parent and all the, you know....how we were going to deal with all the changes that I could sort of imagine would result, but it's really not been any, it's not been difficult.

95.G. Certainly there's times where, you know, it's not always a piece of cake, but nothing to really, you know I've never really felt overly frazzled or overly frustrated, not angry or not disappointed that you know, we have this baby now and, you know, um, there's no regrets really, it's just you know things are different and it's great...you just keep on going with it,

94. Although G worried during her pregnancy about becoming a mother and dealing with the challenges of motherhood, she feels she adjusted very well to the changes in her life.

95. Although G acknowledges that she has experienced difficult moments as a mother, she does not consider these as overwhelming and has no regrets about becoming a mother.

96. G. it'll probably change when she's a toddler and getting into absolutely everything, but then we survived two dogs who went through the same sort of stage, and they do very much go through the same developmental stage as a child does, so I think if I can survive two great big dogs, surely to goodness I can survive her (laughs)

97. G....I'd have to say it's been a really, really positive experience, I have to think consciously of the negative times, the difficult times, I have to dredge back into my mind because I forget them very quickly once they've happened, and I found that when I was writing that it was hard to dredge up an experience that would show the frustration or why I was feeling angry or whatever, I'd have to really think well why was I feeling that way, they're gone from my mind, and I think more of all the fun that's been involved.

96. G feels that her enjoyment of motherhood may lessen when her baby becomes more active, yet she believes she will successfully navigate this stage as well.

97. For G, becoming a mother has been primarily a positive experience. Although she has experienced difficult times, they do not define her overall experience as a new mother.