MYTH VERSUS REALITY: ATTITUDES, EXPECTATIONS, AND EXPECTATION-EXPERIENCE DISCREPANCIES IN FIRST-TIME MOTHERS

by

Michal Regev

B.A., Tel-Aviv University, 1991

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF

THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES

Department of Counselling Psychology

WE ACCEPT THIS THESIS AS CONFORMING

TO THE REQUIRED STANDARD

THE UNIVERSITY OF BRITISH COLUMBIA

December 1995

In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of Counselling psychology

The University of British Columbia
Vancouver, Canada

Date December 11, 1995

ABSTRACT

A qualitative paradigm was employed in this study to explore the experience of becoming a mother for the first time. More specifically, this study was designed to explore attitudes, expectations, and expectation-experience discrepancies in first-time mothers.

Twelve pregnant women who were to become first time mothers were each interviewed twice. Once during the last trimester of their pregnancy, and once 8-10 weeks after they have had the baby. An interview guide technique has been employed in both interviews. The interviews included questions which were drawn from the current literature on the Myth of Motherhood and on the phenomenon of expectation-experience discrepancy.

The results of this study indicated that the participants attitudes and expectations of motherhood reflected the myth of motherhood as it is described in the literature with minor changes. Furthermore, it was found that most of the participants had expectation-experience discrepancy in a few areas. In addition, women who reported more positive and less negative expectation-experience discrepancies also reported to be generally in a good mood, whereas women who reported more negative and less positive expectation-experience discrepancies also reported to be generally in a bad mood.

Table of Contents

	Page
Abstract	ii
List of Tables	vi
List of Appendices	vii
Acknowledgements	viii
Dedication	x
Chapter I - Introduction	1
The problem	1
Purpose of the study	4
Research Questions	4
Methodological approach	5
Rationale for the study	6
Personal grounds	8
Definition of terms	11
Chapter II- Review of the Literature	13
The myth of motherhood	13
The myth in historical, anthropological, and sociobiological perspective	15
Mother blaming	27
The transition to motherhood	32
Changes in the daily lives of mothers	37

Isolation 38

A transformation of identity 41

Changes in sexual desire and enjoyment 43

Postpartum emotional disturbances 46

Expectations: Theory and research 57

Conclusion 65

Chapter III - Methodology 67

Methodological approach 67

Participants 72

Data collection 74

Instruments 76

Pilot interview 78

Data analysis 78

Conclusion 85

Chapter IV - Results 86

Synopses of the participants' stories 88

Participants' attitudes toward motherhood 112

Areas of perceived expectation-experience discrepancy 139

Participants' feelings, moods, and meaning-making 163

Chapter V - Discussion 173

Restatement of the purpose of the study 173

Summary of the results 174

Comparison between the finding and the literature 179

Conclusion 204

Chapter VI - Implications for research and counselling, and conclusion 206

Implications for future research 206

Implications for counselling 209

Conclusion 212

List of Tables

	Page
Demographic Information	75
Areas of Perceived Positive Expectation-Experience Discrepancy	144
Areas of Percieved Negative Expectation-Experience Discrepancy	147

List of Appendices

		Page
A	Letter of Explanation and Consent Form	236
B	First Interview Guide	237
C	Second Interview Guide	239
D	Categories of Attitudes Toward Motherhood	240

ACKNOWLEDGEMENTS

I would like to express my appreciation and thanks to Dr. Bill Borgen, my committee head, for his insightful comments, his patience, and his support. Bill's way of guiding me through the process of writing this thesis has been thought provoking and growth enhancing. Many thanks to Dr. Rita Irwin for her useful suggestions on methodological issues, and to Dr. Marv Westwood for his supportive role on the committee.

My thanks to my beloved family in Israel: my parents Shulamit and Zvi Gottlieb, my brother Alon, and my sister Efrat, whose love, warmth, support, and belief in me have always been a source of strength and security. Special thanks to my parents who were able to overcome their wish for me and my family to stay in Israel, and support me in more than one way on this journey.

Many thanks to my dear husband, Rafi, who has followed me to a foreign country, and whose love and support have been beyond words. His willingness to share house chores and child care tasks in an egalitarian way, and many times more than that, have made my studies and this research project possible.

My thanks To my dear and beloved children, Rotem, Saar, and Or, who had to leave their family and friends in Israel because of my studies. All three of them endured my absence and unavailabily while I was writing this paper, and yet did

not complain, but showed love and understanding. A special thank you to Rotem, who has been a great source of help and encouragement during the last few years. I cannot imagine completing this project without her support.

Last, but not least, thanks to the participants in this study. Twelve women who opened their doors and their hearts to me, and enabled all of us to understand the experience of the transition to motherhood a little better.

DEDICATION

This paper is dedicated to the memory of:

My maternal grandmother, Rivka-Regina Shtelman (nee Ostrau), whose wisdom, and love for me have been an infinite source of nurturance and inspiration.

AND

My paternal grandmother, Maltze' Gottlieb (nee Kalkstein), who was denied of her life by the Nazis in World War II, and whose son, my father, was robbed of her motherly love and caring when only 5 years old, and so was all our family.

-May they both rest in peace-

CHAPTER I

INTRODUCTION TO THE STUDY

The problem

Motherhood is a common normative transition in the lives of adult women. Yet this transition is probably the most powerful and overwhelming normative transition that women experience in the course of their lives (Bergum, 1989; Crouch and Manderson, 1993; Dorr and Friedenberg, 1984). It is a transition which marks a dramatic and irreversible change in women's daily lives, their relationship with the environment, and their identity. For better or worse, when a woman becomes a mother, she will be a mother for the rest of her life. Motherhood does not terminate when the children have grown up. Rather, it is an ongoing, never-ending process that terminates only with the death of the mother (Antonucci and Mikus, 1988; Block, 1992; Crouch and Manderson, 1993).

The transition to motherhood has not inspired much research until the last 20 years. Also, myths about motherhood that originated both in folklore and in psychological and sociobiological theories have contributed to the fact that motherhood has been researched mainly from the vantage point of the well-being and the healthy development of the infant. The needs of mothers and the processes that they go through when first becoming a mother were not considered worthy of research attention (Birns and Hay, 1988; Goldberg,

1988; Martini-Field & Widmayer, 1982). The myth of motherhood consists of ideas about good mothers and bad mothers. Good mothers are patient, nurturant, and selfless. Bad mothers are evil, neglectful, and selfish. Part of this myth is the notion that motherhood is instinctual, that mother love is eternal and unconditional, and that motherhood fulfils women in a way that nothing else can (Block, 1992; Delliquardi and Breekenridge, 1978; Thurer, 1994). Academic theories such as the "attachment theory" (Bowlby, 1959) and the "bonding theory" (Klaus and Kennell, 1976) that have been overgeneralized and sometimes misinterpreted (Klaus and Kennell, 1982) have formalized these myths.

Results of empirical research are adopted by experts who give mothers advice as to how to mother their children. The result is a peculiar cycle of events in which the myth, though it does not reflect the reality of motherhood, influences the way women feel and behave. Women may try to compare themselves with the ideal of motherhood as represented by the myth. When they feel that they cannot be as good a mother as is expected of them, when they feel confused and overwhelmed by fatigue and other changes that accompany childbirth, the result is anxiety, guilt, and sometimes despair (Bergum, 1989;Birns and Hay,1988; Matlin, 1993).

Moreover, new mothers often face an experience which is totally different or opposite to their expectations of motherhood. More specifically, they often

face a reality which is much more difficult to cope with than they expected (Bergum, 1989; Crouch and Manderson, 1993; Dunnewold and Sanford, 1994). Undermet expectations are termed expectation-experience discrepancy or expectation-outcome discrepancy (Feather and Bond, 1984; Rogers and Ward, 1993). Several theorists have discussed the effects of expectation-experience discrepancy on psychological adjustment (Bandura, 1986; Seligman, 1975). These theorists argue that major expectation-experience discrepancies precipitate psychological distress. Research in this area produced conflicting results. Whereas some of the research confirmed this hypothesis, other research showed that it was not the discrepancy in itself that caused psychological difficulties but rather it was the direction of the discrepancy. Negative expectation-experience discrepancies were significantly associated with poor psychological adjustment (Feather and Bond, 1984; Rogers and Ward, 1993; Thompson and Seiss, 1978).

Women who experience a pronounced gap between their expectations and experience of motherhood are, many times, reluctant to share their own experience and negative feelings with other people (Crouch and Manderson, 1993; Rossiter, 1988). Because of the prevalence and the power of the myth, they are often left alone with their sense that something is wrong with them since they cannot be "good mothers" or since, for them, motherhood is accompanied with physical and emotional difficulties. Rather, new mothers

try to cope with their negative feelings alone and "get over" the difficulties that they experience, not knowing if and when they will be able to cope efficiently and adapt to their new situation (Crouch and Manderson, 1993; Oakley, 1986). As Crouch and Manderson put it "it is the yawning dark space of the future and the unpredictability of it and of the self within it [that] makes many women anxious and fearful and robs them of their confidence" (p.149).

Purpose of the study

The purpose of this study was threefold; first, to investigate whether pregnant women's attitudes towards and expectation of motherhood conform with the myth of motherhood, second, to identify whether postpartum women experience an expectation-experience discrepancy and to explore its nature, and third, to get a better understanding of the meaning that women make of the expectation-experience discrepancy which they may experience following childbirth difficulties.

Research Questions

The research questions for this study were:

1. Is The Myth of Motherhood reflected in first-time mothers to be's attitudes toward and expectations of motherhood? and If so, in what ways?
2. Do first-time mothers have expectation-experience

discrepancies, and if so, what is the nature of these discrepancies?

3. What meaning(s) do first-time mothers make of their expectation-experience discrepancies or lack of it?
4. Do women who report similar moods and feelings share common experiences as well, and if so, what are they?

Methodological Approach

This study employed a qualitative paradigm using semi-structured interviews with twelve first-time mothers. Since the purpose of this study was to explore women's experience pre and post partum, it was believed that a qualitative design will allow the researcher to have a better vantage point than will other methods. Through the use of semi-structured interviews, the researcher was able to get a close and thorough look at the attitudes and expectations of women before their first delivery, and at the experience of new motherhood.

All of the participants except one were interviewed twice, with the first interview taking place during the last third of the pregnancy, and the second, eight to ten weeks postpartum. One participant was interviewed only before the delivery. Severe postpartum depression prevented her from being interviewed the second time.

The first interview focused on the participants' attitudes and expectations of

motherhood. The second interview centred around the identification of possible expectation-experience discrepancies, and their nature. It also explored the meanings that women made of this discrepancy, and looked for common themes among women who shared similar feelings and moods.

Rationale for the Study

The area of postpartum emotional disturbances has long been researched, but results are still inconclusive as far as its etiology. Research on possible biological and especially hormonal changes after childbirth have produced mixed results (Crouch and Manderson, 1993; Stein, 1982). The fact that women in other than western cultures, for example Chinese women in rural areas, do not experience postpartum depression (Pillsbury, 1978), and the fact that adoptive parents sometimes have depressive symptoms immediately after getting the child (Delliquardi and Breekenridge, 1978), suggest that biological factors cannot fully explain this phenomenon.

This research was designed to explore the ways women think and feel about motherhood, and whether their attitudes and expectations of motherhood were affected by the Myth of Motherhood. It was also designed to explore a possible expectation-experience discrepancy after childbirth and its nature. Furthermore, exploring possible common themes in the experience of motherhood among women who share similar feelings was believed to direct further research in the area of postpartum emotional disturbances.

Previous research in the area of expectation-experience discrepancies and their relationships to psychological adjustment have confirmed the hypothesis that this discrepancy, and especially a negative expectation-experience discrepancy precipitates psychological distress (Ramachundran, 1994; Rogers and Ward, 1993). No research, however, has looked at the possible role of expectation-experience discrepancy in precipitating postpartum emotional disturbances in new mothers. It was therefore the purpose of this study to find whether new mothers experience an expectation-experience discrepancy and to explore its nature, hoping to get more insight into the complexity of the process of becoming a mother for the first time.

By using a qualitative research design, and more specifically by using semi-structured interviews, this study was able to open a window to the worlds of young women who were becoming mothers for the first time. It has allowed them to voice their thoughts and feelings regarding motherhood. Very few studies have done that (Crouch and Manderson, 1993; Harding, 1987).

Since most previous research in this area used quantitative designs, there is a call for qualitative studies which will allow an in-depth exploration of the expectations and experiences of new mothers. This study provides current and authentic information about the area of the transition to motherhood, and adds to the knowledge that already exists in this area. Implications and

recommendations that stem from the results of this study are discussed in chapter six.

Personal Grounds

It is expected that researchers using qualitative methods are aware of the personal reasons that brought them to study a certain phenomenon or area. Also, the researcher is expected to be aware of his/her own assumptions and biases and put them aside for the time of the research. For that reason, I will describe that part of my personal background which is related to the problem of this research, namely: my own experience of new motherhood.

I was twenty one years old when I had my first child. A few minutes after the delivery my obstetrician looked at me and exclaimed: "Yalda Yalda Yalda" which, in Hebrew, means: a girl gave birth to a girl. He did not know how right he was. I was just a girl when I had my first daughter, Rotem.

Soon after I brought Rotem home, I realized that the reality of having a baby at home was totally different from what I had expected it to be. Rotem was restless, and very difficult to calm. She did not sleep more than one hour at a time, and cried a lot. My mother said that Rotem was exactly the way I had been: a difficult baby. "There is nothing you can do about it", she said, "it's her temperament". Thus, a few days after I got home from the hospital, happy and proud of myself, I began realizing that my life had been changed dramatically and irreversibly. Even worse than that, I felt that my life had

ended.

Ongoing problems with lactation and sleep deprivation made me feel more and more irritable and depressed. I was angry at people that I knew who had children and did not prepare me for this time of upheaval. I felt angry at my baby for taking my freedom away from me. I felt angry at myself for the negative feelings I had for my baby. "You are a no-good mother", I said to myself over and over again. I also told my husband that I was certain that Rotem would not love me since I was such a lousy mother. My husband was trying to be reassuring and helpful, but since he got back to work immediately after the delivery, I was spending most of my days alone with the baby, with no one to consult or to get help and support from. All my neighbours where working outside the house, so that I was left alone with my baby in a building of twelve apartments, which were empty during day time. I was very lonely and helpless, and too proud to ask for my in-laws help. I thought motherhood was natural, and that I should have succeeded in coping with it on my own. "After all", I said to myself "my in-laws know me as a competent person. How can I tell them that I cannot cope with a natural and normal thing like taking care of a baby?".

I thought of the days before I had my baby, before I got pregnant. How blissful motherhood seemed to be. How cute were the babies I met at the park, and my friend's children...I had never heard anyone talking about how

difficult it was to cope with this transition or that the time after having a baby could be a time of upheaval. I was ashamed of myself for feeling sad and bitter in a time when I thought I should have been happy and content.

Although I did not become clinically depressed, I went through a very difficult time physically and especially emotionally. I kept looking at my daughter, wishing I had a magic wand which would make her three years old in an instant.

Gradually I adjusted to my new life, and with the passing of a few months, Rotem became more peaceful and I started enjoying her more and more. Today Rotem and I share a close and warm relationship. Nevertheless, the first few months of her life have left a deep scar in my soul.

When later I had relatives and friends who were having babies, I noticed that some of them had a similar experience to the one I had. They were overwhelmed by the change in their lives, and by the amount of energy, patience, and sacrifice that taking care of a baby involved. Two of my friends got so depressed that they totally stopped functioning. They needed professional help in order to be able to cope with their new situation. I have been trying to explain to myself the reason why new mothers are so overwhelmed by the experience and why many of them are reluctant to admit that they are, and seek professional help. As I was reading about the subject I came across some writings which discussed the Myth of Motherhood and the

way it affected people's ideas about motherhood. The writings of researchers like Crouch and Manderson (1993) and Dellinquardi and Breekenridge (1978) fit exactly to my own experience and to what I observed in some of my friends and relatives. I have decided to devote my time to further exploration of this experience, as well as the Myth of Motherhood, so that women will be able to bring their experiences to the knowledge of the public, hoping that other women who are about to become mothers, or are already new mothers, will be able to benefit from the knowledge that will have been added by this study.

Definition of Terms

Myth is defined as a story that narrates in an imaginative and symbolic manner the underlying structure of a culture. Ordinary conventions of the culture are supposed to have their origins in the myth. (Multimedia Encyclopedia, 1992).

The Myth of Motherhood refers to western culture myth about good and bad mothers as well as to three components of this myth which are that a. motherhood is instinctual, b. mother love is eternal and unconditional, and c. motherhood fulfils women in a way that no other thing does (Braverman, 1989; Delliquardi and Breekenridge, 1978; Rossiter, 1988).

Transition is defined by Kimmel (1990) as a "period of change, growth and disequilibrium that serves as a kind of bridge between one relatively stable

point in life and another relatively stable but different point" (p.5).

Expectation is defined as "the anticipation of future consequences based on prior experience, current circumstances, or other sources of information" (Ramachandran, 1994, p.313).

Expectation-experience discrepancy is the gap that an organism has between expectations that exist prior to an event or a situation and the reality that that organism experiences during and/or after the course of this event.

Postpartum emotional disturbances is a general term which actually refers to three different types of illness. These are The Maternity Blues, Puerperal or Postpartum Psychosis, and Chronic Depressive Symptom sometimes referred to as Postpartum Depression (Kendall-Tackett, 1993). There is quite a big overlap of symptoms among these three illnesses, especially between the Blues and Postpartum Depression. Nevertheless, the Maternity Blues is considered as the mildest illness of the three whereas the Puerperal Psychosis is considered as the most severe.

CHAPTER II

REVIEW OF THE LITERATURE

The Myth of Motherhood

"Myths are stories that narrate in an imaginative and symbolic manner the total and basic structures upon which a culture rests...the ordinary conventions of the culture are understood as having their origins in the myth" (Multimedia Encyclopedia,1992, p.77). For many years and in many societies there have been ideas about good mothers and bad mothers which constituted the myth of motherhood. According to those ideas, good mothers are nurturant, patient, kind, and selfless, whereas bad mothers who, in most folk tales, are the step mothers, are selfish, wicked, sadistic, neglectful, vain and abusive (Birns and Hay, 1988; Crouch and Manderson, 1993; Delliquardi and Breekenridge, 1978; Braverman,1989). Young mothers' images of "good" and "bad" mothers are formed through experiences with their own mothers as well as through the daily exposure to stereotypes of mothers as they appear in fairy tales, movies, magazines, television, books and numerous other cultural sources (Block, 1990; Braverman, 1989; Delliquardi and Breekenridge, 1978; Rossiter, 1988). Delliquardi and Breekenridge (1978) have worked with many women throughout their long career as social workers. In their book *Mother Care*, they postulate

that "these psychologically potent images are passed on from generation to generation, dictating standards of behaviour. They press on [new mothers] and make [them] feel guilty or virtuous, just as they did [their] mothers and their mothers" (pp.13-14). Similarly Block (1990) and Thurer (1994), both psychologists who have worked with many woman clients, note that young mothers are influenced by the Myth of Motherhood. They form their ideas and expectations of themselves as mothers according to the unrealistic ideals of the myth. The myth of motherhood has three faces. The first is the *maternal instinct*, the second is *mother love*, and the third is *maternal fulfilment* (Block, 1990; Delliquardi and Breekenridge, 1978; Braverman, 1989; Thurer, 1994). According to these authors, Maternal instinct is defined as the biological drive that every woman is supposed to have, to nurture and love her infant, and also the built-in knowledge of how to take care of it. *Mother love* signifies endless patience, self-sacrifice, and untiring attending to one's children's needs. "It evokes pictures of endless days and nights ministering to the needs of others, loving continuously, unconditionally, without limits" (Delliquardi and Breekenridge, 1978, p. 14). *Maternal fulfilment* refers to the feelings of being blissfully happy, continuously pleased, and infinitively satisfied that only having children is regarded as being able to create (Delliquardi and Breekenridge, 1978).

Birns and Hay (1989) postulate that:

> These myths become formalized in academic theories about motherhood, which in turn stimulate the empirical research that becomes translated into the advice experts give to women about how to mother. The result is a peculiar cycle of events; the myths and theories themselves do not accurately reflect the realities of motherhood, but they have the power to affect women's lives. Mothers may try to conform to the myths, to follow the advice given to them. When the myths bear no resemblance to reality, when the advice fails, mothers feel anxiety, guilt, and sometimes despair, which in turn powerfully affects their experience of motherhood. (pp.3-4)

Although sociological and anthropological research indicate that there has always been a myth of motherhood, the evidence shows that throughout the last two centuries there have been changes in the form of the myth (Margolis, 1984; McGoldrick et al., 1989). In the following section I shall review these changes as well as identify their causes.

The Myth in Historical, Anthropological, and Sociobiological Perspective

Braverman (1989) notes that "a review of the anthropological and historical data on the myth of motherhood reveals that mothering is a culturally determined role, that the objectives of mothering differ from generation to generation, and that social and economic realities significantly influence the expectations of motherhood" (228).

Elizabeth Badinter (1981), a French scholar, conducted research on the history of maternal care in France from the thirteenth to the nineteenth century. She notes that whereas in the thirteenth century only aristocrat mothers hired wet nurses for their babies, in the eighteenth century most mothers, from all socio-economic classes did so. As she puts it, "in the eighteenth century...the use of wet nurses expanded to all segments of urban society. From the poorest to the richest, in small and large cities, sending the child away to a wet nurse was the general rule" (p.42). A report of the lieutenant general of the Parisian police indicates that in 1780, out of 21,000 babies that were born, only fewer than 1,000 were nursed by their mothers. All others, were sent away, sometimes 125 miles away, to Normandy and Burgundy, to wet nurses. A lot of these babies died away from their mothers, out of neglect and infectious diseases. Those who did come back home after weaning were strangers in their own homes and suffered further neglect and lack of love (Badinter, 1981). The question that arises here is how can we explain this phenomenon in light of the concept of maternal instinct and maternal love? How was it that for centuries most French mothers used to send their babies away for periods that sometimes lengthened to 3 years "at a time when mother's milk and care were so critical to the baby's chances of survival?" (Baditner, 1981, p. xix). Thus, the history of motherhood among French women suggests great variations in maternal behaviours.

Similarly, historical research of maternal care in America reveals yet another variation of child care. Before the onset of industrialization, about 200 years ago, men, women, and children all worked together in or very near the household (Braverman, 1989; Margolis, 1984). Anthropologist Maxine Margolis (1984) conducted research on changes in the views of American women during the last 2 centuries. She notes that as families prior to the 19th century were spending most of their time together, there "were no firm distinctions in parental responsibilities. It was the duty of both parents to rear their children, and fathers were thought to be especially important to a proper religious education" (p.13). However, with the onset of industrialization, men started to work away from home, and were not around the house for many hours each day. Thus, household and childbearing responsibilities fell heavily on the mothers (Braverman, 1989; Margolis, 1984). Middle class mothers were then told that those were their natural responsibilities. The change in household size also had an impact on the mother's role. Prior to the nineteenth century, many households consisted of more than the nuclear family and many adults other than the parents were around and were sharing childrearing responsibilities. This has also changed with the onset of industrialization (Margolis, 1984). As the house was no longer the working place, and men went away from home to work, women remained the only adults in the house. Their relationship with their children changed as

they became the sole care-givers. At this point, as Margolis (1984) puts it, "middle class mothers were told that this was in the nature of things... that [they] and [they] alone had the weighty mission of transforming [their] children into the model citizens of the day" (p.13).

Interestingly enough, however, and despite the fact that it was believed that motherhood was instinctual, mothers were never given the credit of knowing what was right and what was wrong in childrearing (Birns and Hay, 1988; Braverman, 1989; Margolis, 1984).

There were always experts (primarily male experts) who instructed mothers about the "correct" ways of childbearing, as the prevailing view was that mothers needed the advice of experts in order to be able to perform their task adequately (Birns and Hay, 1988; Braverman, 1989; Margolis, 1984). Mothers were told to make "careful notes on their children's development and behaviour, to provide the raw data for the experts who then advised the rules that mothers were to follow" (Margolis, 1984, p. 40).

The best known expert in the late 1930s and the early 1940s was the psychologist John B. Watson, who advised mothers to follow a strict scheduling of the infant in all areas: eating, sleeping and toilet training. He advised that toilet training would be completed by six months to one year of age. The following paragraph by Braverman (1989) illustrates the guidelines that women

at that time were advised to follow.

> A strong position was also taken [by Watson] against feeding on demand. Separate bedrooms were strongly recommended for each child so that their behavioral conditioning could be more precise. Watson was most adamant in his condemnation of maternal affection. He warned that too much coddling and affection produced dependent children who would not be able to compete adequately in the world of capitalism. Mothers were told that if they must be affectionate, they were only to "kiss them once on the forehead at night, but shake hands with them in the morning" (p.232).

In 1946, Dr. Benjamin Spock first published *Baby and Child Care*, which was a dramatic contradiction to Watson's views on childbearing. Dr. Spock advocated warmth and affection as essential for good parenting. He also encouraged mothers to be attentive to their babies' needs and fulfil them without being concerned of spoiling them.

To use Spock's (1971) own words,

> Don't be afraid to feed him when you think he's really hungry. If you are mistaken, he'll merely refuse to take much. Don't be afraid to love him and enjoy him. Every baby needs to be smiled at, talked to, played with, fondled-gently and lovingly-just as much as he needs vitamins and

> calories. That's what will make him a person who loves people and enjoys life. The baby who doesn't get any loving will grow up cold and unresponsive (p. 4).

Regardless of the changes in the views and recommendations of childbearing experts, it seems that American society has focused on the mother as "the child rearer par excellence, the insistence that no one else could take her place, and the assumption that women's most important task in life was the rearing of healthy, well-adjusted, offsprings" (Margolis, 1984, p.61). As Spock (1971) suggested, "every time you pick your baby up...every time you change him, bathe him, feed him, smile at him, he's getting a feeling that he belongs to you and that you belong to him. Nobody else in the world, no matter how skilful, can give that to him" (p. 3). Thurer (1994) makes the point that all these child care specialists "have invented a motherhood that excluded the experience of the mother" (p.xviii).

Although this view of the mother as the one who is equipped with the right instincts and the built-in knowledge to take care of her child still persists in western culture, anthropological studies indicate different patterns of childbearing in different societies (Margolis, 1984; Braverman, 1989). Weisner and Gallimore (1977), who reviewed the literature pertaining to cross-cultural child caretaking forms, note that "cross-cultural evidence...indicates that

nonparental caretaking is either the norm or a significant form of caretaking in most societies" (p.169).

For example, Barry and Paxton (1971) who conducted a study of 186 societies, mostly African, found that during infancy, mothers were either the sole or the primary care-giver in only 46% of the cases. After infancy, mothers functioned as the primary caretakers in less than 20% of those societies. In 40% of these societies, siblings, mostly female, were the major care-givers. Thus, in the 186 societies researched "mothers [were] not the principal caretakers or companions to young children" (p.169). Similarly, Whiting and Whiting (1975) found in cross-cultural research of 6 societies (Nyansongo, Kenya; Juxtlahuaca, Mexico; Tarong, Philippines; Taira, Okinawa; Khalapur, India; and Orchard Town, U.S.A.), that mothers were available for young children in less than 42% of the observations. The exception was Orchard Town, U.S.A. where mothers were available in 47% of the observation times. In most observations where the mother was not available, older siblings, mostly female, were acting as caretakers for their infant siblings. Lijembe (1967), who grew up among the Idakho in Kenya, gives an account of his own experience of being the caretaker of his younger sister.

> Because there was no older sister in the family, and my mother had to go off to work in the *shamba* everyday, it wasn't long before I was obliged,

> though still a very young child myself, to become the day-to-day "nurse" for my baby sister...As [my mother's] *shamba* work increased, so did my nursing duties...(in Weisner and Gallimore, 1977, p.171)

Stack and Burton (1994) studied multigenerational Afro-American families in the deep south of the U.S. They describe how in these families, house work and child-care is divided among all members of the multigenerational family. The mother is often not the one who performs the majority of child-care tasks. Through a process that they call Kinscript, different family members are assigned care giving tasks for kin according to their availability.

Thus, we come to realize that western cultures' belief that the mother's innate role is to take care of her children is not supported by cross-cultural data.

The myth of motherhood, which dictated the way that mothers of the 19th century behaved, was originated by economic change and not by biological determining factors. (Braverman, 1989). Mothers were simply "there" and thus became the primary care-givers for their children, as Weisner and Gallimore (1977) suggest "perhaps for social and historical reasons, mother-child dyadic analyses flourish in western, industrialized nations, where mothers have been the primary caretakers of children" (p.169)

Sociobiological theories have tried to provide a biological explanation for the phenomenon of extensive female child care-giving. Sociobiologists studied

animal behaviour and later came to conclusions about human instinctual behaviours. Their goal in studying animals was "to learn enough about a particular behaviour to be able to identify it and measure its importance for humans, [as] there is an implicit assumption that humans possess the same behaviours as 'lower' animals, but that in humans these behaviours are buried beneath accretions of culture and 'higher' cognitive skills" (Hall-Sternglanz and Nash, 1988, p. 16).

In recent years, a complex sociobiological theory named the selfish gene theory has developed. This theory suggests that as human and non-human females invest much more energy in offspring caretaking than do males, then "women, for genetic reasons, have a greater and more inherent interest in childbearing than men, and that mothers are more biologically equipped to take care of babies than are fathers, or anyone else for that matter". (Hall-Sternglanz and Nash, 1988, p. 18). According to the selfish gene theory, "the force of natural selection would impel mammals such as humans into a situation in which females are, for biological reasons, primarily responsible for child care..[and] the more reproductions of a gene there are in the general population, the more successful that gene is". (Hall-Sternglanz and Nash, 1988, p. 18). However, as Hall-Sternglanz and Nash (1989) note, empirical support for the selfish gene theory has come from a selective choice of species as well as from

assumptions based on limited data. They suggest that, if we looked at different species, e.g. the marmosets, we could build up a theory of nonmaternal care. As Hall-Sternglanz and Nash (1988) conclude "It is clear ...that on both theoretical and evidential grounds there is no basis in sociobiology for recommending mother-intensive child care in our society. Other than for lactation, mothers seem no more predisposed to or innately skilled at child care than fathers, siblings, or nonparents." (p.43).

What is the status of the myth of motherhood towards the end of the twentieth century? To what extent does society in general and mothers, in particular, judge maternal care according to the criteria dictated by the myth? Hare-Mustin and Broderick (1979) conducted a study of attitudes toward motherhood. The questionnaire that they developed was given to 301 undergraduate and graduate students at an eastern university and to their parents. They found a correlation between level of education and acceptance of the myth, so that people with lower levels of education accepted the myth more than did people with higher levels of education. Also, they found that younger people agreed with the myth more than did older people. Hare-Mustin and Broderick (1979) postulate that the significant difference between younger and older respondents' attitudes toward motherhood probably stems from "the experience of marriage and/or motherhood [which] tempers to some extent the

idealistic views which support the myth. [Also,] the fact that most of the younger subjects were Catholic could also contribute to the conservatism of this age group" (p.126). However, there are two major problems with Hare-Mustin and Broderick's (1979) study.

The first is that some of the statements in their questionnaire are either too broad, too extreme or hardly connected to the myth of motherhood. For example the statement "The love and altruism of mothers makes men's achievements possible" seem too far-fetched in relation to the myth. The statement "A woman who doesn't want children is unnatural" is very extreme and indeed only 20% of the males and 6% of the females accepted this statement. Similarly the statement "No child is unwanted for a normal woman" is extreme and very old fashioned and received only 28% male acceptance and 11% female acceptance. The second problem with this study is that its population consisted of university students who, for one thing, have a higher than average level of education and, for another, are usually disinterested or at least, do not particularly bother themselves with questions of motherhood at that period of their lives, especially the undergraduate ones. If, as Hare-Mustin and Broderick (1979) found, the myth of motherhood prevails more in lower educated populations, then their sample is hardly representative of the general population.

Furthermore, it would be very hard to generalize these results to expectant

women and/or new mothers who are much more preoccupied with the ideas and practice of motherhood than are university students, and also, have a very wide spread of their level of education.

There is a growing body of evidence from therapists and other researchers that the myth of motherhood prevails in Western cultures . For example, Lois Braverman (1989), a social worker who has been working in therapy with women for many years, suggests that the myth of motherhood still persists, and affects the lives of young mothers. As she puts it:

> the power of the myth continues. The very question of how to 'balance work and family' for women is a graphic example of how the myth perpetuates itself. The question...reflects a continual struggle with 'how can I be a good mother to my children and work at the same time?'...The irrepressible myth [also] surfaces in...discussions within the women's community about whether it is better to stay home with the children or to work and put the children in someone else's care. Reasoned discussion of the issue is rare, as each camp justifies itself and condemns the stance of the other side. The myth is so powerful that it does not allow the diversity of options to lie side by side within a nonjudgmental, conversational frame. The emotional intensity with which this question is discussed exemplifies the continuing power of the myth to affect new realities...the

> myth persists as an authoritative story guiding women in how they think about, talk about, and live out their lives. Social scientific data alone cannot create a new story or entirely undo the old (p.234).

The myth of motherhood which has been supported by specialists throughout the years, has not only contributed to the fact that young mothers try desperately to comply with it, but it has also created the phenomenon of mother blaming by the general population as well as by psychiatrists, pediatricians, and other experts (Birns and Ben-Ner, 1988; Caplan and McCorquodale, 1985; Surrey, 1990).

Mother Blaming

When mothers are held as the persons primarily responsible person for child care, then it is easily understood how mothers would be blamed for every problem or difficulty that their child might have. As Birns and Ben-Ner (1988) put it, "If good mothers produce good children, then bad children are produced by bad mothers" (p.58). Mother blaming, however, is not new. Ever since mothers were held responsible for childrearing they were told by experts how they should adequately do it. Mothers who did not conform with experts' guidelines were considered neglectful, selfish, and bad (Birns and Ben-Ner, 1988; Walters et al., 1988). The myth of the good mother and the myth of the evil mother coexist, and thus "while mother is reified, mystified, and idealized

she is, at the same time, blamed for any emotional ill that may befall her children" (Walters et al., 1988, p.39). The peak period of mother blaming was in the 1950s, when psychological research provided negative descriptions of mother-child relationships, and clinical description of psychotic children and their mothers supported the claim that mothers were responsible for the children's disturbances (Birns and Ben-Ner, 1988). Caplan and McCorquodale (1985), who conducted a thorough review of clinical literature claimed that in the 1980s "mother blaming [was] still a significant and serious problem that continues in the current clinical literature" (p.352). They found a total of 72 different kinds of psychopathology attributed to mothers by authors of clinical articles. Similarly, Janet L. Surrey (1990), a psychologist and a researcher, notes that she, herself, internalized the strategy of blaming and pathologizing mothers' behaviour, while her professional and clinical training developed the use of blaming formulation and diagnoses.

Surrey (1990) has recently collected out-patients' case reports that she had written in the last ten years, and found that she had used words like "engulfing," "controlling," "intrusive," "enmeshed," "overprotective," and on the other hand, "critical," "narcissistic," "cold," "unavailable," "unempathic," and "depriving." Thus it is no wonder that psychologists who treat women often find that mothers feel guilty about the way that they raise their children. As Thurer (1994), a

psychologist and a writer, testifies: " I cannot recall ever treating a mother who did not harbor shameful secrets about how her behavior or feelings damaged her children" (p.xi).

Mother blaming also appears in psychoanalytically oriented research (Birns and Ben-Ner, 1988). In 1951, John Bowlby published the *Maternal Care and Mental Health* monograph in which he claimed that early separation from the mother has a devastating as well as irreversible effect on the child's development (Birns and Ben-Ner, 1988). D. W. Winnicott (1968), who was a pediatrician and child analyst, stressed the role of the mother as the baby's primary care giver and emphasized her responsibility for the child's mental health. He contended that the "good enough mother," as he called it, "does what comes naturally, which means that in the earliest days she provides the perfect environment and gradually both gratifies and inhibits her children" (Birns and Ben-Ner, 1988, p. 54). Later, Klaus and Kennell (1976) emphasized the importance of the first few weeks, months, and even minutes of the baby's lives. They introduced the term "bonding" which referred to a unique and enduring relationship between the mother and child, which is best to be established in the first few hours of the infant's lives. According to Klaus and Kennell (1976), who studied the impact of mother-baby bonding on child development, early separation of the baby from the mother causes major disruption to the mother-child bonding, and therefore,

would have a negative effect on the child's mental well-being.

Later studies (Egeland and Vaughan, 1981; Svejda, Campos, and Emde, 1980) discredited Klaus and Kennell's study of early mother-child bonding. For example, Egeland and Vaughn (1981) found that babies who were separated from their mothers because of postnatal problems were no less bonded to their mothers than babies who were under the immediate and extended care of their mothers. Klaus and Kennell (1982) themselves comment on the misinterpretation of the term bonding by some people. These misinterpretations, as Klaus and Kennell (1982) suggest, "may have resulted from a too literal acceptance of the word 'bonding' and so has suggested that the speed of this reaction resembles the epoxy bonding of materials" (p.2). However, these comments and research findings did not receive as much publication and have not penetrated the public awareness as much as did Klaus and Kennell's bonding theory (Birns and Ben-Ner, 1988). Similarly, later studies which demonstrated the remarkable ability of children to recover from the effects of early separation or "maternal deprivation" were "largely ignored or disparaged by those who claim that early damage due to early institutionalization or other forms of maternal deprivation is irreversible" (Birns and Ben-Ner, 1988, p.63). Currently, mother blaming is apparent in the writings of some experts who are concerned with the effects of mother employment on child development. For example, Brazelton (1986) states that:

> women who return to work too soon after their infants' births are fulfilling their own needs and sacrificing the needs of their infants. [Also,] pregnant women who plan to return to work soon after their babies' births feel differently about the birth and the forthcoming baby than do women not planning to return to work (In Birns and Ben-Ner, 1988, p.60)

Although the validity of this myth has been disproved by historical and anthropological research, and it does not have sufficient supporting evidence in sociobiological research as reviewed in this section, the authority of the myth still persists and contributes to the phenomenon of mother blaming. The myth of motherhood still persists in the minds of young women towards the end of the twentieth century, influencing the ways in which they perceive motherhood as it would and "should" be. As Thurer (1994) notes "our contemporary myth heaps upon the mother so many duties and expectations that to take it seriously would be hazardous to her mental health" (p.xvi). Nevertheless, young mothers do form their expectations of motherhood and of themselves as mothers according to this pervasive myth. When the reality of motherhood clashes with the ideal of motherhood that is internalized by young women, new mothers find themselves in a position where they have to find explanations for this discrepancy.

The question of how women reconcile this discrepancy and the way the need

to find an explanation for this discrepancy affects their feelings and conceptions is yet to be researched and is the main focus of this study.

In the following section I will review the literature pertaining to the transition to motherhood, and describe the reality that accompanies this transition.

The Transition to Motherhood

Change and transition are recurrent in the lives of all people and are an integral part of human development. Kimmel (1990) defines transition as "a period of change, growth and disequilibrium that serves as a kind of bridge between one relatively stable point in life and another relatively stable but different point" (p.5). Developmental psychologists see transition as an opportunity to change and grow. However, they also see it as a time of possible crisis (Erickson, 1967; Kegan, 1982). Kegan notes that, interestingly enough, Chinese draw the word "crisis" with two characters: one means "danger", and the other "opportunity". Thus, when dealing with the issue of transition, we must take both aspects of danger and opportunity into consideration.

Kimmel (1990) divides transitions into two categories: normative transitions and idiosyncratic transitions. Normative transitions are those which are expected to occur in a certain time or age, and are usually connected with social traditions of the culture. Examples of normative transitions are the transitions from pre-school to primary school, the transition from college to work and the

transition from single to married life. Idiosyncratic transitions, in contrast, are usually unexpected or unpredictable, and are not an inevitable part of normative life experience. Examples of idiosyncratic transitions are getting a divorce, becoming suddenly famous or experiencing the death of an attachment figure. Each of these two categories is subdivided into positive and negative transitions. In this way people may experience positive or negative normative transitions and positive or negative idiosyncratic transitions.

Most research in the area of life transitions has focused on idiosyncratic nonnormative transitions, mainly upon the negative ones such as getting a divorce or experiencing the death of a close, beloved attachment figure. The fact that these kinds of transitions are stress-provoking, distressing and sometimes damaging to the "self" has long been recognized by psychologists and psychiatrists and is, in fact, considered common knowledge. What has been less noticed and therefore less researched is the fact that normative, even positive, transitions often place recognizable adaptational demands upon people, and therefore are likely to provoke a certain amount of stress. Even those transitions which include upward social mobility and educational opportunity, such as being accepted to an Ivy league university, are likely to produce some degree of anxiety and stress (Fischer and Cooper, 1990).

The transition to motherhood is considered a normative positive one.

Goldberg (1988) defines the transition to parenthood as being "the most universally occurring adult development transition, with psychological, sociocultural, and biological components, all of which interact and influence one another" (p.2). Actually, this transition is so common and universal that for many years, research and experts' advice has focused more on the appropriate ways to take care of a baby, and on child development, and less on the parent's changing needs during the adjustment period to this sometimes overwhelming transition (Bergen, 1989; Crouch and Manderson, 1993; Dorr and Friedenberg, 1984; Martini-Fields & Widmayer, 1982). Nevertheless, there is now an increasing recognition that for most people, becoming parents is a life event which has a greater impact on their lives than any other event they will experience, that this transition is a pivotal adult development event (Goldberg, 1988), and that the postpartum period, especially for young mothers, is a time of intense emotions, both positive and negative (Crouch and Manderson, 1993; LaRossa and LaRossa, 1981; Simkin et al., 1984).

Crouch and Manderson (1993), who studied 93 new mothers, note that in the period postpartum "many women feel vulnerable, lonely and confused most of the time and all women feel some or all of these things some of the time" (p.136). Similarly, Glaser (1987) postulates that "many [mothers] find the experience [of new motherhood] stressful. New mothers...have been reported to

suffer from role conflict, lack of preparation, unrealistic expectations, lack of role models, isolation, overwork, and physical exhaustion" (p. 42). These findings are consistent with previous research in this area (Birns and Hay, 1988; Matlin, 1993; Rossiter, 1988). The nine months of pregnancy are considered to be a period which "allows for a gradual adjustment to the notion of motherhood and provides women with time to anticipate the practical and emotional impact of the beginning of parenthood" (Crouch and Manderson, 1993, p. 29). Nevertheless, many women find the transition abrupt and overwhelming, as during pregnancy "preoccupation with the delivery and getting things ready for the baby often push questions and anxieties about motherhood to the back of [one's] mind" (Delliquardi and Breekenridge, 1978, p. 3). Also, the psychological and physiological exertion of labour leaves many women with little energy at a time when attending to the needs of a newborn baby place the highest demands upon them. As Crouch and Manderson (1993) put it:

> In every way-biologically as well as socially and emotionally-birth is the high point of the process of becoming a mother...however, it is a high point only. In most respects, the period after delivery is even more important for mothers [than the period of pregnancy and the birth] for it is during this time that the birth experience is reviewed and integrated with women's concepts of themselves, while, at the same time, emotional and

> practical adjustments are made...[and], the investment of self is much greater, in so far as the post-natal period involves effort and vigilance over a significantly longer time (and often with much less assistance) than do labour and delivery. (p. 109)

In this period of major psychological and physiological adjustment, when women's need for support and attention is particularly great, exactly the opposite happens. Crouch and Manderson (1993) found, that once they have given birth, there is a dramatic decrease in the amount of attention women get. It is the new baby who becomes the focus of attention in the environment, including close relatives and friends, and often the spouse. Similarly Thurer (1994) postulates that when a woman becomes a mother she:

> ceases to exist. She exists bodily, of course, but her needs as a person become null and void. On delivering a child a woman becomes a factotum, a life-support system. Her personal desires either evaporate or metamorphose so they are identical with those of her infant. (p.xvii).

The difficulties that women experience in the period after delivery are regarded as ordinary, trivial, and common to the postpartum period (Crouch and Manderson, 1993). Thus, new mothers are left to resolve their problems and cope with their fatigue, worries, and feelings of disorientation by themselves exactly in a time "when their needs are greatest and their emotional and physical

resources maximally taxed" (crouch and Manderson, 1993, p. 161).

Changes in the Daily Lives of Mothers

When a baby is born, the lives of both parents change irreversibly. However, the lives of mothers change more profoundly than do the lives of fathers (Block, 1990; Rossiter, 1988; Tivers, 1985). Mothers are usually the ones who not only carry the baby for nine months but also stay at home and take care of the child at least during the first few months of the baby's lives. Whereas the father is off at work for most of the day, it is the mother who is usually left with the primary responsibility for child care. Furthermore, as she spends most of her time inside the house, the new mother has to deal with the boring drudgery of washing, cleaning, diapering, and other child care tasks (Matlin, 1993; Rossiter, 1988). Recent research indicates that, although men are willing to engage in child care and in household work more than they were in the early 1970s, the division of household work has not significantly changed from what it used to be 50 years ago (Behrman, 1984; Gerson, 1985; Douthitt, 1989; Lamphere et al., 1993; Moen, 1992). As Moen (1992) puts it, "women may have come a long way in terms of employment and gender-role attitudes, but the fact remains that, whether or not employed, they continue to perform by far the greatest share of family work. This has been a consistent finding throughout nearly thirty years of research" (p.63). Many women complain that having to

perform domestic tasks causes them tension. Golding (1990), who has studied 668 Mexican-Americans and 394 non-Hispanic whites, found not only that women perform the majority of household tasks, but also that they suffer from household strain which indirectly leads to a depressed mood. Although Mexican-American women reported doing more household work than did white women, Both Mexican-Americans and white American women performed the majority of housework. Also, the "associations among housework, household strain, and depressive symptoms were similar among non-Hispanic whites and Mexican Americans" (p.113). The causality of depressed mood by household strain was observed only in women (Golding, 1990). Thus, the new mother finds herself coping with an ever demanding situation when she has to attend to the needs of a helpless and demanding baby, as well as with never-ending and often boring and unrewarding household tasks, day after day. Moreover, the new mother who stays at home with her baby when her husband is off at work most of the day, has to face this demanding new task alone. This situation sometimes leads to a feeling of isolation.

Isolation

"Isolation is the factor through which women's practice of mothering is organized-and that organization grounds sole caretaking" (Rossiter, 1988, p.241). In North-America, as well as in most other western countries, women with small

children are isolated from the society. Not through rules and regulations, but through the subtle ways in which society places women inside the house, in the private sphere and away from the public (Kaplan, 1992; Rossiter, 1988; Welburn, 1980). Unlike the multi-generation structure of the household which has prevailed for many centuries and up till the beginning of the twentieth century, today the nuclear family lives separately and, many times, far away from the families of origin. Also, new mothers who live in large modern cities, where neighbours are often complete strangers to one another, feel more isolated than others who live in small communities. Large multi-generation families rarely exist in today's modern world which again contribute to the feelings of isolation (Welburn, 1980). Thus, as most women stay home with their babies during the first few months following the birth of a baby, when their husbands or partners are away for most of the day, and their nonparent friends have different schedules from theirs, the transition to motherhood can bring with it a transition to isolation. Women who, previous to their delivery have been working outside the home and who had a network of social contacts with colleagues, clients, and friends, find themselves totally disconnected from their previous social networks when staying at home alone with their new baby. According to Welburn (1980), who interviewed 25 women who suffered from postnatal depression, fatigue and exhaustion may also lead to isolation. Whereas

mothers who are home alone with their babies might want to go out and seek social contacts, most of them are too tired to do so. After a prolonged period of often interrupted sleep, as well as housework overload, fatigue and exhaustion make the arrangements which have to be made before leaving the house, seem impossibly difficult. As one mother told Welburn (1980), "whatever you're invited to do, it's easier not to. It's easier not to go out than to find a baby-sitter; it's easier not to travel because feeds are difficult to time; it's easier not to visit friends than to pack up everything that might be needed" (p.117). Thus, mothers are alone and isolated both by societal norms and by factors like physical and mental exhaustion.

Similarly, Crouch and Manderson (1993), who interviewed 93 new mothers, found that many women returned to the theme of isolation, contrasting their new situation as mothers with that of before motherhood, when they used to work outside the home. Many of them felt that "they were not part of the 'world.' Motherhood and the 'real world' of paid work and the company of other adults were presented in opposition" (p.142). Whereas some women express their delight in having "a break" from their other responsibilities, and cherish the unique dyadic relationship with their babies, others find this isolation difficult and depressing (Crouch and Manderson, 1993; Delliquardi and Breekenridge, 1978; Rossiter, 1988; Welburn, 1980). Rossiter, (1988) who conducted in-depth

interviews with three new mothers, describes a woman who felt very much isolated and depressed. Nevertheless, the woman did not make the connection between her feelings of isolation and her depression. Rather,

> she explained the depression as 'down days' or the 'blues'-in other words causeless, random feelings...the relationship between the specific factors which isolated her and her depression was severed, because those factors were perceived as random" (p.249).

Along with the tremendous change in the daily lives that the mother role prescribes often comes a change of personality and identity.

A Transformation of Identity

Mothering involves constant learning, uncertainty, attending to the baby's needs on different levels, physical exhaustion, and isolation. Rossiter (1988) postulates that "such work requires a tremendous fluidity of identity: suspending one's own identity to momentarily 'be' the baby...dissolving one's boundaries to admit a different rhythm, thinking with a constant sub-thought of 'baby'-all this means that mothering involves rather extraordinary transformations in identity" (P.244). Women differ in the ways they perceive this transformation. Some women find this transformation as contributing to their development as mature adults. Others perceive this transformation to be extreme and refer to the experience of birth as the birth of their new self. The self of a mother. Phyllis

Chesler (1980), a professor of psychology and a mother writes in her book *With Child: A Diary of Motherhood*,

> Last year I died. My life without you ended. Our life together-only nine months!-ended too: abruptly and forever, when you gave birth to me. Being born into motherhood is the sharpest pain I've ever known. I'm a newborn mother, your age exactly, one year old today. (p.281)

Whereas Chestler's words might seem quite dramatic, other women, in less dramatic language, describe a major transformation in themselves with the onset of motherhood. Carol Kort (1981), for example, states in her book *The Mothers Book: Shared Experiences* the following: "Becoming a mother changed every fibre, every feeling, and every relationship for me. I am constantly in a process of evaluating, recognizing, and repudiating the upheaval of motherhood" (127).

In his person-role merger theory, Turner (1978) addresses the issue of personality change as a result of role change. According to Turner (1978) roles that become an important part of a person's life, and that merge with a person, have an impact on the person's personality formation. As a person invests time, effort and thought into his/her role, as he/she makes sacrifices and/or there is a high rate of public visibility for the role, the potential for personality change increases. The transition to motherhood certainly entails in it such an investment. When a baby is born, the parents, and mainly the mother, devotes

enormous amounts of physical energy and effort in attending to the baby's needs, for 24 hours a day, seven days a week. At the same time, as Antonucci and Mikus (1988) note, "this physical intensity is paralleled, or exceeded, by the emotional intensity of parenthood. Being a parent engages people emotionally in ways that few other roles can match" (p.65).

The areas of personality change for new mothers that have been identified in the literature are self-perception and self-concept, self-efficacy, affective state, personal maturity, and values (Block, 1990; Antonucci and Mikus, 1988). The extent to which women's personality changes with the birth of their first child is yet to be investigated. Nevertheless, there exists a body of knowledge that suggests specific areas in which this change manifests itself. These are self-perception, self-esteem, self efficacy, affective states, personal maturity, and values (Antonucci and Mikus, 1988). Another question which is worth research is whether these changes in women's personality are transient or permanent. In any event, current research evidence strongly suggests the existence of such changes (Antonucci and Mikus, 1988; Bergum, 1989; Crouch and Manderson, 1993).

Changes in Sexual Desire and Enjoyment

Among other postpartum emotional difficulties, one of the most common is the reduction of sexual desire and responsiveness (Crouch and Manderson, 1993;

Pertot, 1981; Pitt, 1975). Suggested causes for the loss of sexual desire and enjoyment include fear of further pregnancy, fatigue, pain with attempted coition, and a fear of damage (Pertot, 1981). Whereas for some women the decrease in sexual desire and enjoyment disappears within a few months, for others this may last longer than 6 months postpartum (Pertot, 1981). Pertot (1981), who conducted research on postpartum loss of sexual desire and enjoyment (N=165), reports that 16% of the women with children under 12 months of age reported a definite loss of desire, and 7% a definite loss of enjoyment. Loss of desire and loss of enjoyment were very highly correlated, but loss of desire was much more prevalent than loss of enjoyment. On the whole, 48% of the subjects reported "varying degrees of decrease in sexual desire, and 25% varying degrees of decrease in sexual enjoyment" (p.14). Furthermore, 41% reported a decrease in frequency of intercourse, 28% a decrease in frequency of enjoyment and 15% a decrease in frequency of orgasm. Pertot (1981) notes that the actual percentage of women who experience decrease in sexual desire and enjoyment might be higher than found in his research due to the fact that some women are reluctant to report the negative effects of childbirth on their sexual desire and/or enjoyment.

Crouch and Manderson (1993) also observe that some women experience a decline in libido in the postpartum period, and that this phenomenon sometimes

causes tension between these women and their husbands. Crouch and Manderson (1993) argue that most women deal with this problem with "common sense" and regard it as "temporary and normal state that would be resolved in time and would not threaten the basis of the partnership" (p.162). Nevertheless, women's experience of changes in their sexual responsiveness and enjoyment as well as its effect on marital relationship are issues that are yet to be researched.

When a woman becomes a mother, her life will never be the same. Almost everything changes, including her own identity. Most of the time, she is no longer the focus of attention of her family and friends. She may suffer from fatigue and exhaustion, and often from boredom. She might feel isolated and "out of the world." Her own existence might seem to her to have only one justification: to nurture and care for her child. Sometimes she may feel alienated from this baby that she has to sacrifice so much for. She might be angry about him or her for robbing her of her freedom, and of her previous way of life. Sometimes, she does not know herself anymore. Many times, she faces difficulties and confusion that she had not anticipated before delivery.

Thurer (1994) notes, that motherhood is often accompanied by contradictory feelings. On the one hand there are great feelings of joy, wonder and love, but on the other hand, mothers sometimes have "flashes of hostility, anger and frustration" (p.xi) Mothers perceive these contradicting feelings as being

"unnatural, destructive and traitorous... the resulting self-doubt is not much talked about, [since] to confess to being in conflict about mothering is tantamount to being a bad person; it violates a taboo; and, worse, it feels like a betrayal of one's child" (p.xiv). Thus, new mothers are often embarrassed to admit that they are having such a hard time, that for them, the reality of motherhood is not always rewarding and fulfilling. Most new mothers are too shy or embarrassed to ask for help. They might think that the myth about motherhood being an instinctual, smooth and always fulfilling enterprise, is bitterly wrong. On the other hand, they might accept the myth as the truth and blame themselves as "bad" or "inadequate" mothers. As Crouch and Manderson (1993) report, most women cope alone with both the physical and emotional difficulties that accompany childbirth. However, when the emotional distress becomes too profound or when it interferes with the woman's functioning in an obvious way, then asking for professional help becomes inevitable.

During the last 25-30 years there has been general agreement that many women experience some kind of emotional disturbances following childbirth. Accordingly, there has been conducted a mass of research on the postpartum experience which has mainly focused on women's emotional disturbances following childbirth (Brockington and Kumar, 1982; Cox, 1986; Dalton, 1981).

Postpartum Emotional Disturbances

Currently 3 types of postpartum emotional disturbances are recognized (Brockington and Kumar, 1982; Cox, 1986; Kendall-Tackett, 1993). The most common and mild of them is the "maternity blues" whose timing (between the 3rd and the 6th day postpartum) is its most reliable marker. The most severe form of postpartum emotional disturbance and the rarest one is the "puerperal psychosis" with incidence of between 0.5% and 1% of postpartum women. The third one, "chronic depressive syndrome" or "moderate depression disorder" is "more debilitating than the 'blues' and more common than postpartum psychotic reactions...[and] is characterized by despondency, tearfulness, feelings of inadequacy, guilt, anxiety irritability, and fatigue" (Kruckman and Asman-Finch, 1986). Its incidence is currently estimated to be between 10% and 40% of postpartum women (Brockington and Kumar, 1982; Kendall-Tackett, 1993).

The Maternity Blues

Between 50%-80% of recently delivered women experience transient mild depression in the first few days postpartum (Brockington and Kumar, 1982; Kruckman and Asmann-Finch, 1986). This phenomenon has been called "The Maternity Blues" or "Postpartum Blues" (Kruckman and Asmann-Finch, 1986). Usually beginning in the third to sixth day postpartum, the maternity blues consists of brief episodes of weeping as well as of many other symptoms like

anxiety, confusion, headaches, feelings of irritability, insomnia, forgetfulness, depersonalization and also abrupt changes in mood and elation (Kendall-Tackett, 1993; Stein, 1982). Whereas in some women these symptoms may last for only one or two days, among others some disturbance may be present every day for a period of up to two weeks. Stein (1982) brings a description, based on clinical interview of a case of the maternity blues.

> On the first day a mother was mildly euphoric but was also weeping four and nine hours after delivery. On the second day she was content and complained only that she was very thirsty and on the next day she was well. On the fourth day she was quite well in the early morning but later in the day reported, "I felt rough all day, depressed and near to tears. I felt irritated with the baby. Two hourly demand feedings has been quite a lot for me. I also have a headache and was feeling worse at six in the morning". She remained well thereafter (p.121).

As Stein (1982) notes, whereas the above description "fits the accepted stereotyped concept of a single fourth day weep" (121), there are many times when the reaction is much more severe and intense, includes many other symptoms such as insomnia, anxiety and longer episodes of crying, and lasts up to the fourteenth or even seventeenth day postpartum. Also, different women have different patterns of episodes, so that many have acute depressive episodes

while some have prolonged episodes which manifest themselves almost every day. There is still a disagreement among clinicians and research regarding the spectrum of symptoms which are to be considered as indicative of the maternity blues (Stein, 1982; Kendall-Tackett, 1993). Whereas some consider quite a long list of symptoms to be indicative of the maternity blues, others would diagnose a woman as having the maternity blues only if a few specific symptoms occurred. Pit (1973), who developed The Maternity Blues Rating Scale included in it the following 8 symptoms: fatigue, crying, anxiety, confusion, headaches, insomnia, hypochondriasis, and hostility to the husband. These differences in criteria may answer for the disagreement among clinicians as far as the rates of incidence of the maternity blues. Whereas some state a low of 20%, others claim that the maternity blues is much more prevalent and occurs in up to 80% of postpartum women (Stein, 1982).

Much research has been done in trying to identify an underlying biological cause for the maternity blues (Stein, 1982; Crouch and Manderson, 1993). A sudden reduction in the levels of progesterone which occurs after delivery was suspected to be responsible for various symptoms of the maternity blues. Women who experienced mood changes, feelings of depression and tearfulness were often consoled by nurses that "it is all hormonal" (Stein, 1982). However, research in this respect has not provided such evidence. For example, Nott,

Franklin, Armitage and Gelder (1976) found no difference in the levels of hormones measured in women with and without the blues symptoms. An association between high levels of plasma crustal at 38 weeks of pregnancy and more severe postpartum blues was found by Handley, Dunn, Waldron, and Baker (1980). These findings suggest that the abrupt decrease of plasma crustal in the first days postpartum might precipitate extreme mood shifts. Also, although Stein (1980, 1981) found no direct correlation between rapid weight loss which is common in the postpartum period, and severity of mood changes, he found a temporal coincidence between the onset of rapid weight loss and episodes of crying.

Although current research is still searching for biological factor(s) that might be responsible for this phenomenon, it is important to consider two facts. One is that adoptive parents report feelings of anxiety, irritability and episodes of crying and depressive mood which are very similar to the maternity blues, in the first weeks after they get their child (Delliquardi and Breekenridge, 1978). Of course, no underlying biological factor could be held responsible for these reactions. The second is that, according to Pillsbury (1978), who has researched the Chinese custom of "doing the month," Chinese women did not experience postpartum depression at all. "Doing the month" means that during the month postpartum the woman's family provides her with excessive attention and

supports her in numerous ways. Her female relatives, mostly her mother or her sisters, release her of all her obligations and responsibilities and allow her to rest, eat well and take care of her baby. As Pillsbury observed:

> This extra attention their families and social networks show them while doing the month seems, in fact, to preclude Chinese women from experiencing postpartum depression as understood and so taken for granted by Americans...despite the fact that the same biological factors are operative for women of both cultural backgrounds. (p.18)

Whereas Pillsbury's (1978) study was conducted in a rural area in China, where the custom of "doing the month" prevails, a more recent study by Guo (1992) was carried out in Beijing, where the style of life is more modern and Western. Guo (1992) found that of the 550 women that participated in the study, 17.9% had postpartum depression. Postpartum depression was significantly related to lack of support from the women's relatives, poor marital relationships, and bad living conditions.

It seems then that, despite the relentless effort of scientists to connect the Maternity blues to some biological factor, we should remember that there are some populations that manifest or do not manifest this type of depression regardless of biological factors.

Puerperal Psychosis

The puerperal psychosis or postpartum psychosis is the most severe disorder among postpartum emotional disturbances, and also the rarest one. Between 0.1% and 0.2% of postpartum women get this disease (Brockington and Kumar, 1982; Kendall-Tackett, 1993). The symptoms include confusion, delirium, hallucinations, hyperactivity, fatigue, feelings of hopelessness and shame, severe depression and rapid speech or mania (Cox, 1986; Kendall-Tackett, 1993; Kruckman and Asman-Finch, 1986). There are several features of puerperal psychosis which distinguish it from other psychiatric illness. First, as Brockington and Kumar (1982) note, "whereas most varieties of psychiatric illness develop slowly, over periods of weeks, months or years,... postpartum illness is characterized by sudden onset, developing in periods measured in hours or days. Almost always it is unanticipated, but its impact on mood and thinking is great" (p.7). Second, it arises out of the new, and usually happy situation of becoming a mother. Women who are reassured that the illness is acute but transient, usually cope better and get well faster. On the other hand, fear and anxiety and feeling of inadequacy which are not dealt with by clinicians "may perpetuate or worsen the postpartum illness" (Brockington et al., 1982, p.37).

Currently, there is still a debate between those who consider postpartum

psychosis as a separate disease entity, and those who see it as non distinct from non postpartum psychosis (Kendall-Tackett, 1993). Usually it is diagnosed and treated in the same ways as nonpostpartum psychosis, and hospitalization and medications are generally used in these cases. Even though this is a serious condition, postpartum psychosis appears to respond well to anti-psychotic medications, and the majority of women recover. Thus, "there is a general consensus that puerperal psychoses have an excellent prognosis" (Brockington et al., 1982, p.52).

As far as the etiology goes, there is a long-standing agreement among researchers that women with hereditary predisposition are more liable than others to get the postpartum psychosis (Brockington et al., 1982; Thuwe, 1974). It is also known that primiparous (first-time delivering) women are more liable than multiparous (non first-time delivering) women to get the psychosis. Furthermore, there has been found a connection between manic depressive psychosis and postpartum psychosis (Brockington et al., 1982; Kruckman and Asman-Finch, 1986). Bratfos and Haug (1966) for example, found that, there is a much higher rate than normal of postpartum psychosis (21% in comparison with the normal 0.2% incidence) in manic depressive women. Another factor that has been extensively investigated for its possible connection with postpartum psychosis is hormonal change. However, although many people

believe that extreme hormonal changes in postpartum women is also related to postpartum psychosis, the evidence is lacking (Brockington et al., 1982; Kendall-Tackett, 1993). Also, fatigue and sleep deprivation have been found to cause delusional thinking and other psychotic symptoms in nonpostpartum women as well as in men. There is a possibility that severe sleep deprivation may be an underlying factor in puerperal psychosis. However, as Kendall-Tackett (1993) notes, "sleep deprivation alone does not explain the mania that often precedes the psychosis and that contributes to the sleep deprivation. It is likely due to a combination of biological and psychological stressors" (p.33).

In the last 120 years, there has been extensive research on postpartum psychosis and its origins. Nevertheless, "only the hereditary element and the lifetime tendency to mental illness have been amply confirmed...All we know now is that primiparous patients are more at risk and that there is a link with manic depressive psychosis" (Brockington et al., 1982, p. 65).

Chronic Depressive Syndrome/Postpartum Depression

The Chronic Depressive Syndrom, which is sometimes called "moderate depression disorder," "postnatal depression," or "postpartum depression," has a variety of symptoms such as despondency, tearfulness, feelings of inadequacy, guilt, anxiety, irritability, fatigue, numbness, sadness, suicidal ideation, reduced appetite and interest, insomnia and irrational fears about the baby or the

mother's health (Kendall-Tackett, 1993; Kruckman and Asman-Finch, 1986). Cox (1986) suggests to limit the symptoms for diagnostic purposes to the following: depressed mood, sleep disturbance, ideas of not coping, self-blame and guilt, thoughts of self-harm or harming the baby, rejection of the baby, impaired libido, and anxiety. Although many of these symptoms occur in cases of the maternity blues, the chronic depressive syndrome is a more serious condition than the maternity blues in that the symptoms are more severe and they last longer. It is also more insidious and more debilitating than the blues. (Cox, 1986; Kendall-Tackett, 1993). The onset of this disorder is usually between 1 and 6 months postpartum but it can start at any point within the period of the first year postpartum. (Cox, 1986; Kendall-Tackett, 1993). The duration is at least 2 weeks, but most women have much longer periods of depression up to several months.

Kendall-Tackett (1993) brings a vivid description of one mother who has had the chronic depressive syndrome.

> Immediately after delivery of my third child, I had a sense of foreboding and anxiety...I had difficulty sleeping and very sad hopeless days from the beginning...At 3 months postpartum, there were several nights when I didn't sleep at all. I had anxiety, inability to eat or to nurse-no let down- and very sad, hopeless feelings...I was having an emotional hemorrhage,

crying all the time...It was really shocking what I was experiencing. (p.6)

In trying to understand postpartum depression, professionals, as well as lay people, turn toward physiological explanations (Brockington and Kumar, 1982; Kendall-Tackett, 1993). Indeed, the postpartum period is a time of tremendous hormonal change, a dramatic weight loss, a drop in blood volume, breast engorgement, and physical recovery from vaginal or cesarean birth. All these changes are abrupt and happen within a few days after delivery. Of all theories, the hormonal theory of postpartum depression has most stimulated the imagination of researchers, clinicians, and lay people alike. Although it is clear that postpartum women do undergo substantial changes in hormone levels in the immediate postpartum period. We still cannot be sure that these changes are the cause of postpartum depression, as past research has produced mixed results (Cox, 1986; Kendall-Tackett, 1993). Another physiological factor related to postpartum depression is fatigue. Primiparous as well as multiparous women experience fatigue and sleep interruption as their daily, or rather nightly routine. However, whereas both physiological and psychological effects of sleep deprivation have been studied in nonpostpartum women and men, there are only a few studies which examine the correlations between fatigue and postpartum depression. As Kendall-Tackett (1993) notes "when describing the relationship between fatigue and depression, we often are left with a chicken-and-egg type of

question, not knowing which came first. Fatigue can be both a symptom of depression and a cause" (p.29). Whereas sleep deprivation caused by a crying infant at nights can precipitate depression, restless sleep and early morning waking are symptoms of depression (Atkinson, 1985; Kendall-Tackett, 1993). Thus, both the etiology and the exact prevalence of postpartum depression are to be further researched before we can come to definite conclusions.

The three types of postpartum emotional disturbances manifest themselves in many women. It is hard, though, to know the total percentage of women who experience postpartum emotional disturbances of any kind since the percentage of women who get each type of the disturbances is still to be determined. Nevertheless, it is accepted by most clinicians and researchers that 1 in every 2 women will have some kind of emotional disturbance following the birth of her child. It is also agreed upon that postpartum emotional disturbances are more prevalent in first-time mothers than in mothers who have already had one child (Brockington and Kumar, 1982; Kruckman and Asmann-Finch, 1986).

Expectations: Theory and Research

Expectation is defined as "the anticipation of future consequences based on prior experience, current circumstances, or other sources of information" (Ramachandran, 1994). This definition identifies three elements that play a role in the process of forming expectations: **prior experience** refers to past events,

behaviours, thoughts and feelings that the organism has had. **Current circumstances** refers to conditions in the immediate environment, as well as to feelings and sensations within the organism, and other **sources of information** refers to what someone might have heard, seen, or read about a specific issue. People form their expectations on the basis of either one of the above or a combination of the three. Cognitive psychology emphasizes the importance of information in the process of expectation formation. Expectation is taken as integral to all psychological explanation as it is believed to be "the final common pathway of cognition leading to behaviour" (Ramachandran, 1994). Cognitive psychologists see expectations as connecting observable behaviour and psychological state. Behavioral psychologists, on the other hand, are interested in the identification of the source of expectations (Ramachandran, 1994). Pavlov explained the increased salivation of his lab dog in regular feeding times as being mediated by the cerebral cortex, and not as the product of psychological expectations. However, Tolman (1932) argued that animals, as well as people, form expectations according to their prior experience and behave accordingly. Tolman, (1932) who studied rats and monkeys, generalized his findings to all animals and humans. According to his theory, expectations mediate behaviour but both behaviour and expectations are formed as a result of prior experience.

Bandura, (1977) introduced the term *self-efficacy* which is defined as "the conviction that one can successfully execute the behaviour required to produce [certain] outcome" (p.193). Bandura (1977), suggested that all psychological procedures influence behaviour through a person's expectations of self-efficacy. That is, that a person will estimate his or her performance (i.e. expects to do well or not) of a certain task according to his perception of his own self-efficacy. Low self-efficacy would lead to low expectations whereas high self-efficacy would lead to high expectations.

Expectation-Experience Discrepancies

Both Bandura (1977, 1986) and Seligman (1975) regarded the consistency between expectations and outcomes as a facilitator of a person's psychological well-being. Thus, when outcomes are consistent with prior expectations the person will have a higher level of psychological well-being than when there is a discrepancy between expectations and outcomes. Similarly, Crosby (1976, 1982), in what he called a Relative Deprivation theory, suggested that a negative discrepancy between an expected state and a current state may result in feelings of disappointment, resentment and anger.

The impact of expectation-outcome discrepancy on animal behaviour was researched by Tinklepaugh as early as 1928. Tinklepaugh, who had been observing expectancy behaviour in monkeys, noticed a definite disruption of

behaviour in monkeys whose expectations were not met. In his experiment, a delayed response situation was created when the experimenter hid a banana under one container and put nothing under a second container. After a short delay, during which the containers were covered with a screen, the monkey was allowed to choose between the two containers. The monkey was always choosing right. In a later stage, the banana was replaced by a piece of lettuce, a much less desired food for monkeys, without the monkey watching. When the monkey revealed the lettuce it "showed surprise and emotion, rejected the lettuce, and searched all around for the expected banana" (Corsini, 1994, p. 526). Similar reactions were observed in other animals such as rats, which were given sunflower seeds instead of bran mash which is much preferred by them (Corsini, 1994).

Some research exists on expectation-experience discrepancy and its effect on human psychological well-being (Adler, 1981; Black and Gregson, 1990; Cochrane, 1983; Rogers and Ward, 1993; Weissman and Furnman, 1987). Weissman and Furnham (1987), who conducted research on American sojourners in the United Kingdom, examined the absolute discrepancy between expectation and experience and its relation to mental health. Relying on an absolute score of discrepancy, they failed to find a significant relationship between expectation-experience discrepancies and psychological adjustment.

However, other researchers who emphasized the importance of the direction of the expectation-experience discrepancy came out with more positive results. Cochrane (1983) for example, found a relationship between undermet high expectations and maladjustment in West Indian and Asian immigrants in Britain. Thus, immigrants who had high expectations prior to their arrival to Britain, and who experience a negative discrepancy between their expectations and their experience, were having more difficulties in adjusting to the new culture than those who did not have such high expectations. Also, Thompson and Siess (1978) who investigated job satisfaction in sixty males and sixty females and its relationship with what they called "actual outcome-desired outcome discrepancy" found a relationship between negative expectation-experience discrepancy and job dissatisfaction. In their research, the desired outcome was calculated with subjective probability in order to create the expectation scores. That is, they calculated people's desires along with subjects' estimation of the percentages of probability that they would get the desired outcome. Thompson and Siess (1978) found that job satisfaction decreased with high negative discrepancy, i.e.when outcomes fell short of expectations, and increased when outcomes exceeded the expected outcomes.

Similarly Black and Gregersen (1990) who investigated expectation-outcome discrepancy in American managers in Japan, found that the direction of the

discrepancy was of greater importance than the existence of the discrepancy itself as far as the decision to leave the job went. Subjects who experienced positive discrepancy, i.e. their expectations were overmet, did not tend to leave their jobs as much as those whose expectations were undermet. Also Adler (1981), who conducted qualitative research on cross-cultural transition and reentry, argued that people usually have more difficulties when returning to their own country than when moving to a foreign country. She postulated that this increased difficulty is the result of inaccurate expectations. Most of her participants had positive pre-return expectations with regards to job finding but eventually found it much more difficult than they had expected. This caused problems in readjustment to their old environment. Unfortunately, although Adler's (1981) findings are quite intriguing, she failed to provide enough information regarding her data gathering and research design.

More robust data which supports the discrepancy direction hypothesis is found in a recent research by Rogers and Ward (1993). They examined expectations, experiences and psychological adjustment during cross-cultural transition and reentry in secondary school students in New Zealand. They found no significant relationships between expectations and experiences, and no relationships between realistic expectations and psychological adjustment. However, they found that negative discrepancy between expectations and

experiences, i.e. when the experience was more difficult than expected, was associated with psychological distress. Although they had only 20 participants in their study, Rogers and Ward (1993) incorporated a longitudinal research design in which they measured expectations before and after reentry.

The authors note that "to the best of [their] knowledge this is the first investigation of sojourners adaptation which employs testing before and after reentry" (p.188). They note, though, that more rigorous testing of expectation-experience discrepancy and its relations to psychological adjustment is needed.

It seems that despite an abundant theory in the area of expectation-experience discrepancy and its relationships with psychological adjustment, research in the area is scarse. It is even more so when women's expectations of motherhood are concerned. This is somewhat surprising if we remember that there has been an increasing interest in the issue of women's psychological adjustment to motherhood during the last 25 years. Nevertheless, to the best of the researcher's knowledge such research does not exist.

Expectation-Experience Discrepancies in Postpartum Women

If we go back to the definition of expectations we will notice three elements that are playing a role in expectation formation. These are prior experience, current circumstances, and various sources of information. I propose that, since first-time mothers do not have any experience of themselves as mothers, and

have no way to define the exact circumstances which will exist after birth, the only thing that they can rely upon in forming their expectation is information. The sources of information that first-time mothers to be have are not so many. Some of them have their mothers or a friend who has already had a baby as a source of information. Some read books and magazines that discuss motherhood or parenthood. Many of them participate in pre-natal classes and get information there. However, many of these sources of information are absorbed in the myth of motherhood, and only a few include authentic reports of mothers. Mothers and friends usually convey only positive messages about motherhood and how wonderful it is, not wanting to distress the pregnant woman or make her anxious. Books and magazines are usually focusing on child development and not on young mothers' emotional difficulties after child birth. Pre-natal nurses provide information mainly on labour and delivery, some information on physiological changes after delivery and a little information on postpartum depression. Messages about motherhood who are conveyed by the media reflect the myth of motherhood as well. Thus, first-time mothers to be form their expectations of motherhood on the basis of the myth, and are many times surprised when they later face the reality of motherhood. I propose, that first-time mothers-to-be will form their expectations of motherhood on the basis of the myth of motherhood, and that many of them will experience negative

expectation-experience discrepancy when they become mothers, which may adversely affect their psychological adjustment to motherhood.

Conclusion

The transition to motherhood is probably the most powerful and overwhelming normative transition that many adult women undergo in the course of their lives. With this transition, they become irreversibly responsible and committed to the care of their children. The ideas and expectations that women bring with them to motherhood are, many times, a result of the persistence of the myth of motherhood in our society and the lack of reliable and useful information. The myth is composed of beliefs that motherhood is instinctual, that mother-love is eternal and unconditional, and that motherhood fulfils every woman in a way that nothing else would. Young mothers are affected by these beliefs and are, many times, shocked when the reality of motherhood they experience is totally different from the pastoral picture that they have portrayed in their imagination before becoming mothers. In other words, they may experience what has been called a negative expectation-experience discrepancy. That is, an experience which is worse than they expected. This has not been documented in mothers yet. This clash can result in feelings of anxiety, guilt, shame, inadequacy, confusion, and depressed mood. Women, whose expectations of motherhood, as well as their expectations of

themselves as mothers, are undermet may believe that something is wrong with them since they cannot be "a good mother". If they take the myth as the truth, they may often be too embarrassed to ask for help, and attempt to cope alone with their distress. Some, may become too depressed to function, or feel so much misery that they do seek professional help.

My assumptions are that some women's pre-natal attitudes toward and expectations of motherhood conform with the myth of motherhood. Also, that some of them will experience a discrepancy between their expectations and their experience of motherhood. The nature of this discrepancy, and the meanings that women make of it will be the focus of this study.

The need for a qualitative research design in the area of the transition to motherhood has been expressed by many writers (Crouch and Manderson, 1993; Millman and Moss-Kanter, 1987; Rossiter, 1988). More specifically, it was suggested that a face to face interview, when the interviewer is a female, will elicit more authentic information from women than will other techniques (Harding, 1987). The area of the transition to motherhood has been poorly researched in the past. Qualitative research in this area is even more scarce. This study is designed to answer for the need for more qualitative research in the area of the transition to motherhood.

CHAPTER III

METHODOLOGY

Methodological Approach

As the purpose of this study was to explore the expectations and experiences of new mothers within the context of their culture, a phenomenological/ hermeneutical methodology was chosen. Although the term phenomenology is sometimes viewed as synonymous with qualitative methods, it is a distinct trend within the qualitative research methods or the field of naturalistic inquiry. (Quin-Patton, 1990). The philosophical assumption underlying it is that "we can only know what we experience by attending to perceptions and meanings that awaken our conscious awareness." (Quinn-Patton, 1990, p.69). More specifically, phenomenological inquiry focuses on the question: "What is the structure and essence of this phenomenon for these people?" (Quinn-Patton, 1990, p.69).

Hermeneutic inquiry focuses on the question: "What are the conditions under which a human act took place or a product was produced that makes it possible to interpret its meaning?" (Quinn-Patton, 1990, p.84). The underlying assumption is that "to make sense of and interpret a text, it is important to know what the author wanted to communicate, to understand intended meanings, and to place documents in a historical and cultural context" (Quinn-Patton, 1990,

p.84). Hermeneutic theory argues that one cannot absolutely disregard his/her own perspectives and assumptions and, therefore, researchers should state these clearly alongside with their interpretation of the data. The researcher's experience and perspective is brought under the title: Personal grounds in the introduction to this study.

Semi-structured interviews were used as the data collection instrument. Quinn-Patton (1990) defines The Interview Guide (semi-structured interview) as follows:

> The interview guide provides a framework within which the interviewer would develop questions, sequence those questions, and make decisions about which information to pursue in greater depth. [Also,] the interview guide helps make interviewing across a number of different people more systematic and comprehensive by delimiting in advance the issues to be explored. [At the same time,] the interviewer remains free to build a conversation within a particular subject area, to word questions spontaneously, and to establish a conversational style. (pp.283-284)

As there exists quite a large body of literature which emphasizes the benefits of qualitative research methods (Eisner and Peshkin, 1990; Lincoln and Guba, 1985; Quinn-Patton, 1990; Wolcott, 1990), an extensive review of this approach is not included in this paper. However, the following paragraphs will outline

those benefits of qualitative research methods which directly pertain to both the topic and the purpose of this study.

Various aspects of motherhood have been researched in the past mainly from the vantage point of the welfare of the infant. The experiences and needs of mothers were not considered worthy of research attention. As Millman and Moss-Kanter (1987) put it

> sociology has overlooked important social realities through the use of certain restrictive field-defining models, [and] has...ignored large chunks of social life by using restrictive notions of the field of social action. When focusing only on "official" actors and actions, sociology has set aside the equally important locations of private, supportive, informal, local social structures in which women participate most frequently. (p. 32)

This study focused on expectations and experiences of women who were becoming mothers for the first time. A qualitative approach, employing semi-structured interviews were believed to best reflect this unique experience in its full richness.

As women seem to be more willing to share their experiences with other women in natural setting and through personal communication (Millman and Moss-Kanter,1987), having a female researcher employing qualitative methods seemed to be crucial for the female experience, which was the focus of this

study, to emerge. As Millman and Moss-Kanter (1987) put it:

> Certain methodologies (frequently quantitative) and research situation (such as having male social scientists studying worlds involving women) may systematically prevent the elicitation of certain kinds of information, yet this undiscovered information may be the most important for explaining the phenomenon being studied. (p.35)

Finally, a few researchers and theorists have noted, that in general, women's voices, in comparison with men's, are rarely heard even with regards to their own gender issues (Gilligan, 1982; Harding, 1987; Rogers, 1991). Therefore, as this study's fundamental purpose was to explore women's expectations and experiences of motherhood, it was designed so as to represent the authentic experience of women by allowing women's voices to be heard through the use of semi-structured interviews.

Quinn-Patton (1990) explains why we sometimes use interviews in field research:

> The purpose of interviewing is to find out what is in and on someone else's mind...we interview people to find out from them those things we cannot directly observe...we cannot observe feelings, thoughts, and intentions...we cannot observe how people have organized their worlds and the meanings they attach to what goes on in the world. We have to

ask people questions about those things. The purpose of interviewing, then, is to allow us to enter into the other person's perspective. (p. 278)

There are four types of interviews in field research. These are the Informal Conversational Interview, sometimes referred to as the Unstructured Interview; The Interview Guide, or Semi-Structured Interview; The Standardized Open-Ended Interview which is sometimes called the Structured Interview; and the Closed, Fixed Response Interview. After taking into consideration the advantages and disadvantages of each interviewing strategy, the researcher decided that it would be the most suitable to use The Interview Guide Strategy for this survey. This was due to the following reasons: 1. The Interview Guide allows the researcher to cover specific issues which this study focuses on, (e.g. elements of the Myth of Motherhood) and, at the same time allows each participant to express and expand on her own thoughts, feelings, and perception without limiting them to the formal questions. It was also believed that this approach would elicit new information and ideas beyond what had been found in the literature. 2. Using an open and flexible interview would allow the women's voices to be heard, which was one of the purposes of this study (Gilligan, 1982; Millman and Moss-Kanter, 1987).

In conducting the interview the researcher has committed herself to creating a non-threatening, accepting and hierarchy-free environment. This attitude is in

line with other female researchers who are reluctant to interview women as "objects", and would rather work in an atmosphere of intimacy between the interviewer and the interviewee. As Oakley (1981) puts it, there is "no intimacy without reciprocity" (p.49). Fontana and Frey (1994) further develop the idea of the interviewer-respondent relationships:

> The emphasis is shifting to allow the development of a closer relation between interviewer and respondent, attempting to minimize status differences and doing away with the traditional hierarchical situation in interviewing. Interviewers can show their human side and answer questions and express feelings. (p.370)

Thus, the use of an interview guide has allowed the researcher to cover all the issues that this study was concerned with, and at the same time to be flexible and spontaneous in a way that enhanced a safe, accepting atmosphere. It was believed by the researcher that such an atmosphere would encourage participants to be more natural and spontaneous, and therefore, more authentic in their responses. The researcher's experience has indeed been in accordance with this belief.

Participants

The participants in this study were 12 pregnant women who were going to become mothers for the first time in their lives. The participants were recruited

through pre-natal classes which they attended. A few associations which offer pre-natal classes in the Lower Mainland, B.C. were approached by the researcher. Three of them agreed to cooperate with the researcher and to allow her direct access to women who attend pre-natal classes. The researcher was allowed 5-7 minutes to appear before the classes, in which she presented herself and the study and pointed out that the study was focusing on first-time mothers to be. She then handed out a letter of explanation on the purpose of the study to women who expressed an initial interest in it. After the letters were handed out the researcher would allow time for questions. If there were any, they were answered briefly. Usually those women who were interested in participating would approach the researcher immediately after the initial explanation and express their interest. The researcher then pointed out her phone number on the letter and invited those who were interested to phone and make an appointment. At that, she would thank all the women for listening, and leave. On the whole, 17 women contacted the researcher. However, two of them had already had children before, one of them was planning to move back to England immediately after the birth, so that a second interview with her would not have been possible, one woman had the baby prematurely, and another woman, has changed her mind and decided not to participate after all. Thus, the number of women who participated in the study went down to twelve. Eleven women were

interviewed twice while one woman was interviewed only once, before the delivery. This participant experienced severe postpartum depression which resulted in hospitalization. Thus, she could not have been interviewed after she had the baby. Table 3.1 displays the demographic information for the sample.

Data Collection

The participants were interviewed personally by the researcher at two different points in time. The first interview took place during the last third of each woman's pregnancy, i.e. between weeks 27 and 40. Ten women, though, were interviewed between the 32nd and the 37 weeks. The second interview took place 8-10 weeks after the delivery.

Whereas the initial plan was to do the second interview about 4-5 weeks after delivery, it turned out that some of the participants were having family members over for the first 3-4 weeks after the delivery. It was therefore decided that more time had to pass between the delivery and the interview to enable the mothers toexperience motherhood without the interruption of guests in the house. Thus, the second interviews were arranged to take place between 8 and 10 weeks after the delivery.

Both interviews were held at the participants homes' so as to provide a natural setting for the study. The first interview focused on the participants attitudes and

Table 3.1

Demographic Information

Name	Age	Profession	Education	Ethnic Backgroun	No. of years in Canada
Eve	33	Biologist	Ph.D.	Israeli	4
Sally	30	Actress	Secondary	Canadian	since birth
Carol	38	Physio-therapist	B.Sc.	German	2
Christie	29	Early child-hood educator	College	Canadian	Since birth
Shannon	29	ESL teacher	B.A.	Canadian	Since birth
Rose	31	ESL teacher	B.Ed.	Chinese	25
Rachel	33	Primary School teacher	B.Ed.	Canadian	Since birth
Julie	31	Fund Manager	B.Sc.	British	2
Irene	35	Adult Educator	B.A.	Canadian	Since birth
Michelle	34	Pediatric Nurse	B.Sc.	French	17
Heather	34	Computer	B.Sc.	American	6
Laura	32	Interior Designer	B.A.	Canadian	Since

expectations of motherhood. The second interview focused on a possible discrepancy between expectations and the experience of motherhood, and on the meaning(s) that women make of either the discrepancy or the compatibility between their expectations and their experience. Also, it explored possible changes in attitudes toward motherhood, and variations in perceived mood. Women were asked about their mood during the two to three weeks before the second interview.

Instruments

Two semi-structured interviews were designed for the purpose of this study. The first interview deals with women's attitudes toward and expectations of motherhood and has two parts. The first part was designed to explore women's attitudes in relation to the myth of motherhood. The questions in this part were designed to reflect the existing literature on the myth of motherhood as it was reviewed in the second chapter of this paper, as well as to explore possible new material beyond the existing literature. Sample questions from that section are: a. What comes to your mind when you hear the word Motherhood? b. In your opinion, is there such a thing as a good mother? c. What is a good mother to you? (The full interview-guide appears in the appendix B). The questions in the second part of the interview focused on the participant's expectations of motherhood as it would be for her. Sample questions from this part are: a. What

do you expect the nature of the experience of motherhood to be like for you? b. What do you expect your feelings toward your baby will be like in the first month or so after delivery? c. How well do you expect yourself to function in terms of taking care of your baby? d. What do you expect your feelings to be like in terms of your motherhood and your career?

The second interview had four parts. The first part dealt with a possible discrepancy between the participant's expectations before delivery and the experience of motherhood after the delivery, and explored areas of discrepancy. Sample questions from this part are: a. Is your actual experience of motherhood different in any way from what you expected it to be? b. How is your experience different from what you expected it to be? c. How is it similar ? d. What is better than you expected? What is worse than what you expected? The second part of the second interview focused on the meanings that women make of either the discrepancy or the compatibility between their expectations and their experiences. A question from that part is: How do you explain to yourself the differences between your expectations and your experience of motherhood? The third part of the second interview focused attitudes toward motherhood. In this part, questions from the first interview were asked again, e.g. What is a good mother? Is motherhood instinctual?, etc. The last part of the second interview focused on perceived mood. A sample question from that part is: How

would you describe your mood in the last two to three weeks?

Pilot Interview

Two pilot interviews (one before and one after the delivery) were conducted with one woman outside of the sample, before the researcher approached the potential participants. This was done in order to assess the clarity and effectiveness of the questions, and as a way to refine them. It also provided the researcher with an opportunity to familiarize herself with the questionnaires and to become more comfortable and experienced in interviewing. The participant in the pilot interview was approached by the researcher through a mutual acquaintance. The data from the pilot interviews was not included with the data analysis for this study.

Data Analysis

Bogdan and Taylor (1982) define data analysis as follows: "Data analysis refers to a process which entails an effort to formally identify themes and to construct hypotheses (ideas) as they are suggested by the data and an attempt to demonstrate support for those themes and hypotheses" (cited in Tesch, 1990, p. 113).

As data analysis is a complex process, Tesch (1990) suggests to divide it to two phases: data organizing and data interpretation.

Data Organizing

As part of the organizing process of the data, all tapes were transcribed verbatim by the researcher, and categories were established as follows:

1. Establishment of categories for the first interview

Each one of the first interviews was divided to meaning units. A meaning unit, segment, or category "is comprehensible by itself and contains one idea, episode, or peace of information" (Tesch, 1990, p.116). The establishment of categories was done through reading each transcription a couple of times and then marking each meaning unit with a number. Meaning units encompassed entire statements made by the women as a response to a question posed by the researcher. Each meaning unit was then summarized in a short sentence. Sentences were grouped to form a category and were represented as sub-categories of the major category. The categories were assigned numbers, and the sub-categories were assigned the number of the category and a letter, e.g. the category "A Good Mother" was assigned the number 2. The sub-category of The Good Mother as loving and supportive was marked 2a. (Appendix D shows the categories and sub-categories). Categories were then identified for each meaning unit, so that each meaning unit of each interview was assigned a number and a letter according to the category sheet.

2. Category inter-rater reliability check for the 1st interview

A colleague familiar with the research method employed in this study read two transcriptions and assigned categories to each one of the meaning units, according to a list of categories which had been provided to her by the researcher. The colleagues categorization was then compared with the researcher's categorization. Out of 14 meaning units 12 were identical. As a result of a discussion between the researcher and the colleague on the two units that were different, another category was added and another two subcategories were united.

3. Establishing categories of the second interview

The second interview dealt with the discrepancies between the participants' expectations and the experience of motherhood. Each transcribed interview was divided into meaning units. The first part of the second interview focused on areas of change or discrepancy. Each meaning unit was summarized in one phrase. Similar phrases from different interviews were combined together and were given a category title, so that eventually, all meaning units were assigned a category, e.g. Relationship with husband; Fatigue; Loneliness, and more. Each meaning unit was also identified as falling into one of the following categories: II-1. No expectation-experience discrepancy;II-2. Minor negative expectation-experience discrepancy; II-3. Major negative expectation-experience discrepancy; II-4. Minor positive expectation-experience discrepancy, and II-5. Major positive

expectation-experience discrepancy. A meaning unit would be assigned category no.II-1 if the participant reported "no difference", "no gap", or "the same as" between what she had expected before the delivery and her experience of motherhood after having the baby. A meaning unit would be assigned category no.II-2 if the participant reported a difference or a gap between what she had expected and her experience that she defined as being " a bit worse", "a little more difficult", or "somewhat harder" than she had expected. A meaning unit would be assigned category no. II-3 if the participant reported a gap or a difference between what she had expected and her experience that she defined as being "a lot harder", "much more difficult", or "much worse" than she expected. A meaning unit would be assigned category no. II-4 if the participant reported a gap or a difference that she defined as being " a little better", "somewhat easier", or "not as tough" as she expected. A meaning unit would be assigned category no. II-5 if the participant described her experience as being "much easier", "a lot less difficult/hard", or "much more positive" than she expected it to be.

The second part of the second interview-this part focused on the meanings that women made of the discrepancy or no discrepancy between their expectations and experience of motherhood. In other words, how did the women explain the gap/no gap to themselves, and what did it mean to them. This part

of the interview was divided to meaning units, which were summarized in one sentence. The sentences were grouped to form a category. A list of categories was established, and each meaning unit was then assigned a category. These were categories of meanings or explanations that women had for the discrepancy/no discrepancy between their expectations and experience of motherhood. Examples of these categories are: I did not have enough information; I usually tend to be too optimistic/pessimistic; I ignored valuable information that was provided to me, and more. (The full list is presented in chapter 4-Results of the Study).

The third part of the second interview focused on current attitudes toward motherhood that may have changed as a result of the experience of motherhood.

The last part of the interview centred around feelings that the participants reported to have experienced during the last 3 weeks before the interview. The third part of each one of the interviews was divided into meaning units. Each meaning unit was then summarized by one phrase describing an emotion, e.g. happy, sad, tense, panicky, joyful, and more. Each phrase was then identified as either positive or negative emotion.

4. Category inter-rater reliability check for the 2nd interview

Another colleague, familiar with the research method employed in this study independently assigned each meaning unit a category out of a given list. He then

assigned each meaning unit one of the five categories which describe the extent of discrepancy. Finally, the colleague marked each emotion as "Negative" or "Positive". The categories that the checker came up with were then compared with those of the researcher. All categories were either very similar or identical except for one. After reading some additional material and discussing the category with the researcher, the checker agreed upon the name of the category as given by the researcher. There was a perfect compatibility between the checker's and the researcher's definition of Negative and Positive feelings.

5. Themes validity check

Each participant was approached by the researcher one more time after the second interview, in order to examine whether the themes that the researcher came up with, captured the essence of their experience. All eleven women validated these themes.

Limitations of the Study

This study has focused on new mothers' attitudes, expectations and perceived gaps between expectations and experience of motherhood as emerged from two 1 to 1 1/2 hour interviews. A more complete exploration of the experience of motherhood could be accomplished through more interviews over a longer period of time. However, due to limitations of time and resources such an investigation was beyond the scope of this study. This study also made no

attempt to explore the experience of first-time fathers. Although a most worthy topic in itself, this study did not aim at the fathers' experience but rather focused on the mothers' experience alone.

The participants in this study were recruited in pre-natal classes through a volunteering process. Usually, out of 12-14 women in a class only 2-3 women would approach the researcher and express an interest in participating in the study. We have no information on those women who did not choose to participate. However, the high level of education which the participants share may suggest that highly educated women tended to participate in this study more than did women with lower levels of education. A more representative picture of the experience of motherhood may have emerged if women from all socio-economic and education levels were to participate in this study.

Other limitations of this study are those that are common to naturalistic study in general and pertain to the lack of generalizability of the findings to the general population or to the same population in other settings (Borg & Gall, 1989). With only twelve highly educated and mostly professional women, these results cannot be generalized to all first-time mothers. Generalizability is not achieved by one study, but by on-going research that enables more and more women to share their experiences and for more researchers to analyze, synthesize, debate, and sharpen the themes toward a more faithful presentation

of the experience (Quinn Patton, 1990). The findings of this study can be compared to other studies in this area, and suggest directions for future research.

In order to enhance the quality and credibility of the analysis, the qualitative researcher should report sufficient details of data collection and of the process of data analysis, and should utilize various methods of validation of his/her analysis (Quinn Paton, 1990). The researcher of this study has made a sincere attempt to rigorously follow these guidelines.

Conclusion

A phenomenological/Hermeneutical methodology was employed in this study in order to investigate first-time mothers' attitudes, expectation, and experiences of motherhood. After carefully listening, transcribing, and analyzing the data from 23 interviews, the researcher was able to identify attitudes and areas of expectation-experience discrepancy that were common to the participants. Three areas of positive expectation-experience discrepancy and eight areas of negative expectation-experience discrepancy were identified by the researcher. Two colleagues and the participants themselves have confirmed the validity of the data analysis.

CHAPTER IV

RESULTS

In this chapter the results of this study are presented in four parts. The first part focuses on the participants' individual stories: their expectations, their experiences, the areas of discrepancy, and their feelings. This is done in order to provide a holistic picture of each participant as well as context for the analysis of common themes in later parts. The second part focuses on the participants' attitudes toward motherhood, as they were represented in the first interview. The third part focuses on areas of perceived discrepancy between the participants' expectations and experience of motherhood as these were expressed in the second interview. The fourth part focuses on the participants' feelings and meaning-making as expressed in the second interview.

In this chapter, participants are often quoted on various subjects. This is done in order to enable the readers to get a sense of the way the participants expressed themselves and to be able to form their own impression and interpretation of the data. Quinn-Patton (1990) talks about the importance and benefits of presenting the actual data along with the researcher's analysis:

> First, by presenting the actual data on which the analysis is based, the readers are able to make their own determination of whether the concept...is helpful in making sense of the data. By presenting respondents in their own words and reporting the actual data that were the basis of his interpretation, [the researcher] permits readers to make their own analysis and interpretation. The analyst's constructs should not dominate the analysis but should facilitate the reader's understanding of the world under study. Second...the point of analysis is not simply to find a concept or label to neatly tie together the data. What is important is understanding the people studied. Concepts are never a substitute for direct experience with the descriptive data. What people actually say and the description of events observed remain the essence of qualitative inquiry. (p.392)

Another purpose in quoting the participants' verbatim was to enable the women's voices to be heard. Most past research on motherhood focused on child development and on the ways which different characteristics of the mother influenced child development. The women's experiences were disregarded and few research bring forth women's perceptions and feelings with regards to the experience of motherhood (Margolis, 1984; Thurer, 1994). It was one of this study's purposes to allow the mother's voices to be

heard, believing that when we listen to mothers' voices we would be able to learn the most about the experience of motherhood.

Part I - Synopses of the Participants' Stories

This part focuses on the participants' individual stories. A brief synopsis including background information, their attitudes toward motherhood, and their experience of new motherhood is presented for each participant. Perceived expectation-experience discrepancies are briefly mentioned, and will be elaborated on in part 3 of this chapter.

Carol

Carol, 38, was born and raised in Germany. She has completed her education in Physiotherapy at a German university, and has worked at a children rehabilitation centre in Germany as a physiotherapist for thirteen years. Three years ago she met a Canadian and they got married. Carol followed her husband to Canada two years ago. Her parents and twin sister remained in Germany.

In the first interview, Carol said she believed that motherhood was joyful and mostly instinctual. She expected motherhood to be fulfilling for her, and she did not expect that she would want to go back to work soon after having the baby. Rather, as a woman who has already had an established career, she believed she would want to take the time to be home with her baby. Carol,

who got married in a relatively advanced age (35) expressed a yearning to have a child of her own after long years of working with children.

In the second interview, which took place 9 weeks after Carol had had the baby she reported to have gone through a long, painful, yet normal delivery. She complained about being very tired and busier than she thought she would be. Carol perceived to have two areas of positive discrepancy and seven areas of negative discrepancy. The areas of positive discrepancy were: the love she felt toward her son, and the enjoyment she had experienced in taking care of him. The areas of negative discrepancy were: the fact that taking care of the baby was consuming all of her time, the prolonged fatigue, difficulties with breast-feeding, decrease in sexual desire, the relationship with her husband, help from others, and a decrease in her own cognitive abilities. At the time of the interview Carol felt that her difficulties with breast-feeding and her disappointment at the amount of support that she got were no longer an issue for her. However, she was concerned about being busy with the baby all the time, being tired and feeling drained most of the time, having difficulties with her relationship with her husband, and her inability to concentrate on a paper that she had to write for a conference in which she was hoping to present.

Carol described her mood in the two to three weeks before the interview

to have gone through quite major fluctuations. She sometimes was overwhelmed with love for her baby and with the joy of having him, but was more often frustrated, depressed, scared, sad and angry. She reported to have been on the verge of tears or to have felt down or helpless quite often. She stated that the worst thing for her was that she was not getting anything done except taking care of the baby, and that she was scared of losing the special bond that her husband and her used to have before they have had the baby.

Christie

Christie, 29, is an Early Childhood Educator who has been working in a day care for the last five years. she was born and raised in B.C., Canada and have lived in Canada since birth. Her family of origin still lives in B.C. Two years ago, Christie met an American who was quite older than her and had two children from previous marriage. Christie got pregnant and they got married two month before the delivery. At that time, Christie moved in with her husband to a house in a small town in Washington State.

In the first interview, Christie expressed a wish to have at least five children. Coming from a family of nine, she thought that motherhood was the most joyful thing for a woman. Christie was positive that motherhood was fulfilling and instinctual. She expected herself to be very happy after

having the baby, and to get a lot of support from her husband who has already had experience with children. Christie stated that she would not want to go back to work until all her children were in school age.

In the second interview Christie reported positive discrepancies in two areas, and negative discrepancies in another two areas. Her feelings toward her baby were much more intense that she imagined they would be, and her enjoyment in taking care of the baby was greater than she expected. Her areas of negative discrepancy were: the extent to which taking care of a baby was time consuming, and the little support that she received from her own family. Christie expected her mother and sisters to come to her house for long periods of time in order to help her. Instead, they came for short visits during which Christie enjoyed their company but also had to be the hostess which she has found to be very energy consuming.

Christie reported to feel very good in general. Except for a little disappointment around her family support, which sometimes made her angry, she was doing well. The fact that the baby consumed all her time was bothering her somewhat, but her husband's support helped her to be calm about the fact that nothing much was done around the house. Christie's husband was helping her as much as he could, taking care of shopping, cooking, and sometimes getting up with her in the middle of the night.

Although she perceived her life to have changed much more than her husband's did, Christie found that her husband's support and understanding were crucial in her feeling good about herself and her new role as a mother.

Eve

Eve, 33, has a Ph.D. in Micro-Biology. She was born and raised in Israel, where she met her husband and got married six years ago. Eve's family of origin lives in Israel. Both Eve and her husband are doing their Post-Doctorates in Canada, and have been living here for the last four years.

In the first interview Eve said that she believed motherhood to be mostly instinctual. She thought that although she was not feeling anything toward her baby yet, the feelings would come to her naturally after the delivery. Eve did not expect motherhood to be very fulfilling to her. Her academic career was the most fulfilling thing in her life, and she believed that it would be the same after she had the baby. Eve believed that mothers should have interests outside of the home, and she expected herself to be bored with the baby and to be wanting to go back to work as soon as possible after the delivery.

In the second interview Eve reported to have three areas of positive discrepancy and three areas of negative discrepancy. The areas of positive discrepancy were: the love toward the baby, the enjoyment in taking care of the baby, and the lack of desire to go back to work. Eve reported to have

been overwhelmed by the intensity of the feelings she had for her baby. She was also surprised at how much she was enjoying the task of taking care of her son. Her biggest surprise was that she did not want to go back to work as soon as possible. Rather, she contemplated extending her maternity leave until her son was at least one year old. The areas of negative discrepancy that Eve reported on were the amount of time that taking care of her baby required, her fatigue, and her cognitive abilities. At the time of the second interview, fatigue was no longer a big issue for Eve. Her son was sleeping through the nights for at least 6 hours, and she felt that she could handle the situation. Her baby was also taking long naps during the day, which allowed her to do chores around the house and to rest. A thing that bothered her was that her cognitive abilities, especially the ability to concentrate, were not as good as they used to be. Eve wanted to keep being updated in her area of research, and was trying to read articles and books on the subject. However, she found her mind wandering away from the text quite often, so that it was taking her much longer to finish an article if she ever got to it. She also complained that her memory was not as good as it was before. Nevertheless, Eve was optimistic. She believed that in another few weeks her "normal" intellectual capabilities would come back to her.

Eve reported to have been in a very good mood most of the time, and to

have been feeling mostly happy and content. She experienced frustration and was moody in the first two weeks after delivery but not after that.

Heather

Heather, 34, is a computer analyst who was born and raised in the United states. Her family of origin lives in the mid-west of the U.S. Six years ago, she married a Canadian who was finishing his studies in the States, upon which they moved to Canada. Heather has been working in a computer service company in Canada for the last four years.

In the first interview Heather said she believed that motherhood was the most natural thing for a woman, and that it had a large instinctual component to it. Heather believed that motherhood was mostly a joyful and fulfilling experience. She expected to feel immediate love toward her baby once it was born, and was very hopeful as for the support that she was going to get from her husband. She was not sure about her career plans, and wanted to defer any decision till after she had the baby.

A second interview with Heather never took place. About three weeks after Heather's due date the researcher phoned her to check that she had delivered her baby and that everything was o.k. Heather sounded tired and depressed over the phone and she reported to feel exhausted and overwhelmed. She asked that the researcher would phone again in a month

to set the time for the second interview, hoping that by that time she would be less tired and overwhelmed. However, a month later, Heather was hospitalized in a psychiatric unit of a hospital in the Lower Mainland. The diagnosis was: Postpartum Depression. The researcher talked on the phone with Heather's husband twice after that. In the last conversation, about three months after delivery, Heather was home, but was still on medication and seeing a psychiatrist every other week. According to the husband's request, the content of these conversation was not used as data in this study. Both Heather and her husband wanted the case described in general, without any quotes or further details. Their request was respected by the researcher.

Irene

Irene, 35, an adult educator, was born and raised in B.C., Canada. Her parents live close by, but her sister to whom she is very close lives in Europe. She is in the process of completing her B.Ed. and her teaching diploma. Irene has met her husband while she was travelling in the Orient. They have decided to get married quite promptly after they met one another, and came back to Canada five years ago.

In the first interview Irene said she believed that motherhood was mostly instinctual, and a fulfilling experience for a woman. She reported to have already started to experience love toward the baby that was growing inside

of her, and felt that motherhood was very natural for her. She believed that she would get a lot of support from her husband and her mother, and that she would be able to handle motherhood quite well.

In the second interview Irene reported to have had one positive expectation-experience discrepancy, and five negative discrepancies. The positive discrepancy was the profoundness of the love that she felt toward her daughter. Although she was feeling love toward her baby while she was still pregnant, Irene said that the love that she felt toward her baby was beyond words, and that she did not predict the intensity of it before. The areas where Irene perceived a negative discrepancy were: the amount of time she had to spend taking care of the baby, her fatigue, difficulties with breast-feeding, a decrease in sexual desire, and her cognitive abilities. At the time of the second interview, Irene felt that her fatigue was under control now, and that difficulties with breast-feeding were no longer an issue for her. She was bothered by the need to juggle her studies, work, and taking care of the baby since the last consumed most of her time. She indicated that she was still not feeling any sexual desire and that she was afraid of possible pain during intercourse, but she was optimistic about the future and stated that it was not causing any tension between her husband and her. Irene was worried about her inability to concentrate in her studies to an extent that she did not

expect before the delivery. She complained about not being able to put her mind into studying for an exam and writing papers, although her baby was very quiet and laid back. Irene mentioned that her husband was very supportive of her, both physically and emotionally. "If anything" she said "we got closer".

Julie

Julie, 31, a fund manager, was born and raised in England. Four years ago she married a medical student who was in his last year of medical school. Julie's husband came to Canada to specialize in a certain medical area. Julie has followed him. In a year they will be back in England, where both their families live.

In the first interview Julie said she believed that motherhood was mostly instinctual, and that it must be a fulfilling experience for women. In thinking about motherhood, Julie looked back at her mother and how she believed the experience was for her. She also mentioned friends who were career women before, and who have quit their job after having a baby and were happy and content. She expected to stay at home with her children until they reach school age, and believed she would be happy and fulfilled as a mother.

In the second interview, Julie reported to have had two areas of positive discrepancy and two areas of negative discrepancy. The positive areas were:

the amount of love she felt for her baby, and the enjoyment she had in taking care of him. The areas of negative discrepancy were: that taking care of her baby was more time-consuming than she thought it would be, and her difficulties with breast-feeding. The last was not a difficulty any more at the time of the interview. Julie was only bothered by the fact that her house was messy and that she did not get to anything else but the baby.

Julie was in a very good mood during the interview, and reported to have felt this way ever since she had the baby, except for the fourth day after delivery when she was irritable and "teary". She attributed that to the "baby blues" which she believed was "a normal and common thing with many women." Julie mentioned that her son was very calm and good natured. He was sleeping through the nights, usually from 8 p.m. to 5 a.m. and was taking naps throughout the day as well. She said that he did not usually cry unless he was hungry. Julie felt that she was happy about being a mother more than she had hoped to be.

Laura

Laura, 36, a video producer, was born and raised in Eastern Canada. Her family of origin is still there. Eight years ago she met a man and they got married soon after. They recently moved to the Lower Mainland, B.C. Laura did not find a job in her profession. Before she had the baby she was

working part-time as a sales person.

In the first interview Laura talked about motherhood as the most natural thing there is for a woman. She perceived motherhood to be part of a normal course of a woman's life. She thought that motherhood was mostly instinctual and trusted her ability to take care of the baby. She believed that motherhood involved a lot of work, and that mothers sometimes do not find the time to take care of themselves.

In the second interview Laura perceived a positive expectation-experience gap in two areas, and a negative gap in seven areas. The areas of positive gap were: the love for her baby, and the enjoyment in taking care of the baby. Laura said that although she expected to love her baby, she did not expect her emotions to be that intense. In the beginning, she said, her emotions toward her baby were not that intense, which made her worry. However, two weeks after the delivery she started feeling a very strong bond with her baby which was consistently intensifying. Ten weeks after the delivery she was overwhelmed by the feelings of love toward her baby. Laura also said she did not expect to enjoy the actual day to day taking care of the baby but was now enjoying it quite a bit.

The areas of negative expectation-experience discrepancy which Laura perceived were as follows: Taking care of the baby was more time

consuming than she expected, her fatigue was tremendous and was not going away, she sometimes felt very lonely, she had difficulties with breast-feeding, she had a decrease in sexual desire and enjoyment, her relationship with her husband got worse, and she perceived a decrease in her cognitive abilities.

At the time of the interview, Laura was already enjoying breast-feeding but reported to have had many problems with it in the beginning. Her mood was adversely affected by those difficulties, and she remembered sobbing and feeling inadequate as a mother during the first 2-3 weeks after delivery. Laura complained about being tired most of the time. She described her baby as colicky and "fussy", and mentioned that she was waking her up four or five times during the night and having only short naps during the day. Laura described her husband as not being understanding or supportive of her. He sometimes accused her of not being able to deal with simple things around the house. They were fighting a lot more than before they had the baby. Laura's decrease in sexual desire and enjoyment made her avoid having sex as much as she could, which was also a painful issue and has been causing a lot of stress between her husband and her. Laura also said she was feeling lonely from time to time. She reported to experience what she called: "waves of loneliness and depression." These feelings were coming and going without

any particular reason. Laura was worried about that, and she started attending a drop-in postpartum support group that was running in her neighbourhood, which she found helpful.

Michelle

Michelle, 34, a Paediatric nurse, was born in France. Her family immigrated to Canada when she was 17 years old, and is still in Canada. She has been working as a Paediatric nurse in a hospital in B.C. for the last nine years. Four years ago, while on vacation in Mexico, she met a local young man who followed her to Canada. Three years ago they got married.

In the first interview Michelle said she believed that although motherhood had an instinctual component to it, it also had a big learning component. She believed that women have to learn a lot of things that do not necessarily come naturally. Michelle expected to be able to learn her role quite quickly. She also thought that she would need a lot of support and help from her husband and her family. She believed that she would get the support that she needed.

In the second interview Michelle reported to perceive a positive gap in one area and a negative gap in six areas. The one positive gap was in the area of the love toward the baby. Michelle said that she could not imagine how much she would love her baby. The love for her baby was different

from any other love that she had experienced in her life. The areas of negative discrepancy were: The time consuming nature of taking care of the baby, fatigue, loneliness, decrease in sexual desire and enjoyment, relationship with her husband, and help from others. Michelle reported to have been overwhelmed by the fact that taking care of her baby was consuming all of her time and energy. She felt that there were many more chores to do around the house that she could not find the time for. This was frustrating to her and created some tension between her and her husband. In general, her relationship with her husband was not as good as she expected. She complained that he was not showing understanding and interest in her as much as she would have liked him to. She found herself feeling lonely and resentful when he was off to work in the morning, and sometimes when he would go out at night. Another disappointment was that neither her husband nor her family were helping her with house chores or with taking care of the baby. Michelle also reported a decrease in sexual desire and enjoyment. She said that while she believed that this was a temporal phenomenon that only time would cure, her husband was not being very considerate and understanding of her.

Michelle reported that emotionally, she was going through a lot of ups and downs. There were good days and bad days, but sometimes she would feel

really down and hopeless. She said that she sometimes regretted "the whole thing" but then she would look at her baby and her heart would fill with love. Michelle asked the researcher for information on group support for mothers which the researcher provided after the second interview was over.

Rachel

Rachel, 33, a primary school teacher, was born and raised in Canada. Her parents divorced when she was a teenager. Her mother lives in another province. Her father and sister live in B.C. Rachel has been working as a teacher for eight years. She got married seven years ago.

In the first interview Rachel said she believed that motherhood was a wonderful experience. She was aware of the hardships of motherhood but was confident that as motherhood was instinctual and natural, she would be able to handle it. She expected a lot of support from her husband and her mother who would come for three weeks after the delivery. She expected that she would want to go back to work quite shortly after the delivery, believing that being at home with the baby would be quite boring to her.

In the second interview Rachel reported to perceive a positive gap in two areas, and a negative gap in three. The areas of positive gap were the love toward the baby, and the issue of going back to work, i.e. she did not feel a need to go back to work as a way to spend less time with her baby. Rachel

said that her bond with her son was very strong and unique, a thing that she could not imagine to herself before she had the baby. As a primary school teacher she experienced having positive feelings toward children, but the emotion she felt toward her baby "was totally different" from that. She also found herself invested in her baby and not wanting to go back to work. Unfortunately, she would have to go back to work, she said, because of financial reasons. The areas of negative gap were: the time consuming nature of taking care of the baby, difficulties with breast-feeding, and the relationship with her husband. Whereas breast-feeding was not a problem any more at the time of the interview, Rachel was concerned about the other two issues. The fact that she could never get anything done except for taking care of her son was annoying her. She was used to be working outside of the house and yet to be getting everything done in the house. It amazed her that being at home with a baby was so time-consuming and she was frustrated about her house not being as tidy as it used to be.

Rachel was also concerned about the change in the relationship between her and her husband. She expected her husband to be more involved with the baby than he was, and was disappointed that he did not show more interest in their son. She felt that the baby had put a strain on their relationship and alienated them from one another. Her fear was that her husband would

develop resentment toward their baby since he was taking up all of her time. Rachel's husband had expressed a wish to have more "couple time" with Rachel the way they used to. Rachel was disappointed that he was not as patient and as understanding of the situation as she expected him to be. She felt that she not only had a new role as a mother but also a new role as a mediator between her husband and her son.

In general, Rachel reported to be happy most of the time. Her baby was quiet and laid back, and she felt that she was a competent mother. She reflected on the first few days after the delivery saying she was irritable, teary, and often felt lonely even when the room was full with people. She felt that things were getting better for her, but was concerned about the relationships within the new triangle. In an attempt to improve these relationships Rachel had arranged for the three of them to go on a vacation for 10 days. She was hoping that the time together would allow her husband to bond with their son and for her husband and her to re-bond as a couple.

Rose

Rose, 31, an ESL teacher, was born in China. Her family immigrated to Canada when she was 6 years old. Five years ago she got married to a man who is a landed immigrant from Japan. Both their families live in B.C. Rose has been working in an ESL setting for the last four years.

In the first interview Rose had some doubts about whether she had a maternal instinct which would make her knowledgeable in taking care of the baby. She also was not sure about being ready to give up her freedom, and her life as it was at that time. Rose mentioned that other people had assumed she was very happy about her pregnancy but that she actually felt "somewhat indifferent." She was not sure that what she was feeling was "normal." Rose was not sure whether or not motherhood was instinctual. She said she wanted to believe that it was "80 per cent instinctual and 20 per cent logical or empirical."

In the second interview Rose reported to have perceived a positive gap in one area, and a negative gap in eight areas. Like most of the other participants in this study, the positive gap that Rose had was in the area of the feelings toward the baby. Rose was surprised by the intensity of love that she felt toward her son, especially since she felt somewhat indifferent when she was pregnant. She described this love to be profound, unique, and completely new to her.

Rose perceived a negative expectation-experience discrepancy in all eight areas that were described by other participants. Out of these eight areas six were still bothering her at the time of the interview. These were: the time-consuming nature of taking care of the baby, loneliness, the decrease in

sexual desire, the relationship with the husband, help from others, and the decrease in her cognitive abilities. Although she had expected her life to change, Rose said she could not have imagined the extent of it until she experienced it. She was frustrated because of her inability to keep the house clean and tidy as it used to be. She was disappointed that her family and her husband did not provide her with the help that she had hoped to get from them. Although her family members were visiting her, they were "behaving as guests", leaving her exhausted, disappointed, and angry at the end of each visit. Her husband did not understand what she needed and therefore was unable to provide her with it. In general, her relationship with her husband has changed for the worse. They were not as close as before, there was more friction, and more fights. Rose was not ready for such a change. In fact, she had not believed it was possible. She complained that her fatigue caused her to avoid intimacy with her husband, which was another factor in the process of alienation that she felt. Her inability to concentrate on academic tasks and finish them was also a concern that she expressed and had not expected to occur.

Rose described a whole array of feelings that she had been experiencing since birth. For a little while she would be happy, but then she would feel lonely, worried, frustrated, angry, and depressed quite often. She reported to

have sometimes resented her baby and her husband. At other times, she said, she was not sure she could handle the baby or the house. Rose commented that although she was never going to hurt her baby, she could understand how mothers sometimes abuse their children. Finally, she felt that she could not communicate her feelings to her husband in fear that he would not understand her and would think that she was not normal. This was another factor that was causing her to feel alienated from her husband, and lonely.

Sally

Sally, 30, an actress, was born and raised in Canada. Her family of origin lives in another province in Canada. For the last eight years Sally has been working as a free lance actress. She has been together with her husband for twelve years, and married to him for the last eight years.

In the first interview Sally expressed feelings of sadness and fear about the forthcoming change in her life. She stated that she had loved being together with her husband as a couple, and that she feared the loss of that life and that relationship the way it had been for many years. She believed motherhood was a life-long commitment, and a thankless job. At the same time she started feeling love toward her baby, and believed that her maternal instincts which, she believed, were part of a chemical process in her body, were responsible for that feeling. Sally did not expect any help from her

family. She expected some help from her husband, but planned to hire someone to help her with household chores immediately after the delivery.

In the second interview Sally reported no perceived positive gap. She perceived a negative gap in seven areas. Fatigue was the first thing that she talked about. It was very hard on her, as her baby was up every two hours at night and rarely took naps during the day. She felt that she was busy with him 24 hours a day ever since he was born. Although she expected to be tired in the beginning, she did not expect that she would be that tired for such a long period of time. Although she had a woman who was helping her around the house Sally felt that taking care of the baby was much more time-consuming than she expected it to be, and even with her and the other woman sharing the load of work, she felt that the demands were beyond her strengths. Breast-feeding was still a difficulty for Sally after ten weeks in the sense that she could never tell if her son has had enough to eat and was content. Thus, she could not dismiss the possibility of him being hungry even when he has just finished nursing.

Sally reported to have felt lonely quite often. She said she would sometimes feel lonely even when her husband and her maid were in the house. Because she felt this way she had decided to go back to work, part-time, two weeks after the delivery. Sally's husband, who was having back

pains, was not helping her as much as she expected him to. She also mentioned that they were not as close as they were before they had the baby. Sally's explanation of the alienation between her husband and her was, that since her husband was unable to help her with the baby because of his back problems she felt that they were not sharing parenting enough. As a couple who has been living together for twelve years in "an egalitarian relationship", Sally was disappointed that this kind of relationship did not last now that they had a child.

Sally described a whole array of negative feeling that she had been experiencing since birth and up to the second interview. She felt resentful and doubtful toward motherhood. She often felt angry, not toward a particular person but toward the situation. She sometimes felt helpless, frustrated and depressed, and expressed disbelief and amazement about the fact that "people do it all the time." She described a panicky feeling that she experienced quite often toward the end of the day when she was very tired and expecting another sleepless night. Her hope was that time will pass quickly and her baby would be easier to take care of.

Shannon

Shannon, 29, an ESL teacher, was born and raised in Canada. Her mother died when she was young and she was an only child. Her father lives in

Canada, but Shannon is not close to him. Other family members live close by to Shannon and they sometimes see one another. Shannon's aunt and cousin have been somewhat helpful to her but she was not really close to them. Five years ago Shannon married an Israeli man and they have been living in Canada ever since.

In the first interview Shannon said she believed motherhood was about devotion, unconditional love, and a lot of patience. The love for a baby is something that takes time to develop, she believed, and Shannon intended to give herself that time. Shannon did not believe that motherhood was instinctual except for things like breast-feeding but she believed it was a fulfilling experience for women. Thus, Shannon expected herself to enjoy motherhood but also to go through a learning process once she had the baby.

In the second interview Shannon was the only participant who reported to have had no discrepancy whatsoever between her expectations and her experience of motherhood. Everything was more or less as she expected it to be. Although she did not get help from her own family, her husband's mother and sister came over and stayed with her for five weeks after birth. Shannon believed that this help was crucial to her adjustment to motherhood, and was very grateful to her mother and sister in law. Shannon's husband was also very supportive and helpful. He shared the responsibility of taking

care of the baby and the house in a way that Shannon felt was egalitarian. Shannon's husband was working only part time. During the rest of the time he fully devoted himself to take care of Shannon, the baby, and the house.

Shannon reported to have been feeling very happy and content. By the time of the second interview she had resumed her exercising and some of her social activities. The new family was also doing a lot of things together like hiking, camping, biking, visiting friends, and more. Shannon reported to be feeling good about herself as a mother and about her relationships with her husband and daughter. As the baby was very laid back and quiet, Shannon and her husband were able to spend couple time as well as family time together.

Part II - Participants' Attitudes Toward Motherhood

The data from the first interview was divided into seven major categories with a various number of sub-categories for each. These categories emerged from first interviews with all twelve participants. The categories were as follows: 1. a general definition of motherhood; 2. Characteristics of a good mother; 3. Characteristic of a bad mother; 4. A definition of Mother-Love; 5. Motherhood as an instinct; 6. The fulfilling nature of motherhood; and, 7. Motherhood and career.

1. A general definition of motherhood-Seven out of the twelve participants

stated that they looked up to their own mothers when asked or thought about motherhood. Although they often criticized some aspects of their mothers' behaviours they generally saw their own mothers as their role models. Christie, the youngest in a family of seven children said:

> I look forward to [becoming a mother] and I think I had one of the best role models...my mom...she was great...I used to think she was pretty hard...you know. She was the disciplinarian in our family...but we all survived and turned out pretty good.

All the participants defined motherhood as a life-long commitment. Sally, a 30 year old actress, believed not only that motherhood was a life-long commitment but that it also involved "years of hard, thankless work." Most of the other participants, however, believed that while motherhood involved devotion, sacrifice, and unconditional love, it was also "the ultimate joy" or "the joy of joys," or at least was "very joyful." Thus, most participants considered motherhood to be a joyful experience but were also aware of the life-long commitment that was part of it.

All participants except for one stated that motherhood was a natural thing for a woman, that happened as one of the stages of life. Laura came up with the following definition of motherhood:

> For me, it looks like the most natural thing...it's like...you go through

> your childhood, then you go through your teens...you go through what I consider my career twenties, my schooling and everything...in my mind it's just kind of falls into it...getting married, have your children, raise them...

Nine of the participants mentioned that motherhood meant "being there" for the child. While two of the participants said that "being there" did not necessarily mean physical presence, the other seven specified the physical presence of the mother as an inseparable part of motherhood. Julie looked back on her own mother who was always around and, formed her definition of motherhood based on that experience:

> [When you hear the word motherhood] I suppose you just think about your own...your own mother, and your experience...what her role was in your life, and I mean, that was a fairly traditional you know, mother... caring, although she worked some of the time, she was always around. So I suppose I tend to think of motherhood in those terms, you know, someone who basically does most of the bringing up of the children, and is always there for them...although I've had more of a career than my mother, I still feel that it's important for the mother to be around, be at home...

In summary, a definition of motherhood which synthesizes most of the

participants' words would be as follows: Motherhood is a life-long commitment that involves unconditional love, devotion, sacrifice, and physical presence, that is a natural thing for a woman as well as a joyful experience.

2. Characteristic of a good mother-Except for two participants, all participants believed that there was a definite distinction between a good and a bad mother. Sally was one of the two who did not believe there was such a thing as a good mother:

> I don't really believe in a good mother... it's such a box to put mothers into. I don't even believe that it's a very useful word to use for a mother...It's a trap. A good mother's a trap!

Other participants, however, believed that there were good and bad mothers, and that the two types of mothers were very distinguishable from one another. To the question: "in your opinion, is there such a thing as a good mother?" participants answered with: "Oh yes, definitely!", "Oh yes, I believe so" or "Of course there is!". The characteristics of a good mother that came up were many. Taking care of the physical needs of a baby/child was mentioned by all participants. At the same time, this characteristic was taken for granted and referred to as a given. Other characteristics of the good mother referred to the emotional, mental, and social development and well-

being of the child. Since the list was very long, only those characteristics that were mentioned by seven participants or more are brought here.

According to the participants in this study, a good mother is: loving and supporting, an empathetic listener, educated in child development, provides a growth enhancing environment and appropriate stimulation, enhancing self-esteem and self-confidence in the child, sets limits and clear boundaries, respects the child as a person, patient and tolerant, a secure, grounded, self-confident person, and is always there for the child. The followings are segments from the interviews which relate to the definition of a good mother. Shannon described the good mother as she believed her to be:

> [a good mother is] someone with a lot of patience and tolerance, who does everything to help the child build up self-confidence and self-esteem, and knows how to draw limits with herself and the child, so that they know very clearly "this is my responsibility, this is where I can help my child," or "this is not my responsibility, this is where my child has to take responsibility". Even from when they're an infant, like, putting themselves to sleep or, you know, starting from a very young age, so that they have a very clear line drawn between them, and that they give their child a lot of respect and treat them as a person, and not try to control them...within reason, I mean. Try to see

things from the infant's perspective, how they might be feeling at the time, spending a lot of time talking to them, interacting with them, and...making them feel secure and comfortable...so that they start forming their sense of self, and boundaries.

Christie thought that the most important things for a good mother was to be educated in child development, be empathetic and, respect the child as a person:

I think [a good mother] is somebody who really understands childhood. A mother who can really empathize with...people in general...and understand that whether you're only three feet tall or you're six feet tall there's gonna be times that you're gonna be maybe uncooperative, or the child's just gonna be really wild...but I think you have to understand that a child is a person and, a good mother, I think, will always attend to that...in that she will respect the child... and spend time with them, listen to them and kinda know what's going on with them as well as what's happening outside, you know...a good mother is just knowing what to expect from each age group, each child.. there's a lot of books out there, there's a lot of people that you can talk to...I think it would be nice, actually, [for mothers] to seek some kind of parenting education like I took, early childhood

education...

Another frequently mentioned characteristic of a good mother was patience. Patience was mentioned by 10 of the 12 participants. Irene believed that among other things, patience was a necessary attribute for a good mother:

> [A good mother is] someone with patience, a lot of patience, and who's willing to be flexible, to adapt, try to adapt to situations as best as she can, and...relaxed, like someone who's not too controlling...doesn't want to control this child, I think is a big thing. And someone who's a good listener, wants to listen...that is positive, that sees things...tries to look at things in a positive light...and is open minded toward situations.

Being a first time mother-to-be, Julie was not sure she knew what a good mother was, but eventually came up with the following:

> I don't know exactly what makes a good mother. I mean...obviously there are certain things you would hope that you could give your children in terms of a lot of love, a lot of support, you know, being able to listen to their problems, and provide the basic needs that they have, you know, by way of shelter and warmth and food and all that, and then as they get older, try and provide them with the stimulation they need to sort of develop, mentally and physically...providing them

> with the right environment, you know, that allows the child to grow and develop.

For Julie a good mother was someone who took care of all the physical needs of her child, but also, in addition to love and support, provided their child with appropriate stimulation and a growth enhancing environment.

Michelle also believed that a good mother should provide the appropriate stimulation for her children on top of providing for their basic needs:

> What a good mother is, I think, is someone who provides her children with what they need...you know, and I'm not talking about food and stuff 'cause that's kind of, you know, a given...but I'm talking about things they need in order to develop mentally, like stimulation...even from the first week, the first day, you know, and knowing what they need at each stage kinda. Like, you don't expect your four week old baby to do a jigsaw puzzle of course, but you can still provide appropriate stimulation like, I don't know, like hanging a mobile over the bed or something. Yeah...and as they grow older you provide them with more and more stimulation...so a good mother, to me, is someone who knows what her child needs...in all areas that is, and provides it.

Rose came up with a definition for a good mother which encapsulated most of the characteristics that were mentioned by other women:

> A good mother is someone who knows how to respond to every situation, who is sensitive to the child, but yet recognizes the difference between a need and a...manipulation...a good mother is someone who is patient and tolerant, and who's fair...who can be somewhat impartial and not let...the emotional...her personal emotional baggage kind of interfere with her...her judgements in dealing with the child. Someone who's calm, and steps back a bit from the situation before diving in and just exploding if it's one of those...conflicting kind of situations...and who attends to her child's needs in the sense of...you know...what kids need in order to develop...mentally, emotionally, and of course physically.

To summarize, most of the women in this study believed that a mother could be either good or bad. In order to be a good mother a woman should be loving and supporting, empathetic, patient, educated in child development, providing her children with age appropriate stimuli, respecting her child as a person, setting limits and boundaries, enhancing self-esteem and, a well grounded and secure person who is always there for the child.

3. Characteristics of a bad mother-There was less variety in the definition of a bad mother than there was in the definition of a good mother. The participants seemed to come up with their definitions much more quickly

than they did when they had to define a good mother. They were also more sure of themselves when they talked about the bad mother. The characteristics of a bad mother which were brought up by most of the participants (7 or more) in this study were as follows: A bad mother is someone who abandons, neglects, or leaves kids unattended, physically and/or emotionally abuses the child, impatient, hot tempered, provides no stimulations, affection or physical contact, and discourages the child's independence and development. Other characteristics that were mentioned by one to four participants were: someone who drinks, doesn't draw limits, have no boundaries, uneducated in child development, and does not have good parenting skills.

Most of the participants talked about abuse and neglect as the main characteristics of a bad mother. For example Eve said:

> [a bad mother] is someone who neglects her duties as a mother, doesn't feed the child or leaves them dirty or alone all day...and definitely...who abuses the child physically...hits, smacks, or even spanks the child and so on, but even if she "only" puts the child down all the time or yells all the time, this is emotional abuse and it's bad.

Sally, who did not believe in a good mother, was more comfortable with defining what a bad mother was:

> Bad mother is perhaps...a mother who neglects mothering...who has abandoned her role of mother...yeah...I believe it's possible to be a bad mother...you can be neglectful, and you can be abusive and abandoning and...funny how I have more space for bad, rather than good...

Rachel also had a clear picture of the bad mother in her mind:

> Women who leave their kids unattended, and...in cars, and who drink...neglect their children or abuse their children, I mean, physically...anyone who does that is a bad parent...If a child is neglected, or abused, physically or mentally, that person is a bad mother or parent.

Carol believed that a bad mother was not only someone who abused and neglected but also who was inconsistent in her behaviour:

> I think a bad mother is someone who behaves in a way that you can never tell what is going to happen or...the child doesn't know what to expect. I mean if one moment she's nice and loving and spoiling her child and the other she yells at them or hits, you know...I think that's very scary for a little child. Of course hitting the child in itself is very wrong...I don't believe in physical punishment at all!...but even worse than that, I think, is when a mother doesn't know what she wants and

> doesn't know...how to deal with her own anger so one minute she's good and sweet and the other minute she's going crazy...yelling and smacking, you know, this is very bad.

Julie described the bad mother as follows:

> [A bad mother] is I suppose a mother that kind of inhibits or reduces a child's development in some way. Quite how you'd do that...I guess you could be a bad mother by providing a bad environment for your child, like no stimulation, no physical contact, no affection...perhaps by doing things that are physically harmful to the child, say, like smoking all the time in their presence, or...not looking after them...not giving them enough nutrition and stuff...I mean anything that could reduce the child's potential to do, to live up to...you know... it's maximum...I think is probably bad mothering.

In summary, the women who participated in this study believed that a bad mother was someone who neglected and abused her child either physically or emotionally, did not control her anger and, did not provide any stimulation, love, or physical contact.

4. **A definition of Mother-Love**-All twelve participants believed that Mother-Love was a unique and distinct feeling that they all expected to have once they had their babies. According to the participants in this study, Mother-

Love is unconditional, eternal, involves sacrifice, has a protective component in it, instinctual, natural and, pure. Although they all expected to feel Mother-Love toward their babies, four of them believed that the feeling would come gradually, whereas the other eight expected to have it immediately after the birth. Two women reported to have started feeling love toward their baby while still pregnant. One of them was Irene:

> I guess mother-love is what I'm feeling right now toward this baby that's growing inside me. It's hard to explain but I think it doesn't depend on anything...I mean, I haven't seen it yet even and I already have feelings for it. Isn't it funny? I guess you can say it's unconditional since it hasn't pleased me in any way yet (laughs) but I still feel love...and...even though I don't even know the sex...you know, it's just a flooding...feeling of love that I feel and I think, you know...I feel that nothing can take that away, you know, it's there for good kind of...

Rachel also talked about the unconditional nature of mother-Love. She has formed her opinion by looking at her own mother's love for herself:

> What is mother love? Pretty unconditional. Unconditional, I mean, I know just the love that my mom has for me is unconditional... it's like: "I don't like what you did...you just did something, or I don't like your

> actions, but that doesn't mean I don't love you"...I just know that something happens...there's some incredible bond. You give birth to this child, and for...for...'till...forever, there's this incredible unconditional love you have. So it's just very pure and unconditional.

For Heather, the main characteristic of Mother-Love was its natural, instinctual nature:

> I would imagine that it's [Mother-Love] something that's more natural, if you like, and it's a reaction in you that you can't actually....bring about in an artificial way. It's just sort of...sort of talk about nature versus nurture. I guess mother love is kind of instinctive, and it's something that...you know, you can't kind of fight against when you have the baby. I guess when you have a child, or when you're about to have one, you just feel a tremendous amount of protective emotion toward this thing, and...I guess that's it...It's probably a much more primitive form of love than say, what you might develop in later...later on for a friend or something... which is something that grows gradually. I guess mother love is more of an animal sort of instinct than anything else.

Sally was one of the women who felt the presence of Mother-Love when she was still pregnant, and attributed it to physiological processes and

changes:

> Mother love. It must be that unconditional love that nature makes you feel for small things. Yeah...yeah...just that instinctual love, that caring for something that's small and needs it. Effortless, it's almost an effortless love... it just seems to be a result of being pregnant...there's a presence of love, I mean, it might just be a chemical phenomenon in my body right now where I feel more love...toward my baby inside, toward caring for it...more protective... and you know, it wasn't a decision to be that way. It just...I think it was a chemical transformation. Your heart opens more, and your ligaments open more, everything is more open...your body's more open. So mother love is unconditional love...to the extent that hormones are released at the right time.

Laura talked about the way she perceived mother-love to be different from any other kind of love:

> I guess mother-love means a real intense bonding...and I guess a love that's different from anything, any other kind of love you've experienced. Very emotional...I'd think it would be different from the love you have for your husband. I don't know exactly how yet...but I'm sure it's very special...see, it's got to be, otherwise why would

mothers sacrifice so much for their children?

To summarize, the participants in this study believed that mother-love was pure and natural, unconditional, eternal, involved sacrifice and, had a protective element to it. They emphasized the uniqueness of mother-love in relation to other kinds of love, like the love for a spouse or a partner, or, in other words, romantic love.

5. Motherhood as an instinct-Whereas all the participants believed that mother-love was instinctual, only some of them believed that motherhood in itself was instinctual. The participants were asked the following question: "To what extent and in what way do you believe motherhood to be instinctual?" Three of the participants believed that motherhood was mostly non-instinctual, and a learning experience. Seven of them believed that motherhood was mostly instinctual, and two of the participants believed that motherhood was a combination of instincts and learning.

Laura was one of the participants who believed that motherhood was mostly instinctual:

> It's (motherhood) instinctual to quite a large extent I would guess...certainly early on, I guess that's what gets you by, that you feel, you know, a tremendous responsibility, and a tremendous protectiveness and that must be largely something that's...instinctive

rather than something that you've learned...It must be that every...every woman has, to some extent, the need or capability to bring up, to mother, and to love a small child...irrespective to whether they actually produced it or not. So that even when you hold someone else's baby, you still feel very protective and loving toward it. So it's just an instinctual thing that maybe almost every woman has.

Carol also believed that motherhood was mainly instinctual:

I think it's (motherhood) almost one hundred percent instinctual...I mean...it has to be something innate...I think...I know that psychologists always emphasize the environment, the nurture, but I believe it's more natural and instinctual. There is a... maternal instinct, although I was probably raised to believe that I have this instinct in me, so maybe that's why I think it's like that...but I really believe it's instinctual.

Shannon, on the other hand, did not believe that motherhood was instinctual at all:

If motherhood is instinctual? I don't really think it is instinctual. But I think people see something cute, like an animal sees it's baby and the baby is cute, it has a cute face and many people have a ....a tenderness toward things that are cute, and soft and cuddly. But I really don't

think it's instinctual, except for the physiological part, you know, your breasts produce milk, and things kinda go the way they should, but I'm sure there are lots of people that have kids that shouldn't, and lots of fathers that are more instinctual than the mothers. It has a lot to do with how you grew up, and then, with what you learn. And I'm sure you learn as you go along, as the baby grows...you learn from day to day.

Michelle believed that motherhood was somewhat instinctual but had a large component of learning to it:

Yes, I believe motherhood is instinctual, but only to a certain degree. There's a lot of stuff you should learn, and I believe you can't really learn before you actually have the baby. It's like the difference between theory and practice... You hear those things or you observe others doing them, but you don't really know them until you do them yourself..... yeah...I believe that some things are instinctual. Like the way you...hold the baby for example, you know, or...some of the emotions you have toward it. These just come...naturally, and I guess the instinct exists in us as it does in animals. But it's still...different...I'm sure...because our lives are much more complex than animal's. We have to know so many things... that nature alone

doesn't take care of...and, I mean, look at mothers when they have their second or third baby...they definitely know more about motherhood than I do now...so I believe it's not either or, but it's a combination of both... instincts and learning, I mean.

In short, most of the women in this study believed that motherhood was mainly instinctual but that it consisted of a component of learning as well. That is, they believed that there were certain things that a woman did automatically when she became a mother, and that certain changes, especially physical, happened to the new mother, but that there were a few things that a new mother should learn about motherhood. Only two participants believed that motherhood was totally non-instinctual.

6. Motherhood as a fulfilling experience-Participants were asked the following question: "to what extent and in what way do you believe that motherhood is a fulfilling experience to women, or is it?" Three participants believed that motherhood was the most fulfilling experience that a woman could have. Seven participants believed that motherhood was mostly a fulfilling experience, but that there were other things in a woman's life that could be as fulfilling as motherhood. Two participants believed that motherhood was only somewhat fulfilling, and that other things could be more fulfilling than motherhood. None of the participants believed that

motherhood was not at all a fulfilling experience.

Christie was one of the participants who believed that motherhood was the most fulfilling experience for a woman:

> Oh, I don't think...I don't have any doubts about that...motherhood is very fulfilling...I think...basically it's the joy of all joys. Just to raise your own child...go through the goods and the bads...the party times and the bad times...but I think it's kind of the ultimate, you know...

Julie had formed her opinion about the fulfilling part of motherhood through looking at other women's experiences:

> ...Not having been a mother yet, it's a bit difficult to say...apart from looking around me...and I think that the women I know who actually devoted themselves to being mothers are very fulfilled and, and quite happy, despite the fact that mothers had to give up good jobs and a large chunk of their sort of academic life in order to do that...and I suppose that there are people that I've been surprised at, who've been very happy you know, being mothers, that I would have said a few years ago that I couldn't see them at all in that role. So it must be, it must be good, it must give you a lot...in order to replace what I would have considered were very stimulating lifestyle...all of them...and these were all ambitious women who've reached fairly serious jobs and it's

> hard, you know, for women to get those positions anyway, so it's a lot to give up...and, you know...the majority of them have been very happy, so obviously there's something, there's a great need within...women...to do that, to child bear...it's a part of their life.

Rose thought that parenthood was fulfilling for women more than it was for men, but that it could also be frustrating:

> I think that motherhood is more so (fulfilling) for mothers than for fathers, because I think mothers dealing with their children on regular basis begin to see how what they do creates, or helps to mould the personality of this child...I think seeing that, and watching the child grow, and being able to feel a part of that daily interactive process, I think is very fulfilling. Yeah...and I also think that it's very frustrating too. So I think that even though that can be a great source of fulfilment, it can cause a great deal of stress to a woman's life, which I'm not sure I'm ready to deal with yet either.

Eve thought that motherhood had to be a fulfilling experience, but that at the same time, other things could be as fulfilling for a woman:

> I guess it is...I guess just to see something that you created, just you and your husband...hopefully it was a creation out of love, and that you get...just the chance to experience it, and opportunity to...try your

best, and to see someone else become a reliant, responsible human being in the world, and you played a part in it...and the love you give and get....I'm sure it's fulfilling but, you know...at the same time other things can be fulfilling too. Like...I know for me, my job is fulfilling, and I'm not comparing or anything, but I just think a woman can find other things fulfilling...even more fulfilling than motherhood. For example, I feel my job is very fulfilling to me so I don't know...maybe it will be more fulfilling to me than motherhood...we'll have to wait and see. Anyhow, I don't believe that motherhood is the only fulfilling thing there is...not in our time at least.

Most of the participants in this study, then, believed that motherhood was mostly a fulfilling experience, but that other things, like a career, could be at least as fulfilling as motherhood if not more than that.

7. Motherhood and career-The issue of motherhood and career preoccupied all of the participants in this study. Many times, the issue was brought up by the participants before the direct question was presented by the researcher. It was often raised by women when they were referring to the issue of the good mother. As was mentioned in previous sections of this chapter, most of the participants believed that a good mother is someone who is "always there for her child." If this is so, they wondered, then how would a working

woman who loves her job but also wants to be a "good mom" deal with those two responsibilities ? The answers to this question varied from woman to woman. However, in general, they all believed that it was a big dilemma for a lot of career women who are becoming new mothers. Three of the participants believed that motherhood and career was an impossible combination and that a woman had to decide what she wanted, i.e. if she wants to keep her career she should not have babies, and if she has a baby she has to give up her career. Seven women believed that combining motherhood and career was a must in our society and that there was an inevitable compromise and sacrifice, usually in terms of the woman's career. The other two participants believed that combining motherhood and career was not only necessary but also desired, and that with a delicate balancing act, it can be achieved with minor compromise to either side.

Heather was one of the three women who believed that a mother should stay at home with her baby and leave her career behind:

> It may sound a little old fashioned, may be, but I still believe that a child is best taken care of by his or her own mother. You know...especially when they're young like a few weeks or months...but even the first few years...like, they say that a child's personality is shaped during the first five or six years. I want to be responsible for it.

> I don't want a nanny who, maybe, is very loving and caring but doesn't have any idea about child development or...so to raise my kid...No, frankly, I think mothers should wait till they're ready and then concentrate on bringing up their children.

Christie was another woman who believed that a mother should stay at home with her children if she could. For Christie, it was a big issue since she was a day care teacher and has worked with children whose mothers were working outside of the house:

> It's funny because a lot of people have asked me about [motherhood and career]...because I'm a day care teacher, and basically, children who come to the day care are...a lot of families have working parents...and I'm glad to be a part of that and help those families and all...but personally for me...I've always wanted to be able to stay home and raise my family like my mom did. I think it's for the child's best interest, and even for my own best interest since I know...I would always be nervous if my child wasn't with me when he's very young...

Irene believed it was important for every mother to do what she felt like doing in terms of her career. In general, she believed that combining motherhood and career was possible, and did not require a lot of sacrifice, only a little compromise:

> I think it's important for a woman to do what she really feels she needs to do. And if a woman is happy and wants to be a full-time mother, I think that's great, you know, if that's what she wants to do. But if she wants to also have a career, be it part-time, full-time career, and she denies herself that, I think her being unhappy is going to transfer to the children, and, she may not be as good a mother as...'cause she feels she's not fulfilling herself...I've heard women say, they say, you know, I feel my child has deprived me of part of my own life, that I've been robbed of me as an individual. And so I think that it's really important to keep your own identity. I mean you're a mother, but you're also, you may be a career woman, and a wife...and I think that for me...I'd like to have a half, a part-time, you know, to teach three days out of five. I don't want to miss having, you know, miss seeing my child grow up, but yet I don't think I could stay home full-time, all the time...

Sally felt that combining motherhood and career was very difficult, and not without sacrifices. At the same time she felt that a woman should try to balance both things:

> Motherhood and career is like an oxymoron, it's like, yeah, it's nice to think you're going to be a mother, and have a career, and everything

else you're supposed to do. so I feel like it's a huge responsibility to do both...and at the same time, I think I as a woman need other stimulation, so I think it's worth finding the balance. But I think it's...it's asking a lot of myself to think I can be a mother and a mind or a student or a performer, so I think it's a strain, I think it's a huge expectation, and at the same moment, I certainly would not just surrender to motherhood period, and not have any other stimulation or access to the world. It's dangerous for us as women today to not have, you know, a finger to the world. I think we need it to survive as a mother...you know, even if we're at home as mothers with the computer and we're on the Internet at least we're, you know...communicating. But you have to balance 'cause, see my career for example, is cut back tremendously since I've been pregnant, I don't think you can do it all without a huge sacrifice of the child....I think you can only do so many things well, and you compromise...I don't think you can have both, you know, with full intensity. Maybe some women can, I don't think I can. But even those women, I don't know, maybe they lower their expectations on their career, and their expectations as mothers...to me the wisdom is knowing what to give up and what not to give up...

Carol believed that the issue of motherhood and career was a big dilemma for a lot of women. She believed that each mother should find the correct answer for herself since, as she said "there is not a definite answer to this dilemma." As for herself Carol said:

> I don't see myself as a full-time mom. I've been a working woman too many years to give it all up. I will definitely stay home for a few months, but then, I'm sure I'll find a way to be a good mother and keep my career. Perhaps I will cut down the number of hours I work, I don't know, I'll have to wait and see. But I think you can be a good mom even if you're working and not spending your whole days and nights with your child...don't they say that it's the quality that's important? so I believe that I'd want to keep my career, and I think it's possible...I've seen many women who are doing it, and they have very good kids...it's not a problem really, but I know it's a big issue for a lot of women...a dilemma.

To summarize, all of the participants in this study believed that many women in our society strive for the right way to combine motherhood and career. Most of the women believed that such combination was possible, but that it took sacrifice and compromise on both sides. All except two, emphasized the right that all mothers should have to decide whether or not

to pursue a career.

Part III-Areas of Perceived Expectation-Experience Discrepancy

This part will focus on the areas in which new mothers perceived a gap or a discrepancy between what they expected before becoming mothers and what they experienced after becoming mothers. The areas of positive and negative Expectation-Experience Discrepancy were revealed through the process of data analysis of the second interviews.

Ten out of the eleven participants that were interviewed after delivery reported a perceived gap between their expectations of before having the baby and their experience of motherhood. Only one participant, Shannon, reported that there was no difference or gap between her expectations and her experience as a mother. Participants were asked the following question: "What has been similar and what has been different in your experience as a mother from the way you expected it to be?" All ten women who reported a gap between their expectations and their experience said that there was nothing similar to what they expected. Everything was different and very new both positively and negatively. Sally described how things were different for her from the moment she went into labour:

...It's not what I expected at all, I didn't expect, I had no concept of how hard it was. How much work...right from the moment I went into labour

everything was not what I expected, labour was not what I expected, taking care of him was not what I expected, even breast-feeding was a challenge...I had no idea how hard breast-feeding was...so my expectations are way out of whack with the reality of the baby.

Carol had also found her experience to be totally different from her expectations:

> Nothing's similar to what I expected...I've had absolutely unrealistic expectations...nothing matched what I thought...nothing has turned out the way I felt it.

Rose described the profoundness of the gap between her expectations and experience as follows:

> Oh, it's totally different from what I expected...I don't know about similar, but...I look back on my thoughts and plans of before I had him, and I say to myself:"Boy, were you naive, were you completely unrealistic or what?" It's just unbelievable how much he's changed my life...how I am different from how I was or how I thought I would be...

Each participant who reported to have had a gap between her expectations and her experience was asked the following question: "What has been easier or more positive than what you expected and what has been harder or more

negative than what you expected?" All ten women described areas in which they perceived a positive gap or expectation-experience discrepancy and areas in which they perceived a negative gap or expectation-experience discrepancy. Areas of Positive Expectation-Experience Discrepancy-The process of data analysis revealed three common areas of perceived positive Expectation-Experience Discrepancy. These were: feelings toward the baby, enjoyment in taking care of the baby, and not wanting to go back to work. Table 4.1 summarizes the areas of positive discrepancy for all the participants. Nine women reported to have been surprised by the intensity of emotions that they felt toward their babies. Although they expected some kind of maternal feeling to arise in them, they could not imagine how positive, intensive and overwhelming the feelings of love toward their babies would be. Carol was amazed at how her love toward her son was intense and different from what she thought she would feel:

> It's just unbelievable how I feel toward Christopher...it's just...a whole new feeling that I experience in me. I never thought I would be like that because, you know, I'm not the type of person who goes crazy after babies and stuff...I baby-sat for my friends a few times and they had cute babies and all...but I never could imagine what it would be like...to have my own baby...I mean, the love I feel for him is so great

that nothing... nothing can take it away!

Michelle also talked about her feelings toward her baby with amazement:

> I'm just amazed at how much you can love your child. It's just an overwhelming feeling of love which I've never experienced before...of course when I fell in love with [husband] it was also overwhelming but in a different way...it's hard to explain but it feels unique and so strong...and infinite...yeah...definitely infinite...I never expected to feel that intensity of emotions toward a baby...I'm starting to understand other mothers now...friends, you know, who always seemed to be so much in love with their babies...it was hard for me to understand...what's so special about a baby?

Another positive discrepancy between expectation and experience was the sense of enjoyment that some women had in taking care of the baby and watching it develop. Five of the participants reported to have been surprised by that. Laura was talking about how much she liked taking care of her baby and how much this was unexpected to her:

> It's better in that I like it (laughs). Yeah...I actually like being at home with Kiley...just taking care of her has been a lot more fun than I expected it to be...I thought I'd be bored...but mostly I'm not. Just watching her grow...and her smile...I mean...I just love to see her

smile...

Another area of positive discrepancy was around the issue of going back to work. Four participants reported that whereas they expected themselves to want to go back to work as soon as possible after having the baby, they did not find themselves wanting to go back and have decided to stay at home with the baby longer than they had planned to. Eve describes how her enjoyment in taking care of the baby has caused her to change her plans about going back to work:

> You know, I never thought it would be like that...because I loved my job and I thought I'd wanna go back to it as soon as possible. I thought I'd be bored and all...but I'm not...it's really funny but I actually enjoy being home with him. And you know...this is something I didn't expect...I told them [her bosses] I'd be back at work by September. But I'm not going to...really...I'm gonna take a few more months off and just be home...just be here with Nickie.

In short, nine of the women who have reported an expectation-experience discrepancy had at least one positive one. Eight of them were surprised by the intensity of the love that they were feeling toward their baby, six of them were experiencing enjoyment in taking care of their baby more than they expected to, and four of them were surprised at the fact that they did not

feel a desire to go back to work as soon as they expected to before they had the baby.

Table 4.1

Areas of Perceived Positive Expectation-Experience Discrepancy

Name	Love for baby	Enjoyment	Back to Work
Carol	X	X	
Christie	X	X	
Eve	X	X	X
Heather	N/A	N/A	N/A
Irene	X		
Julie	X	X	
Laura	X	X	
Michelle	X		
Rachel	X		X
Rose	X		
Sally			
Shannon			

Areas of Negative Expectation-Experience Discrepancy-The process of

data analysis revealed eight common areas of perceived negative expectation-experience discrepancy. Each participant perceived more than one negative expectation-experience discrepancy. Table 4.2 presents the areas of negative discrepancy for all of the participants. The most prominent discrepancy was the extent to which taking care of the baby was hard and time-consuming. This was mentioned by all ten mothers who reported a gap between their expectations and their experience. Others were: fatigue, loneliness, breast-feeding, decrease in sexual desire and enjoyment, negative change in the relationship with the husband, help from others, and, decrease in cognitive abilities. Each one of the areas of negative discrepancy is illustrated in the next few paragraphs.

1. Taking care of the baby-Mothers reported that taking care of their babies was a much harder job than they had expected it to be, and much more time-consuming than they had thought it would be. Rachel described the gap she had been experiencing on that matter as follows:

For one thing, I did not expect that it would be so time-consuming and take my entire life twenty-four hours a day...I also thought that [husband] would be more helpful than he is...'cause he's such a supportive partner...we've been so equal up till now, but now it's really...I'm the mom...and he's...he's saying: "you're doing such a great job" but he's at work all day, and when he's

coming home he wants to relax but that's when Sammy's fussy...so I'm totally tied down to Sam and it's hard...it's so hard...and...you want to take a day away but people would, you know they would: "Do you mean there's a moment in the day that you don't want to be with your baby?" People kind of keep it inside...people don't talk about how hard it is...

Rose did not expect her life to change as much as it did. She also did not expect motherhood to be that all-consuming:

> I knew it was going to be hard, but it has expressed itself to be a lot harder than I thought it would be. I remember when I was talking about having a baby, I talked about it in a third party kind of manner....he was going to be over here, and I was still going to be there...I had all these plans in my mind, that I had just seen as, you know, when July came along, I had to get these things done, and I was gonna carry on with my life...that for sure was very different. And I really didn't know that it was going to be so consuming. And not only energy-consuming, but thought-consuming. I thought that I could put him aside, into, you know, my home world, and yet still have my work, my job, or my other things. I just find now that I can barely entertain other thoughts about accomplishing other things, like, other than, you know, being a mother.

Table 4.2

Perceived Areas of Negative Expectation-Experience Discrepancy

Name	Time	Fatigue	Feeling Lonely	Breast feed	Sex	Relationship	Help	Cognitive
Carol	X	X		X	X	X	X	X
Chris	X						X	
Eve	X	X						X
Heathr	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Irene	X	X		X	X			X
Julie	X			X				
Laura	X	X	X	X	X	X		X
Michell	X	X	X		X	X	X	
Rachel	X			X		X		
Rose	X	X	X	X	X	X	X	X
Sally	X	X	X	X	X	X	X	
Shanon								

2. Fatigue-Fatigue was one of the areas which kept coming up quite in the beginning of the interview, before the researcher would ask any question.

Women would just sit themselves down, sigh and say something like: "I'm so tired" or "I've been so tired since I had him." Seven women described the fatigue which they were experiencing to be more severe than they thought it would be. Commenting on how tired she was Michelle said:

> I've been tired all the time...it's just terrible...I mean, friends have told me that it was going to be like that but I...I just didn't expect it to be that hard, I mean, if she's napping I know I should go to bed too...but there's always so many things to do...just look at this mess...I'm embarrassed, really...but even if I am going to bed...I don't always fall asleep 'cause her naps are so short sometimes...by the time I start dozing off she's up and crying again...so it's constant...fatigue. You can't take a break or say: "I'm gonna take off for a few days and someone else will take care of her." It's just...unbelievably hard. You know, four or five days after I've had her I said to myself: "If someone took her away just for twenty four hours I'd be fine again, really" but of course that never happened and it's been two months now...and this fatigue is just growing and growing.

Fatigue was especially hard on Sally. Her baby had been colicky and had not been sleeping through the night. Although she had hired someone to help her with house work, she felt drained and out of her strength. As a result,

she started to doubt whether she had done the right thing by becoming a mother:

> I'm shocked that people do this all the time. I'm shocked. I'm...questioning myself whether I know what I'm doing, or can do it, or, will I make it. The fatigue is just awful. I've just been really tired...wondering "what I've done... oh, my God, what have I done?"...you know, nobody can describe it...'cause it's not 'til you feel it that you know what it feels like...it's just...unbelievable...no one goes without sleep like mothers do.

All of the participants mentioned that they had known that babies did not sleep through the night for some time, and that they might be tired after they had the baby. For those who perceived a gap between their expectation and experience on this matter, is was the extent to which they were tired and had to go on performing duties despite exhaustion and fatigue which surprised them. A few of them were not aware that some babies did not sleep for long at any time, and that some of them only took short naps during daytime. Since their husband were back to work shortly after they have had the baby, they were with the baby all day long, and then had to wake up during the night again while their spouses were getting the sleep they needed in order to be fresh for work in the morning. In some cases where women have asked

for their husband's help during the night it created tension between the couple. Tension in the relationship was part of another area of negative discrepancy: The relationship with the husband.

3. Relationship with the husband-Nine women reported a change in the relationship between their husbands and themselves. Seven of them perceived a negative discrepancy between their expectations and experience in this area. When describing the change in the relationship women referred to lack of time as the most prominent factor. Couples were not spending time together as they used to before they had the baby. They were not going out or doing things together like hiking, biking or picnicking as they used to. Even snuggling together in front of the T.V. at night was happening much less often, and in some cases very rarely. "Quality time" and "intimate time" were rare now, when fatigue, exhaustion or simply being busy with the baby overtook the women's and sometimes the couples' all free time. Women felt somewhat alienated from their spouses, and sometime not understood by them. Six of the participants described problems in communication caused by hot temper and irritability on their part and by lack of understanding on the spouse's part. All of the participants who perceived a gap in the relationship reported to have had good or very good relationships before having the baby. Three women believed that their husbands were envious of the baby and that

the baby's presence caused tension in their relationship. Four women mentioned that they had arguments with their spouses around their need for more help and support from them. Finally, a decrease in sexual enjoyment and interest which have led to a decrease in sexual activity produced more tension in the relationship for seven of the participants. Feeling that her husband did not understand and respond to her needs has caused Rose to feel angry at him:

> ...I guess [I was] angry at my husband for not understanding what I wanted...I felt these things were important to me...having a clean house was important to me, and I always just assumed that my husband understood that I felt that way. But obviously it was me that felt that way, it wasn't him, and so he just carried on...in his usual way, but yet I sensed it as "he doesn't understand me", and he wasn't helping...wasn't being sensitive to my...needs...

Carol felt that she was totally unprepared for the change in the relationship between her and her husband:

> I was really surprised...maybe that was one of my expectations that...I was totally unprepared for. That change in the relationship. I thought that there was nothing that could separate the bond that my husband and I had between us...and I thought that the children would always

still be there and we would still be ourselves, our couple, but, em, definitely...now I see him as a father, whereas before I only knew him as a husband or as a boyfriend...that is really...life-adjusting.

Carol goes on explaining the nature of the change in the relationship:

The time that we have together now is, we spend a lot of time talking about the baby...and not so much bonding as a husband and wife need to bond. As a family, we do a lot more family bonding. We...when we do talk now it's about finances, or about our future home, or setting his mutual funds in place so that Timothy will have an education fund...I find that we don't...we're not as...romantic as we used to be, or sentimental as a couple would be...and just our intimate moments, the time that we have together now, we're just so exhausted by the end of the day, that...that has definitely changed too, and that was really surprising...I just, I guess we (people) just don't talk about it.

The change in the relationship that Rachel had been experiencing prompted her to draw a general conclusion about how babies affected relationships:

Sam has put a strain on our relationship. Definitely...we just don't have enough time just the two of us. [husband] wants us to have more time alone...but it's just not possible right now...and...you know what's funny...sometimes, you know, if people have trouble in their

relationship they say: "Oh, we'll have a baby and everything will be fine" No way! (laughs) No way!...It puts a lot of pressure on your relationship...

In summary, most of the participants perceived a profound change in the relationship between themselves and their husbands. They reported feeling more alienated, to have spent much less time together than they used to, to have less sexual engagement which sometimes led to tension, and in general, to have more tension in the relationship. In most cases, the participants perceived the change in the relationship to be more extreme than what they expected.

4. Sexual desire and enjoyment-Eight participants reported a decrease in sexual desire and/or enjoyment. Six of them were surprised by the extent of that decrease. While a decrease in sexual desire immediately after child birth was expected by all participants, six of them were surprised to experience a decrease in desire and enjoyment 8-10 weeks post partum. Women reported to have less interest in engaging in sexual behaviour of any kind, and a decrease in enjoyment that was caused mainly by tender breasts, lactation during intercourse, and pain resulting from Episiotomy. These phenomena caused a major decrease in the occurrence of sexual intercourse which sometimes created tension in the relationship with the husband. Laura

described how her decreased sexual desire affect the relationship with her husband:

> I feel less sexual desire...I'm not that interested right now. ...with me breast feeding her, it's kinda awkward. It'll be sore, or it'll start lactate when [husband] touches me...so it's (laughs) not as fun as it used to be and...um...sometimes we'd just laugh at that, but other times it'll create tension, you know, I mean he is trying to understand but...see, it's going on an' on and...sometimes there's tension around that because he's, you know, as interested as before, but I...I'm not as interested right now.

Ten weeks after the delivery, Irene reported to have avoided sex because of vaginal pain caused by an extensive episiotomy during delivery. She reported no tension in the relationship around this issue but said it surprised her that it took her so long to recover:

> We haven't had any [sex] yet. So...'cause I went yesterday and I'm still a little tender. But you see, I wanted to get a diaphragm refitted...but [the doctor] said it's too early to refit, because you're changing...my perineum, where she cut me, is still quite tender...so we haven't...neither of us have felt like it. I might be a little nervous about that...but also I'm thinking, you know, I'm afraid that it's going to

> hurt...so it's a bit of an issue too....I don't know...I don't know how, how soon other people have, you know, obviously, you can have sex six weeks after, but I think it's really individual. But for me, it's a lot longer than I expected, and that I don't even have the desire to...you know, make love for so long...it really surprises me...

Although the participants usually believed that the decrease in sexual desire and enjoyment was temporary and would go back to normal with time, most of them reported that it had caused some tension in the relationship between them and their husbands, and that they were surprised by the fact that they did not feel any sexual desire for what they perceived to be a long time after the delivery.

5. Breast-feeding-While breast-feeding was mentioned as one of the factors that caused a decrease in sexual enjoyment it was an area of discrepancy in itself as well. Most of the participants reported that it took them longer than they expected to get a handle on breast-feeding. Laura reflected on the difference between her expectations and her experience regarding breast-feeding:

> You'd think it would come naturally, right? It's like...the most natural thing...you think you'd put her on your boobs and boom, she'd be nursing (laughs) but actually...she had to learn what to do, and I had to

> learn...and it took about three weeks before we got it right...and...and then I was sore...my breast was sore...so it didn't feel natural at all...it...I was even bleeding sometimes. And I didn't know this could happen...and the nurses at the hospital, I don't know. They either don't know anything about it, or they've never had babies themselves, or...I don't know. Only the women in La Leche were able to help me.

Irene had also expected breast-feeding to come naturally. However, her experience with it was that breast-feeding was a challenge. Like Laura, her breasts were very sore, a thing she did not expect and that had caused her to feel frustrated, down, and inadequate as a mother:

> Breast-feeding was challenging...it was really challenging. It took about three tries before I got it. Neither of us...she couldn't latch on, and I couldn't...didn't really know, couldn't really manage it. And they gave her...I think they gave her a bit of formula in the, you know, beginning... because I couldn't manage it. But then I did, and it wasn't that effective. And then I started bleeding...like, my nipples got really sore, and cracked. And it was really really frustrating. And I was in tears, and by the fifth day I didn't know what to do...and I was crying, and I said: "I want to continue breast-feeding but it's so painful, and I don't know what to do, and I'm bleeding." I was totally...totally out of

> it...overwhelmed... because I've never heard of such a thing and I thought..."poor baby, your mom is a failure...poor baby your mom can't even nurse you"...it was hard. And it was, you know, it was a couple of weeks before...before it was starting to get better.

Rose's difficulties with breast-feeding had caused her to seek advice from books and public health nurses. She reflected on how her faith in her own instincts as a mother was substituted for a sense of helplessness and disbelief in her abilities:

> I went through the first few weeks scouring the books, calling the doctor...I hate to say this but I'm sure I bugged a whole bunch of public nurses because I really didn't understand that I was still awkward with him...how to deal with the breast-feeding and all...and it didn't seem natural for the first...I'd have to say almost three or four weeks. There was always another answer out there. Someone else knew what the answer was. So I started doubting myself...you know...I didn't know if I was gonna make it...as a mom, you know...

Breast-feeding, then, was an area of negative expectation-experience discrepancy for most of the participants. Even though some of them knew that it might not be easy at first, they were surprised by the length of time it took both themselves and their babies to get it right. They were not aware of

the fact that breast-feeding, especially in the beginning, takes training and could cause soreness. Their belief that breast feeding was the most natural thing there was, and their expectation to encounter no special difficulty with it, clashed with the reality of it. As a result, they described a sense of helplessness, frustration, sadness and feeling inadequate as mothers.

6. Loneliness-Four of the participants reported to have experienced loneliness in various times and situations. They all stated that they did not anticipate that they would feel lonely after the birth. Laura described how she would feel lonely and miserable when her husband would take off to work:

> ...and in the morning, after being awake most of the night...I am watching him getting dressed, and shaving, and all...getting ready for work, you know, and I'm feeling...like he's abandoning me...like here I am, alone...alone again...it's hard to explain...it's like a child whose parent is leaving her alone...isn't that weird? because I was so helpless, and sad, and angry with myself and all...and he seemed to be untouched...and the worst thing, you know, you can't really blame him 'cause he's just being responsible and all, going to earn money for our family, so...very confusing. Lonely and confused at the same time.

Michelle also was feeling lonely during day time, when she was alone with her baby and with no one to talk to:

> I sometimes feel lonely during the day, and I guess it's kinda related to being tired too...'cause I don't have the energy to go out sometimes, meet people, you know, socialize. Because... it's such a hassle with packing everything and playing around meal times and stuff that in the end you're left with no energy to walk or drive or...so...and basically I have no one to talk to except with my sister on the phone, but that's expensive so there you go. So I'm feeling alone...and lonely, and it's going to be fall and then winter now and so I think I'm gonna be lonely for a long time now.

Loneliness was a feeling that these four participants did not anticipate before the delivery. They either did not think about the possibility or believed that they would never feel lonely when they were with their baby. Sometimes being left alone with the baby created a feeling of resentment toward the husband who was going out to work every day. This was especially difficult since the participants understood that their husbands had to go to work and so they became angry with themselves for being resentful toward their husbands.

7. **Help from others**-This area deals with actual help from relatives, friends and husband. Five participants reported a perceived gap between the amount of help they expected to get from either relatives, friends or their husband,

and the help that they actually got. Michelle was angry at her husband for not being as supportive and helpful as she expected him to be:

> This was a bad surprise to me...that he would be that unhelpful. I knew that in [husband's] family it was like that: taking care of babies was the women's job. Men weren't that involved in bringing up children. But I thought...I guess I hoped that [husband] was different since he was so gentle with me, and loving, and understanding...but obviously I was wrong, and that makes me angry...'cause I didn't expect to cope with that all by myself...and it's really hard...

Rose was disappointed that her husband was not being as helpful as she expected him to be. She also expressed disappointment in her family's conduct:

> It's funny how...I had a lot of people come to visit me. I had my family, I had my husband's family, I had friends...but the funny thing is that I would walk out of each of those visits, and feeling like I had gotten no support at all. Support in the sense that they were here to see how I was, but no one offered to clean my floor...or do the dishes. Or take out my garbage, which is really the things in the back of my mind that were bugging me...I realized that presence is not always support, sometimes it's more of a hindrance. I just felt that I would

> still have to clean up after the guests left, and I'd still have to do the dishes after they left...I wish that I would have had more support and I wish someone would have just taken him for a few hours during the day. That I would have appreciated more than the presents. I thought my family would be more into that. But I was very surprised that, obviously they came over to see the baby, but they would forget that we were here.

The five participants that reported a gap between the help they expected and received were disappointed and sometimes angry. They expected their families and their husbands to take a larger part in the actual day to day caring for the baby and doing house chores. They were surprised to find out that the visits of family and friends have often left them with a feeling of resentment because of the extra work that they had to do on top of their too full and exhausting schedule.

8. Decrease in Cognitive Ability-Five participants mentioned that they found themselves unable to concentrate in reading, writing, and any other academic task that they had to perform. Women who had planned to pursue their academic activities after they would have the baby were surprised to find out that they were unable to do so. They complained about being unable to concentrate, memorize, and synthesize written material, or just not feeling

like doing it. Some of them explained that due to being tired they would fall asleep the minute they started reading a text. Carol was scheduled to give a presentation in a conference four months after the delivery. She had been positive that she would be able to get ready for the conference in time but was surprised to find out that she could not sit herself down to write or concentrate:

> I have this conference in San-Francisco that I want to present in, but I never get to it...to sit down and write and prepare myself. I thought that I'd be able to do it...I thought four months after...it will be o.k... and Christopher is a good child. He's quiet. But I cannot write or read or do what I need to do...to prepare for it, and so...I'm not sure now if I'm going to do it, you know, to even go to the conference...

Irene was in the process of finishing her course work toward a degree when she had her baby. She still had to hand in a couple of papers for her last course. She described how hard it was for her to perform her academic tasks and how unmotivated she was:

> I find I'm...getting more efficient, because I have to take advantage of that time...but school...I find school, 'cause I'm doing one more course at SFU to finish my B.Ed. But for this one course to finish my degree, it's tough, like I do reading when I'm feeding her, and you know,

> when I have to go to the computer, I have to wait 'till my...usually when [husband] comes home, and that's a bit of a challenge. I mean it's only one course but still. I find I'm not into it at all. It's really hard to get into something that's really academic. I'm really focused on her and being a mother, and all these new things that are coming with that, and I want to do things...but I have to do this course. I just wish I was finished.

The ability to perform academic tasks has been perceived to be reduced by five participants. These were women who had to perform tasks like reading, writing, and getting ready for presentations which were part of their academic or professional careers. All of them had believed that they would be able to perform those tasks when their babies would be asleep or taken care of by other people, but were surprised to find out that even when they had the time for it, their ability and motivation to focus on those tasks had greatly decreased.

Part IV-Participants' Feelings, Mood, and Meaning-Making

Each one of the participants in this study had her own unique story and a different emotional reaction to her experience of motherhood. Nevertheless, the data analysis revealed common feelings and moods that were described by the participants. Most of the participants experienced feelings that were

perceived as positive as well as feelings that were perceived as negative. One participant reported to have experienced only negative feelings, and another participant reported to have experienced only positive feelings since the birth. All other nine participants who were interviewed twice reported to have experienced positive and negative feelings in different times.

Positive Feelings and mood

In the second interview, participants were asked about their feelings during the last 2-3 weeks before the interview. Most of the participants reported to have had feelings of joy and happiness sometime after giving birth. All of them had felt it soon after the delivery, in the first hours and days. Several participants reported fluctuations in mood and feelings throughout the whole period of time between the birth and the second interview, 8-10 weeks after delivery. These participants felt overjoyed with love and pride, and had a sense of contentment and fulfilment at one point in time, and then feelings of helplessness, resentment, anger, and depression at other times. Six of the participants reported to have felt "good" and "happy" most of the time. Irene reported to have been feeling good in general, good about being a mother, and relaxed about her performance as a mother:

How am I feeling...I'd say good, really good. I, I mean I was really tired in the beginning...but now I'm sort of getting into a routine and I'm feeling

pretty good. And it's...it feels pretty natural to me...I sort of feel like, she feels right to me, you know, and that I'm learning as I go, but I don't get too stressed out about, you know, if I'm doing the right thing or not.

Rachel also reported to have been feeling good, happy and calm, even when her son was crying for longer periods of time. She mentioned that her mother's help, during her three weeks stay, was very important:

> I've been feeling quite good. Mom was here for three weeks and it helped a lot, you know, someone to balance ideas against, the freedom, you know, she would say: "you have a rest now and I'll take care of him" or I would say: "can I go swimming?" and she would: "sure darling." She was good company...these were crucial three weeks...and now...I don't mind him crying...as long as I know it's a normal thing, a typical baby thing, I don't mind. But if he's doing something when I say: "I don't know many babies who do that", then it worries me. But usually I'm calm...and happy...and, I know that what works this week wouldn't work next week so...I'm forever having to change gears...which is fine...really...

Thus, for some of the participants, the experience of motherhood was joyful and they reported to have been mostly happy and content. Interestingly enough, those who were mostly in a good mood did not perceive many areas

of negative expectation-experience discrepancy.

Negative Feelings and Mood

Whereas six of the participants reported to have been usually in a good mood, another five reported to have been mostly down, somewhat depressed, or to have severe fluctuations in mood from very good to very bad. Feelings that were described by these women were: anger, resentment, frustration, sadness, depression, worry, anxiety, panic, and feeling out of control. In describing her feelings and mood, Rose made the connection between her baby's and her own mood:

> I think I went through the whole section of feeling great joy and elation when he was first born, and general thrill, the newness...of having a child home. But then the frustration and the...sometimes real depression over not being able to be...feeling inadequate as a mother, not knowing...not being able to understand what he was feeling, or finding the solution to calm him down...there were times where I felt so inadequate...and I can't really say that, that tomorrow I'll feel the way I do today. Today I feel like I can deal with it. But I know tomorrow he could wake up unhappy, really crancky, and I could feel again that...it's totally out of my hands, and again I could feel out of

control.

Sally who was overwhelmed by fatigue and who have had a negative expectation-experience discrepancy in seven areas, describes the way she has been feeling in the last three weeks before the interview:

> Panic...I panic. Predominant panic...like gasping for air like (inhales sharply), just panic. Not fear as much as panic. And then I guess that's anxiety too...a lot of anxiety. I'm angry. Yeah, I'm resentful, I'm angry...you know, when the crying goes on and on and on, you've done everything you can, and I just get really angered that this is relentless...and nothing I do really works, or if it does it's only for five minutes and then you're into the game, like this vicious cycle, and it keeps going and going up 'till this week...God, he hasn't napped until really this week he started napping. Crazy.

Laura who, like Sally, perceived a negative expectation-experience discrepancy in seven areas talks about her mood in the last three weeks before the interview and about how she has not been able to understand the reason for her depression:

> I've been really down...depressed would be the word. I've been crying a lot too, and I really don't understand...sometimes I'm angry at myself for not being happier. After all, I had a normal pregnancy and

> delivery, and I have a beautiful healthy baby...and people say, you know: "oh, what a beautiful baby" and "you're so lucky" and I smile at them but inside...in my mind I say: "yeah, yeah, but why can't I be happier? Why those tears? why the depression? It's really beyond me.

The five women who have experienced negative feelings and mood had one thing in common: they all perceived a negative expectation-experience discrepancy in 6 areas or more. They were all finding motherhood to be generally much more difficult and demanding than they expected it to be. There were four areas of negative discrepancy which were common to all of the five women. These were: taking care of the baby was harder and more time consuming than they expected, they were more tired than they thought they would be, they had a decrease in sexual desire and enjoyment which they did not anticipate, and they perceived a deterioration in the relationships with their husbands.

Meaning-Making

Women who described any kind of discrepancy were asked the following question: "What meaning do you make of this gap, how do you explain it?" Each one of the participants came up with at least one, and sometimes two of the following explanations: 1. One cannot understand the experience of motherhood before becoming a mother. 2. Lack of sufficient preparation and

information given in pre-natal classes and hospitals. 3. Lack of sufficient information from other people. 4. Type of participant's personality. In the following paragraphs each one of the reasons is explained and illustrated.

1. One cannot understand the experience of motherhood before becoming a mother. In explaining both negative and positive discrepancies most of the women mentioned this reason. Motherhood was different from any other experience that a woman might have had before she had a child so that it is impossible to imagine and to have accurate expectations of how it would be like. No amount of information and education can capture the essence of the experience of motherhood. Rose explained the difference between knowledge and experience:

> First-hand experience I guess, can never be replaced with third-party observation. I have a lot of nieces and nephews, and I thought I knew what motherhood was about. But...I have to admit that when I stood back and observed them, I saw only certain things that I wanted to see. But I realize now going through it myself...that I was understanding what they were doing or saying. Like, I knew I would be tired, but...I really am tired in a way that I've never known before...I knew that I would love him, but I really really love him...

2. Lack of sufficient preparation and information given in pre-natal classes

and hospitals-Some of the women mentioned that pre-natal instructors had focused a lot on labour and delivery and not enough on the postpatum period. Even when they mentioned it, it was very brief and general, and mostly non-beneficial. Some participants thought that a lot more needed to be covered in pre-natal classes in terms of the post partum period. Carol thought there should be a whole part in pre-natal classes that is devoted to the postpartum period:

> When you're pregnant, it seems that what interests you is only the delivery...because of all the stories, and the anxiety. But I think the nurses there (pre-natal classes) should prepare you not only for the delivery but to what's after...see, it's like the delivery is the end of the pregnancy but...actually it the beginning...because when you have the baby in your arms it's only the beginning isn't it?

Laura complained that some of the nurses at the hospital were not trained to give guidance and advice on breast-feeding:

> Breast feeding is something that you're not taught. I mean, you know, in the hospital, people don't spend a lot of time with you to teach you...to help you breast-feed. It's not something you instinctively know, it's something that you have to learn, and there's few women who can teach a person properly to breast-feed...there were some

> nurses who you know, would come in, and I think because they had, I think because of their insecurity with breast-feeding they were brusque about dealing with a patient about breast-feeding...because they didn't know themselves what breast-feeding was all about...

3. Lack of information from other people-Several women mentioned the fact that people usually do not talk about difficulties after child birth, especially not with pregnant woman. The usual reaction when someone is pregnant is more to comment on the forthcoming happiness and joy and less to specify difficulties like breast-feeding, fatigue, or pains during sexual intercourse. Michelle commented on the fact that people did not talk about things like reduced sexual desire after having a baby:

> I don't think anybody really talks about how your sex life is going down the toilet, basically, I think that people get embarrassed about that. It's almost embarrassing to admit that you are human, and that you don't, you know, you don't necessarily feel like you just want to do that.

4. Personality type-Two women referred to their own personality as the source of the discrepancy. Being usually pessimistic, expecting the worst was how Julie and Eve explained the positive discrepancy that they had experienced. Eve said that it was her nature to prepare herself as much as

possible for things to come since she was always anticipating trouble:

> It's just...the way I am...I mean, I'm always like that, thinking about what could possibly go wrong and trying to be prepared. I mean, I thought it would be really hard, and that I would be bored and stuff, but it wasn't that bad, so I guess I prefer to be surprised for the better than for the worse...

In summary, the participants in this study explained their expectation-experience discrepancy in one or more of the following ways: it was difficult to know how the experience would be before undergoing it, there was lack of information given to them by nurses and other people, and there were two women who attributed the lack of preparation to their own personality. Eight participants have expressed a wish for more information about postpartum difficulties and how to deal with them beforehand.

CHAPTER V

DISCUSSION

This chapter includes a restatement of the purpose of the study, a summary of the results, and a discussion of the results in light of the literature.

Restatement of the purpose of the study

The purpose of the study was threefold; The first was to explore first-time mothers-to be's attitudes toward motherhood and examine them in light of the Myth of Motherhood as it appears in the literature. The second was to find out whether first-time mothers have an expectation-experience discrepancy once they have had the baby, and to explore its nature. The third was to explore feelings, mood, and meaning-making of the women who experience a discrepancy between their pre-natal expectations and their postpartum experience. The research questions were as follows: 1. Is the Myth of Motherhood reflected in first-time mothers to-be's attitudes toward motherhood, and if so, in what ways? 2. Do first-time mothers have expectation-experience discrepancy, and if so,, what is the nature of this discrepancy? 3. What meaning(s) do first-time mothers who have expectation-experience discrepancy make of it?, and 4. Do women who report similar moods and feelings share common experiences, and if so, what are they?

Most previous research in the area has focused on issues pertaining to child development, completely ignoring the experience of mothers (Braverman, 1989; Margolis, 1984; Thurer, 1994). Only a few studies have focused on the ways women experience motherhood (Block, 1990; Crouch and Manderson, 1993). The researcher sought to illuminate the experience of motherhood through an analysis of participants' personal narratives of their experience of new motherhood.

Summary of the results

In the following paragraphs, the results are summarized by way of looking at common themes, attitudes, areas of discrepancy, mood, and meaning-making. It is important to remember, however, that according to the naturalistic paradigm, each participant, or case, is regarded as a unique holistic entity (Quinn-Patton, 1990). Synopses of the women's individual stories are presented in chapter four. The synthesis of the findings is presented here in order to provide the reader with better insight into the experience of new motherhood.

Attitudes towards motherhood-Most of the participants believed that motherhood involved a lot of work but was also a mostly joyful experience for a woman. All but one believed that there was a distinct difference between good and bad mothers. Bad mothers were neglectful, physically or emotionally abusive, left their children unattended, provided no stimulation, affection or physical contact,

were impatient and hot-tempered, and discouraged the child's independence and development. Good mothers, on the other hand, were loving, caring, empathetic, patient, educated in child development, provided their children with appropriate stimuli, respected their children as people, set limits and boundaries, enhanced self-esteem, were well grounded persons, and were always there for the child.

The majority of participants believed that motherhood was instinctual, or at least, had an instinctual component to it. Furthermore, they believed that thanks to a *maternal instinct*, a woman would automatically know how to do certain things after she had her baby. Most of them, though, believed that there were certain things that a woman would learn after becoming a mother.

Most of the participants believed that motherhood was at least somewhat fulfilling, but that other things, like a career or academic studies could be fulfilling as well. Three participants believed that motherhood was the most fulfilling experience in a woman's life. None of the participants believed that motherhood was not at all fulfilling.

All the participants stated that the issue of motherhood and career was a big dilemma for many women, and for some of them it was too. All had a relatively good idea about what they were going to do about this issue once they had the baby. There was no consensus on this matter within the participants of this study. Whereas some of them believed that the right thing to do was to stay

home with the baby, others thought that balancing motherhood and career was not only a must but also a positive thing for both mother and child. Those who planned to go back to work stated that they would try to find the best solution so that their child would not be hurt in any way. The common themes on this issue were that each woman had thought about it before, and once she had formed her opinion, has defended it very enthusiastically. Also, they all believed that the dilemma of combining motherhood and career was exclusively a women's problem-not men's.

Areas of perceived expectation-experience discrepancy-Ten out of the eleven women in this study reported a gap between what they had expected before they had the baby and their experience of motherhood. One participant reported that she did not perceive any difference between her expectations and her experience of motherhood. The discrepancies that the participants described were categorized as either positive or negative. A positive gap was defined as a difference between the expectation and the experience which was described by the participant as being better, easier, or more enjoyable than was the expectation. A negative gap was defined as the difference between the expectation and the experience when the experience has been described as worse, harder, or less enjoyable than was the expectation.

Three areas of positive discrepancy and eight areas of negative discrepancy

emerged out of the women's narratives. The areas of positive discrepancy were: love for the baby, i.e. the participant felt that the love that she had been feeling toward her baby was more profound than she expected it to be; enjoyment in taking care of the baby, i.e. taking care of the baby was more enjoyable to the participant than what she anticipated it to be; and not wanting to go back to work, i.e. the participant felt that contrary to her pre-natal expectation, she did not want to go back to work soon after the delivery, as a way of decreasing the amount of time that she would spend with the baby. The areas of negative discrepancy were: the time and hardship of taking care of a baby, fatigue, loneliness, difficulties with breast-feeding, decrease in sexual desire and enjoyment, relationship with the husband, help from others, and a decrease in cognitive ability.

Most of the participants perceived some areas of positive and some of negative discrepancy between their expectations and experience of motherhood. One participant perceived only negative discrepancies and no positive ones. Five participants perceived a negative discrepancy in six or more areas. One of them perceived a negative discrepancy in all eight areas.

Feelings, mood, and meaning-making-the participants in this study reported to have had both negative and positive feelings at different times. One participant reported to have experienced only positive feelings and another participant

reported to have experienced only negative feelings. Most of the participants experienced feelings of joy, happiness and contentment soon after the delivery, and feelings of sadness, anxiety, resentfulness, anger, and depression as the time went on. Others had been experiencing mostly positive feelings since the delivery. The data analysis revealed that six women have experienced positive feelings and moods more frequently than they did negative feelings and moods, and that five women have experienced negative feelings and moods more frequently than they did positive feelings and moods.

The data analysis of the meaning-making process of the discrepancy revealed the following explanations to the discrepancies: 1. The inability to understand an experience until you undergo it; 2. Lack of sufficient information from public health professionals; 3. Lack of information from other people; and, 4. The participant's type of personality.

Common themes among participants with the similar moods-The data analysis process revealed that women who described similar feelings and moods shared some common themes in their expectation-experience discrepancy profiles. All of the women except one, who reported to have experienced positive feelings more frequently than negative ones, had at least two areas of positive discrepancy and less than four areas of negative discrepancy. All the women who reported to have experienced negative feelings more frequently than they

did positive ones, had six or more areas of negative discrepancy and two or less areas of positive discrepancy. These findings suggest a possible association between positive and negative expectation-experience discrepancy after child birth and mood. The implications that this study's findings have for future research and counselling are discussed in chapter six.

Comparison Between the Findings and the Literature

This study investigated the attitudes, expectations, and experiences of new mothers. The growing body of research in this area is still lacking (Crouch and Manderson, 1993; Nakano Glenn et al., 1994). Most previous research focused on different variables of mothers and motherhood and their influence on child development. Until the 1970s, the experience of mothers themselves was not considered worthy of research attention (Birns and Hay, 1988; Goldberg, 1988). Only a few recent works have aimed at exploring the maternal experience from the vantage point of mothers (Block, 1990; Crouch and Manderson, 1993; Thurer, 1993). Some of these works are, in fact, reports of individuals who have been writing about their own private experience of motherhood (Blakely, 1994; Chesler, 1980; Dalton, 1981). Others are reports of clinicians who attempt to synthesize their clients' stories into one comprehensive picture (Braverman, 1989; Thurer, 1993). Few of the studies provide the reader with enough methodological details to allow for academic evaluation and critique. This study

was aimed at addressing the need for more rigorous and systematic research in this area. In the next few paragraphs the findings of this research will be compared to the existing literature regarding the different issues involved.

The Myth of Motherhood

The Myth of Motherhood consists of ideas about good and bad mothers, and of notions about the nature of mother love, maternal instincts, and maternal fulfilment (Braverman, 1989; Coward, 1992; Crouch and Manderson, 1993; Delliguardi and Breekenridge, 1978). Originated many decades ago, stereotypes of motherhood that comply with the myth continue to influence women's lives through the media, books, movies, and magazines (Braverman, 1989; Rossiter, 1988). According to these sources, good mothers are nurturant, kind, selfless, and patient. During the last two decades there has been a change in the stereotype of the good mother and the following has been added to the list: a good mother should provide age appropriate stimulation for her child. In doing so, she should be creative and enthusiastic, and above all, she should enjoy mothering. As Coward (1992) puts it: "a really good mother is someone who enjoys mothering so much that her enjoyment would override all the stresses and strains of family life" (p.80).

According to a few writers (Block, 1992; Braverman, 1989; Thurer, 1994) the myth of motherhood currently prevails in western cultures. These writers are

mostly psychologists and therapists who have observed that their woman clients were affected by the myth. A study on the subject was conducted by Hare-Mustin and Broderick (1979), and found that the myth of motherhood prevailed more in less educated than highly educated populations. The study, however, had some serious methodological problems which are discussed in chapter two of this paper.

The findings of my research are mostly consistent with the reports on the existence of the myth of motherhood in contemporary women's minds. They are inconsistent with Hare-Mustin and Broderick's (1979) finding that it prevailed more in lower educated population, since all but one of the participants in this study were highly educated women. All but one participant believed that there was a clear distinction between good and bad mothers. However, the list of characteristics of the good mother that emerged from the data was longer than the one that was in the literature. To the characteristics of the good mother already noted, the participants in this study added the following: a good mother should be educated in child development, respect her child as a person, set limits and boundaries, enhance self-esteem, and be a well grounded and secure person. Thus, according to the participants in this study, in addition to being a loving, supporting, nurturing woman who is always there for the child while providing him/her with appropriate stimuli, a good mother should also be

educated, respectful of her child, have high self-awareness, and should be able to set limits and boundaries and enhance self-esteem in her child. Many authors postulate that the list of characteristics of the good mother affects women's expectations of themselves as mothers, and provokes tremendous anxiety in new mothers (Block, 1990; Coward, 1992; Crouch and Manderson, 1993). For the women in this study the list of duties and characteristics was even longer than the one in the literature. Five of the women in this study reported feelings of anxiety and inadequacy after delivery. The implications of this finding will be discussed in chapter six.

The definition of the bad mother in the literature is as follows: a bad mother is someone who is neglectful, abusive, sadistic, selfish, and wicked. (Birns and Hay, 1988; Crouch and Manderson, 1993; Dellinquardi and Breekenridge, 1978). The findings of this research are mostly consistent with the literature, except that the list of characteristics that emerged from the data added the following traits: a bad mother is a person who abandons her maternal duties, leaves children unattended, physically or emotionally abuses the child, impatient, hot tempered, provides no stimulation, affection or physical contact, and discourages the child's independence and development. Thus the list of the characteristics of a bad mother that emerged from the data analysis of this study was also longer than the list that is found in the literature. It could well be that women who are

more educated would also be more articulated than less educated women, and therefore would have more elaborate answers which result in more characteristics.

The way that the participants defined mother-love was very similar to the way it was defined in the literature, although, again, the list that came out of this study was longer. Mother-love is defined as eternal and unconditional, and as involving endless patience and self-sacrifice (Birns and Hay, 1989; Block, 1990; Dellinquardi and Breekenridge, 1978). The definition of mother-love that emerged from the data was that mother-love was unique, unconditional, eternal, involved sacrifice, had a protective component to it, was instinctual, natural, and pure. This definition was almost unanimous among the participants, a few of whom testified that they had already started having this feeling.

According to the literature on the Myth of Motherhood, motherhood is perceived to be instinctual (Birns and Hay, 1989; Coward, 1992; Crouch and Manderson, 1993). The findings of this study on this aspect are consistent with the literature. Ten of the participants in this study believed that motherhood was at least partially instinctual. Seven of them believed that it was mostly instinctual, and three thought that motherhood involved instincts as well as learning. Only one participant did not believe that motherhood was instinctual.

Believing that motherhood is mostly instinctual can build an expectation, that

was expressed by some of the participants, that the knowledge of taking care of a baby will click in automatically once the baby is born. This expectation can clash with reality when mothers face difficulties and uncertainties regarding baby-care such as breast-feeding (Block, 1990; Crouch and Manderson, 1993; Dellinquardi and Breekenridge, 1978). The clash between the pre-natal expectation and the actual experience after child-birth is termed Expectation-Experience Discrepancy, and is elaborated on in the section that deals with areas of Expectation-Experience Discrepancy in chapter two.

Maternal fulfilment was part of the myth of motherhood as described in the literature. According to the myth, a woman's most fulfilling experience is the experience of motherhood (Coward, 1992; Crouch and Manderson, 1993; Delliquardi and Breekenridge, 1978). The findings in this research are somewhat inconsistent with the literature. Most of the participants in this study believed that although motherhood was somewhat fulfilling, it was not necessarily the most fulfilling experience for women, and that some women may find other things like pursuing a career or studying more fulfilling than motherhood. Since all women in this study had jobs or careers, and since most of them were happy about them, one can understand why they did not perceive motherhood as necessarily being the most fulfilling experience. Also, contrary to other aspects of motherhood in which the participants had little experience or knowledge on,

being fulfilled by a job, a career, or higher education was something that they have experienced and could relate to with more certainty.

Several authors have related to the issue of motherhood and career as the current dilemma of women and a recent twist of the myth of motherhood (Block, 1990; Coward, 1992; Thurer, 1994). According to these authors, the current ideas on motherhood and career present women with an impossible situation: on the one hand, a full-time mother is not highly regarded in the modern society but on the other hand, the idealization of the good mother still submits that a good mother should be home full-time with her children. While societal and economic pressures dictate that many mothers would seek employment outside of the home, the expectations of good mothering is still that a good mother stays home with her children, as Thurer (1994) notes:

> We are the first cohort of women, who, whether by choice or necessity, work outside the home. We are the first generation of women among whom many dare to be ambitious. But there is no getting around the fact that ambition is not a maternal trait. Motherhood and ambition are still largely seen as opposing forces. More strongly expressed, a lack of ambition-or a professed lack of ambition, a sacrificial willingness to set personal ambition aside-is still the virtuous proof of good mothering. For many women, perhaps most, motherhood versus personal ambition

represents the heart of the feminine dilemma. (p.287)

The findings of this research are only partially consistent with the literature. All of the participants in this study thought that the issue of motherhood and career presented a serious dilemma to many women in our society. Each one of them had thought about it before the interview and had reached a decision about it. Whereas most participants understood and were willing to accept mothers who worked outside the home, three of them believed that a woman should decide between motherhood and career and not try to combine the two. They were adamant about staying at home once they had their baby. Seven of the participants, however, believed that a combination of the two was a must in today's world, but that there were compromises, mainly on the woman's side when motherhood and career were to be combined. Contrary to the literature, these women believed that they could be good mothers even though they may go out to work when their child is quite young, but not before they were 6 months old. It would be reasonable to assume that the fact that all of the participants in this study had either a job or a career, and the fact that they have known women who successfully combined motherhood and career, had affected their attitudes about this issue. This was the only element of the myth of motherhood that was not reflected in the majority of the participants' attitudes.

To summarize, the findings of this research generally support the literature on

the prevalence of the myth of motherhood in contemporary women's minds, but with certain variations. The lists of traits of the good and bad mother were longer in this study than they were in the literature, suggesting that contemporary mothers perceive their role to include more elements and to be more sophisticated and complex than it used to be. Mother-love was described as being natural, eternal, unconditional, and sacrificial, much as it is described in the literature. Motherhood was also perceived as mostly instinctual by most participants, but only some of the participants believed that motherhood was the most fulfilling experience for women. Finally, the issue of motherhood and career emerged from the women's stories, but contrary to the literature, most mothers believed that it was possible to be a good mother and to work outside of the house at the same time. It was evident that the participants' attitudes and expectations of motherhood were influenced by the myth of motherhood to a large extent. The one big difference was that most mothers did not believe, as is noted in the literature, that they could not be good mothers if they choose to work outside of the home. Thus, elements of the myth of motherhood were present in the attitudes and expectation of the participants of this study.

Expectation-Experience Discrepancy

Bandura (1977, 1986) and Seligman (1975) theorized that a consistency between a person's expectations and outcomes was enhancing that person's

psychological well-being. At the same time, when outcomes fail to resemble a person's expectations, this person would be less psychologically well. That is, a mismatch between expectation and experience could cause some distress. A few studies have looked at expectation-experience discrepancy and its effect on human psychological well-being (Adler, 1981; Black and Gregson, 1990; Cochrane, 1983; Rogers and Ward, 1993; Weissman and Furnman, 1987). The areas which were investigated were: immigrants' expectation-experience discrepancy and adjustment to the new culture (Cochrane, 1983), expectation-experience discrepancy and its influence on job satisfaction (Black and Gregerson, 1990; Thompson and Seiss, 1978), and expectation-experience discrepancy and the adjustment in the process of cross-cultural reentry (Adler, 1981; Rogers and Ward, 1993). Rogers and Ward (1993) found an association between negative expectation-experience discrepancy and psychological distress. They proposed that it was not the fact that the experience did not match the expectations that created psychological distress, but rather, that it was the direction of that gap that affected participants' psychological well-being. Once people's expectations are undermet, it adversely affects their psychological well-being. However, when the experience or outcome is better than what a person has expected, than the effect on psychological well-being would be positive. Rogers and Ward (1993) note that there is a need for more research on the area

of expectation-experience discrepancy and its relation to psychological adjustment. A thorough review of the pertaining literature did not reveal any further studies on expectation-experience discrepancy in general, and in new mothers in particular. The results of this study should therefore be regarded as an initial attempt to explore a possibility of expectation-experience discrepancy in new mothers, and its nature.

The data analysis revealed that ten out of the eleven participants who were interviewed twice in this study have had a gap, or discrepancy between their pre-natal expectations and postpartum experience. Women were asked directly about things that were similar and different from what they expected. Phrases like: "It's much more difficult than...", "It's totally not what I expected" or "I love him much more than I could ever imagine" confirmed that there was a perceived discrepancy between expectations and experience. Since the researcher was unable to find any research on expectation-experience discrepancy in first-time mothers, the areas of discrepancy that were found in this study cannot be compared to other findings. However, the areas of discrepancy will be compared to areas of experience of new motherhood that do exist in the literature. The areas of positive expectation-experience discrepancy that the participants in this study perceived were: the love toward the baby, the enjoyment in taking care of the baby, and not wanting to go back to work as an escape from the baby. The

areas of negative discrepancy were: the time-consuming nature and the hardship of taking care of a baby, fatigue, loneliness, breast-feeding, decrease in sexual desire and enjoyment, relationship with the husband, help from others, and a decrease in cognitive abilities. A detailed description of each one of the areas was provided in chapter four. These areas of discrepancy emerged from the stories of the participants in this study. It may well be that there are other areas of discrepancy in the experience of other mothers. These may emerge from further investigation of this area.

Areas of Expectation-Experience Discrepancy in Postpartum Women

Decrease in attention to the mother

Although a few authors mention the clash that sometimes happen between a woman's pre-natal expectations and postpartum reality (Block, 1990; Coward, 1992; Glaser, 1987; Rossiter, 1988), the researcher has found only one systematic research that was aimed at the exploration of the phenomenon (Crouch and Manderson, 1993). Not using the term Expectation-Experience Discrepancy, Crouch and Manderson (1993) do refer to the phenomenon of women being surprised by how hard it was to be a mother in general, and a new mother in particular. Crouch and Manderson (1993) found that there was a dramatic decrease in the amount of attention given to mothers once they have had the baby. Most of the attention goes to the new baby and the mother is left

with very little or none at all. This may cause feelings of hurt, resentment, and/or loneliness in the new mother (Crouch and Manderson, 1993; Thurer, 1994). In this study, however, only one mother complained about the fact that when visitors came she realized that they were not really interested in her but only in the baby. This had surprised and hurt her. Other participants did not mention lack of attention as being one of the things that surprised them.

Taking care of a baby is very time-consuming

A few authors wrote about the change in the daily lives of mothers, and about how new mothers were left with the lion share of taking care of the baby and the house chores (Behrman, 1984; Lamphere et al., 1993; Moen, 1992). This fact did not seem to surprise the participants in this study. What surprised them was the extent to which taking care of the baby was time consuming, leaving them with little time for other house chores. This was the area of discrepancy that all women shared. They had thought that they would be able to handle the house chores and take care of the baby at the same time. After the birth they realized that taking care of the baby consumed all of their time, leaving them with little time for house chores or other errands or things that they had to do. This created frustration in some of them, especially in the beginning. Some of the participants confessed to having lowered the standards of house keeping, While others decided to adjust their agenda and time table according to the

baby's needs. Those who refused to change their standards and time tables reported feelings of frustration and resentment toward the baby.

Fatigue

Fatigue is mentioned by many authors as one of the biggest difficulties of new mothers (Atkinson, 1985; Crouch and Manderson, 1993; Dellinquardi and Breekenridge, 1978; Kruckman and Asman-Finch, 1986; Welburn, 1980). The findings of this study confirm that fatigue is indeed a difficulty for most new mothers, and it adds that this comes as a surprise to some new mothers. Fatigue was one of the areas of negative expectation-experience discrepancy that was perceived by seven participants in this study. Although they have all had some information about being tired after delivery, they were surprised at the extent to which they felt fatigued and at the long period of time that it had prevailed for. Most of them expected to experience some fatigue in the first few days after the delivery, as a result of the physical effort in labour and delivery, but were surprised to find out that they were almost always tired even eight or ten weeks after the delivery. Some of the participants made a connection between being tired and feeling anxious, panicky, and depressed. When fatigue was continuous and unbearable such emotions started to prevail. It is interesting to note that despite the abundance of literature on fatigue after child birth, these women were still surprised by the extent of it. Fatigue was also seen by a few

participants as one of the contributors to the feeling of loneliness.

Loneliness

Loneliness that stems from the isolation in which mothers operate is discussed by several authors (Kaplan, 1992; Rossiter, 1988; Welburn, 1980). These authors postulate that women feel isolated since society places mothers and children inside the house in the private sphere and away from the public. This isolation sometimes contributes to feelings of loneliness, when a woman is left alone with her baby, her spouse/partner is off to work, and her nonparent friends have different schedules than hers. The findings in this study are partly consistent with the literature. Whereas the literature mentions that loneliness is experienced by many mothers, only four participants in this study reported to have been feeling quite lonely and more than they expected themselves to be. Two of them described how feelings of loneliness would creep in when their husbands would leave for work in the morning. They described how fatigue and unorganized schedule had caused them to refrain from packing the baby's belongings and go outside to meet people, even when loneliness was severe. Fatigue, they said, was so overwhelming sometimes that you preferred to stay home despite of your loneliness. Three of the participants believed that the sense of loneliness that they experienced resulted from the profound change in their daily lives. Whereas before they had the baby these women were working outside of the home,

enjoying the company of other adults, they were now the only adult at home during most of the day. These women did not perceive the baby as providing companionship to them. In fact, they complained about being bored in the company of a baby.

Breast-Feeding

Difficulties with breast-feeding are rarely mentioned in the literature (Crouch and Manderson, 1993; Delliquardi and Breekenridge, 1978). However, it was the experience of seven of the participants in this study that breast-feeding was much more complex than they expected it to be. Women reported difficulties with the technicalities of breast-feeding, the uncertainty about whether the baby got enough food, and with soreness and bleeding that they experienced. Most of the new mothers were surprised by these difficulties since they had believed that breast-feeding was the most natural and instinctual part of motherhood. Some of them reported feelings of frustration, depression, and inadequacy that resulted from unexpected difficulties with breast-feeding. They thought that more preparation and guidance in the hospitals could help resolve this difficulty.

Decrease in Sexual Desire, Enjoyment, and Frequency of Intercourse

Several authors have mentioned that a decrease in sexual desire and enjoyment in the first few months after delivery was quite common (Crouch and Manderson, 1993; Pertot, 1981; Pitt, 1975). Loss of desire was much more

prevalent than loss of enjoyment for women who participated in Pertot's (1981) study. Pertrot (1981) also found a major decrease in frequency of intercourse in the first months after the delivery. Crouch and Manderson (1993) found that the decrease in libido experienced by postpartum women which resulted in less frequent intercourse, sometimes caused tension between the couple. The findings of this research support the evidence that for some women, there is a decrease in sexual desire, enjoyment, and frequency of intercourse in the first 10 weeks postpartum. Eight participants reported to have been feeling either less sexual desire or enjoyment or both. They blamed the decrease in the frequency of intercourse on the decrease in sexual desire, but also on their own and sometimes their spouse's fatigue. Six participants were surprised by the decrease in sexual desire and enjoyment which they had been experiencing. Most of the participants reported that the decrease in frequency of intercourse was creating some tension between them and their spouses. Whereas some of the spouses have been patient and understanding, others were being impatient, and sometimes expressed feelings of rejection and hurt.

The Relationship with the Husband

In their book Transition to parenthood: How infants change families, LaRossa and LaRossa (1981) describe how the new triangle that is created when a first baby joins the family changes the relationship within the original dyad-the

couple. The change is profound and irreversible. Once a baby is born, they postulate, things will never be exactly as they were before. A baby may put a strain on the relationship between the couple, and it may also enrich it. Crouch and Manderson (1993) also refer to the change in this relationship. For some women, the additional work that is involved in taking care of a new baby, their fatigue, and their decrease in sexual desire cause friction and more fights with the spouse. The findings of this study are mostly consistent with the literature and support the idea that for some women, there is a big change in their relationship with their husband. More often, it is a change for the worse. Six women reported to perceive a negative discrepancy between how they expected their relationship with their husband to be like, and the way that it actually turned out after having the baby. Some women perceived their husbands to be unsupportive, not understanding, alienated, childish, and impatient. Some also felt worried, disappointed, helpless, angry, frustrated, and upset because of this undesired change in the relationship. Some of them felt so alienated from their husbands and so unsure of their support that they chose not to disclose negative feelings that they had been experiencing to them. They were worried that such a disclosure would cause more tension, misunderstanding, and hurt. Difficulties in the relationship with the husband was an issue that stirred up a lot of emotions in women who reported to have experienced them. Some of them got upset,

teary, and embarrassed when they were discussing their disappointment at the way their relationship with their husband had changed with the researcher. Most of them expressed a wish to get some advice regarding this difficulty.

Help from Others

Mothers who are home with their babies usually take care not only of the baby but also of the household work. Recent research indicates that the division of household work is mostly the same nowadays as it was 50 years ago (Douthitt, 1989; Lamphere et al., 1993; Moen, 1992). Thus, new mothers are left with the hard and boring tasks of washing, cleaning, cooking, and more in addition to taking care of their babies. The researcher could not find any reference to expectations of new mothers for help with house chores in the literature. The participants in this study were asked about these expectations before they had the baby, and later, about any similarities and differences between their expectations and their experience on this matter. Five participants were disappointed at the amount of help that they got from either family members, friends, or their husband. Some of them expected their mothers and/or sisters to provide more help than they actually did. Others expected their husbands to share more of the house chores once they had the baby. Some of the women were angry at their family members for not being attuned to their needs for help, but also mentioned that they were displeased with themselves for

not having asked for that help. While they thought they should have asked for it if it did not come naturally, they were too embarrassed and sometimes proud to ask for the help that they so much needed.

Decrease in Cognitive Abilities

The phenomenon of a decrease in memorizing ability and concentration is briefly mentioned by a few authors, especially the ones that are documenting their own experience of motherhood (Bergum, 1989; Block, 1992; Chesler, 1980). To the best of the researcher's knowledge there is little research on a possible decrease of cognitive abilities in women after birth, except for those who get Puerperal Psychosis (Kendall-Tackett, 1993). Five participants in this study perceived a decrease in their cognitive abilities which they were surprised about. Those women who had planned to pursue academic tasks soon after the delivery were surprised to find out that they could not concentrate or focus their thoughts on their academic tasks the way they used to. They experienced their minds shifting from the text to more down-to- earth, everyday issues. They also complained about not being able to memorize details as well as they used to before having the baby. Although most of them believed that this decrease in cognitive abilities was temporary, they were frustrated and sometimes angry about not being able to proceed with their plans from before birth. Some of them had to give up presentations and defer handing in papers because of this

difficulty. All five of them stated that this phenomenon had caught them by surprise.

Love for the baby

The intensity of positive emotions that a woman have toward her baby has been mostly documented in earlier works by male experts, e.g. Spock (1971). Similarly, some woman writers who describe their experience of motherhood mention overwhelming feelings of love that they have felt toward their baby (Chesler, 1980). There is no documentation, however, of a discrepancy between expectations and experience of a mother's love for her baby. Nine participants in this study reported that they experienced overwhelming feelings of love toward their babies, and that the intensity of feelings surprised them. Some of them even mentioned that they were surprised at their emotions because before they had their own child they did not love children in particular. A few of them mentioned that just looking at the baby could bring about a flood of positive emotions.

Enjoyment in Taking Care of the Baby

According to the myth of motherhood, a good mother not only takes care of her child but also enjoys it. Feminist writers who described their experience of motherhood have put an emphasis on boredom, frustration, isolation, and other negative feelings (Bergum, 1989; Rossiter, 1988; Welburn, 1980). However, five

participants in this study reported to have been enjoying motherhood, including the tasks that were involved in taking care of the baby more than they expected to. All five of them had thought that they would be mostly bored in the company of a baby, but were happy to find that they could enjoy themselves as mothers.

Going Back to Work

Several authors describe how they were missing their jobs and the times when they could have a cup of coffee and chat with a colleague (Blakely, 1994; Block, 1992; Welburn, 1980). Two women reported to have felt like this, but they were not surprised by this feeling since they had anticipated it before the birth. Two other women, however, were surprised to find that they did not want to rush back to work as they thought they would. They were more content at home with the baby than they expected themselves to be. They decided to change their old plans and extend their maternity leave.

In summary, whereas most of the existing literature discusses various areas of the experience of motherhood (Block, 1992; Crouch and Manderson, 1993; Thurer, 1994), this research focused on areas of discrepancy between expectation and experience of new mothers. Some of the findings in this research are consistent with the literature in that they identify similar areas of difficulties for new mothers. The findings in this study also support the theory

of expectation-experience discrepancy as it has been modified by Rogers and Ward (1993), i.e. it is not the expectation-experience discrepancy in itself that influences mood and psychological well-being, but rather it is the direction (positive or negative) of the discrepancy that affects them, as is discussed in the next section.

Expectation-Experience Discrepancy and Psychological Well-Being

As stated above, there have been a few attempts at identifying correlations or associations between a certain direction of expectation-experience discrepancy (i.e. positive or negative) and psychological well-being (Adler, 1981; Rogers and Ward, 1993). Being a qualitative study, this study did not attempt to find correlations/associations between variables. However, an analysis of the data revealed common themes that were shared by women who tended to experience certain moods more often than others. More specifically, it was found that women who tended to experience positive feelings more often than they did negative feelings, perceived positive discrepancy in more areas, and negative discrepancy in fewer areas than did women who tended to experience more negative feelings. This finding implies that there may be a certain association between the direction of expectation-experience discrepancy and psychological adjustment/well-being. This is consistent with Rogers and Ward's (1993) study which found that a positive expectation-experience discrepancy in secondary

students from New Zealand had a positive effect on their psychological well-being during readjustment on reentry, whereas negative expectation-experience discrepancy adversely affected their psychological well-being during the process of readjustment. Chapter six discusses the implications for future research in this area.

Postpartum Emotional Disturbances

There is an extensive amount of research in the area of postpartum emotional disturbances (Brockington and Kumar, 1982; Cox, 1986, Kendall-Tackett, 1993; Kruckman and Asman-Finch, 1986; Stein, 1982). It is agreed among researchers and clinicians that between 50%-80% of recently delivered women experience mild transient depression which is called the "Baby Blues" during the first few days after delivery (Brockington and Kumar, 1982; Kendall-Tackett, 1993; Kruckman and Asman-Finch, 1986). Two other postpartum emotional disturbances have been identified; one is the Puerperal Psychosis, and the other is Chronic Depressive Syndrome which is sometimes referred to as Postpartum Depression (Cox, 1986; Kendall-Tackett, 1993). According to the literature, between 0.1%-0.2% of postpartum women get the Puerperal Psychosis. The percentage of women who get the Chronic Depressive Syndrome is undecided and ranges between 30%-80% due to disagreement among clinicians on what constitutes the syndrome and what distinguishes between the real syndrome and

just being "down" after having a baby (Kendall-Tackett, 1993). Although the purpose of this study was not to identify the percentage of women who get any one of these disturbances, it would be appropriate to mention that out of the twelve participants in this study, eight reported to have experienced the "Baby Blues", one has been diagnosed with Postpartum Depression, and none has experienced the Puerperal Psychosis. These findings seems to be consistent with the literature.

For the last two decades researchers have been trying to find the cause or the explanation for the occurrence of postpartum emotional disturbances. Most efforts have been directed toward finding a physiological reason, but past research has produced mixed results (Cox, 1986; Kendall-Tackett, 1993). This study has been designed to explore attitudes, expectations, and experiences of first-time mothers. It was not designed to find the cause of postpartum depression or any other relationships between distinct variables. Nevertheless, the findings show that common themes were shared among women who were experiencing negative feelings such as sadness, depression, anger, and frustration, and among women who were experiencing positive feelings like happiness, joy, and contentment. More specifically, it was found that women who reported to have experienced negative feelings more often than they have positive feelings were also reporting fewer areas of positive expectation-

experience discrepancy and more areas of negative expectation-experience discrepancy. On the other hand, women who reported have experienced mainly positive feelings, reported to have perceived more areas of positive expectation-experience discrepancy, and fewer areas of negative expectation-experience discrepancy. The implications of these findings for future research will be discussed in chapter six.

Conclusion

The findings of this research are mostly consistent with the literature on the myth of motherhood and how it affects young women's attitudes and expectations of motherhood. Notwistanding some additions and alterations, the myth of motherhood was reflected in the participants' narratives to a large extent. The only difference was that the issue of motherhood and career as the participants perceived it was different from the way it is represented in the literature. Most of the participants believed that a woman could work outside of the home and be a good mother at the same time.

The findings are also consistent with expectation-experience discrepancy theory and research, and especially with Rogers and Ward's (1993) finding that the direction of the discrepancy affects human psychological well-being and not necessarily the discrepancy in itself. The findings suggest that there may be an association between the direction of expectation-experience discrepancies in new

mothers and postpartum mood.

CHAPTER VI

IMPLICATIONS AND CONCLUSIONS FOR RESEARCH AND COUNSELLING

This chapter discusses the implications of the findings of this study for future research as well as for counselling. The conclusion of this study is presented at the end of the chapter.

Implications for Future Research

The focus of this study was on the attitudes, expectations, and expectation-experience discrepancy of first-time mothers. Research on the experience of motherhood, especially qualitative one, is scarce. Whereas this study was aimed at addressing the need for more research in the area, there is still a need for more qualitative and quantitative research into the experience of motherhood. Being a complex experience, it was beyond the scope of this study to cover all aspects of the experience of new motherhood. Future research should focus on further exploration of this unique and complex experience, and on possible relationships between different variables like socio-economic status or extra-familial support and postpartum mood.

Since all except one participant were white, middle-class, highly educated, western culture women, research into the experience of motherhood in other cultures, ethnic groups, levels of education, and socio-economic levels may

provide additional invaluable information on the experience of motherhood. For example, in researching middle-class women in North-America we assume a certain degree of both financial and physical security of the mother and baby. We may find that women of colour or women of different socio-economic levels are preoccupied by totally different issues, and that their needs are different from the needs of white middle class women.

All of the participants in this study were heterosexual women in long-term relationships with a male partner. As a growing number of women become mothers outside of marital relationships (Nakano Glenn et al., 1994), research into the experience of motherhood of single mothers or mothers who are in relationships with a female partner may add another dimension to the experience of motherhood. Although the area of the expectation-experience discrepancy have been researched in the past (Black and Gregersen, 1990; Cochrane, 1983; Thompson and Seiss, 1978; Weissman and Furnham, 1987), the effect of the direction of the discrepancy on psychological well-being has received only minimal research attention (Rogers and Ward, 1993). Furthermore, as this study was the first one to address expectation-experience discrepancy in first-time mothers, there is definitely a need for more research in this area. Future research may employ qualitative and/or quantitative paradigms. Qualitative research may explore feelings and meaning- making around expectation-experience

discrepancies, whereas quantitative research may focus on finding relationships between different directions of expectation-experience discrepancy and different moods in postpartum women.

The area of postpartum emotional disturbances has been extensively researched during the last 25-30 years (Brockington and Kumar, 1982; Cox, 1986; Kendall-Tackett, 1993). Clinicians and researchers agree that 1 of every 2 birthgiving women will have one of the three types of postpartum emotional disturbances discussed in chapter 2 of this paper. Research regarding the possible causes of mood disturbances following child birth has not produced definite conclusions (Atkinson, 1985; Brockington and Kumar, 1982; Kendall-Tackett, 1993). Whereas some researchers look for biological/physiological explanations, others have focused on societal and cultural factors. Pillsbury (1978) found that Chinese women who lived in rural China and enjoyed the custom of "Doing the month" did not have postpartum depression. A more recent study (Guo, 1992) conducted in Beijing, a modern, westernized city, found that of the 550 participating women, 17.9% had postpartum depression. Guo (1992) found that postpartum depression was related to lack of support from relatives, poor marital relationships, and bad living conditions. This research suggests that ethnic differences cannot be held responsible for the occurrence or non occurrence of postpartum depression, but rather that there is a

possibility that certain societal, cultural, and relationship variables precipitate postpartum depression or mood disturbances. The findings of this research suggest that there may be an association between life conditions, relationships, and perception, and mood disturbances following child birth. Future research should explore possible relationships among these variables and postpartum mood disturbances.

Finally, given the scarcity of qualitative research into the experience of new motherhood and the relatively small size of the sample, limiting its generalizability, a replication of this study with a larger sample size may contribute to a better understanding of this universal yet diversified and complex experience of the transition to motherhood.

Implications for Counselling

One of the twelve participants in this study received both medication and counselling due to a severe postpartum depression. Another five participants who were experiencing feelings like: resentfulness, anger, sadness, depression, and panic, considered getting some counselling at different points in time. Three of them approached the researcher with a request to be counselled by her and were referred to other therapists. Counsellors may therefore be a source of support and information for women who experience mood disturbances following child birth, and their partners.

All of the participants who experienced more negative than positive feelings reported a change for the worse in their relationships with their husbands, and were very concerned and unhappy about it. It would be therefore useful to encourage couple counselling whenever possible. Communication exercises in which each partner learns to express thoughts, feelings, needs, and wishes may also be helpful (Brock and Barnard, 1988). Facilitating mutual validation, and getting validation from the counsellor are important for enhancing a sense of safety and trust within the system as well as the therapeutic context (Satir et al., 1991). Validation also enhances self-esteem and self-confidence which are crucial for coping with stressful situations. Validation is extremely important for new mother clients as they struggle through the adjustment to their new complex and sometimes discouraging, confusing, and exhausting role. As mothers tend to "cease to exist" with the birth of their child (Thurer, 1994), it is advisable to validate their own needs in order to encourage a regaining of the sense of self.

Normalizing is another important element in counselling new mothers. There is a lot of doubt, self-blame, self-anger, and self-unacceptance resulting from new mothers' experience of feelings like anger, depression, and resentment. Providing information and normalizing these feelings may enhance self-acceptance and feelings of "o.k.ness".

Providing information on the myth of motherhood and the effect that it may

have on the client's expectations of herself as a mother is of crucial importance. Educating the client about the fact that the current definition of a good mother reflects societal, rather than babies' needs is recommended. It is important to facilitate the client's understanding that there are various ways to be a good mother, and that the perfect formula has not been identified yet. Challenging the whole notion of a "good mother" and a "bad mother" is useful. The counsellor may suggest to the client to examine together the notion of a "good person" and a "bad person", guiding the client toward a realization that good and bad are artificial dichotomous and that people are usually not either good or bad but rather somewhere in between, and so are mothers.

All of the participants who experienced negative emotions and were considering getting counselling also had expectation-experience discrepancies in many areas. Working around the issue of unmet expectations and how they make us feel, along with some techniques of processing unmet/undermet expectations (Satir et al., 1991) may be helpful.

A few mothers complained about lack of information given by health professionals before and after the delivery. It would therefore be a good idea to examine a possibility of a prevention program for new parents-to-be that would include more information on what could be expected after the delivery and some couple group work around issues of communication and support before and after

the arrival of the baby. Pre-natal associations may want to use the findings of this research as guidelines for expansion on issues like emotional reactions after child birth.

Finally, most of the participants expressed a sense of relief after talking about their feelings with the researcher, who is a woman and a mother of three children. They all expressed a feeling of being understood. It would therefore be advisable to arrange for new mothers' support groups and invite clients to join them.

Conclusion

Becoming a new mother is probably one of the most profound transitions that a woman may experience in her life time. Being a normative transition that is often regarded as a positive one, the transition to motherhood has not inspired much research until the last two decades. Past research has focused on different traits and behaviours of mothers and the way they affected child development. In the last two decades there have been a few research studies into the experience of motherhood, mostly self-documentaries of the transition and experience of motherhood, and some qualitative studies which have used interviews with mothers to children in different ages. There is still very little known about the various aspects of the complex process of adjustment to new motherhood. This study provided an account of the lived experience of the

transition to motherhood, as experienced by twelve women, expanding from a few weeks before the delivery until 8-10 weeks after.

The women in this study talked about their attitudes, expectations, thoughts, and feelings with openness, insight, and candidness. The results indicate that women's attitudes and expectations of motherhood reflect the myth of motherhood as it is described in the literature quite accurately, except for minor differences.

Each participant had a unique story, affected by many different variables. Nevertheless, a cross case analysis of the data revealed some common themes among the participants. One participant reported no perceived discrepancy between her expectations and her experience as a mother. However, ten out of the eleven women who were interviewed twice (one participant was too depressed to be interviewed the second time) reported a perceived discrepancy between what they had expected before the delivery and their actual experience of motherhood in different areas. Some of these discrepancies were positive, i.e. the experience was better than the expectations, while others were negative, i.e. the experience was worse than the expectations. Three areas of positive discrepancy and eight areas of negative discrepancy were identified. All except one participant had at least one area of positive expectation-experience discrepancy. All of the participants had at least two areas of negative

discrepancy. Finally, it was found that participants who reported to have experienced negative feelings also perceived a positive discrepancy in less areas and a negative discrepancy in more areas than did participants who reported to have had positive feelings.

Appendix B

First Interview Guide

Part I-Thoughts and feelings in general

1.What are some of the thoughts that preoccupy you the most these days ?

2.What feelings and emotions do you experience lately ?

Part II-Attitudes toward motherhood in general

1.What comes to your mind when you hear the word "motherhood" ?

2.In your opinion, is there such a thing as a good mother ?

3.What, to you, is a good mother ?

4.What is a bad mother to you ?

5.Can you describe what, to you, is "mother-love" ?

6.To what extent, do you think, motherhood is instinctual ? Explain.

7.How do you feel about the issue of motherhood and career ?

8.To what extent and in what way is motherhood a fulfilling experience for a woman ?

Part III-Personal expectations of motherhood

1.What do you expect will be the nature of the experience of motherhood for you ?

2.What kind of a mother do you expect yourself to be ?

3.How do you imagine your feelings toward your baby ?

4.How well, do you think, you will function as far as taking care of the baby

goes ?

5.To what extent and in what way will motherhood be fulfilling to you ?

6.What do you expect your feelings about raising your child and having or not having a career will be ?

7. Do you expect to get any kind of help after the delivery ? from who ? what kind of help ?

8.What needs do you expect to have when you have arrived home with your baby ?

9.What feelings do you expect to have after the delivery ?

Appendix C

Second Interview Guide

Part I

1. Is your actual experience of motherhood different in any way from what you expected it to be? If yes, how is it different?
2. Is your experience of motherhood similar in any way to what you expected it to be? if yes, how is it similar?
3. What are some things that are better or easier than what you expected?
4. What are some things that are worse of more difficult than what you expected?
5. What are some things that are exactly like what you expected them to be?

Part II

(For women who perceive a discrepancy)

1.What meaning do you make of the differences between your expectations and experience. How would you explain it?

(For women who do not perceive a discrepancy)

2.What meaning do you make of the similarities between your expectations and experience. How do you explain it to yourself?

Part III

1. Now that you are a mother, do you think that there is such a thing as a good mother, and if so, how would you define her?
2. To what extent and in what way do you think that motherhood is instinctual?
3. Do you find motherhood fulfilling? In what ways?
4. How would you define mother-love?
5. How do you feel about motherhood and career now?

Part IV

1. What are some of the feelings and mood that you have experienced in the last 3 weeks?

References

Adler, N. J. (1981). Reentry: Managing cross-cultural transitions. Group and Organization Studies, 6, 341-356.

Antonucci, T. C., & Mikus, K. (1988). The power of parenthood: Personality and attitudinal changes during the transition to parenthood. In Michaels, G. Y. & Goldberg, W. A. (Eds.), The transition to parenthood: Current theory and research. (pp.62-84). New York: Cambridge University Press.

Atkinson, H. (1985). Women and fatigue. New York: Pocket.

Badinter, E. (1981). The myth of motherhood: An historical view of the maternal instinct. (R. DeGaris, Trans.). London: Souvenir Press (E & A) Ltd.

Bandura, A. (1977). Self efficacy: Toward a unifying theory of behavioral change. Psychological Review, 84, 191-215.

Bandura, A. (1986). Social foundation of thought and action. Englewood Cliffs, NJ: Prentice-Hall.

Barry, H., & Paxton, L. M. (1971). Infancy and early childhood: Cross-cultural codes 2. Ethnology, 10, 466-508.

Bebbie, E. (1991). The practice of social research. (6th Ed.). California: Wadsworth Publishing Company.

Behrman, D. L. (1982). Family and/or career: Plans of first-time mothers. Michigan: UMI Research Press.

Bergum, V. (1989). Woman to mother: A transformation. Massachusetts: Bergin & Garvey Publishers, Inc.

Birns, B., & Ben-Ner, N. (1989). Psychoanalysis constructs motherhood. In Birns, B. & Hay, D. F. (Eds.). The different faces of motherhood. New York: Plenum Press.

Birns, B., & Hay, D.F. (Eds.). (1988). The different faces of motherhood. New York: Plenum Press.

Black, J. S., & Gregersen, H. B. (1990). Expectations, satisfaction, and intention to leave of American expatriate managers in Japan. International Journal of Intercultural Relations, 14, 485-506.

Bowlby, J. (1969). Attachment and loss. Attachment, 1. London: Hogarth.

Bratfos, O., & Haug, J. O. (1966). Puerperal mental disorders in manic depressive females. Acta Psychiatrica Scandinavica, 42, 285-294.

Braverman, L. (1989). Beyond the myth of motherhood. in McGoldrick, M., Anderson, C. M., & Walsh, F. (Eds.), Women in families: A framework for family therapy. (pp.227-243). New York: W. W. Norton & Company, Inc.

Brockington, I.F., & Kumar, R. (1982). Motherhood and mental illness. London: Academic Press Inc.

Brockington, I.F., Winokur, G., & Dean, C. (1982). Puerperal psychosis. in Brockington, I.F., & Kumar, R. (Eds.), Motherhood and mental illness. (pp. 37-69). London: Academic Press Inc.

Caplan, P. J., & McCoquodale, I. H. (1985). The scapegoating of mothers: A call for changes. American Journal of Orthopsychiatry, 55, 610-613.

Chesler, P. (1980). With child: A diary of motherhood. New York: Berkeley.

Cochrane, R. (1983). The social creation of mental illness. London: Longman.

Corsini, R. J. (Ed.). (1994). Encyclopedia of Psychology, I. New York: John Wiley and Sons.

Cox, J.L. (1986). Postnatal depression. Singapore: Longman Singapore Publishers Ltd.

Crosby, F. (1976). A model of egoistical relative deprivation. Psychological Review, 83, 85-113.

Crosby, F. (1982). Relative deprivation and working women. New York: Oxford University Press.

Crouch, M. & Manderson, L. (1993). New motherhood: Cultural and personal transitions in the 1980s. Amsterdam: Gordon and Breach.

Dalton, K. (1981). Depression after childbirth. Oxford: Oxford University Press.

Denzig, N. K., & Lincoln, Y. S. (Eds.). (1994). Handbook of qualitative research. CA: Sage Publications.

Dorr, D. & Friedenberg, L. (1984). Mothering and the young child. In Rickel, A. U., Gerrard, M., & Iscoe, I. (Eds.), Social and psychological problems of women: Prevention and crisis intervention. (pp.45-60) New York: Hemisphere Publishing Corporation.

Douhitt, R. A. (1989). The division of labor within the home: Have gender roles changed?. Sex Roles, 20, 693-704.

Delliquadri, L., & Breeckenridge, K. (1978). Mother Care. Canada: Pocket Books.

Egeland, B., & Vaughan, B. (1981). Failure of "bond formation" as a cause of abuse, neglect and maltreatment. American Journal of Orthopsychiatry, 51, 78-84.

Eisner, E. W., & Peshkin, A. (Eds.). (1990). Qualitative inquiry in education: The continuing debate. New York: Teachers College Press.

Erickson, E.H. (1963). Childhood and society. New York: Norton.

Feather, N. T., & Bond, M. J. (1984). Potential social action as a function of expectation-outcome discrepancies among employed and unemployed university graduates. Australian Journal of Psychology, 36(2), 205-217.

Fischer, S., & Cooper, C. L. (1990). On the move: The psychology of change and transition. West Sussex, England: John Wiley and Sons.

Fontana, A., & Frey, J. H. (1994). Interviewing: The art of science. in Denzin, N. K., & Lincoln, Y. S. (Eds.). Handbook of qualitative research. CA: Sage Publications.

Gerson, K. (1985). Hard choices: How women decide about work, career, and motherhood. California: University of California Press.

Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press.

Gilligan, C., Rogers, A. G., & Tolman D. L. (Eds.). (1991). Women, girls and Psychotherapy: Reframing resistance. New York: Harrington Park Press.

Glaser, K. (1987). A comparative study of social support for new mothers of twins. In Zacharia Boukydis, C F. (Ed.), Research on support for parents & infants in the postnatal period. (pp.41-60). New Jersey: Ablex Publishing Corporation.

Goldberg, W. A. (1988). Perspectives on the transition to parenthood. In Michaels, G. Y., & Goldberg, W. A. (Eds.) The transition to parenthood. pp.1-20 New York: Cambridge University Press.

Golding, J. M. (1990). Division of household labor, strain, and depressive symptoms among Mexican Americans and non-Hispanic whites. Psychology of Women Quarterly, 14, 103-117.

Guo, S. F. (1993). Postpartum depression. Chinese Journal of Obstetrics & Gynecology, 28(9), 532-533.

Hall-Sternglanz, S., & Nash, A. (1988). Ethological contributions to the study of human development. in Birns, B. & Hay, D. F. (Eds.), The different faces of motherhood. (pp.15-72). New York: Plenum Press.

Hamilton, J.A. (1982). The identity of postpartum psychosis. in Brockington, I.F., & Kumar, R. (Eds.), Motherhood and mental illness. (pp.1-17). London: Academic Press Ltd.

Handley, S. L., Dunn, T. L., Waldron, S., & Baker, J. M. (1980). Tryptophan, cortisol and pueperal mood. British Journal of Psychiatry, 136, 498-508.

Harding, S. (Ed.). (1987). Feminism & methodology. Bloominton and Indianapolis: Indiana University Press.

Hare-Mustin, R. T. (1989). The problem of gender in family therapy theory. In McGoldrick, M., Anderson, C. M., & Walsh, F. (Eds.), Women in families: A framework for family therapy. (pp.61-77). New York: W. W. Norton & Company, Inc.

Hare-Mustin, R. T., & Broderick, P. C. (1979). The Myth of motherhood: A study of attitudes toward motherhood. Psychology of Women Quarterly, 4(1), 114-128.

Kaplan, M. M. (1992). Mothers' images of motherhood. London: Routledge.

Kegan, R. (1982). The evolving self: Problem and process in human development. Massachusetts: Harvard University Press.

Kendall-Tacket, K.A. (1993). Postpartum depression. California: Sage Publications Inc.

Kimmel, E. C. (1990). Adulthood and aging, 3rd, Ed. New York: Wiley and Sons.

Klaus, M. H., & Kennell, J. H. (1976). Maternal-infant bonding: The impact of early separation or loss on family development. St. Louis: C.V. Mosby.

Klaus, M. H., & Kennell, J. H. (1982). Parent-infant bonding (2nd ed.). St. Louis: C.V. Mosby.

Kort, C. (1981). Primal bond versus marriage bond. In Friedland, R., & Kort,C. (Eds.), The mother's book: Shared experiences. (pp.123-7). Boston: Houghton Mifflin.

Kruckman, L., & Asmann-Finch, C. (1986). Postpartum depression. New York: Garland Publishing, Inc.

Lamphere, L., Zavella, P., & Gonzales, F. (1993). Sunbelt working mothers: Reconciling family and factory: New York: Cornell University Press.

Landau Heckerman, C. (1980). The evolving female: Women in psychosocial context. New York: Human Science Press.

LaRossa, R., & LaRossa, M. M. (1981). Transition to parenthood: How infants change families. Beverly Hills: Sage Publications.

Lijembe, J. (1967). The valley between: A Muluyia's story. In Fox, L. (Ed.). East African childhood. pp. 4-7. Nairobi: Oxford University Press.

Lincoln, Y. S., & Guba, E. G. (Eds.). (1985). Naturalistic inquiry. Newbury Park: Sage Publications.

Martini-Field, T., & Widmayer, S. M. (1982). Motherhood. In Wolman, B. B. (Ed.). Handbook of developmental psychology. pp. 681-701. New Jersey: Prentice-Hall.

Matlin, M. W. (1993). The psychology of women. 2nd Edition. Orlando: Harcourt Brace Jovanovich College Publishers.

Margolis, M. L. (1984). Mothers and such. California: University of California Press.

McGoldrick, M., Anderson, C. M., & Walsh, F. (Eds.), (1989). Women in families: A framework for family therapy. New York: W. W. Norton & Company, Inc.

Michaels, G. Y., & Goldberg, W. A. (1988). The Transition to parenthood. New York: Cambridge University Press.

Millman, M., & Moss-Kanter, R. (1987). Introduction to another voice: Feminist perspectives on social science. in Harding, S. (Ed.). Feminism & methodology. Bloomington and Indianapolis: Indiana University Press.

Moen, P. (1992). Women's two roles. Connecticut: Auborn House.

Multimedia Encyclopedia (1992). Grolier Electronic Publishing, Inc.

Nott, P.N., Franklin, M., Armitage, C., & Gelder, M.G. (1976). Hormonal changes and mood in early postpartum. British Journal of Psychiatry, 128, 379-383.

Oakley, A. (1986). From here to maternity: Becoming a mother. Penguin: Harmondsworth.

Oakley, A. (1981). Interviewing women: A contradiction in terms. In Roberts, H. (Ed.). Doing feminist research (pp.30-61). London: Routledge & Kegan Paul.

Pertot, S. (1981). Postpartum loss of sexual desire and enjoyment. Australian Journal of Psychology, 33(1), 11-18.

Pillsbury, B. L. K. (1978). Doing the month, confinement and convalescence of Chinese women after childbirth. Social Science and Medicine, 12, 11-22.

Pitt, B. (1975). Psychological reactions to childbirth. Proceedings of the Royal Society of Medicine, 68(4), 223-224.

Quinn-Patton, M. (1990). Qualitative evaluation and research methods. 2nd Ed., CA: Sage Publications.

Ramachandran, V. S. (Ed.). (1994). Encyclopedia of human behavior, II. San Diego: Academic Press Inc.

Rickel, A. U., Gerrard, M., & Iscoe, I. (Eds.), (1984). Social and Psychological problems of women: Prevention and crisis intervention. New York: Hemisphere Publishing Corporation.

Rogers, A. G. (1991). A feminist poetics of psychotherapy. in Gilligan, C., Rogers, A. G., & Tolman, D. L. (Eds.). Women, girls and psychotherapy: Reframing resistance. New York: Harrington Park Press.

Rogers, J. & Ward, C. (1993). Expectation-experience discrepancies and psychological adjustment during cross-cultural reentry. International Journal of Intercultural Relations, 17, 185-196.

Rossiter, A. (1988). From private to public: A feminist exploration of early mothering. Toronto: The Women's Press.

Rothblum, E. D., & Cole, E. (Eds.). (1990). Motherhood: A feminist perpective [Special issue]. Women & Therapy, 10(1/2).

Seligman, M. E. P. (1975). Helplessness: On depression, development and death. San-Francisco: Freeman.

Simkin, p., Whalley, J., & Keppler, A. (1984). Pregnancy, childbirth and the newborn: A complete guide for expectant parents. Minnesota: Meadowbrook.

Spock, B. (1971). Baby and child care. 15th ed. Ontario: Simon & Schuster of canada, Ltd.

Stein, G. S., Marsh, A., & Morton, J. (1981). Mood, weight and urinary electrolytes in the first post partum week. Journal of Psychosomatical Research, 25, 395-408.

Stein, G. (1982). The maternity blues. in Brockington, I. F. & Kumar, R. (Eds.), Motherhood and mental illness. (pp.119-154). London: Academic Press Inc.

Surrey, J. L. (1990). Mother-blaming and clinical theory. Women & Therapy, 10(1), 83-87.

Svejda, M. M., Campos, J. J., & Emde, R. (1980). Mother-infant "bonding": Failure to generalize. Child Development, 51, 775-779.

Tesch, R. (1990). Qualitative research. New York: Falmer Press.

Thompson, A. P. & Siess, T. F. (1978). Subjective expectation, outcome discrepancy, and job satisfaction. Canadian Journal of Behavioural Science, 10(3), 248-257.

Thurer, S. L. (1994). The myths of motherhood. New York: Houghton Mifflin Company.

Thuwe, I. (1974). Genetic factors in puerperal psychosis. British Journal of Psychiatry, 125, 378-385.

Tivers, J. (1985). Women attached: The daily lives of women with young children. Sydney: Croom Helm.

Tolman, E. C. (1932). Purposive behavior in animals and men. New York: Appleton-Century Crofts.

Turner, R. H. (1978). The Role and the person. American Journal of Sociology, 84(1), 1-23.

Walters, M. (1988). Mothers and daughters. In The invisible web: Gender patterns in family relationships. New York: Guilford.

Walters, M., Carter, B., Papp, P., & Silverstein, O. (1988). The invisible web: Gender patterns in family relationships. New York: Guilford.

Weisner, T. S., & Gallimore, R. (1977). My brother's keeper: Child and sibling caretaking. Current Anthropology, 18(2), 169-190.

Weissman, D., & Furnham, A. (1987). The expectations and experiences of a sojourning temporary resident abroad: A preliminary study. Human Relations, 40, 313-326.

Welburn, V. (1980). Postnatal depression. London: Manchester University Press.

Whiting, B., & Whiting, J. W. M. (1975). Children of six cultures. Cambridge: Harvard University Press.

Wolcott, H. F. (1990). Writing up qualitative research. Newbury Park: Sage Publications.

Wolman, B. B. (1982). Handbook of developmental psychology. New Jersey: Prentice-Hall.

Appendix A

Letter of Explanation and Consent Form

Dear _____,

I am writing to ask for your participation in a research project which I am currently conducting. The project is a part of the requirements in the Counselling Psychology M.A. program in which I am enroled. The project title reads: Myth versus reality: Expectations and Experiences of First-Time Mothers. It is designed to explore the expectations that pregnant women have before they become mothers for the first time in their lives, and also, their experiences of motherhood in the first few weeks after the delivery. As a participant in this study, you will be interviewed twice by myself, the first time, during the last few weeks before the deliver, and the second time, six weeks after the delivery. Each interview will take about one hour. The interviews will be audio-taped by myself, and will later be transcribed i.e. written down word for word, and analysed. All the tapes will be erased soon after the project has been completed. The identity of the participants will be known only to me. I will not use your, or any other participant's real name in my writings.

If you wish to withdraw from participating in this project for any reason, you would be able to do so at any time. If this occurs, please inform me about you decision, and I will not use any of the materials that I might have collected before the time of your withdrawal.

If you have any questions about this project, do not hesitate to call either myself, at xxxxxxx, or my supervisor, Dr. Bill Borgen of the department of Counselling Psychology, U.B.C. at xxxxxxx.

Thanks for your cooperation,

Sincerely,

Michal Regev

I,_____ hereby consent to participate in the research project entitled: Myth versus Reality: Expectations and Experiences of First-Time Mothers. I understand that my participation in this project is voluntary, and that I am free to withdraw my participation at any time without any negative consequences. I have received a copy of this letter.

APPENDIX D

CATEGORIES OF ATTITUDES TOWARD MOTHERHOOD

1-A definition of Motherhood
1a-hard, thankless job
1b-the ultimate joy
1c-a natural thing
1d-a life long commitement
1e-someone who is always there
1f-nurturing, supportive
1g-unconditional love
1h-devotion and sacrifice
1i-their own mothers as role models

2-Characteristics of a good mother
2a-loving and supportive
2b-a good listener, empathetic
2c-educated in child development
2d-respects the child as a person
2e-provides a growth enhancing environment & appropriate stimulation
2f-allows the child space
2g-takes care of the child's physical well-being and safety
2h-has high self-awareness
2i-patient and tolerant
2j-enhancing self-esteem & self confidence
2k-sets limits and boundaries
2l-maintains her own sense of self
2m-generous, giving, selfless
2n-is a secure, grounded, self-confident person
2o-is always there for the child
2p-organized

3-Characteristics of a bad mother
3a-abandons, neglects, leaves kids unattended
3b-physically and/or emotionally abusive
3c-drinks or smokes
3d-provides no stimulation, affection, or physical contact
3e-does not draw limits, have no boundaries
3f-discourages child independence and development
3g-imaptient, hot tempered, gets angry a lot
3h-uneducated in child developement
3i-does not take care of the physical needs of the child
3j-neglects herself in a way that is detrimental to the child

4-Mother love
4a-unconditional
4b-eternal
4c-involves sacrifice
4d-effortless, natural, instinctual
4e-enhances physical, emotional & spiritual growth
4f-pure
4g-a unique bond
4h-protective
4i-involves pride
4j-gentle, soft, cosy
4k-empathetic233
4l-firm, setting boundaries

5-Motherhood as an instinct
5a-mostly instinctual
5b-mostly non-instinctual, a learning experience
5c-a combination of instincts and learning experiences

6-Motherhood as a fulfilling experience
6a-the most fulfilling experience
6b-mostly a fulfilling experience
6c-somewhat a fulfilling experience
6d-not a fulf