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Adjustment to Motherhood of Ten Primiparous Career Women Over the Age of Thirty

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ADJUSTMENT TO MOTHERHOOD OF TEN PRIMIPAROUS CAREER WOMEN
OVER THE AGE OF THIRTY

by

Linda S. Stern

A Thesis Submitted to the Faculty of the Graduate School
of Loyola University of Chicago in Partial Fulfillment
of the Requirements for the Degree of
Master of Arts

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VITA

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CHAPTER I
INTRODUCTION

One of the most important and dramatic changes in society during the past 25 years has been the expanding roles and opportunities for women. The societal norms which influenced women to maintain traditional sex-roles are changing. No longer are working and having a family considered mutually exclusive choices for women. Now women are making a dual commitment to the roles of nurturer and provider. This trend reflects both a growing acceptance of women who choose a career as well as an acceptance of the need for women to work to provide for their or their families' economic support.

The feminist movement which has been a major force in changing the perspective toward women and work, along with the availability and effectiveness of birth control, have been among the forces allowing parenthood to become a choice (Daniels & Weingarten, 1982; Frankel & Wise, 1981; Rossi, 1968; Wilkie, 1981). There is a new career and family pattern emerging among middle class women -- one where education is completed, a career is on its way or established, and then a family is started (Alden, 1981). The ability to view parenthood as an option and to control the timing of pregnancy has allowed a shift in the established progression of

adulthood stages. In the past when pregnancy followed marriage almost immediately, marriage marked the final transition to adulthood with the assumption that parenting implies assuming adult responsibility. An important change has occurred where women are now encouraged and increasingly expected to work after marriage. This societal change has shifted the transition to adulthood from marriage to the first pregnancy.

There is a strong and clearly growing trend for women to choose to postpone motherhood until their thirties and beyond. This is particularly evident among career women who use the decade of their twenties to establish their work identities (Colman, 1978). Although psychological and emotional readiness greatly influences the timing of the transition to adulthood, environmental and life experiences such as establishment of an independent residence, beginning a career, defining secure relationships, and sexual experimentation are milestones that women strive to achieve during their twenties. Researchers have also identified several factors which influence the decision to postpone pregnancy and childbearing, including freedom and identity issues, desire for economic security, and increased career and educational opportunities for women

(Frankel & Wise, 1981; Pickens, 1982; Wilkie, 1981). This trend toward delayed parenthood has contributed to a new stage in life development: the childfree marriage period. For many women, who do view parenthood as a desirable role but choose to delay the first pregnancy, this stage is a transition period in preparation for, rather than a rejection of parenthood (Knaub, Eversoll & Voss, 1983; Wilkie, 1981).

The decision to become a mother carries with it different considerations and expectations for a woman in her thirties or forties than it does for the more traditional younger woman. These older women have completed educational goals or training, have established professional careers, and have often had several childfree married years. The establishment of this independent identity throughout the twenties and beyond constitutes a deviation from the traditional pattern and can lead to a major identity reformulation when these women become mothers. Several studies have found that concerns about self-image and identity reformulation are significant problems for older career women when they become mothers (Barber & Skaggs, 1975; Colman, 1978; Dubin, 1982; Lopata, 1971; Pickens, 1982).

Although there is a great deal of literature dealing with the biological aspects of pregnancy, the

childbirth experience, and childrearing philosophies, the majority of this research has as its focus the effects on the child. It is only within the last 20 years that a significant number of studies have addressed the emotional and psychological adjustment that women must make in their adaptation to the role of motherhood.

Need for the Study

It is becoming increasingly common for first time expectant mothers to be age thirty or over. This trend has been attributed to such variables as educational level, career orientation, and feminist ideology (Knaub, Eversoll & Voss, 1983; Poffenberger, Poffenberger & Landis, 1952; Wilkie, 1981; Yogev & Vierra, 1983). These women bring new attitudes, expectations, and experiences with them when they become mothers. However, until recently relatively little had been written with respect to understanding and assisting these older career women as they make the transition to motherhood. This is a new focus for pregnancy and motherhood research. It is timely and significant because, as more women choose to delay parenting mental health professionals will be faced with helping these women successfully integrate their multiple roles. An hypothesis generating study

would help to clarify salient issues and provide direction for future hypothesis testing.

Purpose of the Study

The purpose of this study is to investigate the adjustment to motherhood for a small group of primiparous career women approximately thirty years of age and older. This descriptive study will be undertaken using indepth interviews following a combination interview guide approach and standardized open-ended approach. Interviews will be scheduled prenatally in the ninth month of pregnancy and postpartum between eight and ten weeks.

The primary focus of this study will be to assess the transition to motherhood for late childbearing career women and the identity reformulation that occurs during this period. Specifically, this study proposes to collect data in two broad areas: first; the psychological work of pregnancy including the decision to have a baby, planning and timing of pregnancy, expectations of the woman as a mother, and concerns regarding the baby and one's self. The second area focuses on adaptation and adjustment in the early postpartum period including the early motherhood experiences and the conflict regarding career and identity issues. The qualitative design of this study

functions to provide unique indepth material. The results will suggest further insights concerning older career women and their experiences during pregnancy and the transition to motherhood.

Definition of Terms

The following terms are utilized in this study and defined as follows:

baby honeymoon - the first four to six weeks after the birth of a baby when couples are elated with all experiences related to parenthood. After this initial period the impact of parenthood may become a crisis experience.

late-timing women - women who had their first child in their late twenties or early thirties. The average age of late-timing mothers in January 1980 was thirty and one-half years (Daniels & Weingarten, 1982).

quickenning - the first sensation of fetal movements, usually occurs at approximately four and one-half months.

postpartum - subsequent to childbirth

primiparous - a woman who is full-term pregnant for the first time or who has given birth to just one child.

Limitations of the Study

This study will be limited to primiparous women approximately thirty years of age or older, having

intact marriages, currently working, but planning to stop working for at least six weeks after the birth. The generalizability of the results will be limited due to the small sample and the socio-economic backgrounds of the participants.

A limitation of a qualitative study that cannot be controlled by the researcher is the veracity and candidness of the participant's responses.

Organization of the Study

This thesis will be presented in five chapters. Chapter I presents a general overview of the research area and states the need for the study, the purpose of the study, definition of terms, and limitations of the study. Chapter II will review the literature regarding the psychoanalytic view of pregnancy, transition to parenthood, older women experiencing the transition to motherhood, early postpartum adjustment, and similar studies on pregnancy and motherhood in older women. Chapter III describes the methodology of the study including a description of the sample, the instruments, the procedure, and the method of data analysis. Chapter IV will present the qualitative results of the study. Chapter V will provide a brief summary of the study, discussion of the conclusions and recommendations for further research.

CHAPTER II
REVIEW OF THE RELATED LITERATURE

Introduction

The purpose of this chapter is to present a review of the related literature. The first section, psychoanalytic view of pregnancy, briefly describes psychoanalytic beliefs about the emotional significance of childbearing for women. The second section deals with pregnancy as a crisis; the third focuses on pregnancy as a developmental process and includes a discussion of the developmental tasks of the pregnant woman. Transition to parenthood is the area of concentration of the fourth section. The fifth section focuses on the specific concerns and issues of older first-time mothers. The early period of postpartum adjustment is briefly discussed in the sixth section. Finally, a review of similar studies in the area of late-timing pregnancy and motherhood is presented.

Psychoanalytic view of pregnancy

The first researchers to become aware of the emotional significance of pregnancy for women were psychoanalytic in their orientation. Pregnancy and childbirth were characterized as being the culmination of feminine biological development (Gladieux, 1978). The focus of these writers was on the intrapsychic

experiences of pregnancy. They examined the women's response to the physiological and emotional developments occurring within rather than her response to significant others in her life or to the larger developmental tasks to be achieved. Freud believed that a maternal orientation was the hallmark of a healthy feminine sexual identity. Although Freud did not study the actual pregnancy and childbirth experience, he believed the relinquishment of the wish for a penis in exchange for the more realistic and attainable wish for a child were the central tasks for a woman (Grossman, Eichler & Winikoff, 1980). Psychoanalytic theorists concluded that motherhood and the ability to nurture are essential in psychologically and emotionally mature women. They also acknowledged the complex psychological tasks that women work on during pregnancy. This focus supports the notion that pregnancy is a time of disequilibrium during which intrapsychic turmoil develops in all women (Gladieux, 1978). Later researchers of the psychology of women focused more specifically on the pregnancy and childbirth experiences (Benedek, 1970; Bibring, 1961; Deutsch, 1945). The literature suggests that there are two main theoretical viewpoints concerning how primiparous women experience pregnancy. The first orientation suggests that pregnancy is a transition or

normative crisis period. The second view of pregnancy is that it represents a normal developmental event and thus delineates the developmental tasks of the pregnant woman.

Pregnancy as a Crisis

Deutsch (1945) theorized that pregnancy is the natural fulfillment of the deepest, most powerful wish of women and that healthy ego development is closely tied to maternal orientation. She emphasized that at the core of the adjustive task of the pregnant woman is the maturational resolution of the woman's relationship with her own mother, including the infantile aspects of that relationship. The negative or destructive attitudes and behaviors established as outcomes of childhood experiences are relinquished and replaced by new identifications with the mother. Her writings also suggest the view of pregnancy as a state of crisis.

This concept of pregnancy as a crisis was further developed by Bibring (1961). In her study of the psychological processes of pregnancy Bibring states "we came to regard pregnancy, like puberty or menopause, as a period of crisis, involving profound endocrine and general somatic as well as psychological changes" (p. 12). She further states that all three of these periods are significant transitions in a woman's life where

mastery of the phase depends on the resolution of the appropriate psychological crisis. All three crises seem to revive psychological conflicts of earlier developmental phases and are different than other developmental milestones due to the unalterable biological changes. The unique developmental achievement in pregnancy is the readiness and capacity of the woman to shift from being a single, self-contained organism to producing a child and establishing a relationship that will embody the woman, the husband, and the child. Although Bibring (1961) conceptualized pregnancy as a crisis, she concluded that it was a normal occurrence and furthermore, an essential part of the maturational process. She states:

Pregnancy is a crisis that affects all expectant mothers, no matter what their state of psychic health. Crises, as we see it, are turning points in the life of the individual...pregnancy as a major turning point in the life of the woman represents one of these normal crises, especially for the primigravida who faces the impact of this event for the first time.

Another researcher, Benedek (1970) who extensively studied reproductive psychobiology in women reflected on the dual nature of psychological processes in pregnancy,

both the gratification in reproducing oneself and the revival of earlier unresolved developmental conflicts and anxieties.

Pregnancy as a Developmental Process

The experience of pregnancy and childbearing regardless of the analytic motivation is still part of most adult women's lives. Viewing pregnancy as a developmental event is a theoretical orientation which is an outgrowth of the "crisis" literature. Rossi (1968) was one of the first to suggest the abandonment of the concept of crisis and the adoption of a developmental stage theory. Rapaport (1968) postulates that it is the way the family copes with normal transitions that will effect the outcome of individual mental health and family relationships.

The developmental approach towards major life transitions, including pregnancy and childbirth, is also suggested by Leifer (1980). She views the progression of life as a continuous process with each new stage affording the possibilities for psychological growth and change. Miller and Sollie (1980) suggest that although not all individuals experience the same sequence of life events, there are relatively predictable developmental events and concomitant psychological tasks that can be anticipated. Grossman et al. (1980) state "...every

pregnancy...requires the prospective parents to perform a significant amount of psychological "work" in order to prepare themselves physically and emotionally for the arrival of their new child" (p.43). These authors, supporting the view of Bibring (1961), also noted that the experience of pregnancy is much more overwhelming and emotionally consuming for primiparous women than for women during subsequent pregnancies.

Developmental Tasks of the Pregnant Woman

For most women the extended period of pregnancy provides a time for psychological preparation for the birth. There is a concern about the development of the baby and about the new role and responsibilities of becoming a mother. The research on psychological "work" during pregnancy identifies four major tasks:

1. Acceptance of pregnancy and the fetus
2. Differentiation of self from fetus
3. Re-evaluation and re-definition of relationship with own mother
4. Resolution of emotional dependency issues

The accomplishment of these tasks helps the woman to integrate various aspects of her personality and begin adaptation for the new stage of life she is entering.

The initial stage of pregnancy (first 3-4 months) is marked by physical changes without the evidence of a new presence inside. Many women also experience uncomfortable physical symptoms along with an increase in emotional lability (Power and Parke, 1984). Bibring (1961) states that the first adjustive task of the pregnant woman is to accept and incorporate the intrusion of the fetus. Leifer (1980) found that among the primigravidas in her study the most significant developmental task was acceptance and emotional incorporation of the fetus. Grossman et al. (1980) found that for primigravidous women, that "they are the pregnancy and the pregnancy is them" (p.24). During this early stage of pregnancy the involvement is mainly narcissistic due to the fact that the baby has not made its presence known.

The second stage begins with "quickening", defined as the first sensation of fetal movements. This period lasts from the fourth to seventh month during which the woman makes the necessary physical differentiation between the self and the baby. Rossi (1968) states "the quickening is psychologically of special significance to women precisely because it marks the first evidence of a real baby rather than a purely fantasized one" (p.30). Bibring (1961) identifies the second task of adjustment

as the ability to perceive the baby as separate although still a part of the mother and prepare for the birth and anatomic separateness.

Related to the task of differentiation between mother and baby is the third adjustive task, that of redefining the relationship between the pregnant woman and her own mother. During pregnancy the woman's relationship with her own mother takes on new significance. Psychoanalytic theorists have emphasized the importance of a woman's relationship with her own mother and feel that the relationship effects the woman's acceptance of her own femininity and capacity for nurturing. Women tend to examine their mother's pattern of mothering, searching both for attitudes and methods to emulate as well as those ways they hope to function differently (Shereshefsy & Yarrow, 1973). In her study of 12 primiparous women Colman (1975) found that a healthy relationship with her mother can be a supportive element in a woman's adjustment to becoming a mother. She also points out that the woman's relationship with her own mother can cause serious problems if the new mother has not made an adequate separation or has unresolved dependency issues with her mother. Rossi (1968) concurs that women who had unresolved conflicts with their own mothers suffer from

more severe personality regression during pregnancy and childbearing.

The resolution of dependency issues is the fourth task for the expectant woman. Grossman et al. (1980) state that "issues of increased dependency and neediness arise and an intensification of anxiety occurs due to the number and magnitude of changes pregnancy entails for women" (p.23). McCauley, as reported by Valentine (1982), identifies facing or resolving emotional dependencies as a specific task of pregnancy. It is suggested in the literature that these dependency issues may concern the woman's relationship with her own mother and/or husband. It is part of the maturation process to make the shift toward full participation in adult roles including seeing oneself as an independent functioning person.

During the childbearing year a woman experiences profound physiological and psychological changes. These changes affect her view of self and her relationships with the significant others in her life. There is perhaps no other exclusively feminine physiological experience that has the potential to elicit the depth of emotion or the opportunity for growth as the experience of pregnancy. It is an unalterable fact, excluding abortion or miscarriage, that once conception has

occurred there is no turning back. The nine months preparation period of pregnancy is the time for the psychological and environmental adaptations which must be made and which will culminate in the transition to parenthood and the establishment of a new family unit.

Transition to Parenthood

The birth of the first child is an event of major significance. The changes that occur effect not only the biological and psychological make-up of the woman, but also the marital, social, and work patterns in the family. The majority of research in the area of transition to parenthood has focused on "parenthood as a crisis". The aim of this body of work was to investigate the changes in personal and marital satisfaction after the birth of the first child.

Researchers studying "parenthood as crisis" (Dyer, 1963; Hobbs, 1965 & 1968; LeMasters, 1957; Meyerowitz & Feldman, 1966) viewed the family as a small social system which required reorganization after the birth of the baby. Previous roles are re-evaluated and reassigned, status positions are redistributed, values undergo examination and reordering. The ways in which couples met their needs and assumed responsibilities within the family suddenly need to be changed. The conceptualization of the "crisis" state for this

research was based on Reubin Hill's (1949) definition of crisis as "...any sharp or decisive change for which old patterns are inadequate...A crisis is a situation in which the usual behavior patterns are found to be unrewarding and new ones are called for immediately" (p.51).

Wilson and Ryland (1949) as cited by LeMasters concluded that the two-person group seems to be the most satisfactory of human relationships. They proceed to judge the three-person group which falls into a combination of a pair and an isolate, as the most volatile of all human relationships.

LeMasters (1957) conducted a major study investigating whether the arrival of the first child was a crisis. Forty-six urban, middle class couples between the ages of 25-45, with their first child born within the previous five years were studied using joint unstructured interviews. The major finding of this exploratory study was that 83% of the couples reported "extensive" or "severe" crises in adjusting to their first child. It was reported that these results were not indicative of unwanted or unplanned pregnancies, poor marriages, or personality disorders. Two other major findings were that the couples who experienced a crisis felt that they had not had any effective preparation for

parenting and that that every mother with professional training and extensive professional work experience suffered extensive or severe crisis.

Patterned after the LeMasters study, Dyer (1963) conducted a similar study to investigate the extent to which the arrival of the first child represented a crisis. His sample consisted of 32 urban, middle class couples having unbroken marriages with their first child born within the previous two years. The findings of this study tentatively supported LeMasters (1957), with 53% of the couples experiencing extensive or severe crisis. Crisis reports were higher for women than men with 87% of the new mothers reporting one or more severe problems. Dyer (1963) suggests that various aspects of this study including differences in the educational level of the sample and the number of years elapsed between the birth of the child and the interview date may account for the wide gap between the crisis scores of the two studies.

The degree to which the arrival of the first child represented a crisis appeared to be related to: a) the relationship in the marriage at the time of the birth; b) the couples' preparation for marriage and parenthood; c) the couples' marital adjustment after the birth; and d) certain social background and situational variables

including number of years married and intent of conception.

Hobbs (1965) conducted a third study attempting to learn if crisis findings using middle class populations would generalize to a probability sample of first-time parents. A 23 item checklist was administered to 53 white, urban first-time parents. Median ages were 24.5 and 21.5 for fathers and mothers respectively, educational levels ranged from illiteracy to advanced graduate degrees, occupations were varied, and the age of the babies ranged from 3-18 weeks.

The results of this study were dramatically different than the previous two studies. None of the couples reported extensive or severe crisis and for over 86% of the couples studied, the crisis was slight. Hobbs (1965) reported that serious measurement problems and a small non-representative sample size may have affected the degree of crisis reported. Also significant was the potential for the parents to feel that it would be unacceptable to report negative feelings and the difference in elapsed time since birth that may be indicative of the "baby honeymoon" effect. That refers to the tendency, as reported to Hobbs (1965) in a personal communication with Dr. Harold Feldman, for parents to be initially elated with new experiences

relating to their babies but that after four to six weeks the full impact of parenthood can precipitate a crisis situation.

Meyerowitz and Feldman (1966) conducted a "short-term longitudinal study" interviewing 400 primiparous couples during the fifth month of pregnancy, five weeks after delivery, and five months after delivery. Findings indicated that although respondents felt strongly that having a child improved their marital relationship, it was at a lower qualitative level. The lowest point of satisfaction occurred during the second through fifth month postpartum, attributable perhaps to a reported decline in the amount of time a husband and wife spent talking to each other on an average day. There also appeared to be a considerable shift in decision making power from the first to the third interview. At the time of the third interview all power of decision making, with the exception of the choice of food, was held by the husband. This may reflect the participants views of appropriate tasks for their newly revised spousal roles. The authors concluded that the birth of the first child is a significant transition point in the maturation of the marital relationship, from a dyadic state to a more mature and rewarding triadic familial state.

In 1968 Hobbs attempted to replicate his earlier (1965) study and to determine if his findings were due to different measuring instruments. A random sample of 27 urban lower and middle class couples with babies from 6-52 weeks old were given a 23 item checklist and interviewed. Findings of the replication study confirmed the findings in the earlier study by Hobbs (1965). None of the couples experienced extensive or sever crisis with the majority reporting only slight crisis. Hobbs (1968) states:

It would seem more accurate to view the addition of the first child to the marriage as a period of transition which is somewhat stressful than to conceptualize beginning parenthood as a crisis experience for the majority of new parents. (p.47)

This shift in the vernacular from "crisis" to "transition" was supported by subsequent researchers (Jacoby, 1969; LaRossa & LaRossa, 1981; Rossi, 1968; Russell, 1974). The concept of a sociological approach toward the transition to parenthood is the most recent development, focusing on social roles and patterns of family interactions.

Rossi (1969) suggested that there is an incongruity in referring to any crisis as normal. She was the first to suggest that the term "crisis" be dropped and

"transition" to parenthood be substituted. In an analysis of the parental role cycle, Rossi (1968) suggested that there are four unique and salient features which make the transition to parenthood difficult. The first is a cultural pressure that implies that a woman must assume the motherhood role for personal fulfillment and in order to secure her status as an adult; second, due to the availability and reliability of contraception the major transition point in an adult woman's life has changed from marriage to the first pregnancy; third, the irrevocability of the commitment to parenthood; and fourth, the lack of preparation for parenthood including: little prior experience with children, lack of training for parenthood during pregnancy, the abruptness of the transition after birth, and a lack of guidelines for successful parenting. Rossi (1968) observes that although most people assume the role of parents and are relatively successful, our current practices are inadequate to prepare men and women for family life.

In a theoretical paper reassessing past studies Jacoby (1969) criticized the "crisis" literature as allowing little opportunity for reporting positive aspects and attitudes experienced by women making the adjustment to motherhood. He suggested that social class

may be a significant variable and that middle class parents have more difficulty in making the transition than do lower class parents. His reasons for this included the suggestion that parenthood is much more likely to interfere with educational and career plans of middle class mothers.

Russell (1974) administered Hobb's (1965) checklist to 271 urban lower and middle class couples whose first child was 6-56 weeks old. In this study crisis was defined as "change in self, spouse, or relationships with significant others which the respondent defined as bothersome" (p.296). Results indicated that there is a slight or moderate degree of crisis associated with the birth of the first child. Variables related to a lower degree of crisis included planned pregnancy and longer length of marriage before pregnancy. Two variables associated with lower gratification scores were higher level of education and younger age of wife in relation to length of time married. Lower gratification scores reflect higher comparison levels for successful, educated people and the ability to find other outlets for fulfillment.

Recent studies have begun to approach the transition to parenthood from a sociological perspective that emphasizes the transition as a normal developmental

event (LaRossa & LaRossa, 1981; Miller & Sollie, 1980; Power & Parke, 1984). A longitudinal study using 109 couples was conducted by Miller and Sollie (1980). This research was designed to study how the same couples changed over time, measure stresses during the transition more directly, and to avoid eliciting only socially desirable responses from participants. The subjects completed questionnaires that included measures of personal well-being, personal stress, and marital stress. These questionnaires were completed at three points in time: during midpregnancy, when the infant was five to six weeks old, and when the infant was between six and eight months old. The results indicated that both new mothers and fathers reported high scores on personal stress after the birth of the baby. The marital stress scores showed that new mothers experienced higher stress in the marriage when the child was approximately one month old and even higher marital stress when the baby was approximately eight months old. Miller and Sollie (1980) concluded that new parents experience a decline in personal well being and an increase in marital stress during the first year of parenthood. Although couples identified several coping strategies that were successful in reducing stress, the problems faced by dual role women were particularly difficult.

LaRossa and LaRossa (1981) suggested a shift in emphasis from an individualistic approach to a sociological approach that focuses more attention on social patterns, social processes, and sociohistorical linkages. They conducted an exploratory longitudinal study of 20 white middle class couples using conjoint interviews during their third, sixth, and ninth month postpartum. This qualitative research was designed to explore behavior as well as attitudes and the relationship between them, to examine the transition to parenthood as a longitudinal process, and to look at how sociohistorical and biographical factors are interrelated in families that have recently added a new member. Their analysis of the data highlighted the changes in the couples' attitudes and behavior concerning value of free time, division of labor, interchangeability of providing child care, and protectiveness toward the new baby. This study on the transition to parenthood suggested a new direction for examining the adjustment process for new parents.

A recent study that examined social support and its influence on the transition to parenthood was conducted by Power and Parke (1984). They identified four types of social support and hypothesized that the degree to which each type was available and the extent of its use had a

significant effect on the ease of couples making the transition to parenthood. The four kinds of social support they identified were: 1) relational, referring to close relationships that provide emotional support; 2) ideological, referring to the degree of support for a woman's role decisions based on her belief system; 3) physical support, including help with housework, childcare, and/or financial assistance; and 4) informational, consisting of helpful information and/or suggestions. Power and Parke (1984) state that the lower levels of maternal and marital satisfaction experienced by career women can be attributed to a lack of support in all four categories.

The Older, Educated Woman Entering Parenthood

Over 30 years ago LeMasters (1957) identified the increased amount of stress experienced by women trying to balance motherhood and a career. He found that in every case mothers with professional training and work experience suffered extensive or severe crisis. Dyer (1963) hypothesized that a higher educational level in women may have some maladaptive bearing related to being a mother.

The woman may find it difficult to stay home after being accustomed to outside stimulation and involvement. Russell (1974) as reported earlier, found that lower

gratification scores were inversely associated with higher education levels. Highly educated women reported fewer gratifications stemming from their roles as parents. Lopata (1971) concluded that the birth of the first child causes a great amount of emotional turbulence and the need for personal redefinition in American middle class women, particularly if it is not followed by return to full-time employment outside the home. The more educated woman tends to be relationship oriented and worried about her ability to be a good mother. Lopata (1971) states:

Women with college educations are the most likely to perceive the role of mother as a complicated set of relations and to stress the creative and influential aspects of it in modern society. They are the most concerned with it. They are deeply aware of the emotional and relational responsibilities of child-rearing and of the great potential in the role of mother...(p.212).

Closely related to higher education and training is the likelihood that older women will have had rewarding and successful careers. Recent studies suggest that delaying parenthood may be a useful strategy employed by professional and managerial women while building their careers. These studies have shown that most delayers

want and plan to have children but also want and plan to establish a secure financial base and meet their personal needs as well before entering into parenthood (Wilkie, 1981; Soloway, 1985; Meltzer, 1986)

A study of attitudes toward parenthood by Knaub, Eversoll & Voss (1983) also supports this data. In a survey of 213 female undergraduates, results indicated that although parenthood is a desirable role, that sample was strongly supportive of delayed parenthood. In addition to support for postponing parenthood this study found that young women no longer see having children as imperative for attaining a sense of fulfillment or happiness. The authors suggest that one outgrowth of the women's movement has been the realization that adult fulfillment is the result of personal growth and achievement, not contingent on becoming a mother.

In a study of younger professional women (those age 40 or younger) Yogev and Vierra (1983) suggest that these women are not confident that they can successfully and comfortably combine a career and motherhood. It appears that the "Superwoman" role is increasingly unattractive to women and that for some the negative aspects of a dual role commitment outweighs the positive aspects.

Many women feel inadequate and unfulfilled when they attempt to maintain the roles of mother and career person. Glover, as reported by Shreve (1982) states that dual career stresses are the "biggest cultural problem women in their 30's have today". Psychologists agree that the opportunity to work is very important and that one of the ways people define themselves is through productivity and subsequent feedback. They also stress the importance of child rearing. It is not a matter of either-or, but how? For many women the "how" is extremely difficult to achieve and the search for a viable compromise often imposes extraordinary psychological conflict.

However, two recent studies identified a positive relationship between childbearing and job commitment. Jimenez and Newton (1982) suggest that a positive commitment to work was correlated with a positive adjustment to the first pregnancy and early motherhood. Frankel and Wise (1982) reported that the older working mothers in their study seemed to divide their time more comfortably between their children and their social and professional lives. They suggest the reasons for this may be that older mothers have achieved a more mature developmental level and view a baby as a commitment to

the future and a meaningful opportunity to recreate the family.

Colman (1978) notes that the experience of pregnancy and becoming a mother is quite different for an older woman who already has a secure sense of her adult identity than for a younger woman. The identity issue is one of the overriding concerns for older mothers. Several studies have found that the identity reformulation required during the transition to motherhood is most difficult for older mothers, particularly those with strong work identities (Barber & Skaggs, 1975; Dubin, 1982; Lopata, 1971; Pickens, 1982). Many of these women find themselves caught between opposing value systems (Colman, 1971; Gray, 1980). On the one hand they are encouraged to work and use their talents; on the other they are accused of neglecting their children and contributing to the breakdown of the family. Often these women have unrealistic expectations of the ideal nurturing mother. Angrist (1975) as reported by Pickens (1982) states:

The new feminism advocated offering women a wide variety of choices, but it has not yet dramatically altered the basic dilemmas women face in making and implementing those choices. There is tension between children and career that is strong and

real. There are time and energy restraints. It's just plain hard to work, play, and rear a family. College women sense this and express the juggling process. They are jugglers of gender--trying to incorporate expectations of procreation and domesticity along with expectations of greatness and satisfaction. The women struggle with ambivalence and play with choices because they have to juggle several major roles (p.140).

The struggle to reconcile the antithetical skills and emotions needed to nurture an infant and succeed in a corporate environment often results in an identity crisis and feelings of being out of control (Lopata, 1971; Shreve, 1982). Barber and Skaggs (1975) suggest that career women are especially sensitive to the identity conflict because they worry that career and motherhood will be incompatible. Also, for women who already have a strong sense of self, the reaction of others who define them only as a "pregnant woman" or "mother" is viewed as threatening or hostile.

Pickens (1982) conducted a descriptive study designed to determine the processes used by career-oriented women to reformulate their identities and to learn more about how the maternal role is integrated with the career role. Five primiparous career

women, 30 years of age or older were interviewed on two occasions using unstructured, semi-directed interviews. The first was conducted at 13-26 days postpartum and the second at 16-17 weeks postpartum. The two interview times were chosen in order to compare changes in identity reformulation over time. Six major process categories were identified:

- 1) Reviewing - definition of self in the past and recalling attachments to a career
- 2) Projecting - the process of defining oneself as a mother and how successful one would be in combining maternal and career roles
- 3) Planning - an attempt to organize and coordinate the present with the future
- 4) Cost Accounting - the process of determining the costs and rewards in becoming a mother
- 5) Weighing - comparing and contrasting the alternatives of a maternal role vs. a career role
- 6) Assessing - examination and rating of knowledge and performance in the mother role

Reviewing was the most dominant behavior during the first interview and assessing ranked first during the second interview. All of the women expressed discontinuity with their former selves. They needed to be reassured in the maternal role where evidence of a

job well done is not as readily recognized or rewarded as in the professional world. For most of the women a major reward of motherhood was personal growth and maturation.

Colman (1978) reported that the women in her study found it very difficult to exchange their secure professional identities for the new, unknown demands of motherhood. Gladieux (1978) observed that modern women were likely to doubt whether motherhood would satisfy the needs fulfilled by employment. For several of the women transition to motherhood represented trading a role where their competency and skill were confirmed for one where their adeptness and abilities were untested.

Later-timing mothers are in a position to achieve the closest correlation between inner scenario and actual outcome (Daniels & Weingarten, 1982). They have benefited from societies acceptance that women will spend most of their adult lives earning a living and they have found a way to give themselves permission to take more time for personal growth and experimentation without sacrificing their desire and plans for a family.

Adjustment during the Early Postpartum Period

During the pregnancy period a woman embarks on the psychological work of accepting the fetus as part of herself and preparing for the separation and

individuation process that begins with birth. The woman is also beginning to fantasize herself in the motherhood role and prepare for the redefinition of self. This internal work becomes a reality after the birth of the baby. The actual birth also heralds the beginning of many physical, emotional, and environmental changes in the woman's life. During the pregnancy period the woman may fantasize about what she will be like as a mother, but it is at the infant's birth that the woman begins enacting the mothering role formally. It is at this time that the woman begins to assimilate and integrate the behaviors necessary in the maternal role as part of her identity (Mercer, 1981). Although the importance of early mother-child bonding has been well-documented, (Crowther, 1965; Shereshefsky & Yarrow, 1973; Sumner & Fritsch, 1977) researchers have characterized the early postpartum period as being particularly stressful and disruptive (Leifer, 1977; Grossman et al., 1980).

Grossman et al. (1980) suggest that the changes that result after the birth of a child are particularly dramatic after the first child when couples must adjust to being new parents as well as integrating a new family member. For the woman in particular the demands of a newborn along with the physical recovery from childbirth

can accentuate feelings of stress, loneliness, and depression.

Sumner and Fritsch (1977) state that the early postpartum period is one of the most difficult times in a woman's life. The tasks required of the woman during this period include: identifying with her infant, determining her relationship to the baby, and altering her life style and patterns in order to adapt to her new role. These demands are imposed at the same time that the woman is physically tired from the delivery and in a relatively dependent state. Although the physical need for recuperation is highly evident, just as crucial is the acknowledgment of the emotional lability of the new mother. During the immediate postpartum period women may experience mood swings that range from mild to severe that occur due to hormonal changes and/or the emotional intensity of the birth experience (Barber & Skaggs, 1975; Sumner & Fritsch, 1977).

Bibring (1961) suggested that essential maturational changes seem to take place after delivery and that postpartum adjustment difficulties are partly due to the incomplete reorganization of the mother's psychic equilibrium. Grossman et al. (1980) also commented that at the time of the two-month postpartum interview, there remained evidence of emotional

disequilibrium in the women studied. They suggested that it is particularly difficult for women to make the emotional adjustment after the birth of the first child because the woman must expand her identity to include her new role and integrate being a mother as part of her self-concept. Menninger (1943) noted that in the average instance the child replaces the mother as the center of attention, and she must suddenly subordinate her own wishes and needs to her responsibility for the baby. Leifer (1980) also found that some women had difficulty coping with the abrupt shift in attention from self to baby. They missed feeling special and resented being viewed as just another mother.

Dramatic changes in other aspects of psychological and social functioning have also been documented. Barber and Skaggs (1975) point out that new mothers are abruptly isolated from the social milieu in which they previously functioned and from the relative independence they experienced with a strong awareness of their own interests and needs. The changes are sudden and all-encompassing and they cannot be easily absorbed. Many women experience feelings of insecurity in handling their new role, of isolation and loneliness, and of boredom with the routine of caring for a newborn.

Leifer (1977) noted that the women in her study experienced feelings of loneliness and isolation as well as boredom associated with the routine of child care. In her study of nineteen middle-class primiparous women, Leifer (1977) discovered that although the characteristic mood on the first day postpartum was elation, the first two months postpartum were commonly felt to be periods of intense emotional stress. For more than half of the women the emotional crisis of the postpartum period exceeded that of pregnancy. The realities of coping with the new tasks of motherhood evoked feelings of inadequacy and a loss of confidence. This predominately negative mood remained constant for the majority of women through the seventh month postpartum suggesting that the adaptation crisis is a pervasive aspect of the first postpartum year.

Shereshefsky and Yarrow (1973) found that approximately one-third of the women in their sample experienced special difficulty during the postpartum period. Along with a persistent pervasive fatigue, most of the women with first babies felt a degree of uncertainty and anxiety about the infant's needs and well-being. Other indications of post-partum adjustment stress included anxiety about their ability to care for

the infant, over-reaction to real problems, depressed states, and hostile punitive behavior toward the infant.

Colman (1978) found that for the women in her study, postpartum adjustment entailed both physiological and psychological components. Most of the women identified stress due to fatigue, frustration, and fear. They also had concerns about their new identity as mothers. Many struggled with the myth of the "ideal mother" versus the realities of child-care. Gordon et al. (1965) identified the maternal role-conflict factor as a compilation of stress producing items related specifically to the new mother's changing role in life.

Another adjustment necessary during the postpartum period is the reordering of relationships within the family to create a place for the baby within the family system. Grossman et al. (1980) found significant differences in postpartum adjustment between primiparous and experienced mothers. They reported that for first-time mothers previous psychological health and marital satisfaction are two factors strongly related to postpartum adjustment. Other studies have also supported the hypothesis that a number of social and psychological factors measured during pregnancy are predictive of satisfaction with and adaptation to motherhood. These include: prenatal personality and emotional adjustment,

the quality of the marital relationship, paternal support and adaptation, and the mother's attitude toward the pregnancy (Curry, 1983; Leifer, 1977, Menninger, 1943; Shereshefsky & Yarrow, 1973).

The evidence presented from studies of the immediate postpartum period indicate that this is a time of dramatic changes that involve physical, emotional, and social adjustment. The arrival of the first child is an event of major impact that requires couples and particularly women to re-evaluate their familial patterns and implement new behaviors.

Similar Studies

It is only recently that studies have set out to descriptively document the experience of pregnancy and motherhood for older women. In the past the number of women who delayed childbearing until their thirties and beyond was too small to warrant investigation. Only within the last decade has this particular group become a major focus of interest for researchers.

Colman (1978) investigated the nature of the pregnancy and childbearing experience for a group of 12 primiparous women between the ages of 30-35. This qualitative, descriptive study was conducted using three in-depth, semi-structured interviews with each participant. The first interview took place in the ninth

month of pregnancy; the second at approximately one month postpartum; and the third at approximately six months postpartum.

The first interview dealt especially with the motives for and the experience of pregnancy. The second interview concentrated on the birth experience and the early postpartum period. At the last interview the focus was on how the woman had integrated the mothering role into her life and her expectations for the future. All of the women in this study experienced a major upheaval in their lives precipitated by becoming a mother. The identity issue was of major concern and all of the women went back to work as anticipated or earlier. This suggests that they were unwilling or unable to relinquish their secure professional identities for the unfamiliar demands of full-time motherhood. The women in this study were very aware of the role of age in their experience, and they overwhelmingly endorsed their decision to wait until they were over thirty to have their first child.

Leifer (1980) conducted an exploratory, descriptive study of 19 middle-class white women pregnant for the first time. All of the women were married, between the ages of 20-35, and employed at the time of the pregnancy. Each woman in the study participated in a

series of five intensive interviews. These took place during each trimester of pregnancy, on the third day postpartum, and at six to eight weeks postpartum. A brief telephone interview was conducted at approximately the fourth month of pregnancy, about the time of the first quickening, and a follow-up questionnaire was mailed at seven months postpartum.

This study found that the major psychological task of pregnancy is the development of emotional attachment to the fetus. The strength of the bond with the fetus is predictive of early maternal behavior and attitudes. Maternal feelings develop throughout the pregnancy and are highly contributory to the psychological continuity between pregnancy and motherhood. However, the transition to parenthood brought about an abrupt social discontinuity for many of the women who had spent much of their adult lives involved in satisfying relationships with other people. They experienced feelings of isolation heightened by the strain of adapting to a new marital relationship as well. Leifer (1980) found that although for most of the group motherhood was associated with a higher sense of self-esteem, maturity, and fulfillment these qualities existed side by side with considerable stress and emotional disequilibrium. She found that even those

women who related in a nurturant way to their infant and who appeared to be handling their new responsibilities well, also felt overwhelmed, inadequate, and anxious about their transition to motherhood.

Alden (1981) examined the trend toward late childbearing to determine how extensively this option is chosen and what career-related issues are salient for the woman who delays childbearing until her thirties. This study found that well-educated women account for the majority of women in their prime childbearing years who are childless. A second finding indicated that although many of this group planned to remain childless, a large number planned on having children later in their thirties. This suggests that for many women who plan on remaining childless in their twenties, this decision may change and delayed childbearing may be the result. Factors that effected the childbearing decision included age, career success, and psychological growth. Interviews were conducted with professional women who were late first-time mothers. The findings from these interviews suggested that child care concerns, stress, and changing career priorities are issues that effect the professional lives of women who choose to delay childbearing.

Coady (1982) interviewed 70 middle to upper middle class married women who had intentionally delayed childbearing past the age of twenty-eight. This descriptive study used a semi-structured questionnaire to measure the mothers' perceptions of maternal competence, father support, maternal satisfaction, and societal age norms. Also investigated were locus of control, career salience, and infant temperament. Four factors were identified as contributing to delayed childbearing: personal identity and career issues, later marriage, infertility, and the previous decision not to have children. The three factors identified as being correlated with maternal satisfaction were paternal support, infant temperament, and feeling competent in the maternal role.

Baber (1983) investigated the differences between late-timing couples expecting their first child and couples who were voluntarily childless. The entire sample, 40 women and 34 of their husbands, were over 30 years of age. The findings suggested that there were important differences in personality, identity, and relationship variables among couples who choose to have a late-timing child and those who decide to remain childfree. Although all the couples indicated that they support egalitarian relationships, the expectant couples

indicated that they would conform to a more traditional sex-role division of labor after the birth of their child. This study suggested that a traditional marital orientation may be an important factor in determining which couples pursue delayed parenting and which decide to forego parenthood.

Gould (1984) explored how pregnancy effects such variables as autonomy, relatedness, dependency, achievement, and nurturance for both husbands and wives. A second focus for investigation in this study was a comparison between "average" age parents, 23-29; and older parents, age 35; and their attitudes toward pregnancy and parenthood.

The population for this study consisted of eight "average" age couples and fifteen "older" couples. Semi-structured interviews were conducted with each participant and a Thematic Apperception Type Test was administered to elicit feelings about pregnancy and parenthood. This data was collected during or shortly after the fifth month of pregnancy.

This study found that among the younger couples the wives scored differently than their husbands on all of the variables. This finding supported the authors' hypothesis that younger women tend to view relationships more positively than their husbands. In the sample of

older couples results indicated that their views are more similar. The one variable that showed significant difference was dependency, where older husbands were less conflicted about their dependency needs than their wives. A third finding suggested that older women were more concerned than average age women about the conflict between their outside interests and their relationships. These results were considered from a developmental, a historical, and an individual life events perspective.

Walter (1984) conducted a comparative study that examined the timing of motherhood at different points within the adult life cycle. The main focus of the research was to investigate the relationship between a woman's sense of self, autonomy, and merging issues in relation to her child. Two individual questionnaires were administered to eighty mothers of pre-school children and a large sub-sample of the mothers participated in small group discussions.

The results indicated that motherhood had a powerful impact on both early and late-timing mothers. Early-timing mothers were more merged with their children and used the motherhood role to differentiate themselves and to feel more responsible and autonomous as adults. Late-timing mothers had differentiated themselves prior to becoming mothers through

participation in work or careers. This study also found that late-timing mothers are more successful in fulfilling their own needs and have an easier time with their childrens' separation issues.

Soloway (1985) conducted a qualitative study to identify the antecedant factors associated with late-timing childbearing decisions of dual-career couples. The population for this study consisted of 15 well-educated, dual career couples who had postponed parenthood for a minimum of two years after marriage. The mean age of the mothers at the time of the first birth was 33.2 years.

Several factors were identified as being salient for late-timing couples. These included: biological clock concerns, need for financial security, completion of education and/or establishment of career, a stable marriage, resolution of identity issues, and resolution of familial norms of birth-timing. Soloway (1985) suggests that later-timing couples use their twenties to separate from their families of origin and to establish independent adult identities.

Meltzer (1986) conducted a qualitative, exploratory study to investigate the experience of older first time mothers combining work and motherhood. The sample consisted of eight women who were married, working

full-time in a professional level job, and who had delayed childbearing until age 30 or older. The themes that emerged from the interview data included: the need for role models, the decision to complete educational goals and/or establish a career before becoming a mother, the need for a balance between work and family, and the need for a supportive husband.

Saucier (1987) conducted a qualitative study to explore the experience of delayed parenthood for women and men age 30 or older. Eight couples were studied using conjoint interviews on two occasions. The results of the interviews revealed two distinct factors that influence the experience of late-timing couples. First were social factors that influenced the parenthood decision and included timing, the presence of a stable marriage, interest in children, and social pressure. The second factor identified was the impact of the child on the parents' lives. Related to this variable were concerns about role changes due to parenthood, need for control, beliefs about children, and changes in lifestyle.

All of the above studies have had as their common thread an interest in delayed childbearing and the effects of that decision, particularly for women. Although the general aspects of my study are most

similar to the research conducted by Colman (1978) it is my belief that in the decade that has passed since that investigation many changes have occurred, both in societal acceptance of late-timing mothers and in the attitudes of women themselves. A restudy focusing on the adjustment to motherhood for women in the eighties can uncover more current attitudes and reaffirm continuing issues for late childbearing women. It seems likely that the use of a similar demographic population as the Colman (1978) study will yield data that can be interpreted as an updated review of how older career women are combining career and motherhood. The qualitative design of this study lends itself to producing rich, descriptive, and informative data concerning the experience of pregnancy and transition to motherhood for late-timing women in their thirties and beyond.

CHAPTER III

METHODOLOGY

The purpose of this study is to investigate the adjustment to motherhood process for a small group of primiparous career women approximately thirty years of age and older. The primary focus of this study is to assess the transition to motherhood for later childbearing women and to describe the identity reformulation that occurs during this period. This study focuses on two broad areas: first; the psychological work of the pregnancy and second; the adaptation process including the combining of career and motherhood identity issues. This chapter presents the methodology used to achieve this purpose. First, the general methodological approach upon which the study is based will be discussed. The specific procedures used to obtain the population and a description of the population will follow. The instrumentation including the format of the first and second interviews will be given. Finally, the treatment of the data and the method used to analyze the data will be presented.

General Method

The general methodological approach used in this study was exploratory, descriptive, and hypothesis-building. This is a holistic-inductive

approach to research that begins with specific observations and builds towards general patterns trying to formulate categories and uncover variables from the information collected (Patton, 1980). In an emerging research area such as the adjustment to motherhood, a qualitative approach is particularly useful to collect rich descriptive data that comes directly from the experience of the subject. The responses of individual women are useful for gaining further understanding of the problems and for suggesting further avenues of study.

This study was designed to use a combination interview guide approach and standardized open-ended approach. In this type of interview schedule a number of questions were predetermined and worded precisely as they were asked to each subject. The order of the questions was also specifically followed with each subject. The open-ended feature of the design permitted the investigator to probe areas in greater depth or to follow the lead established by the subject to explore new areas of inquiry that were not originally included in the interview instrument. This combination approach allowed for inclusion of particularly salient or unique aspects of an individual's experience to be included in the data collection. The investigator was able to

collect highly focused data in an organized approach from each subject based on the interview questions while still obtaining unique spontaneous data based on the participants personalities, concerns, and experiences.

This study was intentionally designed to use a small population in order to gather qualitative information that could suggest patterns or systems operating in the area of adjustment to motherhood. The small sample size of ten women was chosen due to time restrictions and the intent to gather indepth information on the experience of pregnancy and early motherhood. Glaser and Strauss (1967) describe the technique of "theoretical sampling" in which the aim is not to represent the population at large, but, rather to choose a sample in order to learn more about certain theoretical categories. The sample used in this study does not represent the general population but suggests and highlights issues that are unique to older women becoming mothers for the first time.

Specific Procedures

A list of instructors currently teaching Lamaze classes at Northwestern Memorial Hospital was obtained through a local obstetrician. The associate director of nursing at the hospital was contacted and the intent and design of the study was submitted in order for the

investigator to obtain permission to visit Lamaze classes offered at the hospital. This permission was granted and the individual Lamaze instructors were contacted by a telephone call briefly explaining the study and requesting cooperation in locating participants.

Instructors who indicated they would be willing to cooperate were sent an introductory letter briefly restating the purpose and design of the study along with a sample of the explanation sheet to be handed out to potential participants. The investigator then followed up the information letter with a telephone call to determine the most convenient time to visit the instructor's class for the purpose of recruiting participants.

A total of six Lamaze classes were visited in order to obtain the necessary number of subjects for the study. At each class visited the investigator explained the study and handed out information sheets along with a sign-up sheet for interested individuals to fill out with their name, address, home/work telephone numbers and due date. The women were informed that participation in the study would involve two interviews each lasting approximately 1-1 1/2 hours. The first interview was conducted during the ninth month of pregnancy and the

second within two weeks of the woman's return to work. Any questions about the study were answered and the women were told they would be contacted within two weeks to set up the first interview appointment. This time frame allowed the women to be sure they wanted to participate and in most cases brought them within one month of their expected due date. The first ten women on the sign-up sheets who met the criteria were contacted through a telephone call to arrange a time for the first interview. The sign-up sheets were kept by the investigator in the event that additional women needed to be contacted.

Research Population

The population for this study consisted of ten Caucasian women each pregnant full term for the first time. Each of the women met the following criteria for subjects in the study: having intact marriages, being primiparous women approximately thirty years of age or older, and employed full-time but planning on taking a minimum of six weeks leave after the birth of their child.

Although this study was not designed to develop case studies of individual women their respective personalities did emerge during the two interviews. In order to get a sense of each woman and for ease of

identifying quotes attributed to them in the discussion of the results, a brief introduction of each woman seems appropriate. The women are:

Ann: an employee benefits consultant for a large consulting firm. She always knew that having a family was very important to her and was not concerned about returning to a full-time position with her firm. She was 32 at the time of the first interview and had been married 2 1/2 years.

Barbara: manager of a group that deals in computer operations and programming responsible for software and hardware. She had started in the computer field setting up programming and had worked up to a higher management level. Her husband worked for the same company. They had been married less than 2 years. She was 31 and her husband was 39 at the time of the first interview.

Carol: an obstetrician working with an HMO at a large urban hospital. She had timed her pregnancy so that she passed her final board certification tests during her fourth month of pregnancy. Her husband is a cardiac fellow also working on his Ph.D. They had been together for almost 10 years but had only been married for 2 years. She was 32.

Debbie: a lawyer who had just been made a partner with her firm. Her husband had recently started a new

business and they were relying on her income as an important factor while he established himself. They had been married for just over 3 years. She was 36 and her husband was 31.

Ellen: co-owner of a custom picture framing shop. She had started out as an artist but had given up painting because it was not a "sensible" way of making a living. Her husband was a graphic designer and freelance illustrator. She was 31 and had been married 2 years.

Fran: in advertising sales for a nationally distributed magazine. Her husband was very enthusiastic about having children and wanted to have the first grandchild in the family. She was 30 and had been married 2 1/2 years at the time of the first interview.

Gail: an account executive selling commercial time for a television station. She had been in the business 10 years and had rejected a management position because she "realized that what was at the top wasn't satisfying". She was 32 at the time of the first interview and had been married 2 1/2 years.

Helen: manager of community health promotion for a hospital association. She was responsible for assisting hospitals in developing health promotions for their communities. Her husband is a chemical engineer and they had been married 16 months. She was 33.

Ilene: administrator for a local hospital. She had started out in nursing, earned a master's degree in nursing and then decided to branch out into health care management. She had devoted the last ten years to career development and had recently completed her MBA. She was 33 at the time of the first interview and had been married for 2 years.

Jan: art museum curator. Jan had been working in the art field for 20 years and had developed her specialty in European decorative arts and sculpture. She supervised a staff of six plus volunteers. She had worked into her present management position through developing experience and expertise rather than educational credentials. She had been married 4 years and was 42 at the time of the first interview.

Instrumentation

The first interviews were conducted prenatally in the ninth month of pregnancy. This interview focused on the psychological work of the pregnancy including motivation for becoming pregnant, history of conception (miscarriages, fertility problems), expectations for self as a mother, relationship with parents, relationship with husband, personal career history, and the experience of pregnancy. During this interview the researcher tried to establish an atmosphere of trust and

a rapport with the participant so as to encourage openness in sharing their experiences of pregnancy and their personal histories.

The questions used in the first interview are contained in Appendix A. Six of the prenatal interviews were conducted in the women's homes and the remaining four were interviewed at the offices.

The second interviews were scheduled according to the estimated leave of absence planned by each woman. These planned maternity leaves ranged from approximately 8 weeks to 4 months. At the time of the first interview each woman was asked how long a leave she was planning to take. A tentative date was chosen for the researcher to contact the participant and set up a definite date for the second interview.

The topics for the second interview focused on the "reality" vs. "fantasy" of motherhood. The questions asked for information about early postpartum experiences, feelings about the baby, feelings about being a mother, relationship with husband, and identity reformulation issues. The questionnaire used for the second interview is contained in Appendix B. Five of the postnatal interviews were conducted in the women's homes and five were conducted in their offices.

Treatment of the Data

Upon completion of the individual interviews the investigator transcribed each interview tape. The tapes were transcribed verbatim in order to gather potential significant quotations and to aid in the identification of significant themes. All of the first interview transcripts were arranged together as were the second interview transcripts to facilitate analysis of each question rather than a case study of each subject.

Method of Analysis

The interview data obtained from this study were analyzed using a qualitative research approach. The data was carefully read and sorted according to emerging themes in each question. A content analysis was done on each question where appropriate in order to count similar responses to a question and to break down and organize the responses. Once all of the categories were established the researcher discussed the findings in terms of specific questions and how they related to the overall experience for this particular population of women.

CHAPTER IV

RESULTS

The results of this study will be presented in two parts. The first part will be a description of the issues discussed during the prenatal interview. The second part will describe the issues present during the postpartum interview.

Aims of the prenatal interview

The initial interview was conducted during the woman's ninth month of pregnancy. In most cases it was approximately one month before her due date, although in a few cases the interview took place much closer to the due date, and in one instance, when the woman was overdue. That occurred because I met her at her last Lamaze class which was a few days before her due date and she volunteered to be a participant as long as we could schedule the interview before she delivered.

In each case the women knew that I was conducting research for a thesis and that I was interested in their experiences and feelings about becoming a mother at or after the age of thirty. The location for the interview was left up to the woman, and I met with six of the women in their homes for the first interview and four of the women at their offices. In setting up the interview times I had made no mention of having husbands present

and none of the women asked for their husbands to be present during the interview. I did briefly meet two of the husband's: Carol's and Ellen's. They were at home when I came to interview the women, and we were introduced before they left.

The identified purpose of this study was to investigate the adjustment to motherhood process for women age 30 or older. The focus of the first interview was the motivation for and the psychological work of the pregnancy. I also wanted to establish an atmosphere of trust and openness to encourage the participants to share their experiences, feelings, and histories. The questions for the structured part of the prenatal interview covered the following topics: motivation for pregnancy (was it specifically age related?), history of conception (including previous pregnancies or fertility problems), experience of pregnancy, expectations for self as a mother, relationship with parents (including own mother as a role model), relationship with husband, and career history.

In most cases the women started off by answering the specific question and then used the question as a springboard to delve more deeply into their own feelings, attitudes, and experiences. It was at this point that I tried to elicit information that was highly

individual and followed the lead set by the woman before continuing to the next structured question. At the end of each interview I also asked each woman if there were any salient points or unique experiences that had not been covered during the formal interview. I explained that for the intent of this study I was interested in learning what each woman had found to be most important or meaningful for them during their pregnancies. That particular information that might not have been elicited during the formal interview was equally important for understanding the impact of pregnancy and motherhood for the individual woman.

Motivation for pregnancy

The first several questions of the prenatal interview focused on the woman's stated motivation for becoming pregnant, the physical experience of the pregnancy, and the history of conception. Although none of the women stated that they felt they had made a mistake and wished they could turn the clock back and rethink their decision, they each came to the pregnancy with varying degrees of readiness and comfort with the idea. As they came closer to term a few did admit to having fears and wondering what they had done.

Seven out of the 10 women said that they had always known they wanted to have a baby someday. A few had

actively fantasized themselves in the role of a mother since they were little girls, while others although they knew they wanted children someday, had not previously fantasized their pregnancies.

Two of the exceptions had accepted the idea that they would not have children and therefore had a more complicated adjustment to undergo during the pregnancy period. One of those was Debbie, a lawyer, who married her husband with the understanding that they would not have children. They had thoroughly discussed the issue prior to their marriage and at that time her husband did not want to have children. It was in the six months before she became pregnant that he began to change his mind, and she realized that due to her age, their prior decision was going to be permanent if they didn't do something about it. Debbie said she felt "scared, real scared" about going back and reevaluating their decision because she had gone through a major decision-making process in order to convince herself it was acceptable not to have children. She said:

The idea of having children is something that was ingrained on me from being a kid, so to have gone through the process of talking myself out of it for lots of good intellectual reasons and building the lifestyle that I'm very happy with, then suddenly

to do the reverse and go back and reevaluate was very frightening, very frightening.

The second, Ellen, stated that she had vaguely assumed she would have a child someday but right after their marriage her husband was told that due to a physical problem he could not father children. Her husband was very upset, and she was more upset for him than for herself. When she unexpectedly became pregnant one month later it was a shock for both of them. Ellen said that she had been ambivalent before and although she was happy, felt that the timing was bad, and she would have waited a lot longer.

Fran had never fantasized her pregnancy or pictured herself as a mother because she never expected it would happen to her.

I don't really think I did [picture myself] because I was never the one who was going to be pregnant. I was never the one who was going to be married. All my other girlfriends were the ones who were going to be married and have families.

So actually it really hasn't even been real, I mean the whole thing hasn't really been real until the last couple of weeks. It was always going to happen to somebody else so I've really never had any preconceived notions or dreams or anything. I

was always the tomboy and always the one who was sort of friends with everybody but never wanting to settle down.

So once I did get married I still really didn't think about having a family. I was not raised with a lot of younger brothers and sisters, and I was not a babysitter and so I was never really around little kids as toddlers, certainly not infants. So it never even dawned on me that I would be one of the first ones of my friends to have kids.

Fran had suffered some "freak outs" during her pregnancy related to the idea of having a child. She said: "I'm still getting used to the thought of having this child. I still can't believe it's going to be me. So I have freaked out."

For most of the women the decision to have a baby was reached quite easily as they had always felt that they would have children. There were several factors that influenced the timing of their pregnancies, specifically: their husband's desire to have a child, the age factor for themselves and/or their husband, and career timing.

Fran said that her husband's desire to have a baby strongly influenced her to become pregnant at this time

rather than waiting until later. She felt that even though she was thirty she would have been comfortable waiting a few more years, but it was Phil who started the discussions and that he was "so excited about it the more we talked about it the more I felt, why not?" Fran said that although they are both excited, for her husband, Phil, "this is something he has always expected that would happen in his life, so he is just thrilled about the whole thing."

Six out of the ten women felt that their age or their husband's age was a motivating factor in becoming pregnant at this time. For Barbara and her husband his age was a determining factor. He was 39 and felt that he did not want to wait much longer to become a father. Barbara did not feel the same pressure but understood his concern and felt "it was fine with me." Ann also stated that her husband's age (37) was a motivating factor. He felt that he wanted to be able to enjoy his children when they were older unlike his father who is older and in poor health.

Their own age was a determining factor for three of the women. As they either reached their thirtieth birthdays or approached their mid-thirties the idea of becoming pregnant and the fertility issue started to become very real. Debbie said, "I'm not sure that it

[age] ultimately made the decision...but it forced us to think it through and decide one way or another." Ilene said that as she became closer to 30 it became much more important. She continued: "I think that the intensity of the experience and wanting it very very much was more apparent to me." The idea of getting started by a certain age was a concern to Carol because she and her husband were planning on several children.

The issue of career timing was an important factor for several of the women. Carol stated that she had planned her pregnancy to coincide with specific career accomplishments. She had wanted to finish her training and get her board specialization completed before becoming pregnant. She and her husband had identified a 5 month window of time within which they would try to become pregnant. This window of time allowed her to take her oral boards before she was uncomfortably large. Helen also talked about a "window of opportunity" for planning her pregnancy based on a project she was finishing at work. For Ilene the combination of personal readiness and career timing were motivating factors. She now had a loving partner and a very solid relationship along with having accomplished specific career goals. She had planned her pregnancy so that she would be finished with her MBA before the baby was born.

The desire to have solid marriages and financial stability was important to almost all the women. Five out of the ten women interviewed had been married before, having brief first marriages at a much earlier age. In terms of describing her present marriage, Gail said that she was "terribly grateful for having gone through what I went through. I wouldn't change anything, not being married or divorced." Ann stated that in her earlier marriage she had unsuccessfully tried to become pregnant but felt "it was nature's way of telling me you don't want to get pregnant with this person anyway." She summed up her enthusiasm for motherhood by saying "we weren't getting any younger, it was most important to have a relationship with a person, but almost as important to get going on that family."

As older mothers these women had spent many years working to accomplish professional goals. Along with having personal agendas to complete before contemplating pregnancy, most of these women had waited until their careers were beginning to be established before getting married.

Having married later most of the women had become pregnant fairly quickly. Of the 10 women, 8 had been married 2 1/2 years or less with the remaining two, Debbie and Jan, being married 3 and 4 years

respectively. Carol stated that although she had known her husband for 10 years prior to their marriage, getting married was the first step towards having a family. Jan had always wanted to have a child but as she reached her middle thirties unmarried, was getting used to the idea of not having children. After marrying later, at age 38, she was not sure the opportunity would present itself.

Just as there was more than one motivation for becoming pregnant, the experience of the pregnancy itself was different for each woman.

Experience of pregnancy

Aside from Ellen and her husband none of the women had any fertility problems they were aware of, but several of the women stated that they felt some anxiety about their ability to conceive and/or carry a child full-term. In several cases the women felt that they didn't know how long it might take them to become pregnant, and that they had better start trying.

Barbara expressed a common fear about conceiving. She said "we also thought our age might affect that. We really thought it might take longer. We both had some doubts about our ability to conceive." It was also clear that these women were aware of and had been influenced by the recent emphasis on declining fertility and

increased risk for women over 30. Lauren was concerned that becoming pregnant might take a year "because of all the birth control for a lot of years and all the stories and all the problems everyone else seemed to have." Gail also had known of other women who had difficulty conceiving and expressed the concern that she did not know if she could carry a child full-term.

For those who became pregnant very quickly many expressed that they felt "very blessed" and lucky. Jan, who was 42 at the time of her pregnancy had taken a "what will be is meant to be" attitude and did not seek fertility counseling even though she had not practiced birth control for over 2 years.

Although there was some anxiety about the ability to become pregnant very few of the women expressed serious concern about birth defects due to their age. They were aware of the age risks but did not view that specifically as a major worry. Interestingly, Carol, the obstetrician, did have an amniocentesis at age 32 to reassure herself that everything was normal. It is possible that she had a heightened anxiety about that aspect of her pregnancy due to her medical training and professional specialty.

For this group of women the physical experience was described as relatively easy in terms of overall health.

Four of the women experienced varying degrees of morning sickness during the first three months ranging from mild to severe. Ilene expressed a common attitude among the women who described their pregnancies as relatively easy "I guess all the things you go thru in pregnancy, the physical symptoms and things like that are far outweighed by the joy I feel about having a child." Most of the women were able to continue working efficiently during the first trimester but for a few the effects of early pregnancy were more disruptive.

Debbie found that she resented feeling nauseated because it interfered with her ability to concentrate at work. In Ellen's case her husband had to take over all of the cooking responsibilities for the first few months. For Gail and Debbie, despite the initial nausea, the actual experience of pregnancy was much more positive than either of them had anticipated. Both had described that they "dreaded" being pregnant. Gail said "I wanted a child but I wasn't looking forward at all to being pregnant. I want to say more of a nightmare, more dreaded being pregnant." She had never heard anything positive about the pregnancy experience from anyone with whom she was close.

Debbie admitted that she figured it would be uncomfortable and get in the way of work. She stated

that before becoming pregnant she did not "have a lot of romance about the biological process." She was looking forward to the excitement that would be created in the family "but the biological aspects of being pregnant I wasn't real excited about."

Gail described the change in her attitude about pregnancy as "an incredible transformation." After she became pregnant she found it to be wonderful.

To me it's being in touch with the essence of being a woman...being pregnant has given womanliness to me, its true meaning biologically, sociologically, what we're all about...I think that's where the joy of my pregnancy has come from.

Debbie found that her original concerns about the physical aspects of pregnancy were realistic although not as catastrophic as she had imagined.

First of all I was sick the first 3 1/2 months. I mean not seriously sick enough to be in the hospital but just nauseous from morning to night. That was not fun. It interfered with work a lot which I found I resented. We didn't tell anyone I was pregnant right at the beginning because we didn't want to create all the excitement in the family and then have something go wrong. We wanted to wait until the pregnancy had taken hold, and we

were confident. So not only was I sick, I wasn't getting the support and the fuss made over me that would compensate for that a little bit.

The middle months of the pregnancy were fine. I found that I became very preoccupied with my physical being. All the changes which are just astronomical to me, which I just hadn't anticipated. That's continued right through, and I find that I'm getting tired of being preoccupied with myself. I would like to have my body be back to normal.

Both Ellen and Debbie found that their work was affected by physical symptoms during the early months of pregnancy. Ellen's severe morning sickness was complicated by her shock over being pregnant and the resentful attitude of her business partner.

I hadn't heard anything about what it was like to be pregnant. I had heard of morning sickness, that's about it. I had no idea what it was like. I was hypersensitive and real tired, and I wasn't getting any support from my business partner at work. The first few months were terrible.

Debbie was used to working at a fairly intense level at her law firm and was impatient with herself when her pregnancy interfered with her ability to work.

I just feel like I've been playing physical limitations against the demands of my work a lot more than I like to. I'm the kind of person who doesn't like to be limited or slowed down by something, and I'm very impatient when I'm sick. It's been hard for me to accept the limitations of being pregnant. I will never be one of these women who says being pregnant is just wonderful. I haven't found it horrible like I never want to do this again, but on the other hand I have not found it to be a starry eyed experience at all. It's just been one of those things you have to live with on a daily basis.

Although the change in Debbie's attitude was not the major reversal Gail experienced, she did find her pregnancy to be a positive learning experience for her.

I think that the growth for me in terms of self-understanding is just a real growing respect for what the body can do. If I had to sit there and consciously flip all the switches and push all the buttons that were necessary to support this life, there's no way I could ever do it. I've really been awestruck by the fact that my body just clicked in after 35 years with no knowledge at all of what was

going on at a conscious level and has done everything that needs to be done.

It's just been amazing to me. I think I've really developed a trust for my physical body that I didn't have before. I've found that if I do what my body says to do and listen to it and pay attention to it then everything works the way it's supposed to work. That to me was very interesting. I never would have thought of that.

The general mood after the first three months was much better as the early symptoms subsided. The major aspect revealed during the last two thirds of the pregnancy involved more emotional changes and the psychological work of the pregnancy, including adaptation of coping skills to prepare for the adjustment to motherhood.

Psychological work of pregnancy - Prenatal

The physical and emotional experiences of pregnancy are separate, but they are intertwined at every level. As bodily changes become more apparent, the woman must alter her view of herself both in a physical sense and in terms of her personal identity. In the later stages of pregnancy as the woman has an increased sense of reality about the baby she must deal with a number of emotional factors. The factors identified for this group

of women were: increased emotional lability and vulnerability, loss of control, loss of freedom concerns, preparation for the responsibility of being a mother, and loneliness.

In general, an increased feeling of emotional lability and vulnerability was experienced by all the women. This was attributed to hormonal changes, especially early in the pregnancy, but continued throughout and was evidenced by the tendency to cry more easily and a more protective feeling about themselves physically. The issue of vulnerability was more complex because it involved the woman's changing image of herself from career woman to mother. This shift in personal definition was accompanied by an increase in feelings of vulnerability and dependence on the spouse. This was a particularly sensitive area for Helen as she advanced in her pregnancy.

I guess it hit me around month 5 that I really wanted this kid and wanted to have part of my life and me be part of its' life. For me it meant having to look at dependency and independence and maybe vulnerability and strength. I've always positioned myself in the work as being independent and strong, not particularly vulnerable...as the pregnancy came on, all of the sudden I was realizing that the flip

side of him [Lee] being the provider was that I would be dependent on him and that was very scary and something that was frightening because the only way I knew to deal and cope was to be very independent.

I think that vulnerability is all part of that too, I didn't see myself as vulnerable or feminine in a lot of ways. That for me was something I started dealing with, seeing if I trusted Lee and could be dependent on him. As I started to work through the pregnancy stuff or some of the fears that was probably one of the biggest things. To know that it's OK to be vulnerable to someone else and to learn that I really trusted him.

The issue of loss of control stemmed from two sources: the increase in emotional reaction which many of the women experienced and the rapid physical changes during the pregnancy. Barbara experienced being out of control of her emotional responses.

I think that I always expect I can overcome the emotional part of it, that it's something controllable. That yes, I'll be more emotional, but you don't have to be if you don't want to, and I sometimes do feel out of control in ways there.

Helen found that the first months of pregnancy were a very unsettling time, where she focused on anything that could be a fear.

At the time I felt totally out of control. I had no idea what was going to happen to my life, let alone what was happening to my body...I had just a whole total sense everything was out of my control, and that's something that's real important to me, to be in control...certainly I hadn't pictured it emotionally, what my emotions would be like during that time.

Since these women had spent 10 or more years establishing their careers, they had enjoyed many years of relative freedom both while single and as married couples. The anticipated loss or curtailment of their freedom was something they had definitely thought about and had concerns over. Barbara and Debbie represented the group that expressed the most ambivalence about giving up that aspect of their lives. Barbara identified the loss of freedom as one of the psychological adjustments she was making.

I've noticed in the last few months how many things we do even without consulting each other, my husband and I. And how that won't be possible or that it will have to change at the least.

For Debbie and her husband the loss of freedom was a factor they had discussed while making the decision to have a child.

From my husband's point of view more than mine, but also a consideration for me, was what would happen to our freedom. You know we're very used to, being older parents, we're very used to being able to come and go as we please and being able to not be tied down to someone else's schedule, and that's really an important factor in our relationship. We have a very comfortable relationship in the sense that he can go out and do what he wants to do, and I go out and do what I want to do, and there are many things we're involved in that are not joint as well as things that are joint. I think that having a child is going to compromise that.

Ann and Fran expressed another view on the topic. Although they too were aware of the compromises that would be required they seemed to welcome the grounding effect a child would have. Ann had thought it through and was not bothered by the change.

...all of the sudden I'm thinking it's not going to be like that anymore. We're going to have a little one, and we can't just pop off. That doesn't bother me; I knew going into this that it would be a

completely different lifestyle, but I think about it.

Fran and her husband were looking forward to the change that a child would bring to their demanding schedule of business and social entertaining.

Now being home one night in two weeks is wonderful, and the going out starts getting a little old. So it's like the baby is going to totally curtail that, and that will be a real nice change for us...We have talked about how nice it will be not to go out or to say we can't get a sitter and can't go out because now we both have a real hard time saying no.

One of the major psychological adjustments during pregnancy is the integration of the idea of motherhood and acceptance of responsibility for another human being. The women from this study divided into two equal groups of 5 each, largely determined by their degree of career orientation. The general sense among the majority of all 10 women was that they were comfortable with the idea and looking forward to becoming mothers. Almost without exception they talked about their concerns about combining the demands of their work and the demands of a child. The five women; Ann, Jan, Barbara, Helen, and Ellen who indicated during the first interview that they

were not immediately going back to work full-time or who were not sure about their future career plans at all, obviously expressed less anxiety about combining work and motherhood roles. As a group they were more comfortable with the possibility of exchanging their primary role identification from career person to mother.

Of this group Ann had the most self-accepting attitude regarding her indecision about returning to work. Although she enjoyed her job and felt that it brought her a great deal of personal fulfillment, she had no qualms about staying home.

I don't think it's going to bother me at all to not work, because I've always known that I wanted to have children and family is much much more important than work. Always has been and always will be. As important as my job is and what it brings to me personally and what it brings to my family and household financially, I would still never hesitate to drop work for a family reason.

Jan had similar feelings, although she wavered more between the two options. She said at the initial interview that she had no idea if she would return to the museum full-time or not after her leave. She felt that some days she could see herself easily walking away

and not going back, and at other times she imagined that she would want to go back very much. It was difficult for her to rationalize her concept of the "good mother", one who stays home and devotes herself to her family, with the identity she had established over the past twenty years. She felt some external pressure to return because she stated "in our society what you do defines who you are."

Barbara clearly identified the role change from career person to mother as another part of the psychological work she had been aware of during her pregnancy.

I think preparation for the idea of becoming a mother, of having a lifetime responsibility which I'm not sure I have another of really. I mean marriage is a big responsibility, but it's another adult that is capable of taking care of himself. I see the having of a baby as even a greater responsibility, someone so dependent on you.

My work, the way I feel about my work...it's already taken a second priority or a lower priority at least than it had before...it took a while to evolve but eventually I saw that this having a baby was so much greater in universal proportions. I think in my whole life this is something that to me

is so much more important than my work, even though I have always loved my work and been challenged by it and it defined a lot of me, this is a new definition that is going to be taking over.

Helen was at a point in her career where she was conscious of being ready for a change. She had received some interesting new job offers that she was considering but appeared to be uncertain exactly what kind of change she was looking for.

Is it that I just want a change and will the baby be that change for me, will that be enough that I can stay doing what I'm doing? I'm feeling a need for a new challenge, so the baby could very well be that.

Helen and Barbara (discussed above) both expressed concern about how the balance of their relationships with their husband's would change if they did not go back to their jobs. Each felt that a large part of their relationships were based on a mutual interest in business and a shared career-minded orientation.

Of the five women who were uncertain about their future work status Ellen seemed to be having the most trouble adjusting to the idea of motherhood because as she said: "I almost wasn't over mourning the fact that I couldn't have a family, and then I was pregnant." Her

work situation was the source of a great deal of stress due to her problems with her partner. She admitted to focusing on the negative aspects of her situation and felt that her options were limited.

The women in this group did not share a common orientation regarding their commitment to their careers; only the view that this was a time of change for them. Their attitude was characterized by a comfort with the idea of a job or career change and the opportunity to pursue new directions. Ellen's inclusion in this group was based on the possibility that she would return to the frame shop on a part-time basis.

The remaining five women were highly career oriented and were definitely planning on returning to their positions after their maternity leaves. As a group these women were more anxious about assuming the motherhood role and what would happen to their careers. The majority of them were equally positive about becoming mothers as the previous group of women, the difference being that this group was focusing more intently on combining both career and motherhood.

Of this group, Fran was feeling the most apprehensive about her mothering abilities. She made a distinction between the emotional responsibility and the physical aspects of caring for a baby: "it's not so much

the responsibility, I can handle the responsibility, I think it's just the physical holding and all that, it's a little scary...Just knowing what to do and how." Fran was totally committed to her career and her view of herself as a career woman. She was only taking a 9 week maternity leave even though it was possible to take as much as 6 months off. She was aware that she was taking a very short leave but did not want to risk losing touch with her clients and by combining disability, vacation, and sick pay she also would not miss a paycheck. Fran was excited about the upcoming baby but she was also very anxious about learning all that she needed to know in 9 weeks. She felt that she was dependent on her husband's knowledge and love of children. Her self-image was based on achievement in the work area, and she could not imagine giving that up.

Even if there were not a financial consideration I need to work. I was always a little more driven, and I was never raised to make babies, so I was never trained to be at home. Being at home would not be enough.

Ilene felt that this was an ideal time for her to be having a baby, when every aspect of her life seemed complete. Her feelings about staying home were very similar to Fran's but she realized that her present

level of work would be difficult to maintain after the baby was born.

My ability to be able to work sixty hours a week is not something that's consistent with coming home and having enough time to spend with a baby. So it's going to be a hard adjustment for me to adjust the expectation I have for myself professionally, to take some of that time and transfer more of that time with the baby...If it comes down to my child's welfare and happiness and development being compromised, the job will have to be adjusted, and I will have to adjust my career plans accordingly.

I could not see myself staying home full-time, I just could not. A great deal of my self-esteem and happiness is derived from my work and meeting that challenge. I don't think I'd be the same person who is happy without it.

She was taking a 2 month leave and then planning to return to her current position. Due to her husband's career as a television news writer, there was the possibility of an out of town move some time in the future, and she felt that she would be ready for a career move at that time.

The concern about how the time they devoted to their jobs might affect their children was one mentioned

by both Ilene and Debbie. They both had given thought to how they would handle the competing demands of job and family and had reached the same conclusion: if the demands became irreconcilable the needs of their child were more important than the demands of their jobs. This was a very conscious decision reached in their own minds after weighing the needs of their child against the fulfillment and both the financial and psychological rewards offered by their careers. Debbie explained her feelings about the potential dilemma.

I think when there's a head to head conflict between what the child needs and what work needs I will choose to do what the child needs because there's not a whole lot of options. That has to become my priority to take care of the child...If it turns out that the conflict is just one that I can't deal with then I'll stay home and take care of my child because that's what I've committed myself to do. I can always go back to work later, but the kid only has one childhood, and I guess I pretty firmly made that decision in my own mind, that if the conflict really becomes irreconcilable then that's what I'll do.

Debbie had done a great deal of thinking about how she would balance her own feelings about her child, her

relationship with her husband, and her work which she loved. Although she was heavily invested in her career, she had grown up with several siblings and had a great deal of satisfying experience with children. She viewed her position as a "win-win" situation where she had two things she loved.

I spend a lot of time teaching within the context of the firm and there are younger people who look up to me as a role model in terms of work and that's very important. It's what I've dedicated my life to achieving, and it's going to be hard to compromise that. There's no question it's going to be hard to compromise that. On the other hand the child is going to be there, and I'm quite confident I'm going to be crazy for the kid, and I think that motherhood is going to be very satisfying. I think I'm really going to enjoy it; I think having my own child is going to be just wonderful. In a way I can't be too unhappy about the dilemma because there is going to be a conflict between two things that give me a great deal of satisfaction.

Debbie anticipated the conflict to be difficult on a day-to-day basis, but she was giving herself the flexibility to deal with things as they occurred.

Carol was planning on resuming her practice after her baby was born and said that one of the advantages she had working for an HMO was that her schedule was relatively fixed. She felt that her comfort level going back to work would largely be based on her confidence in the person caring for her child. She also discussed the possibility of taking time off in the future.

At this point with the boards and everything done I wouldn't worry about it [taking time off], if I needed to I would just do it. It might be a little hard going back, but I would still have the credentials that I need. At this point it would just be a matter of documenting the credentials and the training that I have and maybe going back on a trial basis until the people were comfortable that I remembered everything I was supposed to remember. I wouldn't feel terrible if I had to quit. I would feel pretty comfortable that I could go back into it in the future.

Gail was the last woman in this group, and she also shared being strongly committed to her job along with being excited and nervous about undertaking the motherhood role.

I feel like I'm going to be nervous in the beginning and uptight, but I'm comfortable in

knowing I'm going to be nervous and uptight. So I'd say in that sense, yes [that she had a good comfort level about being a mother]. What I hope to be is laid back, I really do. I don't want to have to wash the pacifier every time it falls on the floor and wash the keys and I don't want to have to run into the next room if I'm going to be nursing. I want to be comfortable and I'm going to try to be comfortable.

Gail was planning on returning to work full-time after her leave and anticipated that since she had a flexible job and was so close to home she might be able to see the baby for a couple of hours in the middle of the day. She felt that if not for the economic necessity she would choose to only work part-time in order to get the stimulation and self-esteem she received from work. Gail was also aware of feeling lonely throughout her pregnancy and the physical experience underscored the emotional transformation she was making.

Even with all this thrilling stuff going on I think being pregnant has been very lonely too. I'm doing this alone, I'm in this alone. The hormones and ups and downs and emotional rollercoaster and responsibilities and all that sort of can make one feel isolated and they have made me feel isolated.

So, even with all this new closeness and company and concern and care, it in a way accentuates how alone one can be. So to me that is probably the most interesting phenomenon of being pregnant.

Gail's feelings of isolation may have been aggravated by the lack of emotional support she felt she had received from her husband.

Support Systems

The availability of a support system, consisting primarily of the husband and immediate family, and in some cases work associates, greatly influenced each woman's emotional experience of pregnancy. To the degree that these supportive others were consistently present for the women played a large role in how comfortable they felt during their pregnancies and how confident they were of assuming the motherhood role.

The primary source of emotional and physical support during the pregnancy was the woman's husband. There were two specific aspects of this relationship that were mentioned by many of the women. The first was the degree of emotional and/or physical support each woman felt from her husband. The second aspect was the type of relationship they currently shared and their thoughts as to how their rapport might change after the birth of the baby.

The majority of women in this study felt that their husband's were emotionally supportive of them during their pregnancies. Several of the women felt the emotional support immediately while others found that their husband's became more supportive as the pregnancy advanced or as they learned to identify their own feelings and ask for what they needed.

Six out of the ten women felt that their husband's had been understanding and emotionally perceptive from the very beginning. In this group were Carol, Ellen, Fran, Debbie, Ilene, and Jan. They specifically identified actions such as taking over previously shared household responsibilities, cooking, attending prenatal classes and listening to complaints as ways their husband's helped them feel both physically and emotionally supported. Fran attributed her easy pregnancy at least in part to the strong emotional support she felt from Phil.

I think that's one of the reasons it has been such an easy pregnancy. They say if you feel good about the pregnancy, the pregnancy will go real well, but I think even more so, even more important, is the fact he's been absolutely wonderful. No matter what happens he's always been right there.

Three of the ten women felt that it had taken some time for their husband's to understand their needs during their pregnancies. Ann and Barbara felt that their husband's had become more supportive during the course of their pregnancies. In the beginning Ann had wanted her husband to defend her against insensitive remarks made by other people and was disappointed when he did not react as aggressively as she had expected. She felt that he learned to be more understanding of her feelings and also contributed physical support such as cooking and helping in the house.

Barbara also felt that her husband had become more supportive during the pregnancy.

I think it's grown. Now he is very supportive, more supportive than I had ever known him to be in all ways. I think the Lamaze class really helped. Before that he didn't feel as much a part of what is going on. I feel a lot more supported ever since we started that class.

At the beginning I think because I was feeling changes so quickly I was shocked as well as him. I was feeling very different all of the sudden even though I didn't look very different. It was difficult for him to support that because he couldn't see what was going on. As I got more and

more pregnant it was easier for him to support something he could really see. He's been supportive of the idea of pregnancy and whatever it is it takes to go through it, but in some ways certainly at the beginning I could have used some more support.

Helen and her husband, Lee, acted as facilitators for a communications class during her fourth month of pregnancy. She realized how important it was for her to share her feelings about what was happening to her and the necessity of asking for what she needed. She had been making assumptions that Lee understood what was happening to her or how she was feeling. The amount of emotional support she felt from him increased as their communication improved.

Only one woman felt that her husband was not able to give her emotional support during the pregnancy. Gail was definitely disappointed in her husband's lack of emotional sensitivity to her during her pregnancy.

For the first time I had expectations of Gary. I thought that since we're in this together that he is going to be this really supportive person but...he went to expectant parent class with me and sort of squirmed, and I got mad at him for not paying attention...I hoped he would be more

involved, but he's doing the best he can...I don't think he was quite as ready to be a father as I was to be a mother, and I think that's what's stopping him.

Gail felt that he was reacting to his own fears and insecurities by giving her more space instead of getting closer. He assumed that if she needed something from him she would ask for it. Even though their relationship during the pregnancy was not as close as she would have liked, Gail believed that it would improve after the baby's birth.

I would have liked somebody who could be a little more active in my space. But I think I've really come to terms with, that is just not something my husband is, and I imagine what will be fulfilling will be the space we will share as a family. I have no doubt he will be a wonderful and active father. What we don't have together in that sense in terms of the pregnancy, will come together with the child, and I would much rather have it that way.

The quality of their relationships with their husband and the effect the baby would have on that relationship was a concern to all of the women. Although a few admitted having some anxiety about how things would change, most said they felt very positive about

becoming a family and believed their relationships would deepen and grow. They were aware that there would be changes but they had no idea what those changes would be and mainly had adopted a "wait and see" attitude.

As the months of the pregnancy drew to an end there was a mixture of excitement and ambivalence about adding a new person to the relationship. Helen described her feelings about how the baby might effect her relationship with her husband.

I'm very ambivalent about it. Part of me is scared because the last few weeks and months have turned out to be really nice. Like I said before I feel much more in love with him than I ever had, more trusting of him, so I think I have some fears of having this third party in here. All I know is that it's not going to be the same. And just the fact that it takes so much work to maintain a relationship and to keep talking, and we're not going to have the same kind of time. There's no way we're going to be able to talk over a crying baby. I think it's that kind of thing that scary to me.

I also have a flip side of that, thinking that this baby is really one that we both want, and I can't see it do anything but bring us closer together.

When asked to describe their relationship with their husband most of the women used the phrase "my best friend." That description was used by almost every woman, and the strong impression was that these women felt that they were in loving, supportive, and equal marriages. Many of them attributed the mature quality of their marriages and the openness of communication to having had previous marriages that failed and having waited until they were older before getting married for a second time. Jan believed that because she and her husband were both older, 38 and 44 respectively, when they got married that they knew who they were and did not have unrealistic expectations. Ann's comments reflect the feelings of the majority of the women.

He is absolutely my best friend in the whole world. And he's been that way from the beginning. It was one of the nice things about being older when you have a relationship and getting married. We both really knew what we wanted and there was no game playing.

Debbie reiterated Ann's comments, also emphasizing the honesty and adulthood of their relationship.

It's hard for me to imagine it could be better. We really have a very very special kind of thing. It almost sounds trite to say it, but we are very very

good friends. It is a relationship that is virtually free of game playing. I think it comes from the fact that we didn't know each other until we were so much older than so many of our friends when they got married.

Even though Barbara characterized her marriage in terms of a "comfy friendship" a large factor in their relationship was a similar difficulty in their ways of relating.

I think that difficulty communicating has a lot to do with it. It's something that we both bring to our marriage. A similar style that we see and recognize. In some ways that's a connecting factor that we understand about each other. It seems that we have real similarities and those similarities are what draw us together. Definitely in our background, in our values. We met at work, in our workstyles we place a similar importance on our job and our families and the rest of our lives. We like to do a lot of those things in the same way. I think it's more that compatibility, than from an intense conversational kind of relationship. We don't talk everything to real great depth, more a kind of comfy friendship.

A related issue for Barbara in terms of her relationship with her husband was that she anticipated a more traditional split of responsibilities after the birth of the baby. She saw herself as needing to shelter her husband from some of the day-to-day baby care and protect his sense of freedom. This belief was based on the traditional roles she had grown up with rather than on the more egalitarian relationship she shared with her husband. Barbara acknowledged that it would be better for him to develop closeness with the baby from having hands-on experience, but it was an ongoing problem for her to integrate his willingness to be involved with the role expectations she learned from her family.

Each woman's family of origin greatly influenced her expectations of how she would carry out her role as a mother and the quality of rapport she hoped to foster within her own household. To the extent that the individual women either identified positively or negatively with their own mothers also affected their view of the type of mothers they aspired to be.

Five out of the ten women in this study viewed their mothers as being positive role models for them. The qualities they most admired were: respect for a child's individuality, a loving and nurturing style of parenting, and the ability to be supportive. Ann and

Barbara both felt it was beneficial that their mothers had worked and saw them as role models because they had successfully combined careers and motherhood. They had grown up seeing that those roles could be managed simultaneously and it gave them confidence for their own lives. Ann had a very positive view from observing her mothers' experience.

She's been a businesswoman, and I have too, and she's been a mother. I thought if she can do it, I can do it...So she's been a role model because she's worked, and she's had a family and she has a great marriage, and she has a lot of fun.

Barbara felt that her mothers' experiences helped her to understand the choices Barbara had made.

I think that I do very different work than my mother certainly, but just that she did that first, I don't feel it is a battle for me to explain to her about working and having children. It's not territory that I have to blaze.

Carol and Debbie viewed their mothers' as role models because of the encouragement they had received from them to be independent. They both felt they had been encouraged to pursue the avenues that interested them and to be themselves. Jan also felt that her late mother was a role model even though she did not work

outside the home. Jan remembered her as always being there and very loving and involved.

For the women who identified their mother's as positive role models the common thread was an acceptance of each child as an individual and the ability to be supportive of different interests and goals. This group say their mother's as basically very happy with their own lives. They felt that they wanted to continue in their own families many of the positive values learned at home.

Three out of the ten women comprised a second group that said their mother's were not role models for the type of mothers they wanted to be. Helen, Gail, and Fran were the women in this group. Helen and Gail had both worked in therapy to understand their relationships with their mothers and to free themselves of painful disappointments and negative associations. Helen felt that she had a lot of disappointments in her mother including a lack of warmth and physical touching. She saw her mother as being frustrated by losing control over her own life after she got married. Helen had learned that much of her own drive and need to be in control came from seeing the effects of her mothers' control being taken away.

This group of women had mothers who had given up control of their own lives and who were frustrated in their achievements. These women were also rejecting the lack of emotional warmth, lack of physical closeness, and closed communication style they had experienced in their family of origin. Each of them was able to identify positive aspects of their mother's personalities that they had benefited from, but these women wanted to create very different emotional environments for their own children.

The remaining two women, Ilene and Ellen, were ambivalent about their mothers' as role models for them. Ilene could see a striking dichotomy between her mother's behavior when she was a young girl and her current conduct. Upon considering if her mother was a role model for her she said:

I'd say yes and no. I think looking back when we were growing up there were some very difficult times for my mother personally. The relationship with my father was not very solid at the time because she personally was going through lots of emotional things herself. I think it really was not the ideal way children would like to view their mothers. Although now as adults as things resolved, they got divorced, I see my mother now very much

fitting in the role of the mother; the way we would view them with all the positive characteristics and the support. So I think I would like to take some of the more recent behaviors and incorporate those. The other things when I was younger I would do those differently.

Ellen's uncertainty about her mother as a role model stemmed from similar circumstances. She felt that although her mother loved the idea of children, she was unavailable to them due to her own personal problems.

She loved having a baby in her arms. She wanted to have a big family, and it wasn't the same decision-making process that people go through today. I think she had more trouble when we were older. I think as a role model in a positive sense I have to say she loved us. In a negative sense, I think my parents were always struggling with their own problems and weren't always there for us.

The stress that these two women felt in their families of origin was created by the dichotomy they saw in the nature and quality of their mothers' relationships. On one hand they were mothers who cared about their children and on the other they were women who were unhappy in their marriages and struggling with their own problems. For these two women the result of

that struggle was the experience of a parent that was often unavailable to them in a positive manner. In a reaction similar to the women who saw their mothers as negative role models, Ilene and Ellen also stressed their desire to be more sensitive to their children and to help them develop a strong sense of self-esteem.

The issue of how much their own mothers' would serve as role models for them seemed to be one that this group of women had considered and already worked through. They had definite ideas about the atmosphere they hoped to create in their homes and seemed confident of their ability, with their husbands, to achieve those goals.

It was evident from the responses gathered in this part of the study that the support of the woman's husband and immediate family was of utmost importance in determining the ease of adjustment to the pregnancy. The attitude of their work associates was also a factor and was reported to be positive by most of the women. The one exception was Ellen whose sole partner reacted in an angry and uncooperative manner to her first trimester illness.

On the opposite side was the reaction described by Jan, where at the museum over a dozen women in professional positions were currently or had recently

been pregnant. The atmosphere there was overwhelmingly supportive including setting up a sharing library of related books and a luncheon for all mothers-to-be.

Since almost all of these women were highly invested in their careers the reaction of their colleagues was important to them. The acceptance of their pregnancies and the supportive nature of their work environments helped them to begin to incorporate motherhood into their identities in a positive manner.

Discussion of prenatal interview

The purpose of this interview was to establish a rapport with each woman and to investigate the psychological work of the pregnancy. An outline of questions was used to structure the interview and to insure that each participant was asked for the same information. At the end of the structured part of the interview each woman was asked to share anything that had not been covered or that was particularly significant to her. Although there were differences in each woman's level of introspection and articulation of their thoughts and feelings, it seemed quite evident that they were interested and willing to talk.

The interviews proceeded through a relatively smooth progression where one question would naturally flow into the next. There were only minor problems in

eliciting rich descriptive responses and most of the women seemed comfortable in taking the discussion to the areas of greatest significance for themselves. The majority of the interviews focused on a discussion of feelings, specifically how they felt about being on the verge of a new identity incorporation stage.

The greatest concerns were how the baby would effect the marital relationship and potential problems combining career and motherhood. As discussed earlier all of the women felt they had extremely fulfilling marriages and they marveled at how fortunate they were to have such loving relationships. At the time of the first interview the overwhelming response to the issue of change in the marriage was that it was expected but there was no way to anticipate what form the change would take.

Some of the couples had talked about the possible changes at length and had already planned on ways to set aside time for just the two of them. Others were unable to look past the immediate concerns of getting through labor and delivery. They were more inclined to wait and figure out what to do when the time came. At this point, at the end of the ninth month of pregnancy, they were preparing for the birth experience and could only speculate about the future.

The concern about career was high for all of the women. They were aware of the extensive amounts of time they had spent working to achieve their professional positions, but also anticipated that their present workstyles might not be possible after the baby was born. For the majority of this group their work had given them much of their current identities and it was very difficult for them to think of giving that up or diminishing its importance. On the other hand these pregnancies were very much planned (with the exception of Ellen) and their babies were joyfully anticipated. Each woman approached motherhood as an important new stage in her life while acknowledging that both personal and professional adjustments would be necessary.

Aims of the postnatal interview

The postnatal interviews were scheduled according to the estimated leave of absence from work planned by each woman. This was done in order to assess how the women adjusted to being back at work after having had their babies. The planned maternity leaves ranged from approximately 8 weeks to 4 months and the interviews were scheduled as close to the return to work as possible. For Ann, who decided not to return to work, the postnatal interview took place at the end of her official leave.

The locations for the second interviews were equally divided with five interviews taking place in the women's homes and five at their offices. Of the interviews that were conducted at their homes three of the women (Ellen, Carol, and Helen) had their babies with them during most of the interview. Jan and Ann's infants were asleep in another room. None of the women interviewed at work had their babies present.

The focus of the second interview was the reality vs. the fantasy of motherhood and the identity reformulation of the women. The questions for the structured part of the postnatal interview covered the following topics: early postpartum experience, reality of motherhood vs. fantasies, feelings about the baby, feelings about being a mother, relationship with husband, and concerns about combining career and motherhood.

As in the prenatal interviews, most of the women started the interview by answering my first question and then began to talk freely about their experiences, thoughts, and feelings. I felt that a rapport had been established during the first interview and that most of the women were anxious to tell their stories. Ellen had found the first interview to be an emotionally draining experience and she reported having felt depressed after

the interview. She said "most things were hitting me emotionally during that time...it was too much intense emotional stuff to go through in an hour." She talked about being concerned that she had made a "bad impression" or that it wasn't the "whole picture". Despite her concerns about the first interview she seemed comfortable and willing to talk to me a second time. As was evident during the first interview, each woman articulated her concerns with a varying degree of insight.

The birth experience

The initial focus of the postnatal interview was the birth experience and early postpartum adjustment. While each woman's labor and delivery was totally unique to her, in this group of women two general trends emerged in response to the birth experience.

The primary reaction described by four of the women (Debbie, Carol, Ann, and Jan) was extreme tiredness or exhaustion. For several of these women this was the result of long and/or intense labor and delivery experiences. The two women who ultimately had Cesarean section deliveries, Carol and Ann, were very tired after enduring long and unproductive labors. Although she was a little disappointed about needing a C-section Carol was "tired but ecstatic" after the birth. Ann described

similar feelings: "...I was so elated but I was laying there with my eyes closed. My husband kept holding her up and I would look at her and then shut my eyes."

Jan had an extremely long labor and feared she would "have to have something terrible and awful like a C-section." She was able to deliver the baby naturally but described her feeling of exhaustion after the birth:

Anyway the baby was born and I remember I could only open one eye half-way I was so exhausted. I was like a wet washrag...It's a kind of exhaustion I've heard people describe but until you do it you don't know what they're talking about.

For Helen, her previously discussed concern about vulnerability was heightened by the birth. She described her first reaction as being "very tired, very vulnerable to anything happening."

Debbie was also very tired after the delivery and used the time immediately after the birth for "turning inward and recouping." She was aware of feeling "a terrific sense of relief, it's over; there was just a very peaceful sense of well-being." She also remembered being intensely focused during the birth process and said: "I was really acutely aware of everything that was going on...It's almost like I had a super perception going on, everything was heightened."

Although all of the women were aware of the increased incidence of birth defects in older mothers, they were very conscientious about prenatal care and this did not appear to be an overriding concern. Toward the end of the pregnancy a few of the women were conscious of some anxiety around the possibility of a problem but attributed this anxiety to concern about the upcoming birth. Ann expressed feeling relieved at seeing that her baby was perfectly formed:

It was such a relief too, I was so worried at the end. So worried that she wouldn't have all her fingers or toes or there would be something wrong there. When she was born and she was OK it was so special.

Three women, Gail, Ilene, and Fran comprised a second group that felt exhilarated after giving birth. Although two of them had reported long painful labors they were not as physically or emotionally drained as the first group. Fran described feeling a rush of adrenalin that made her feel like "Superwoman."

Gail experienced a range of emotions during and after the labor and delivery. She described feeling withdrawn and alone during the labor process and stated that although she appreciated the hospital staff and their support, she was "very withdrawn" during labor and

felt that it had been a "very isolating experience." In contrast to how she felt during labor, Gail had a rush of excitement after the birth. She described being "on the most incredible high" and although her labor and been very long, found she could not eat or sleep due to the exhilaration. For Gail the excitement of the birth delayed her awareness of her feelings of vulnerability in her new role. She did not start to feel apprehensive until it was time to take the baby home. She said "The night before I went home I was crying and I was scared. I felt so vulnerable, he was so vulnerable."

Gail also talked about feeling relieved that it was over and grateful that her baby was healthy. She described how she felt when her son was born: "God, real grateful, I guess. Because you always think that something could go wrong. Oh gosh, ecstatic, a lot of relief, just physical relief and like a whole new world came when he did."

Ilene was the only women whose baby developed complications after birth. He suffered a partial lung collapse immediately after birth and was taken to the ICU for monitoring. He was kept in the ICU for five days as a precaution although he was doing well after 24 hours. For Ilene the initial thrill of the birth was overshadowed with shock and fear about the baby's

condition. She had a difficult time at first combining her joy about the birth with the shock that there was a problem:

I didn't know what to do, whether to cry or...it was just stunning, here this wonderful thing happened and it was real tough for both of us. A lot of fear as to what could go wrong, obviously the congenital things, all the things that are your worst fears, concerned that they may be realized.

Ilene had felt strong enough after the birth to walk off the delivery table and accompany her son to the ICU nursery. Although she had a relatively easy delivery some of Ilene's strength may have been accentuated by her need to be close to the baby during the crisis. She stated: "I refused to go back to my room until I could see the baby. I stood there for half an hour next to the bassinet, then walked to my room." The whole ordeal was very draining for Ilene, particularly having to go home from the hospital two days before the baby was released. She was able to offset her own disappointment with the knowledge that he needed the surveillance and extra care in order to insure his health.

The two remaining women, Ellen and Barbara, did not express either exhaustion or exhilaration. Ellen said she was in a state of shock, not knowing what to expect.

Her hospital stay had been disappointing because she could not have rooming-in with the baby due to staff shortages. She was frustrated at not being able to hold the baby more and did not feel that they had a good start in mother-child bonding.

Barbara felt that the birth had been a very positive experience overall, but was surprised that things had not turned out as she had expected. She was anticipating the birth to be "natural" and was bothered by the internal monitor that her labor indicated was necessary. When the internal monitor indicated that the baby's heart rate had dropped, Barbara was given a local anesthetic and the doctor performed a forceps delivery that she did not want. In general Barbara felt that the experience had been more out of her control than she had wished, but she also understood the medical necessity of the actions.

Eight of the ten women had an average length hospital stay with the range between 1 and 5 days. The longer stays were for Ann and Carol, recovering from Cesarean section deliveries. All of the women had relatively uncomplicated recuperations and used their time in the hospital to rest and bond with their babies.

Early bonding

In general, most of the women in this study reported that their feelings of love and nurturing developed almost immediately and they felt very connected to their babies from the moment of their birth. In some cases the feeling of connection was related to the feeling of being needed by the baby. Gail said"

I did feel close to him right away. I really felt close to him because he needed me. I was afraid that I wasn't going to so it was like a bonus because I was all prepared to have to learn to love him.

Barbara had a similar immediate reaction and attributed the ease of her initial bonding to needing the baby and being needed by him.

It surprised me how much I need him physically. That was most true right after the birth, it's a little less true now, but then it surprised me. When I felt bad I needed to have him close to me. We both needed each other and having him close to me was a real help.

The feeling expressed by Gail of relief and joy that she did feel love for the baby immediately was also

expressed by Ilene. She described her initial feelings about the bonding experience:

Thrilled, I mean completely, one of the most thrilling experiences I've ever had. Just wonderful, it's interesting how instinctively I felt like I wanted to mother him. All these concerns of the pregnancy, wondering how good a mother am I going to be, am I going to know what to do, and it was so natural. It felt natural and so that was great.

Only two women experienced major difficulties in bonding. Fran had the most difficult adjustment period and felt fearful and disconnected to her son for almost the first month. She was intimidated by the expertise of the hospital staff and felt insecure about doing anything right. Although she felt more confident about her ability to provide physical care after she was home, the emotional attachment took longer:

The actual physical mechanical doing of things came pretty naturally. The emotion I attached to it was very difficult and very slow in coming. It was just so hard for me to believe I had a son. It didn't really make any difference but it was just so unbelievable that he was mine. So it took a while.

Fran very much wanted her first child to be a boy because she had wonderful memories of growing up with an older brother. Her husband was also the last of the men in his family who could continue the family name. Fran had convinced herself she was having a girl in order to protect herself from possible disappointment. She stated that after he was born "all the pressure was off" but her adjustment to him and to motherhood was still difficult. It was not until her son was one month old that she was able to confront and work through her emotions. Fran was very open in revealing how difficult the bonding process had been:

At the end of the first month when Danny was one month old I spent the entire day just talking to Danny. I had talked to him before but it was our first mother-son discussion. I admitted to him, to me but through him, that I really finally felt like I could love him as a person. I don't know what it was, maybe I finally got used to the schedule or finally felt a little better. I don't really know what it was but something snapped and all of the sudden everything felt OK. I was really able to handle him because I was finally attached. The bonding thing just took me a little longer. I really didn't feel anything up until that time. I

was so freaked out by the whole thing and then I felt guilty because of the fact that I didn't feel anything. I kept saying to myself I should be doing this better. There were times I told my husband he should go find somebody else because I was not a fit wife and mother. It was bad.

Helen also had a difficult time with the initial bonding in part, because she had expected a more immediate response from her baby:

I think I was really disappointed in the beginning when it was so hard and I was finding it even difficult to like Alex. I was in awe of him and what had happened but there was no gratification at the beginning. I had expected to want to wake him up to play because I had heard people talk about that and that wasn't the case. There just wasn't any response from him. He was very hungry and very needy. I guess that I did have a picture that he would be different.

Helen was able to start enjoying her son about 10 days after he was born. She said that the turning point came after her parents came to visit:

My parents came from Florida and even though I didn't picture that they would take care of him they did. They really enjoyed him and I think

watching them enjoy him was something that finally let me start to do that...where other people were getting enjoyment out of him and that meant I must be doing an OK job. That was the first indication that I would be an OK mom.

The women who bonded immediately with their babies also had very few problems during the early adjustment period. One occurrence that many of the women remembered was a feeling of being overwhelmed by disorganization at home. They discussed how they were used to being organized in order to accomplish their goals and found the disarray at home to be unsettling. Although they acknowledged that difficulty, most attributed their feelings to hormonal changes and the normal unpredictability of a newborn's schedule.

Experience of nursing

Every one of the ten women interviewed for this study had planned to breast-feed their babies although they were not all successful. The decision to nurse was based on their belief that it was best for the baby and that it was an additional bonding experience. The six women who were able to nurse: Ellen, Carol, Fran, Ilene, Gail, and Ann described it as being "very special" and felt that it added an element of closeness. Carol had been nursing full-time until she went back to work but

found that it was too difficult to continue. She was supplementing the baby with bottles and planned to continue nursing part-time. She said:

I'll be sad to see it end. I don't see it ending right away. I see that I'll probably keep up a few times a day for a while yet. It's a really special closeness, it's a kind of extra bond.

Ilene was also continuing to nurse 3 days a week by pumping milk and going home on lunch hours. She planned to keep up the nursing for at least 6 months. Ann had also experienced that feeling of closeness but was surprised by the intensity of her reaction to weaning. She initially felt that it would be "no big deal" but found that "the first time I gave her a bottle I cried. There's something real special about it. It definitely helped me bond to her because there's something so special about that closeness." Ellen found the first weeks of nursing to be overwhelming and it took her 6 weeks to establish a comfortable routine. She said: "Up until about 6 weeks I didn't enjoy nursing and then after that it was nice, a nice experience. The best way to be close to a baby." It is interesting that Ellen mentioned that her own mother had weaned each of her children at 6 weeks, exactly when Ellen began to enjoy the routine.

The remaining four women; Debbie, Jan, Helen, and Barbara had attempted to nurse but in each case could not produce enough milk. This was a traumatic experience for these women who were determined to give their babies what they considered to be the best start. For these women the experience of nursing changed from being a satisfying nurturing aspect of motherhood, to a negative demoralizing experience that frustrated both their babies and themselves. Barbara explained her decision to stop:

I only nursed for about 3 weeks. It was not what I planned or what I really wanted but it was very difficult and after a while became a real strain and I decided that it wasn't worth it. It was difficult for me and difficult for the baby. It was a real trauma because I wanted to nurse. I honestly believe that is the best thing for a baby...so giving it up was a disappointment in myself. Like I wasn't really doing the best thing that I could.

In Debbie's case, her baby refused to be breast-fed and would go to sleep rather than nurse. Debbie expressed feeling overwhelmed and unable to handle the situation in a comfortable manner. She said:

It's the only thing that made me feel like a failure. I knew it wasn't her fault and I knew it

wasn't my fault, but it still wasn't happening. It was a mixture of emotions. It was partly ego, although that was a smaller part of it than other things, but it was concern about her, is she healthy? Is there something wrong? Exasperation, because it was just so hard to go through all these struggles...just the whole thing was awful. I'm not one of these women who thinks that breast-feeding is like the height of experience. I know that some women would just die if they couldn't breast-feed and I didn't feel that way, but I was convinced that the best thing for her was to be breast-fed. I've read all the stuff about immunities and allergy protection and all that stuff and I wanted to do it for her. I felt inadequate. I felt I couldn't give her what she needed.

Debbie was grateful that her mother had come to stay with her for the first week at home and felt that she was a strong support during the breast-feeding crisis. This sentiment was expressed by several of the women who had family members help out when they came home from the hospital.

Help at home during the initial postpartum period

Almost all of the women had some help at home during the first two weeks. In most cases mothers and

husbands were the primary caretakers, although in one case a sister came for two weeks, and in another a friend and a cleaning lady were the sources of help.

The women's feelings about being taken care of were mixed. Some were looking forward to having their own mother's with them and felt confident that their mother's would take care of both them and their babies. For others, their mother's presence stirred up ambivalent feelings about control issues and unresolved mother-daughter conflicts.

The three women who felt the most positive about their own mother's coming to help were Carol, Gail, and Ilene. In Jan's case, her sister came and stayed for two weeks. Jan was thrilled to have her sister as a stand-in for her late mother and was deeply appreciative of her sister leaving her own family to come and take care of her. She felt confident that her sister's experience with her own child would help her and her husband make the transition to a family. She felt "I was so fortunate to have a sister who had had a baby come because otherwise everything I got would have been from the nurses, the pediatrician, or Dr. Spock and that's not enough." Jan also felt that the transition was easier because her husband was able to be home all summer.

Carol had her husband's parents with her the first week and her own mother the second week. She said it was "great" having her in-laws and that "they were a big help." She also had a positive feeling about her mother being there and said: "It was really wonderful. She did everything we asked her to and helped take care of the house and helped take care of the baby." Carol's medical training in obstetrics may have contributed to her feeling confident around babies and she did not express any anxieties about taking care of the baby or knowing what was "normal" for a newborn.

Gail had a very different experience and stated that in the hospital she started to feel very scared and vulnerable about taking care of the baby. She realized "you spend all this time worrying about your prenatal and everything, then the baby is finally here and now what?" She felt that part of the reason she had not thought of that before was because her mother was going to be with her for the first few days. Gail did not consider having a nurse and knew she was relying on her mother:

I absolutely wanted her because she had been through it with my sister and my brother and their children. I knew that she could make the transition for us and she did. She made it so easy. I took

care of the baby but she took care of everything else. Helped me and told me what to do. I really didn't have to wrack my brain, or wonder, or even read a book. I just knew.

Gail's success in working through her feelings about her relationship with her family, and her mother in particular, allowed her to appreciate her mother's expertise. Gail was not threatened by her mother taking control and in fact, felt free to concentrate on nursing and recuperating.

Ilene also felt very positive about having her mother with her for two weeks. She said that it was a "wonderful" experience that had made them "very close." Along with feeling that her mother "instinctively knew what to do and how to handle us, and how to handle the baby", Ilene also appreciated being taken care of herself. She felt that she both wanted and needed some extra attention:

I got the sense that I was her daughter and I was her baby and that she had to make sure that I was taken care of. That was great too, because all too often the focus is only on the baby. Especially during the postpartum period--my God, you yourself have really physically gone through a lot. I think that all too

often you kind of forget that you yourself need to be cared for.

Whereas Ilene was aware of wanting to be taken care of and seemed comfortable asking for what she needed, Helen had a very different experience. Helen was the only woman in the group who had no help at all. She had not anticipated needing any extra help and was also expecting her husband to be home for the first week. He had planned on taking off from work for the first week but because of pressure from his boss, ended up going to work the day Helen and the baby came home from the hospital. Helen had not realized how tired she would be after the birth and it was difficult for her to admit she needed help. She was feeling out of control and very vulnerable:

I guess also in those first few days I was just sort of so tired and wanting somebody to take care of me as much as I wanted to take care of the baby. That just wasn't happening...I don't know what I expected, I just realized that I needed a lot more attention, or I guess wanted more but I hadn't had a picture of that before. I feel to a detriment almost that I can take care of myself and all of the sudden I was finding that I really didn't want

to take care of myself, I needed somebody else to take care of me.

Helen felt "saved" when a friend who also had a baby stopped by the first day and helped her out. She also found unexpected help from her cleaning lady who turned out to be very helpful with the baby.

The remaining five women in the study felt that their mother's or parent's coming to help had been a mixed experience. Their reasons for feeling that way were very individual, but most of them felt some conflict between wanting help in adjusting to the baby while feeling responsible for fulfilling their parent's needs or expectations.

Although Ann described herself as "very close" to her mother and felt that they had a "wonderful relationship" the week her mother spent with her was a tremendous strain. Her father was very ill with leukemia and her mother was worried and anxious about leaving him. Ann felt that her mother had come because she expected her to be "laid out flat and that she would have to do everything." Ann felt that they each had different expectations for what her mother would do and that her mother ended up not feeling as needed as she thought she would:

I think she thought she would come and be real busy and get her mind off my dad; and I was looking forward to her just being here to keep me company, talk to me, and give me advice.

When her mother left a few days short of a week Ann felt it was "none too soon" and that it had been very stressful. She realized that her mother was very distracted by concern about her father and that her own joy was dampened by her sadness about him. She was concerned about when her father could see that baby and was planning to take her daughter there in the near future.

Fran's husband was home with her the first week but she felt he was so excited and nervous about the baby that he was "hyper" and "bouncing off the walls". She was a little disappointed that he wasn't more of a help, but did feel that he provided moral support. The second week her mother came to cook and was planning to stay for a few days to help out. Fran's experience of her mother being overly domineering surfaced during the first day:

About 4 o'clock that day both of us realized it was probably a good idea that I'd come up and visit them a couple of times a week; but our house is

just too small and I couldn't have had her there all week. She realized it too.

In a way that was similar to Helen, Fran also found it difficult to be vulnerable in front of other people. She had decided to do it on her own and could not allow herself the comfort of letting down her guard to ask friends for advice or make acquaintances with other new mothers.

Ellen had conflicting feelings about the week her mother was at her home. She was comfortable knowing that her mother's experience of raising 6 children would be helpful, but she also felt responsible for taking care of her and trying to please her. Ellen said she always felt she had to take care of her mother and that because she was so worried about her mother's feelings, her own need to be taken care of was unfulfilled. She wanted "to be a kid again after going through this huge experience" and wanted her mother to take care of her. Ellen was also aware of some tension between her mother and her husband that was stressful for her. She felt very sensitive to emotions at that time and said "I felt like my hormones were surging and I was ultra aware of every feeling. So I wanted her there but I was sort of happy when she left." Ellen had hoped that the experience of having a baby that she now shared with her mother would

help them to communicate on a deeper level. It was disappointing for Ellen when her mother was not able to talk to her more openly and to find that she still responded to her mother like she did when she was a child.

Debbie also had ambivalent feelings about her experience with her parents. Both of her parents arrived the day after she came home from the hospital and stayed for a week. Debbie was relieved and happy to have her mother with her but felt that her husband became a companion for her father instead of spending time with her and the baby. She explained that although the time with her mother was good for her and the baby, her husband ended up feeling displaced:

It was a very good experience for me, my mother, and the baby. It was not such a great experience for Scott. If I had it to do over again I would have had my mother come after Scott went back to work. The reason is not because there is any tension between my parents and Scott, there isn't, and thank God my mother was there to help me through this breast-feeding stuff, but my father when he's at the house can't sit still. He wants to be doing, taking care of things, and we have a little list of projects that we never get to, and

that was great, but Scott felt that he should be helping my father. My mother who doesn't really get that much time with her grandchildren really wanted to spend as much time as she could holding the baby. The result was that Scott kind of got lost in the shuffle...It's a mixed thing. It was wonderful to have her there to get through the breast-feeding, I don't know how we would have handled that otherwise because I think that Scott would have panicked, so [the experience was] mixed. Debbie felt that her husband understood how important it was for her to have her mother there and did not communicate his feelings of being left out until later. After he had gone back to work he told her that he was envious that she was still on maternity leave and could spend so much time with the baby.

Barbara had a similar experience when both her parents came to help out during the second week. She said that it was a "mixed help and burden" but she felt comfortable leaving the baby with her parents and was able to spend some time out of the house. Barbara had voluntarily assumed a large portion of the childcare responsibilities but also found that she wanted more emotional support from her husband.

Although almost all the women had the help of either their mother or both parents, the degree to which they found it a positive experience was markedly different. Some of the key factors in determining the outcome appeared to be: how successful they had been in their separation and individuation from their mothers; their comfort in relinquishing control in their own homes; and the expectations of both the woman and her parent(s).

Reactions to the early adjustment period

For several of the women their maternity leaves were the first time they had not worked full-time outside the home. Ann described how different she found being at home:

To sum up it's like everything is half done. I'm used to being pretty scheduled and organized and there is no schedule or organization to motherhood. I have days when I mind it more than others, but everything is always half done. So it's real different when you're used to getting up in the morning, going to work, getting your work done, and every day is pretty much the same. You have a lot of control over it. Having a baby is like living with your boss.

Most of the women enjoyed having the time to concentrate on their babies and took advantage of the opportunity to do things they normally did not have time for. Barbara expressed the feelings of several of the women when she said: "I certainly enjoyed the freedom, the time, especially compared to now when I'm trying to do both and it seems like it's a little too much."

Ellen found her time at home enjoyable although she missed "contact with the outside world." She was relieved to be away from work because of the stress associated with her problems with her partner. Ellen also felt that she was following a tradition in her family by staying home with the baby: "I knew that my mother had stayed home so it was kind of a traditional thing for me to stay home."

Gail and Debbie were both surprised at how much they liked being at home. Gail had no trouble finding things to do and was effusive about her time at home:

I've always worked outside the home so not working outside the home was an interesting experience. We were busy all the time and I like it...it was wonderful. I loved it as a matter of fact...it surprised me that I didn't want to go back to work. If you asked me what I did--nothing. I didn't cook dinner, all I did was be with my son. We'd go to

exercise classes, we went to a mother's group, we'd go shopping for clothes for him, and we'd go to the park. My days were so complete, I felt so wonderful, elated. It was a wonderful, wonderful feeling. I was never bored, ever.

Debbie described her 4 month leave as "idyllic" and felt that it was a rare opportunity to spend that amount of time establishing a relationship with her daughter. She was also very surprised that she was not anxious to return to work, although she was ready to take a break from full-time childcare. Her time away from work was a refreshing breather and gave her a chance to redefine her priorities. She described her feelings about not working:

It didn't bother me at all. That, I think, has been the biggest surprise for me. I didn't miss it. I didn't miss the work and I think the reason is because I've been under so much pressure for so long, business pressure, that the relief from the pressure of business was just more than I expected. Being a new mom has its stresses but it's a different kind of stress. Yes, the baby is demanding and yes, the demands are irrational, but you love the child, you chose to have the child and you respond to the demands in a different way than

you do from an unreasonable client who calls at 4:30 on a Friday afternoon and needs something by Saturday morning. I found that to be free of that kind of demand on my time was just really nice. I would have liked to stay away a little longer.

The two women, Fran and Helen, who experienced initial problems with bonding also found the early adjustment period to be stressful and unfulfilling. They both described feeling "out of control" and struggled to put their lives back in order. Fran looked back on the first few weeks with relief that they were over. She said: "To me everything was so uncontrolled. He was in control, I was totally out of control and I was a mess the first couple of weeks. I cried all the time. I'm glad it's over." Like Fran, Helen expressed a similar reaction and attributed it to feeling incompetent and vulnerable in her new role:

I was feeling like I was doing everything wrong. Nothing was going right, the feedings were not going right, as I had pictured them to happen. I felt real vulnerable at that time. Like I was doing everything wrong and I was at the mercy of the world because I was very remedial as a mother, totally inept. I felt like I had given up all those things that I knew how to do well and now was into

this thing that I knew absolutely nothing about. It was worse than I had anticipated.

The first few days were really horrible. I found it really hard and just totally uncontrolled. I was totally out of control at that point. I always want to appear like I'm in control and I wasn't feeling that at all. I wasn't even knowing how to make it look right, nothing was in order.

The turning point for Helen was her parent's arrival and her realization that she was doing well even if she did not feel confident of her abilities. Another form of positive reinforcement for Helen and Gail was that unlike Fran, they were able to form relationships with other new mothers and get support and encouragement from these women in similar situations.

Fran rarely left the house with her baby and described her fear of not knowing how to make the baby comfortable outside of her home:

...I was almost afraid to leave the house. I thought I was getting agoraphobia. I was afraid to leave the house because I kept thinking if he cries in the stroller, I won't know what to do. I knew what to do when I was in my own home but once I walked outside that was like a whole new thing. I was really afraid to do that.

Then the other thing is I felt real funny walking down the street pushing a stroller. I felt like I just didn't belong in the park with a baby. I belong in an office working, so I felt uncomfortable just pushing the stroller.

Fran and Barbara expressed their concern about what other people might think if they were not working. Fran was particularly concerned about other people's perception of her as a non-working mother: "It [being in the park with a stroller] meant that I was home doing nothing but taking care of a baby which I know is mentally and physically exhausting, but it just didn't seem like it was enough."

Barbara shared some of the same feelings although her discomfort with not working was more specifically linked to not earning money. She did not feel like an equal partner in her marriage when she was not working:

I like being home for the most part although there was a certain element of guilt. That now I am physically able to go to work and I'm not. I'm choosing to stay home, not earn any money. I didn't feel comfortable spending money on myself. Even though my husband wasn't putting up a fuss about it. I didn't feel justified in doing that. Asking for money was an issue for me.

The four women who seemed the most content at home during the early postpartum period were Ann, Gail, Debbie, and Jan. They each seemed very happy to have large amounts of time to spend with their babies and to pursue other activities. This was a natural step for Ann who had always anticipated staying home while her children were very young. She admitted missing some of the people she worked with and the "glamour of working and being in a position where you are responsible for high level clients", but felt that for the present her commitment was at home.

For Gail and Debbie, their contentment came as a pleasant unexpected surprise. After having been on the fast-track in their careers for several years they enjoyed the opportunity for a break. Jan, the oldest of the women, was very satisfied with the goals she had already accomplished in her career and considered her daughter as a "goal" in and of herself, rather than a step along the way. She felt that she already had years of achievement and success in her career and realized that the thought of going back to work was very painful.

In contrast, Fran and Helen experienced great difficulty in adjusting during this early period. Helen felt very torn between wanting time to get comfortable with the baby and wanting to participate in finishing a

long standing project at work. These competing demands greatly influenced how she felt about her time at home:

I think there is a continuum along that line and things are still in transition. I found that work was coming in and interrupting, but I don't know if it was taking any joy from that time because I wasn't feeling any joy at that time. The first couple weeks were so hard, they weren't fun.

I've been working on this project for the past year and a half that culminates next Thursday. So its been in the last 6 weeks that its been more and more down to the wire. So that was coming down and I was feeling torn, partly because I wanted to be doing some of that work.

Fran was very anxious to get back to work where she felt competent and in control. Of all the women she was the most adamant about returning to work and did not express any ambivalent feelings:

I felt guilty about the fact that I didn't feel guilty. I found being at home mentally and physically exhausting. Even the time that Danny was asleep and the time that I probably could have had to myself or did have to myself, I felt that at any moment I might have to get up so it was never relaxing. I find being back at work exhilarating.

So I really don't feel guilty. I need to work. I love being at work.

Although most of the women were very committed to their careers and were definitely planning on returning to work, they felt the pull of being a new mother. Fran's discomfort during her maternity leave had a desperate quality to it. After her return to work Fran was able to view her relationship to the baby more objectively and could allow herself to feel her love for him without the fear of being trapped into a housewife role. By the time their maternity leaves were ending and the women were faced with returning to work they had all grown to deeply love their infants and had begun to incorporate the role of mother into their identities.

Feelings about the baby

In discussing how the women felt about their babies as it got nearer to the time to return to work, the feelings most often expressed by this group of women were awe and wonder. They were captivated by the rapid changes in their babies' development during the early months and amazed at the depth of their emotions. It seemed as though their choice to delay having children until they were older and had accomplished other goals had made them exceptionally sensitive to their maternal feelings.

Jan, at 42, had accepted the possibility that due to her age she might not be able to have a child. She was still in awe of her baby:

I think I will always have that wonderful sense of pinching myself and saying "Is this really mine?" In one respect now I'm beginning to feel like a normal mother in that I manage day-to-day to do things that need doing, take care of the baby, make other plans, and we've traveled a lot in the past month and a half. But there is still that sense everyday when I see her, especially in the morning when that little face smiles at you after the crying ceases, and she knows that she will get a dry diaper and a bottle in a few minutes; when she's realized you're there and that smile. That's when I sort of pinch myself and say "It really did happen!" So I suspect I'll be saying that forever.

Debbie and Carol both found themselves fascinated by simply watching their babies. Carol was delighted with her daughter's growing awareness and had also discovered a deeper capacity for love.

It's just that she's so wonderful, just to sit and look at her and hold her, feed her, watch her change, see her figure out new things. I guess I just didn't realize how much you could love a baby. It never dawned on me how much it could be.

Debbie had similar feelings and spoke of an intuitive connection forming between her daughter and herself:

She's just wonderful. She gives me more pleasure than anything I've ever done. I've found myself spending a lot of time just watching her. The way I feel when she smiles at me is something I just can't describe. It's such an intense relationship.

Barbara also described her feelings as "intense" and was aware of a lingering physical connection to her son:

I still feel in a lot of ways that he's still a part of me. That I miss him when he's not there. There is a little piece of me that's somewhere else. Just that intense love for him that is unique, a new feeling. It's not like I want him inside of me again, I want him there, next to me, outside but real close.

Fran and Helen experienced the most change in their feelings from the first few weeks after the birth compared to how they felt two months later. Fran was now feeling much more in tune with her son and was not only feelings more connected, but also jealous of the babies' responsiveness to her husband:

I'm at a point now where he laughs and smiles and giggles at his father and just barely smiles at me.

So I'm having a little bit of a tough time with that. But I'm fine coming back to work. That hasn't been a problem, in fact, I enjoy coming home and having that time to be with him. I love him, I'm crazy about him, I think he's wonderful. We're just really lucky...I went from just having this "thing" at home that I had to change, feed, constantly be aware of, to now really being able to love him. Now I think I understand his personality a little bit. Helen was very aware of how much positive change she had experienced in the past 2 months:

In the last month now things have gotten a lot better. I feel like I have some choices, places to go and things to do. I feel much better.

Part of me was amazed that I wanted to be around. I think I was scared that I wouldn't want to be near him very much. That I wouldn't want to do it because I didn't know how. So there still is in some ways an amazement of how attached to him I am and how much he's become a part of my life and our lives.

Ellen also reflected on how her feelings had changed and deepened since the early weeks. The first 6 weeks of nursing had been exhausting and demanding. She said "I was angry with him a little bit, but I also felt

my patience growing. I knew I could handle it because it was my baby and my duty to stay patient." At the 3 month point she was more settled into a routine and focused on being happy that he was a healthy baby, "I'm really happy about him. I'm happy he's cute and I'm happy he's healthy. I'm really lucky he's healthy and he's added a whole new dimension to my life. I'm more aware of everything."

It is natural to expect that a healthy bond between a mother and her baby will grow as the baby becomes more responsive to the mother and the mother adjusts to her new role. One of the indicators of how quickly this adjustment will be made is the emotional proximity of the mother's fantasy of motherhood versus the reality she experiences.

Fantasy versus reality

The women interviewed for this study found every aspect of motherhood to be "more" than they expected. They described it as more time-consuming, more exhausting, putting more strain on a marriage, and more rewarding than anything they had previously experienced. Many of the women said that they had not had any fantasies of what motherhood would actually be like, or found it difficult to remember the fantasy now that they had the reality. One woman said she was glad that she

did not have any fantasies because the reality was nothing like what she would have expected. In general, the reaction among the women was that the reality was harder than their fantasies but also more wonderful and rewarding.

The idea of becoming a mother was something that Fran had not envisioned for herself and therefore she had not anticipated what the reality of having a baby would include. She was surprised at the amount of time an infant required and how pervasive the changes would be related to being a mother. Fran found that her new role as a mother was affecting every aspect of her life, including her work.

I think that one of the things I said [in the first interview] was I didn't really have any anticipations of what it would be like, because I absolutely had no idea of what it would be like. I'm kind of glad I didn't because it's absolutely nothing like I ever expected.

It's much more time consuming than I ever expected it would be. It puts more of a strain on a marriage than I ever would have expected it to do. And it's much more rewarding than I ever expected it to be. It's much more exhausting than I ever thought it would be. Every minute of every day. I

have pictures of him in my office, when I went out of town the beginning of this week, all of the conversations somehow came around to being a mother and Danny. It's just all consuming.

Jan also expressed her shock at how much longer everything took with a new baby. She was very aware of how little she could accomplish during the day but felt that her baby was the source of a great deal of pleasure and contentment. Jan was also adjusting to the reality that the needs of the baby would influence every aspect of her life. She described her feelings about the reality of motherhood:

I've just had no idea how much time the baby took. It was just mind boggling. I would wake up and if I managed to get the bed made and myself dressed and breakfast and the laundry done, things that I used to just sort of whip around and do without thinking, became the only things I could accomplish beyond taking care of the baby.

I don't think I fantasized but until you have this small thing in your care all day long you don't comprehend its omnipresence. Everything you do or plan has to take it into consideration. Your life is changed forever.

I think I sort of calmly accepted that and realized there is no more sort of snuggling up with magazines when I want a moment of quiet. I guess I realized there are certain things I may give up for 10 years or so but to me it was worth it. It's not so much giving up, the personal time is, I've had a lifetime of personal time and self-indulgence and she is worth more than any of that.

Jan seemed very willing to accept the loss of her personal time and the freedom to go out and do things spontaneously. She attributed her ease with this change to the number of years she had in the past to indulge herself.

Ann described the reality to be the same as her fantasy. She felt she was having an easy transition to being a mother because it was a role she had always wanted and had imagined herself in. Ann appeared to be in control of her new situation and found that things were going as planned. She described how her fantasy and reality were the same:

I knew it would be a lot of hard work and I would lose some freedom but it would all be worth it and to date that's exactly what's happened. I don't have the freedom to come and go as I'd like, I'm a little more tired than I ever was before, and my

house is a mess, but it's worth it. I think it's absolutely wonderful. I'd do it again in a minute and I will. I don't think there was anything that I expected that hasn't happened. It's wonderful, I absolutely think motherhood is wonderful.

Carol was experiencing the reality of motherhood to be harder than her fantasy. In particular she was beginning to feel the strain of multiple commitments and the need for juggling her time to fulfill all her roles.

I think the real work is harder than I expected but the real rewards are incredibly more than I expected. I guess once you get the reality it's hard to remember what the fantasy was. I don't feel disappointed or disillusioned or anything but it's hard and wonderful all at the same time. I guess I just didn't realize how I'd feel so pulled in so many different directions. I want to spend time with the baby, I need to spend time at work, I want to spend time with Ira, and fitting it all in. It's been hard to do it all.

Although many of the women found the work of being a mother more time-consuming and tedious than they had imagined, they also discovered a greater capacity for love and patience. Barbara particularly found this to be true for her: "There's a lot more feeling that I have

for the baby than I ever thought of. A lot more love, more intense feeling than I was expecting. It's a lot more positive."

For Ilene, her fantasy of motherhood was linked to her feelings about the baby and her sense of wanting to be a good mother. She also was gratified to discover that she could relate to her son in a more patient manner than she had ever imagined:

I think that the fantasies I had about it, many have been realized. What I thought it would be and how I feel about it--it's as exhilarating and wonderful as I thought it would be. I guess what I'm constantly struggling with is am I good enough, am I handling him right, does he really know I love him, those kinds of things.

It's a strong sense of feeling needed, the interaction between us, it's just a wonderful give and take. I feel like this little child is definitely a part of me. Just so much looking forward to nurturing it, raising this child. Wanting him to be happy and because my husband and I have such a good relationship, feeling good about the fact that I think we have a lot to offer this child and that he is going to have a good life. At

least as good as what we can give him. He certainly is not going to be short ended on love.

I think that is what I'm looking forward to is really being able to give, give the best of myself to this baby. I think Connor brings out the best in me. At times I can be a pretty impatient person about things in general, amazingly that has really been diminished at least when I relate with him. I'm very patient with him. So all those fantasies of how it would be, for the most part are coming true.

Although the reality of childcare and the demands of a newborn were an adjustment for all of the women, the majority were finding a balance between the work and the rewards. Only two women, Helen and Ellen, expressed feeling disappointed and disillusioned with the reality.

In Ellen's case her fantasy had been that she would be in a better financial position when she had children and that she would have a life more similar to her mother. She lacked confidence and was insecure about her ability to make good decisions regarding her son. She appeared to be struggling with her anxieties about being a mother and her responsibility for her child.

It's a lot more stressful. It's a lot more complicated. There are no easy answers, it's not

black or white. My fantasy was that it was easy, reality is uncharted territory...Actually when I was a kid I thought about having kids and having it be like my mother. Having a husband support me, keeping a house, looking pretty. And when I actually had a baby I couldn't even take a shower, I had financial considerations that were bothering me always in the back of my mind. Everything that I had structured for myself before the baby was gone. Now it's a struggle to do anything.

Helen's struggle with the reality of being a mother was centered around revising her expectations of what a newborn was like. Helen was disappointed when her expectations were not met and she had to learn how to enjoy her son at the earliest stage. The reality she found was so disparate from her fantasy that it affected the quality of her initial bonding and prompted her to reevaluate her expectations.

She was still dealing with the feelings of vulnerability that had been heightened by the birth and was slowly recovering from the strain of the first difficult weeks. As Helen started to relax and feel more in control her enjoyment of her son increased and she began to integrate the role of mother into her identity.

Feelings about being a mother and identity reformulation

One of the primary intentions of this study was to investigate how older women incorporate motherhood as a new aspect of their identities. Women who have invested a significant number of years establishing themselves professionally often suffer an "identity crisis" in the early stages of motherhood when self-concept and self-experience undergo change. This crisis is often experienced in a manner similar to Helen, who initially felt that her former competent self had been exchanged for an incompetent self in her new role.

Becoming a mother precipitated a reviewing process for the majority of women in this study as they looked back at the ambitions and goals they aspired to before their babies, compared with their new attitudes towards themselves and their careers. Many also found themselves engaged in a weighing process where they reflected on and compared their alternatives and priorities in relation to the maternal versus career role (Pickens, 1982, p. 142). The areas of change most frequently identified were: an increased sense of personal pride, a capacity for new experiences, and the redefining of what being a "mother" meant in terms of self and other roles.

The successful completion of the pregnancy and birth process prompted many of the women to feel that

they had greater reserves than they expected and could handle more than they previously thought. Most were aware of a broader emotional range and the feeling that they were more well-rounded as adults. Even the women who had envisioned themselves as mothers throughout their lives had a great deal of psychological work to do in order to integrate their new role with their previous sense of self. Barbara explained her struggle with incorporating this new role:

I always had a vision of being a mother, having a baby. That fits very nicely but it doesn't fit into what else I had developed about working and being responsible and having a career and earning money. The two haven't gotten together yet.

One of the most positive changes was a perceived increase in patience and tolerance both with their babies and with themselves. Many felt that they were impatient with other people, particularly in work settings, and worried about this personal style carrying over to their relationships with their children. They were happy and relieved to discover that they could relate to a baby in a different way. Many of the women had gained additional respect for themselves and confidence that they could handle any situation. In all

cases the changes were seen as positive and deeply meaningful.

Six of the ten women; Helen, Fran, Gail, Barbara, Ann, and Ellen each felt that they were more flexible, more tolerant of themselves making mistakes, and more confident of their ability to adjust to new challenges. For Helen and Fran in particular, this was a major breakthrough since the early adjustment period had been so stressful for them. Helen had gained a new perspective on herself and how she hid her insecurities behind a facade of being in control. She was also becoming cognizant of a new attitude toward her work:

I think at a real basic level just realizing that I can do something that I had no confidence in myself of being able to do. And that it was OK to go through all of the stages and make mistakes, continue to make them or continue to do well and to accept myself for that. So in some ways, at a real personal level not having anything to do with Alex, I probably have come to accept myself, accept making mistakes, and I don't need that facade. Like I lived through all that and I'm still OK and in fact, I feel a lot more well-rounded now.

I have always put so much of myself in my work, so much of my self-esteem comes from my work

and what I've been able to do. I'm finding that I'm getting a lot of charge and joy out of just this and that feels real nice. It's a much simpler kind of acceptance and a simpler sense of myself. I don't need all those trappings or whatever.

In my work, the products that I have are the things that I can put forth and say "this is what I am", so now this is my product but it's also more of my life and my existence is going into this, where my work is just something that I do. The topic of my work, in terms of health, is something that is a big part of me, but it is very much outside and Alex is just all encompassing where I want to put my work to the side more.

Just in how I perceive that part of myself is really changing and that's where maybe the trouble comes in of wanting to work, but I don't feel quite the same way about it. I really thought before that I would go back to work right away. I had planned to take this month and work part-time but it never occurred to me that I might really want to work part-time or even not at all at some point.

Although Fran was adamant about her commitment to return to work full-time she was conscious of changes in her attitudes:

I feel like I have a little bit more respect for myself because I know that I can do more, even more things than I thought I could do before.

My attitudes have changed. I think I'm much more tolerant of different lifestyles, in fact I'm much more tolerant of women who are home. I don't think I had any tolerance of women who were home before because they weren't doing anything. So my horizons have been widened.

I think I'm a much better person than I was before because of this wider view of life in general. I feel real good about myself, it's like you have these different layers of yourself. You were fine with all the layers you had and then all of the sudden you realize that there's 10 more. So you can reach inside yourself for so many more things.

Three of the women were in the process of weighing maternal needs against career goals and redefining priorities. This was central to the identity adjustment being undertaken by Ann, Ilene, and Debbie. These women were actively restructuring their lives and projecting what directions their careers would go in the future. Two of them were already planning a second child very soon. Carol was also planning to become pregnant as soon

as she could but was not preparing for a major shift in focus from career to home.

For Ann, at this point in her life, marriage and children were taking priority over her career:

My priorities have definitely changed. At first when people from work called it make me feel important. Now they don't call and I couldn't care less. So I don't see myself as being the executive bound person anymore. As long as I wasn't married and then when I was married but didn't have any children, I wanted to do well in my job and get ahead and constantly improve. I was working for a big promotion before I left and it was very, very important to me and I was disappointed that I didn't get it. Now at this point in time I don't really care. It meant a lot to me before and it doesn't now. I suspect that if and when I join the workforce again it will become important to me again.

Ann was not ruling out the possibility that in the future career achievement would once again become important to her, but for now she was happy being a full-time mother.

Ilene was particularly articulate regarding the changes motherhood had elicited in her. This was a topic

she had already spent a great deal of time thinking about and she was still trying to formulate how she would adapt. Ilene felt that the success she had already achieved would allow her to be more comfortable with the idea of slowing down on the career track without losing ground:

I'm redefining what I want, what's important to me right now in my life. I'm thinking about the prospect of having another child hopefully next year, beginning to work on that. As I'm getting older I think it's important to have children soon and I think I'm very much gearing down career expectations. I'm not sure whether I'll work full-time.

I think the ideal thing would be to have a challenging part-time job, which you can't get in a top management job in hospital administration, but maybe consulting. So I'm beginning to look at options. Up the road in the next few years how I'll handle getting the stimulation professionally that I want, but I don't want to move up. I'll move out of the mainstream but stay in touch and want to have enough time to spend with my family.

A few years ago I said I guess my career goal would be to be a vice-president of a multi-hospital

system, that would be an exciting goal for me to pursue. Now being a hospital administrator in a small hospital is challenging enough and takes enough time. I don't want to work 80 hours a week, even if I get paid \$80,000 a year and get all these perks. Because I realize I couldn't do it and ultimately my family would suffer and no amount of money, titles, or whatever is worth that to me.

So I think that's the kind of change I'm going through right now. Evaluating what's going to make me happy and kind of stepping back and saying what I initially thought would be may not necessarily be the case and feeling OK about that. I don't know, I feel confident in myself that I will make the right choices. I'd like to believe that I can continue doing what I'm doing, that I can have it all and yet having it all the connotation is "Oh, we're going to be happy, it's wonderful, exhilaration!" Having it all means you're exhausted! You might take home a nice paycheck, you might have an interesting career, but is it worth it? Are you going to be happy? Are you fooling yourself?

I think what helps me is being in my early 30's and achieving some degree of success, at least as dictated by professional advancement. You reach

a point where you feel confident, you've proven it to yourself, you know what you can do. It's feeling more confident at this point in our lives, especially in the early 30's if you've established yourself. You don't feel that the risk is as great. Whereas I think if you're younger, a younger mother may have it even more difficult that we do. I feel much more appreciative of what matters in life which is my family and my personal relationships much more than all this other stuff.

Ilene seemed to be confident that the family emphasis she was shifting to would be right for her.

The process of redefining priorities and downscaling expectations for career advancement was also an issue faced by Debbie. As discussed in the prenatal section, Debbie had originally made the decision to forego motherhood in deference to her husband's wishes. In her profession as a lawyer she set high career goals for herself and was enjoying the prospect of attaining those goals. Debbie said that she was comfortable with the initial decision but was also very pleased when her husband started to reconsider his feelings. She was enthralled with motherhood and was finding that the career goals that had once been so important were becoming secondary:

It's the most incredible experience I've ever had in my life. It's just so hard to put into words but it is...I have a very religious response to it. I feel like it's the greatest gift anyone could have...it's just magic. It changes you, it has changed me in a way that I think I never would have been able to predict. I'm not sure I can articulate it altogether, but I'm just a different human being than I was before.

My ambitions have changed. My goals have changed. If you had asked me a year ago, before I became pregnant, what my most important ambition was in life in terms of accomplishment, what would I like to accomplish, it would be to be a full unit partner in my firm. There are six people whose names are on the door, I'd have the opportunity to become their peer. That was very, very important to me.

Now, I look at what I've accomplished and I say I've accomplished more than most people will ever do. I've reached a certain level of economic stability. I have another colleague who became a partner the same time as me and we've been treated equally so far. If he becomes a full unit partner and I never do that doesn't bother me anymore. Not

right now. Maybe that will change again but right now I look at what I've accomplished and I've said you know, it's really enough. It's OK to stay here. To stay at this level, to make compromises and not advance because you've got something else that's more important to do.

I wouldn't describe that as a fundamental change in the person I am, it's just the way the person interacts with the rest of the world. I just don't care so much about this as I did before.

Gail was also aware that her career goals were now secondary to being a mother. She felt that becoming a mother had completely shifted the order of her role identifications. Her perception of herself was also changing and she felt capable of more patience with her son and with herself:

It's an enormous change. Now I'm a mother and I'm everything else. Before I was a woman and a successful career person and a good friend and a wife. Now I'm a mother and there's just a little room to be the other things. All are behind being a mother.

I feel a lot more humble than I felt before. I don't feel the need to know everything like I used to because I know it's totally impossible. I think

I'm much more willing to try to go with the flow. So in that sense I think I've always been a very quick, efficient person and so in that way I think I like being a little more flexible.

I didn't think I was the patient type at all. I thought I would lose patience with him a lot. I have an enormous capacity for love, enormous, and for giving. A baby doesn't give a lot of feedback but I was able to give and give and give even without that feedback. To do that for another adult is impossible for me.

Gail was more aware of feeling guilty about "not being home all the time and when I am home, not being as wonderful as I would like to be." She felt that her life had undergone major changes since the baby, but that her husband had carried on much the same as before. Although she loved being at home she felt that going back to work strengthened her position with her husband. Gail was very psychologically aware and identified the discrepancies in her thinking:

I knew before I had the baby that I would have to go back to work because I would resent my husband for all the things I resent him for now. But I didn't think I would have a leg to stand on because I was home all the time.

It's a rationalization, a justification for being in a way. If I were working it's OK for me to feel this way. If I'm not working, it's not OK for me to feel this way. When the truth of the matter is, they're just feelings and feelings never need to be justified anyway. In terms of myself coming back to work, it gives me a basis for my feelings.

In contrast to Fran and Gail who were in the process of discovering their capacities for patience, Jan felt that at 42, her older age contributed to already having a sense of her strengths in that area. She did however, also feel that the priority of her roles had changed since the birth of her daughter:

I guess I think of myself as a mother. My perceptions have been augmented by the fact that I'm now someone's mother. I'm still someone's wife, I'm still a museum curator, and still someone's daughter and sister and all of those things. I feel a kind of heaviness of responsibility.

I think that I as an older mother probably have, and I'm also a patient person, but I suspect my level of tolerance and patience is much higher than the average younger mother just because I've done a lot in my life. I've done in my personal and my work life what many people hope to do in their

whole life; traveling an enormous amount, having wonderful personal experiences and things like that. So I don't have that sense of "someday I want to be, someday I want to do" because I've done it.

I'm at a point where I'm focusing on that baby and I think my husband feels very much the same way, which for a man is an unusual attitude I think. Both of us see her as this goal, not as part of an earlier experience which we will incorporate into our goal-seeking.

Ellen was reacting to the change in self-perception differently than the other women. Although she shared the same feelings of being more well-rounded and having a wider emotional range, Ellen was very anxious about things that might affect her son that were out of her control. She viewed being a mother as a "challenge" and saw one of her goals as helping her child to be "happy in the world." Ellen's ambivalence about her mother and her own parenting ability was a theme that was evident throughout both interviews.

Becoming a mother herself helped Ellen to appreciate her mothers' experience and identify with her as a parent. Ellen looked forward to "experiencing the world in a new way" through her son but was very anxious at the same time. She talked about how she had changed:

I think I'm a little more rounded, more sensitive, more aware of what other people are going to do. I just know a little more of what my parents must have gone through. I understand more what you worry about. TV bothers me a lot more than it used to. I'm just always worried now. Looking back on it I didn't expect to worry about stuff like if he would become a homosexual or all this stuff that you project down the line.

I feel more competent and I also feel more conservative. I still feel outside my parent role I'm liberal, but inside my parent role I think homosexuality takes on a whole different meaning. People snatching babies has become one of my intense fears now that I'm going to be leaving him. The strongest feeling I have is paranoia. Fear of stuff I can't control.

Most of the women concentrated on the internal experience of redefining who they were in terms of their multiple roles. At this stage being a mother came before their other roles and this was reinforced by a lack of sexual interest that was expressed by several of the women. They commented on a change in their perception of themselves as "sexy" and as sexual beings. A reduction in sexual activity is a normal aspect of new parenthood

that most couples experience. To the extent that this is influenced by the woman's changing perception of herself it is a part of the identity reformulation process.

One factor that influenced their interest in resuming a sexual relationship with their husband's was the way the women perceived their physical appearance. For Ann and Barbara the slow process of waiting for their bodies to return to normal diminished how attractive they felt. Ann was equating how much affection she deserved with the appearance of her body:

While I never used to perceive myself as being particularly sexy, I definitely perceive myself as being less sexy now. Part of it may be that I haven't lost all of the weight yet and having a C-section I feel like I'm in pretty bad shape. I feel like it's difficult for me to demand affection because I don't feel attractive.

Barbara too was experiencing a major shift in how sexual she felt. She wondered if her body would ever return to normal and felt that some of the physical changes would probably be permanent. She was determined to feel attractive as a sexual being again and spoke of her determination to recapture the sexual aspect of her marriage:

Now I feel very motherly and womanly in that way of taking care of a child, but you also want to feel like a woman that is attractive to a man. That's getting better but it's taking some time. That's got to still be there. I want that to be there, I'm determined that it's going to because that's important to me. Children or no children, that's important.

Ilene also identified feeling less "sexy" and felt as if that part of her was in conflict with being a mother. She felt that her husband was extremely supportive but that it would take time to incorporate both sexual and maternal aspects:

I feel like a mother. It's kind of a feeling inside myself that I look different now. I look like a mother. I don't even know how to describe that, but that role inside me, that nurturing component, the caring and the comforting part of me, I don't feel as sexy as I probably was before. I just don't.

A lot of it is the body image thing which I've been very lucky. I'm losing most of the weight and I feel in pretty good shape but I'm nursing, and it's real hard to feel sexy when you're nursing. That whole side of me, being really sexy--it's

discordant with being a mother. So that whole side is kind of redefining itself.

In this aspect as well as in all the other early adjustments to motherhood, these women relied on their husbands as a source of support and help.

Relationship with husband

As a group these women felt that they had very strong marriages and that sharing the experience of having a child had strengthened that bond. The decision to have a baby was mutual for all the couples, with the exception of Ellen and her husband who were surprised by the pregnancy. Debbie's husband changed his mind about not wanting children because he felt it would make her very happy. She was grateful to him and commented that "I just feel that he's given me a very special gift."

Most, if not all the husbands were present during the births and many of the women described how this experience had opened up a new dimension of closeness for them. In particular, Barbara felt that the birth confirmed the depth of her husband's feelings for her. She said:

I guess I had seen evidence before in our relationship how supportive and helpful he could be and how much this birth meant to him. How much our

baby meant to him and how much I meant to him, but with this it just all really came together.

At the time of the postnatal interview when most of the women were returning to work either full or part-time, the biggest changes in the marital relationship were a lack of time spent together and a decrease in sexual activity. All of the women were conscious of wanting to have time alone with their husbands and were attempting to resume an intimate marital relationship.

Having more responsibilities and less time to spend with each other was a dilemma that was faced by almost all the couples. These women were very concerned about maintaining their relationships with their husbands and were trying to carve out time to spend together. Ilene said that for her it was:

A real adjustment trying to have enough time and energy for my job and my husband. Invariably it's really true that your own personal relationship with your husband can suffer if you're not aware and really plan to spend that time to stay in touch.

Although the desire to spend time alone as a couple was important to each of the women it was balanced by a shift in the focus from the couple to their child. Many

of the women discovered a new dimension of their husbands as they watched them interact with the baby. Debbie felt that seeing the way her husband loved and cared for their daughter had made her love him more. This new dimension of the relationship tempered the fact that they did not have as much time or energy left for themselves as a couple.

Barbara was aware that she and her husband did not give each other as much attention because now they both were interested in the baby. This was a common change in the relationships and can be attributed both to the excitement of a new baby and the time shortage that affected many of the couples.

In discussing with each woman what changes they perceived in their relationship with their husbands it was interesting to note that they often made a distinction between how the marriage was adjusting to the new demands and the deeper, more basic nature of the relationship. Seven out of the 10 women said that their relationship was stronger and that they felt closer to their husband. They felt that their husbands knew them better and had been supportive as they revealed many fears and insecurities that were previously hidden.

To a degree that had not been matched by any other event this was a shared experience that was deeply

meaningful for both. These women spoke of feeling more intensity in the relationship and often referred to time spent alone with their husband as a "date". The perception that the foundation of the relationship was intact and stronger than ever did not preclude feelings of strain on the marriage.

Five out of the 10 women were surprised at how much of a strain a new baby puts on a marriage. Two of these women, Gail and Ellen, felt their marriages were under major stress. The other women described their relationships as stressed but still strong. Gail described the change in her marriage as "unbelievable" and said, "The strain it puts on a marriage is incredible. I wonder why people are still married." She talked about feeling that her husband was not helping her with the childcare and her resentment of carrying the major portion of the work load.

We spend probably 90% of our time arguing about not taking care of the baby. What he's not doing or what I do or what's expected or what's reasonable in terms of him sharing or not doing. I resent that my life is totally changed and his is only partially changed.

Ellen also noticed a change in her relationship with her husband. She compared it to dating but without

all of the fun aspects. She felt that they both needed more from each other but were too tired and didn't have the time. She seemed sad about the change and wistful for the way it was before the baby.

The other women were more confident that the stress they were feeling was normal and that communication and planning were the keys to keeping the relationship strong. In the prenatal interviews many had said that they anticipated there would be some change in the relationship but could not predict what that change would be. Now that they were juggling career, baby, and marriage they were reevaluating expectations and trying to plan for time together.

Concerns about combining career and motherhood

Prior to their pregnancies all of the women interviewed for this study had been working full-time. At the point of the post-natal interview 7 were either already back at work full-time or planning to return shortly; 2 were working part-time; and one woman had decided not to return to her job.

The group that had gone back to work full-time consisted of Ilene, Fran, Jan, Carol, Gail, Debbie, and Ellen. Four of them had happily anticipated returning to their careers full-time.

Ilene had returned to her job as a hospital administrator to find a new boss and the opportunity for exciting professional growth at the same time she was anticipating gearing down her career. She was trying to figure out how to balance a reasonable work schedule with the demands of a baby and marriage.

Fran, who worked in advertising sales, was the most anxious to get back to work. She said "I feel guilty about the fact that I didn't feel guilty" and was exhilarated being at work.

Jan had not yet returned to her position as a museum curator but was planning to go back to work very soon. She was anticipating some guilt at not doing the "natural" thing by staying home, but sensed that once she was in the routine again she would enjoy working. Jan loved her unique job but was returning to it with a different commitment than she felt before the baby.

Carol was an obstetrician/gynecologist for an HMO and had a relatively set schedule. She felt that because she was not trying to go "up a ladder" or progress on a tenure track she would have few problems maintaining her career. She did admit to feeling pulled though, as if there were too many things to do and not enough hours in the day.

The women in this group were highly career oriented and had worked for a long time to attain their degree of professional achievement. They were all returning to work full-time but for Ilene, Jan, and Carol the pulls of motherhood had influenced their attitudes about how important their jobs were to them and how to balance career and family.

Ilene returned from her maternity leave knowing that both her personal life and her professional goals were in a state of re-evaluation. She was changing her primary focus from career to family. This was a dilemma for Ilene because this change occurred at the same time that her new boss was letting her know that he perceived her as being very talented and having the potential to manage important projects. As she said: "I think my focus is going to be shifting in the next few years to family. Career gearing down, family gearing up. I'd say the decade of the 40's will be the gearing back up professionally again."

Ilene was also extremely sensitive to the issue of how men in top management view women who start families. She did not want to be a detriment to the advancement of other women by becoming another statistic of one who quit. She was attempting to "have it all" but with a clear understanding of the exhaustion and intricate

scheduling that this demanded. She explained her reluctance to follow the easy path of quitting her job:

You know, its come to the old thing, as finally women are kind of inching their way to top management jobs and it's always the underlying things that men are thinking "I wonder what's going to happen to her. Is this going to be another one that maybe has talent and the drive that is going to sidestep this as a priority because she has a family now?" And I guess I feel that for all of us women who have been trying very hard since the early 60's and 70's to make our marks, which I think we rightly deserve, it's kind of a sense of not wanting to let down the sisterhood.

Ilene described herself as "busier than I ever have been" and credited her husbands' sensitivity and insightfulness as the key to making the transition work. Ilene was able to consciously diminish feeling guilty about leaving her son because of the inordinate amount of time her husband's job allowed him to spend with the baby. They were sharing the role of primary caretaker and this helped Ilene to work without feeling that the baby was being shortchanged.

Ilene felt that things had been going particularly smooth for her and was anticipating some tougher times

ahead. She was preparing herself for these eventualities but felt she was better able to anticipate and handle them. Ilene knew that her priorities had shifted and that major career changes would probably occur in the next few years.

She was optimistic about her ability to handle those changes and that her decision to put family first was right for her. She knew that her commitment to career had already changed and said "I think I'm more flexible, if push came to shove I would quit my job. I know that. That's a major change for me thinking that I would do that." She could not see herself as a full-time non-working mother but was planning to shift her career orientation in order to combine work and motherhood.

Jan, like Ilene, was going back to work full-time but was planning to limit the amount of time she spent at work. Her feeling was that she had already paid her professional dues and that it was time for someone else to put in the long hours. She said:

I will no doubt get wrapped up in what I do again, but I think there will never again be the going in at 7:00 in the morning and staying until 7:30 at night. Writing an article over a 3 month period and spending 7 days a week at the museum in the library. Somebody else can do that now. I'll

probably be anxious to run out the door at ten to five and I'll probably do it.

For Jan, as well as the other women, the conflicts of combining career and motherhood became reality based after the birth of her child. Prior to that she had thought about the potential conflicts and stresses in an abstract way and had maintained a more determined perspective on going back to work. After her baby was born Jan felt more pulled in the direction of motherhood.

Before you have it it's a very sort of intellectual thing you go through thinking "I know I'll feel this way but I must go back to work." I think [now] it is different just because it comes from real experience, not something conceived in the mind. Knowing her and being able to picture this little smiling face, it's a person I'm going off and leaving, not a concept.

Jan had reached a point in her life where she had accomplished many of her career goals and was ready to concentrate on being a mother. She was wrestling with what she felt would be the "natural" thing for her child and the satisfaction she derived from her career. Part of her dilemma was her feeling that she had an extraordinary job in her field.

In a way that was similar to Ilene, Jan felt an obligation to return for all the other women who aspire to careers. Although she was going back and was fairly certain she would love work again, her priorities and what she valued as important in her life had changed.

As a doctor Carol was in a different position than many of the women who were working their way up a corporate ladder. She had completed all of her credentials and was well established in an HMO practice. She knew what her schedule and responsibilities were and that they would not change unless she decided to go into private practice.

Carol was an extremely practical woman who would not be easily swayed from her path. She did not anticipate any major problems in combining her career with a family and was in fact planning to get pregnant again immediately. She did admit to feeling more stress and said "there are some days when I feel like I can't do any of this right." She was successful in normalizing those feelings and stated that "everybody who tries to do both must feel that way a little bit."

Fran found the adjustment of going back to work easier than the adjustment to becoming a mother. By the time she returned to work she had arranged good childcare for her son and was ready for the stimulation

of her job. Her attitude was that for her being at home had been so exhausting and stressful and being at work was so gratifying, she would rather "pay someone to be exhilarated at home." At the time of the second interview she had not experienced any problems combining work and motherhood and said "I'm lucky because I've been able to get back into the mainstream of how my life was before. Everything has gone so smoothly that this doesn't feel any different than before."

Debbie, Gail, and Ellen were the other women who had gone back to work full-time. For them this decision was strongly influenced by financial need as well as a commitment to colleagues and professional growth.

Debbie was very ambivalent about returning to her law firm but felt that for both financial and personal reasons she had to make a full-fledged attempt at resuming her career. She was feeling very uncertain about her state of mind and capacity to make long term decisions about her career so soon after returning to work. She was permitting herself to take time and let the situation unfold. Although she had strong feelings that she would enjoy taking more time off from her career she was also aware of how important professional achievement had been to her in the past. She said:

All my life I've needed that [stroking] and while it doesn't seem so important to me right now, I'm not so sure a year from now if I turned my back on it I would regret it. I think I would regret it. So how I feel about it is the decision about whether to work is a decision I have to make over a period of time rather than just once forever.

For Debbie the idea of achieving balance was the most challenging aspect of combining work and motherhood. She was very aware of trying to balance her own needs with the needs of her child and keep the equation equal. Debbie was able to compartmentalize both work and home responsibilities in order to concentrate successfully in each role. She found the transition time between work and home to be the most stressful for her. It was during this time that she felt the most overwhelmed by trying to fulfill both roles and worried that she would fail.

Ellen also worried that she would not be able to do either job well and was trying to find a workable balance. She felt that she would always be tired, more susceptible to illness, and frustrated by the demands of work and family. Ellen knew that she would experience guilt by working and boredom if she stayed home and so concluded that there was no ideal answer for her. She

was trying to achieve some balance between work and motherhood but had not found the right combination.

Gail had already decided to scale down her career expectations before she had her baby. She had been promoted to a management position and decided that it was not right for her. Gail was very happy with her current job and was not interested in moving up the corporate ladder. Ideally she would have chosen to work part-time but could not due to financial considerations. Gail was also feeling that although she would work, she would not be as available for evening and weekend job commitments as she was before.

Of the remaining three women, Ann had decided not to return to work at all; Helen was feeling very torn about what career decision to make; and Barbara had worked out a unique part-time plan with her company. These women had more flexibility both in terms of financial consideration and the nature of their jobs and/or the companies for whom they worked.

Ann was the only woman in the study who decided not to return to her job. Her husband had been offered an extremely lucrative job with a new company and Ann found herself with many options. She said:

"I feel extremely fortunate to be in a position, maybe financially more than anything else, to have

a lot of options regarding work and sitters. If I couldn't afford to have a sitter come in a couple of days a week or do something like that I'm pretty sure I'd go back to work. I really don't think I could just stay home if I couldn't afford to go out and do things.

Ann was comfortable with not going back to work because she could be a full-time mother and also pursue her own activities. She was not planning to combine work and motherhood and knew that she was fortunate to have many options available to her.

Although Helen also had the flexibility to consider several options she was feeling very torn about her present position. Her maternity leave allowed her to work part-time for one month after returning but specified that if she continued in a part-time position she would lose the management aspect of her job. If she chose that option she would have to choose one project to concentrate on although she had designed all the projects for the upcoming year.

Helen felt that she wanted to put her work to the side and that it did not hold the same value to her as it did before the baby. Financially she could afford to work part-time and was trying to decide if she wanted to remain with the same company or make a change. She said:

"I don't know if I will work where I am now, but the bottom line is I will work. How much I will work is probably the question I am wrestling with." For Helen combining work and motherhood meant a constant state of flux and changing of decisions. She felt that she would need to be creative in her attempt to define a new normalcy but that it would happen.

Barbara was able to customize her 6 month maternity leave to create a longer period of part-time work. She took 3 months of her leave at the beginning and then was able to stretch the other 3 months of her leave over a 9 month period working 3 days a week. This was an ideal situation for Barbara who wanted to continue working but not at the same pace.

Before the baby she viewed her job as a challenge and an exciting part of her life. Now her perspective had changed and she was viewing it differently:

I see the job as something, as a job. I enjoy it and it's fine but I'm here because I need to earn money. It's not because I need something interesting to do with every day, I have that, I'll do that at home. But I'm here because I know in the long run that we'll be more comfortable with 2 incomes. We'll be able to provide better things for

the baby and also for us and we do want that. There are other things we want and that's why I'm here.

Barbara also had concerns about losing the intellectual stimulation of her job if she decided not to work. She felt that her world might become very narrow and that she would be dependent on her husband to bring in interests from the outside. Her plan to combine work and motherhood was based not only on financial need and personal fulfillment but also on her ability to work part-time.

The women in this study identified many concerns about their ability to successfully combine work and motherhood. The most widely expressed concern was how they could achieve a balance between their own needs as a woman, wife, and mother with the needs of their child. In almost every case their decision was in favor of meeting the needs of their child even if that ultimately meant quitting their jobs. This was a new and surprising attitude for many of the women who before their babies could not imagine even considering giving up their careers. These women were anticipating stressful situations where the demands of work and family would conflict, but most felt that they could handle the crisis and go on. They were confident that they could

create a new normal in their lives with new habits, new schedules and most importantly, new priorities.

Discussion of the postnatal interview

The purpose of this interview was to explore the reality vs. the fantasy of motherhood and the identity reformulation of the women. The structured part of the interview focused on early postpartum experiences, feelings about the baby, feelings about being a mother, relationship with husband, and concerns about combining work and motherhood.

Most of the women interviewed found that they bonded quickly with their babies and that they enjoyed their maternity leaves. They used that time to learn about their infants and to develop their competencies as mothers. For many of the women this was the first time since beginning their careers that they had not worked outside the home. It was a time for rediscovery of personal interests, beginning new friendships, and reevaluation of personal and career goals.

Only two women, Fran and Helen, out of the ten interviewed had extreme difficulty with bonding and the early postpartum period. For these women the stress of that period may have been due to unrealistic expectations of themselves and/or their babies and a lack of psychological and emotional preparation for

becoming a mother. Whereas many of the other women were more prepared for the reality of having a child and the emotional crisis of becoming a mother, these women had additional adjustments to make at the same time they were physically and emotionally exhausted from the birth.

The quality of psychological individuation and separation from one's family of origin was also an important factor in the experience of receiving help during the first days at home. The women who were most comfortable in temporarily relinquishing control of their homes without feeling overwhelmed by parental demands had the most satisfying experiences. Among the women who found having their own parent(s) with them to be difficult there was a feeling of regression back to an earlier, more dependent state that was uncomfortable and stressful. Ellen, in particular, found herself reacting to her mother as she did when she was a child. She had hoped that since they both shared the experience of giving birth her relationship with her mother would deepen and that they could talk to each other on a more equal level. Many of the women did feel closer to their own mothers and stated that they now had a better understood what their own mothers experienced.

The process of identity reformulation is a complicated psychological transformation. Although these women already had multiple roles as wife, daughter, friend, and career person the incorporation of mother into their identities was a profound addition.

In most cases the motherhood role assumed primary importance, overshadowing all other roles. The connection to the baby and the responsibility for nurturing a new life became central to how these women defined themselves. During this period of identity reformulation priorities started to shift and many women found that they were lowering their expectations for career achievement. They were still committed to their careers but had more realistic expectations for how much they would work and determination not to compromise their child for the sake of their career. The exception to this was Fran, who at the time of the second interview felt that her commitment to her job would not be affected by her child. She also had the strongest negative reaction to being home and was desperate to return to work.

The most common concern about combining work and motherhood was the time factor and achieving a balance between work and family. Many of the women talked about feeling pulled in several directions at once and their

worry about doing a good job in either place. They felt that the most "natural" thing to do would be to stay at home with their babies but in many cases did not have that option due to financial concerns. Even for those women who could have opted to stay home the stimulation of their jobs and the amount of time they had spent developing their careers precluded that choice. They wanted to work, maintain their professional identities, and earn money, but knew that the intensity of their commitment had changed. Now work was important but not to the exclusion of their family. At the time of the postnatal interview it was clear that these women were embarking on a path where decisions concerning work would be made and remade depending on the situation. Their ability to feel confident and successful in both work and motherhood would depend on their sensitivity and flexibility in weighing the needs of both and maintaining a workable balance.

CHAPTER V

Summary

The purpose of this study was to investigate the adjustment to motherhood process for a small group of primiparous career women approximately thirty years of age or older. The primary focus of the study was to assess the transition to motherhood for a group of later childbearing women and to describe the identity reformulation process that occurred during this period. The study focused on two broad areas: first; the psychological work of the pregnancy, and second; the adaptation process including the combining of career and motherhood and identity issues.

This purpose was to be accomplished through the use of in-depth qualitative interviews. In an emerging research area such as the adjustment to motherhood and concomitant career issues, a qualitative approach is particularly useful for collecting rich descriptive data that comes directly from the experience of the participant. The individual responses of the women contribute to further understanding of the problems they experience and help to suggest areas for future research.

Chapter II provided a detailed review of the transition to parenthood literature and the specific

issues in this area as they relate to older women. A brief discussion of early postpartum adjustment was presented as well as a review of similar studies in this area.

In Chapter III the general methodological approach used in this study was discussed. The specific procedures used to obtain the research population, and a description of the subjects was also presented. Finally, the instrumentation was discussed along with the method used to analyze the data.

Chapter IV provided a detailed analysis of the results from the interviews. The first section dealt with the results from the prenatal interview; the second section discussed the results from the postnatal interview. Each section contained a discussion of the specific areas investigated and was supplemented by the use of quotes from the participants. These quotes provided a richness to the discussion that is the aim of qualitative research. A synthesis of that information and implications for future research follows in this chapter.

The initial interviews were conducted prenatally in the ninth month of pregnancy. The purpose of this interview was to establish a rapport and an atmosphere of trust with each woman in order to investigate the

motivation for and the psychological work of the pregnancy. An outline of questions was used to structure the interview and to insure that each participant was asked for the same information. At the end of the structured portion of the interview each woman was asked to share anything that had not been covered or that was particularly significant to her. The interviews proceeded through a relatively smooth progression where one question would naturally flow into the next. Most of the women seemed comfortable talking about their feeling, thoughts, and experiences and were able to focus the unstructured portion of the interview to the areas of greatest individual significance.

The second interview was postnatal and scheduled to coincide with the woman's return to work. This timing was planned in order to assess the early adjustment to combining work and family. The planned maternity leaves ranged from approximately 8 weeks to 4 months and, the interviews were scheduled as close to the return to work as possible.

The focus of the postnatal interview was the reality vs. the fantasy of motherhood and the identity reformulation process. As in the prenatal interviews, most of the women started by answering the questions from the structured interview segment and then began to

talk freely about their experiences, thoughts, and feelings. The rapport that had been established during the first interview allowed the women to feel comfortable and they were anxious to tell their stories.

The results of the interviews suggested that these late-timing women had made a conscious decision to postpone childbearing until they had accomplished personal agendas and established professional careers. Many had used their twenties and early thirties to complete their education, travel, and begin their careers.

Fully half of the ten women had previous early marriages, and they felt very strongly about waiting until they had strong marriages and financial stability before becoming parents. Of great concern to these women was how becoming parents would affect their marital relationship. All of the women felt they had extremely fulfilling marriages, and they marveled at how fortunate they were to have such loving relationships.

The results of the interviews indicated that most of the women felt that becoming parents had strengthened their relationship with their husband. They felt that they had shared an experience that was deeply meaningful for both. This was true despite the tremendous strain on their marriages that half the women experienced. One of

the new realities for these women was how to maintain a high degree of closeness and communication in their marriages while also juggling their other responsibilities.

The marital history of this group of women indicated that they had either married later or had remarried during their thirties. It appears that starting a family was important to these women, and they had become pregnant fairly earlier in their marriages. Eight out of the ten women had been married less than 2 1/2 years with the remaining two women being married 4 years or less. The timing of the decision to become pregnant was influenced by their desire to have a child, their or their husband's age, and career timing.

The concern about career was high for all of the women. The most commonly discussed topic was the time factor and achieving a balance between work and family. These women were aware of the extensive amounts of time they had spent working to achieve their professional positions but were reexamining their priorities in light of becoming mothers. They wanted to work, maintain their professional identities, and earn money, but the majority knew that the intensity of their commitment had changed. Now work was important but not to the exclusion of their family. These women were embarking on a path

where decisions concerning work and childcare would be made and remade depending on the situation.

Not only were career priorities shifting but an entire psychological transformation was occurring. In most cases, the motherhood role assumed a primary importance, overshadowing all other roles. The connection to the baby and the responsibility for nurturing a new life became central to how these women defined themselves. These women were already familiar with their multiple roles as wife, daughter, friend, and career person but were just beginning to incorporate the role of mother into their identities.

These women coped with their pregnancies very well although they were particularly aggravated when nausea or tiredness affected their ability to work. They had expected to work at the same level of intensity they were used to throughout the pregnancy and had not anticipated any slowdown. For many of the women this was true but some were faced with limitations of their energy and concentration for the first time in their professional lives.

For women who were used to being independent and who had worked hard to establish their identities, pregnancy brought out their feelings of vulnerability and loss of control. They were reacting to feeling more

dependent on their husband's and to the loss of control they experienced over their bodies and they feared, in their lives. Few of the women had role models they could pattern themselves after and were creating their own patterns of combining work and family. One woman, Ann, whose mother had successfully combined work and family, felt more confident than most that she could follow that pattern but eventually was the only woman who decided not to return to work.

One of the most interesting results of this study represented a change from the findings of earlier research on late-timing mothers. It was the reevaluation of career goals and the shift in priority from work to family that was expressed by these women. Although they seemed to be as initially career oriented as other research populations they expressed an attitude that was not evident among other studies. There was a less frantic quality about most of them returning to work and the acknowledgement that work, while still important, was taking a back seat to family. Many of the women talked about feeling pulled in several directions at once and worried about the ability to do a good job in either place. They felt that the most "natural" thing to do would be to stay at home with their babies but in many cases financial necessity overruled that choice.

Their ability to feel confident and successful in both roles would greatly depend on maintaining a balance between career and family.

Only Fran seemed to be clinging to the security of her work identity and could not consider a shift in her role emphasis. For all of the other women there was a more relaxed quality that suggested their comfort with the motherhood role and the ability to integrate both work and mother identities.

This capacity for integration and the possibility of temporarily relegating career to a secondary status reflects the changes in the women's movement in the last 10 years. At the beginning was the notion that women had to imitate men in order to be successful in the workplace. Women were encouraged and indeed pressured to minimize the differences between the sexes in business and to focus exclusively on career achievement. This was a time of significant breakthroughs for women and society has seen a tremendous increase in the numbers of professional women. This is not to imply that women are equally represented in top management positions, only that progress has been made. The price of that progress though was a decade or more of women who were forced to become unidimensional and could not acknowledge their desire for a relationship or family without jeopardizing

their career. This societal pressure also reinforced a us vs. them attitude that pitted working and non-working mothers against each other. Although society continues to give little support to working mothers, it appears that more women are trying to achieve a balance between their desire and need to work, and their interest in having a child.

In recent years a trend has begun where many successful women have "dropped out" of the workplace in order to bear and raise their children. The women in this study were not actively contemplating that route but neither were they as single-minded as the women of the late 70's. They were committed to both the professional identities they had worked many years to establish and to the husband's and children they had waited to have.

In the future there is a need for further qualitative and quantitative research that explores the adjustment to motherhood and the concerns of women combining career and motherhood. Suggestions for future research include:

- 1) Studies that target not only for white, middle and upper middle class professionals, but also for minority and lower socioeconomic women. These women may

have fewer options available to them and also different cultural values pertaining to childbearing.

2) Studies that focus on older age populations; those primiparous women between 35-40, 40-45, and 45 or older to investigate possible differences in motivation, adjustment, and identity reformulation of different age groups of late-timing mothers.

3) Research investigating the motivation and adjustment of single career women in their thirties and beyond who choose to become mothers for the first time.

4) Longitudinal exploration of late-timing mothers' work patterns to investigate their decision to have more than one child and their commitment to work at various stages of the parenting process.

5) Research that includes the husbands of older career women and that investigates the husbands' motivation for pregnancy and his influence on the womans' adjustment to motherhood.

6) Studies that explore methods of support for older career women as they become mothers.

Counselors and psychologists will continue to see increasing numbers of these women as they struggle to successfully combine two major life roles. The more we can understand the problems these women face, the more successful we can be in finding solutions that will

enhance the family structure while protecting the role of women in professional capacities.

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APPENDIX A

Prenatal Interview Questions

1. Prior to conception how did you fantasize your pregnancy?
2. What has this pregnancy been like for you?
3. What was your motivation for becoming pregnant?
4. Was this pregnancy planned?
5. How long did it take you to become pregnant?
6. Has your family been supportive during your pregnancy?
7. How is your mother a role model for you as a mother?
8. What is your relationship with your husband?
9. Do you feel that he has been emotionally supportive of you during your pregnancy?
10. What is your fantasy about how the baby will effect your relationship with your husband?
11. What do you do professionally?
12. What do you expect to be doing professionally when the baby is six months old?
13. What problems do you anticipate combining motherhood and career?

Postnatal Interview Questions

1. How did you feel the first few days after the birth?
2. Did you have any help with the baby during the first week or two at home?
3. What have the last two months been like for you?
4. How would you compare your fantasy of motherhood with reality?
5. What are your feelings about the baby?
6. How do you feel about being a mother?
7. How has becoming a mother changed your perception of yourself?
8. Has your relationship with your husband changed?
9. Do you ever see your life returning to "normal"?
10. What is "normal" for you?
11. What problems do you anticipate combining motherhood and career?

APPENDIX B

ADJUSTMENT TO MOTHERHOOD STUDY
INFORMATION SHEET

I am an M.A. student in Counseling Psychology from Loyola University currently working on my Masters thesis. For my thesis I am studying the adjustment to motherhood in first time mothers age 30 and older who intend to stop working for at least six weeks after the birth of their child. I hope to learn about the adjustment process that occurs in older career women during pregnancy and shortly after the birth of their first child.

If you are willing to participate you must meet the following criteria: married; currently working, but intending to stop for at least six weeks after the birth of your child; thirty years of age or older; pregnant full-term for the first time and have a due date anywhere from the end of March through the end of June.

If you are willing to participate it would involve two interviews each lasting approximately 1-1 1/2 hours. The first interview would be during your ninth month of pregnancy. The second interview would be scheduled between 8-10 weeks after the birth of your baby. These interviews would be scheduled at your convenience with the time and location to be mutually agreed upon. The interviews will be tape recorded. Participation would also involve filling out a brief questionnaire concerning age, length of marriage, and job history. The tape recordings and questionnaires will be kept strictly confidential. Only the researcher will know your name. Your privacy will be protected. This study is being supervised by the Graduate School faculty from Loyola University.

I would be happy to share the findings of the completed study with those women who participate. It is anticipated that the interviews will provide women with a means of focusing on the changes brought about by pregnancy and the early motherhood experience.

I would greatly appreciate your help. If you have any questions please feel free to call me:

Linda Stern
943-4413

CONSENT FORM

Project Title: The Adjustment to Motherhood for
Primiparous Career Women Over the Age of
Thirty

I give my consent to the use of my verbal responses from the prenatal and postnatal interviews for the purpose of the research.

I understand that the purpose of this study is to assess the transition to motherhood for first time mothers who are age thirty or older.

I understand that my name will not be used in the written study and that my responses will be coded to protect my privacy.

I freely and voluntarily consent to my participation in this research project.

Signature _____

Date _____

DEMOGRAPHIC QUESTIONNAIRE

Name: _____

Address: _____

Telephone: _____

	<u>Wife</u>	<u>Husband</u>
Date of birth	_____	_____
Age at pregnancy	_____	_____
Occupation (Title)	_____	_____
Length of time in present position	_____	_____
Length of marriage	_____	
Any previous marriages	_____	_____
Does husband have children from previous marriage? yes__ no__ If yes, how many? __		
Did you plan this pregnancy? yes___ no___		
Are you taking a maternity leave? yes ___ no___		
How long of a leave are you planning? _____		
Reason(s) for returning to work _____		

Please describe the duties and responsibilities entailed in your current professional position _____

APPROVAL SHEET

The thesis submitted by Linda S. Stern has been read and approved by the following Committee:

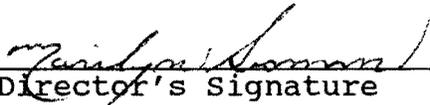
Dr. Marilyn Susman, Director
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Dr. Gloria Lewis
Associate Professor and Chairperson, Counseling
and Educational Psychology, Loyola University

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

11-17-89
Date


Director's Signature