

https://dspace.org/

Developmental changepoints: the birth of a first child

Friedman, Merle

2015-01-26
http://hdl.handle.net/10539/16767

Downloaded from a DSpace repository. https://dspace.org/

described by some of the husbands, attests to the positively perceived change that the birth of a baby brings - and so the change, per se, is less of a stressor for these husbands.

However, meaning is only one contingency factor in the transition to parenthood. The extent of the anticipatory socialization, (Brim and Ryff, 1980), also must play a role in determining the ease of the passage into parenthood, as well as other contingency factors, presented in the model of change that would change the stressfulness or difficulty of this time.

Both groups of wives view themselves as different in a similar fashion. They both speak of an increase in tolerance and maturity. Tolerance is the aspect of change that is most consistently reported. Its expression implies the difficulties and stresses involved in the transition to parenthood - as one only needs the attribute of tolerance in the face of difficulties.

Maturity also has connotations that overlap with the concept of tolerance. It is perhaps the mothering role and the demands that that role implies in terms of self sacrifice and the delaying in the gratification of personal needs that engenders feelings of tolerance and maturity in women, while the kinds of involvement that fathering generates is different.

However, what is most significant about seeing themselves as more mature, is the implication that these women see themselves as having successfully negotiated a developmental changepoint. It is interesting that it is the wives who describe the acquisition of such attributes as tolerance and maturity over

the transition to parenthood. Since these are aspects of ego development, it might be expected that those who described the acquisition of tolerance and maturity should tend to progress in ego development.

The expression of meaning was not strong or pervasive enough to counter the difficulties for some men, and it was especially the intervention husbands who found the shift difficult. They, in particular, described how their lives had become baby centered, while they and their wives found the curtailment of their social lives, problematic. This is not unexpected as feelings of isolation are characteristic of the post partum period (Leifer, 1977).

It is generally the intervention groups that appeared to be having most trouble at this time, with some of the intervention wives describing their present lives as being baby centered and difficult.

It would have been expected that the intervention groups, husbands and wives, would negotiate the transition to parenthood with less difficulty than the non-intervention groups, who did not have the benefit of a psychologically-based intervention program. From the responses it is evident that this is not the case, as it was the intervention groups who reported the greater difficulty. As the vast majority of the subjects in the intervention groups confirmed the value of the course for them, and commented on how much it had helped them over the transition to parenthood, the question remains as to why they reported more difficulty.

Although more will be said about this later, one reason may have been the deeper level of thinking and questioning of these groups. This is exemplified in their relative doubt about their future method of parenting, connected with some dissatisfaction with what they derived from their own parents. It may be that these people had questioned and continued to think about the process more deeply than the non-intervention groups. They faced the crisis rather than foreclosing on it. They were thus less sure of the way they want to parent, and also more aware, as is evidenced in their comments, about the responsibility of having a child, and the baby centeredness of their lives. Therefore having a child becomes much more serious and less fun for them.

In general, although there was a lot of positive comment, and as shown previously, the experience was seen as a good one, the intervention groups expressed more difficulty with the transition to parenthood, than the non-intervention groups.

The difference between groups in the study, as illustrated in the responses to the self-report questions, is both confirmed and elaborated in the responses to the questions and self-rating scales.

12.2.2 General Findings

Findings related to all the groups, reflecting the common experience of the transition to parenthood, will be presented, as an introduction and context within which to set the differing experiences of the intervention and non-intervention groups.

There was a general decrease in permeability inside the marriage for all groups over the transition to parenthood. A reduction of permeability is the closing of boundaries between oneself and other/s in terms of intimate contact. The implication of the closing of boundaries is a turning inwards and increased involvement with self, rather than with others. This process of turning inwards has been postulated to apply to women during the course of pregnancy (Benedek, 1959). However, this process would seem to continue at least over the early life of the child. It would also seem to apply to the husband, as both groups of husbands in this study decrease in permeability within the marriage over the transition to parenthood. It may be, that the transition to parenthood produces the same introspective process in the husbands, and is therefore a significant point in inner development for both partners in the marriage.

Another tendency in common to the groups of husbands and wives in this study, as well as in other research over the transition to parenthood, is the decrease in marital

satisfaction (Leifer, 1977; Feldman, 1967; Palicov, 1978;Belsky, 1983; Cowan and Cowan, 1983), concommitant with a sense of growth, meaningfulness, expansion of the self, and general increase in satisfaction with life (Leifer, 1977).

A decrease in ratings on the Marital Satisfaction projective test, is sometimes contradictory to self-reported increases in marital satisfaction. This may be due to the influence of social desirability, of contending that *everything*, particularly the marriage, is wonderful at this time, or alternatively, to the contamination of the experience of marital satisfaction with life satisfaction, as life satisfaction increases generally for all groups at this time.

The increase in life satisfaction is also of interest, as it is at the time of the closing of the boundaries to the marriage and the increased involvement with self and probably with baby, that there is an increase in life or self satisfaction rather than other-oriented satisfaction.

Anxiety is another element of the transition to parenthood that begs comment. The self ratings on anxiety increased for both husbands and wives during the course of the pregnancy, and peaked at the birth. This supports the findings of Leifer (1977) who described an increase in anxiety during pregnancy for women. However, it is interesting that the anxiety scores for husbands followed the same pattern. The intervention husbands, who were more focussed within the relationship, rated themselves similarly to the wives on anxiety. However, the

non-intervention husbands, who were less involved with their wives, and who rated their own anxiety lower during the pregnancy, peaked together with the other groups at the birth. Leifer (1977) also found that some time after the birth of the baby, after the period of euphoria and elation, depression and anxiety begin to set in. In this study, however, there was a continuous decrease in anxiety for all groups after the birth, although the intervention wives did tend to remain more anxious than the other groups. Anxiety level over the perinatal period, was found by Grossman et al (1980) to be one of the strongest predictors of health, behaviour and adjustment. In the present study also, the control husbands who consistently registered the lowest rating on anxiety, also experienced the transition to parenthood as least stressful. However, in this study it has been suggested that this group of husbands negotiated the transition with such ease because they were least involved in their marriages. Their detachment allowed them to be least anxious and least affected by the changes. So although the present findings support those of Grossman et al (1980), that a reduced level of anxiety in the husbands appear to have facilitated an easier transition to parenthood for both husbands and the wives, there is some doubt as to the implication of this finding in both the Grossman study, and the present study with regard to the future. In fact is likely, that the detachment that appears to accompany this reduced level of Anxiety will not auger well for the future marital

relationship. Yet detachment is seen to be helpful by other research, for example, Breen (1975) found that one criterion for successful adaptation to motherhood was the capacity of the parents to tolerate differentiation after the birth. Although differentiation is not the same as detachment, it would seem that they run along the same continuum, with detachment being an extreme amount of differentiation.

It would seem that there is some optimal level of attachment and differentiation that needs to be attained in order to negotiate the transition to parenthood successfully.

What is clear from the findings on change in this study is that all groups recognised this period as a changepoint in their lives. If this is a point of change, it may be termed a crisis, as argued previously, and there needs to be an engagement in that crisis for the individuals to successfully integrate the new identity of parent into their prevailing identities, and thus become identity achieved.

The following discussion on the two sets of couples, describes their level of engagement in the crisis as well as the level of satisfaction with their lives and marriages.

It is necessary to restate the conditions and reasons for sample selection, as it is relevant to refer to it at this stage of the discussion of the groups. Neither the intervention, nor the non-intervention groups reflected representative samples of the general population, nor were they matched. They were both self-selected groups, as it was necessary to rely upon

volunteers who responded to requests in gynaecological practices, and from newspaper articles. The self selection of the non-intervention group resulted from the decision of the husbands and wives, as to whether they were prepared to complete the detailed questionnaires, on two separate occasions.

The real difference between the groups, revolves around the characteristics of those people who are motivated to attend a course in preparation for parenthood.

Following on the discussion of the four groups in this study, in order to elaborate on the usefulness of the concept of the Transitional Space, the understanding derived from a description of an "average" intervention and non-intervention husband and wife will be presented. This description, will be placed within the context of the derived model representing the different configurations of the Transitional Spaces, and the different relationships resulting therefrom. If the model is to be regarded as valuable, it should contain, within reasonable limitations, a description of an average member of each of the four groups, and a resulting marital configuration, that should be predictive of the dynamics of each couple.

The typical husbands and wives in each group will be related to the individual, couple and predictive configurations that appear in chapter 3 and in Appendix A and C

12.2.3 Non-Intervention Wives

The mean levels of responses obtained for this group is typical of what might be expected from traditional women, who can be extremely accommodating and good within the marriage, but with little confidence to face the world outside.

At the time of the pregnancy, they are involved in the marriage. This view is supported by their responses on various scales. Firstly, they reported the highest levels of enhanced commitment and crisis-facing within the marriage - although this was not significantly different from other groups. These increased levels may be because the new pregnancy has given them new energy and hope to commit themselves to a marriage that has not been particularly satisfying for them. It is as though, with the advent of pregnancy and the anticipation of a child, there has arisen some meaning for the marriage. There is also a particularly enhanced flexibility in the marriage, another indication of a feeling that successful intimate adjustments can be made. On the other hand, the mean level of scores on crisis-facing and commitment to the outside world are lower than that of the intervention wives, further indicating that they are less invested in the outside world, but have directed their energy within the marriage.

Despite their focus on the marriage, these women relate relatively well to others in the outside world, although not as well as the intervention wives who are generally more focussed

outside the marriage. They are substantially above their husbands on both permeability and flexibility with regard to the outside world, evidence of their more accommodating manner both within their relatively difficult and perhaps one-sided marriages, and with the outside world.

These women feel more satisfied with their lives than the intervention women. This is an notable aspect, as the lives of the intervention wives would certainly appear more interesting in terms of their outside involvements. However, it may be that, whereas the intervention wives are attempting to realise their identities in the outside world, a fairly formidable task for a woman, the non-intervention wives have probably foreclosed on the identity of wife without much stress. Although their marriages are less rewarding, they have the sanction of societal mores for the focus of their lives, and thus may feel more content with their lives in general.

The new baby seems to satisfy their needs, and they invest their energy in the mothering process. Satisfaction is implied by the lack of stress that is evidenced in little change on the Loevinger Scale of ego development. In addition, little stress was shown on the life satisfaction scale, and they reported the least difficulty in the shift to becoming a parent.

Winnicott (1956) describes how the mother should be so deeply involved with the life and needs of the infant that she almost excludes the outside world in the first months of the baby's life . However, as important as this early relationship

is, it is also essential for the development of the infant and for the continued health of the marriage, that the mother begins to disengage from this enmeshed relationship as the infant becomes able to signal his/her own needs. So, with respect to the early needs of the baby, the non-intervention wives are responding well. However, in terms of the marriage, their mean level of response be problematic, reflected in how unaccommodating they have become within their marriages by the time of the second testing.

While becoming very involved in the role of mother, they withdraw their energies from the marriage. The research findings that women tend to be more involved in their marriages than men (Bernard, 1973; Hawkins et al., 1980; and Assor and Assor, 1985), are certainly true for the non-intervention wives and husbands at the start of the pregnancy. However, what has been interesting in this study, is that the non-intervention wives withdrew their focus from the marriage *during* the transition to parenthood and focussed internally and towards the infant. Their identity is still focussed away from the outside world, away from their husbands and towards the baby. Support for the conclusion that these women withdrew from their marriage, is contained in the evidence that they were not in touch with the need level of their husbands and their husbands were also out of touch with them. They dropped with regard to commitment and crisis-facing within the marriage, in fact were the only group to decrease in crisis-facing, and also decreased most on measures of intimacy in the marriage.

It is as if these women were seduced away from a relatively unsatisfying marriage, to motherhood. They move in the direction of either identity diffusion or foreclosure. It seems that they tend towards foreclosing and accepting the prescribed role of motherhood without either questioning or facing it adequately. It may be predicted that this group will have the most trouble in the future, as although the experience of becoming a mother has been enjoyed by them, the identity issues of wife and motherhood have not been faced and dealt with. They tended to have foreclosed on the identity as mother, and the question of whether they will be equipped to deal with the responsibilities of being both wife and mother remain.

It appears as if these women do not regard their movement away from the marriage as anything unusual. In fact for them it must be the natural order of things, as they do not evidence any further deterioration in their marital satisfaction. This perspective is totally consistent with the traditional foreclosed identity of mother. The movement away from wife/woman to mother is a well recognized transition, both from the point of view of husbands and wives. Its pathological extreme is illustrated in the Madonna Complex, where a husband can no more see his wife in a sexual context.

Despite the withdrawal from their marriage, these women are happy about their marriages, in the sense that their husbands are more centered towards the family, and they perceived an improvement in such aspects as communication, conflict

resolution, support for each other, ability to handle stress, and the stability of the marriage.

The extra confidence that these wives get from motherhood, gives them a greater ability to face the outside world, and there is a large rise in both crisis-facing and commitment scores outside the marriage. Perhaps the confidence that comes from seeing oneself as a competent mother will give one a stronger sense of identity in the outside world, particularly for this group that did not start off with a strong identity in this world. Thus for this group, it is motherhood that is the pivot of their identity. This represents both a strength, and a weakness. It is when a dyad of mother and baby is created, which excludes the father, that problems in the marriage will start to develop (Bowen, 1976).

What may be said about the non-intervention wives then, is that they perceived the transition to parenthood to be positive and negotiated it without difficulty. However, this group does have its present problems, and the potential for problems in the future. The problems lie in the area of foreclosure on the identity of motherhood. As motherhood is the pivot of their identity, they exclude their husbands from the mother-baby dyad. Bowen (1976) describes the danger of an alliance between one parent and the child, with regard to the marital relationship. From the child's perspective, this enmeshment is healthy in the beginning, however, as mentioned previously, it is just as important that the mother begins to disengage from

the child at the appropriate time. If she does not, and there are signs that many will not, as the child is the focus of their lives to the exclusion of her husband, then it will also be problematic for the development of the child (Winnicott, 1971).

In terms of concept of the Transitional Space, the non-intervention wives typically match the description of the personality described in Diagram 2 (chapter 3) which reads as follows,

> This person had all the potential, in terms of the right context in early childhood, yet has failed to develop. There are flexible and permeable boundaries, thus allowing for the option of true intimacy; however, because the space available for overlapping is so limited, reflecting retarded ego development, even though intimate, the relationship will be very limited in depth. This kind of person will probably be reasonably happy, with reasonably good relationships and a foreclosed identity.

It is represented by the following diagram



Fig. 23 : Transitional Space of Mean Non-Intervention Wives

12.2.4 Non-Intervention husbands

The non-intervention husbands were self involved at the start of the pregnancy. They started low an anxiety, and reported little anxiety over the course of the pregnancy. Although they peaked at the same level as the other groups at the time of the birth, they dropped immediately after the birth to again become the

group reporting the least anxiety. Anxiety around the pregnancy usually is concerned with the welfare of the wife, and anxiety around the time of the birth, concerned with the welfare of the baby. The lack of reported anxiety of the husbands would suggest a detachment from their wives.

Added evidence for their self involvement comes from their relatively high scores on crisis-facing and commitment outside of the marriage. These high scores suggest that the husbands are strongly committed to their careers/leisure activities, outside of their marriages. It is suggested that many of these men know where they are headed. They will brook little interference in their plans, even from their wives, as they have the lowest scores on permeability and flexibility.

The non-intervention husbands changed least before the pregnancy on commitment and crisis-facing in the marriage. They also had low initial permeability and flexibility within the marriage. This group was all round lowest in permeability indicating a lack of closeness or capacity for closeness. The level of permeability would lead one to expect that they would have marriages that are neither close, intimate, or very fulfilling for either partner. This is confirmed by their low scores on the marital satisfaction scale.

The advent of the baby, although regarded positively, did not improve the marriage. The husbands have the lowest score on marital satisfaction, despite their denial that their sexual relationship deteriorated. It is possible that an element of

defensiveness is operating with respect aspects of their marriage. Note: they were the only group who reported that their sexual relationship had *not* deteriorated over this period. It is fairly well accepted and expected that there will be a decrease in sexual activity and satisfaction over the transition to parenthood (Cobb, 1980) and the non-intervention wives have acknowledged that this was so. If they have denied the deterioration in sexual relations over the transition to parenthood, perhaps it was important to them to deny other negative aspects. On the other hand, perhaps the ripples of wonder and excitement at the birth of the new baby and the advent of fatherhood, plus the strength of the mythology around the joys of parenthood are enough to provide the context for seeing this period in such a positive light.

Further evidence that the birth of the baby did not improve the marriage is the husbands report that their wives were pulling away from them, and they in turn felt less dependent on their wives.

Like all the other groups, the non-intervention husbands become less intimate in the relationship, with both permeability and flexibility falling. Even though the fall is not unusual, since they started reasonably low, it is still damaging.

What may be said about the non-intervention group of husbands, is that they dropped steeply in flexibility inside the marriage. So, despite the fact that they tend to be more strongly identified within the marriage or family than they had

been, they are less easy to live with. It would seem then, a strange thing happens to some couples at this time in their married lives; they become less close to each other, and yet although there are changes, they report the experience to be positive. It is a sign of the enormous significance that having a baby has in the life of parents, that despite the apparent drawing apart that may have previously been experienced as very traumatic by them, this period in their lives is experienced with such positive valence. Since they are less permeable in their relationships with each other, the increase in satisfaction in their lives must come less from the marital side than from the meaningfulness that is now added to their lives by the advent of becoming a parent. So it is a personal satisfaction with life, rather than a mutual and shared one with their marriage, that is reflected at the time of the transition to parenthood.

It would appear from the slight rises in crisis-facing and commitment in the marriage, they attempt to relate to the baby. Nevertheless these attempts at closeness were only with respect to the "easy" side of parenting. They seem not to involve themselves with the trauma of the baby, as although they generally acknowledged the changes in their lives as more than moderate, they did not report them as being stressful. While there was a distinct lack of comment from them on the changes, possibly indicating that there was really little change, the comments they did make were almost solely positive comments,

reflected in statements such as "There was no real change, just fun!" Some non-intervention husbands did, however acknowledge the difficulty of the early weeks or months of the baby's life. It is the added meaning that they feel in their lives that was the most consistently expressed comment.

Their self involvement and the deterioration in the marriage does not mean that the baby's birth is negative for them, or that aspects of the marriage aren't better. In fact they show a greater commitment, and similar to other groups, greater crisis-facing in the marriage. Over the transition to parenthood, with regard to the increase in scores relating to commitment and crisis-facing, it may be said that the stressed meaningfulness of the experience of fatherhood enabled these men to find more of their identity within the family.

Consistent with the rise in crisis-facing and commitment within the family is also the reported improvement in communication, support, stress and stability. They saw particularly the stability of their marriage as having improved markedly, in concordance with their wives. It may be that for them, the birth of the baby enabled them to commit themselves much more meaningfully to the idea of being "family men", so their perception of the stability of their marriages would improve at this time. It may be speculated that they are less "married men" than "family men".

In fact for the non-intervention husbands, the baby's birth has given life added meaning and has drawn them into the

family. In line with the increase in commitment within the marriage, there is a decrease in commitment outside of the marriage. Although commitment outside the marriage remains high, this is the only group in which it drops.

The increase in flexibility outside of the marriage, shows that the baby has made them more receptive. It may be speculated that as these men gained in identity and confidence at becoming fathers, they became more generous towards other people generally. However the increase in permeability and crisis-facing outside of the marriage indicate that their continued focus remains mainly outside of the marriage.

These men ended up highest on life satisfaction, after starting very low, confirming that the birth has indeed added meaning to their lives.

The non-intervention husbands typically match the the personality described in Diagram 3:

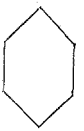


Fig. 24 : Transitional Space of Mean Non-Intervention Husbands

reading as follows:

> The boundaries of this person are rigid and impermeable, yet despite this, there has been the opportunity to grow and develop. Because this growth has taken place without the kind of human interaction that is desirable, there is the *element of mutuality* that is missing from this kind of person. They do see many options and are creative, but only

within the bounds of their own framework, and there is little capacity for true intimacy. This kind of person is often autocratic, dominant and egocentric, and can be found among many successful business people who call themselves "workaholics". They would have a tendency toward identity achievement.

The tendency toward identity achievement would cover that aspect of identity that deals with the outside world. In the description of the non-intervention husbands they were said to have a foreclosed identity as father. This can realistically be so, for if they foreclose on their parental identity, and accept the "traditional" model, then it becomes unnecessary to "waste" time and energy dealing with, and working on their identity as fathers. They can concentrate time and effort on the outside world, which is what they do.

12.2.5 Intervention Wives

At the time of the pregnancy, the intervention wives were reasonably oriented toward the outside world. Evidence for this outward orientation comes from the following: They rated as more committed and crisis-facing with regard to the outside than their husbands. They were less flexible, and thus more goal-oriented than anybody else, and also less permeable than the non-intervention wives. Lastly, they show a lower improvement in commitment in the marriage at the start of the pregnancy, compared to their husbands.

At the same time, there appears to be for them, a looming

anxiety. This is shown by the slightly higher anxiety scores that they have during the pregnancy, relative to the non-intervention wives. Also, the fact that they came to the course is added evidence that they were concerned about what would happen over the transition to parenthood. Their anxiety is directed toward dealing with the crisis; they are used to facing crises in the outside world as their scores attest. They also rate highly on crisis-facing within the marriage.

This anxiety continues after the birth. The stress causes some in the group to drop on the Loevinger Scores. In fact 50% regress on the Loevinger. They also rated themselves as consistently the highest in anxiety on the self-report, while 27% indicate high stress due to the birth of their baby. This stress is further emphasized by the nature of their comments on the birth of the baby. It was the intervention wives alone that wrote about the difficulties of this time. Thus we see that it is the intervention, rather than the non-intervention, groups who had greater difficulties with the transition to parenthood, despite the courses that they attended. This may be, either because the intervention groups had difficulties to begin with and thus selected themselves to attend a course designed to help them through this period, or, that the course, as it freed up a lot of feeling and awareness in the participants, allowed them to be in touch with the feelings they may have defended against in the first place. As the majority of people expressed the opinion that the course had been of great help to them, it would

be interesting to know how this group would have coped had they not attended the course.

While recognizing the difficulties, many stated "we are not living our lives, but the baby's". These women, also spoke very positively about becoming mothers. They spoke of gaining tolerance and maturity, which were almost solely women's responses. They also described the added meaning now in their lives.

In terms of Marital Satisfaction, this group started off the highest, indicating that the "non-traditional" type of marriage that they had was gratifying for them. However, their marital satisfaction decreased markedly over the transition to parenthood.

Final evidence of their continued anxiety was their attempt to maintain commitment outside of the marriage, as if they were trying to hedge their bets in life.

These women struggle in their relationship outside the marriage while trying to straddle between the marital and outside worlds. This is evident in the nature of their comments on the transition to parenthood, such as the baby centeredness of their lives and the fact that they are now living the baby's life, rather than their own.

It is interesting also that their level of commitment outside does not reduce over the transition to parenthood. This would imply that many were still identifying with their work role and intended to return to it, which they all stated.

Outside of the marriage, this group was considerably higher than the non-intervention wives and even higher than their own husbands in their crisis-facing at the start of the pregnancy. This aspect decreased markedly over the course of the transition to parenthood, so that at the end they were the least crisis-facing group. This would imply that they although they had started off as being very involved in things outside of the marriage, specifically their careers, during the course of the pregnancy they turned away from these involvements, possibly lost some confidence in their ability in the outside world, and were more crisis-facing within the marriage.

This group dropped, not atypically, in intimacy outside of the marriage, but still remained high in this and in permeability, which would suggest a continuing receptivity to the outside world. This would be consistent with the notion, that this group were very career oriented and thus had focussed much of their energies in terms of relationships in the work situation.

Other evidence of the difficulties of this struggle for the intervention wives, is their rating of life satisfaction, which is the lowest of all groups.

The struggle in the outside world is somewhat counterbalanced by changes in the marriage. It would seem that this group, who directed less of their energies into the marriage, are now turning more into the marriage than before, They were the only group to show an increase in flexibility in

the marriage. They also increased in crisis-facing, thus becoming more problem solving and accommodating within the relationship. Although they drop less in permeability than the non-intervention wives, this is more than their "understanding" husbands. They thus became intimate in their marriages and either withdraw more inside of themselves or towards the baby, in confirmation of the perspective of Benedek (1959).

The effort that they are putting into their marriage, suggests that they value their marriage, as well as their family, and that they always did. Putting the baby in the centre of their lives is indicative of that. However, the baby-centeredness of their lives also appears to be a concern for them. It is the tentativeness of the career-orientation of the non-traditional wife that must make the advent of a baby a threat to her possibly fragile working life. Also, the baby must disrupt the closeness of the relationship between her and her husband. So on both levels, even though the baby might have been both a planned and a happy event, it nevertheless poses a threat to her way of living her life.

A large increase in life satisfaction at the time of the marriage, reinforces the conviction that the marriage is of value to them, as the increase must be directly related to the marriage. And it appears that their marriage works well, as their husbands are both secure and trusting enough of them to become increasingly permeable and flexible within the marriage. Unlike the non-intervention groups, this group do not note the

major improvement in marital communication, solving of conflicts, and the joint handling of stress. Nor do they note a major improvement in the stability of their marriage. The lack of noted improvement of these aspects may very well indicate that those things were already good for them in their marriages, and so there was not as much room for improvement in their marriages as there was in the non-intervention group. They also reported on the meaning that the baby had brought into their lives, and spoke very positively about becoming a mother.

Further evidence for the value their marriage has for them, is that the intervention wives started with the highest score in marital satisfaction, and ended well above the non-intervention wives, although there was some decline in the final score on marital satisfaction. The decline in marital satisfaction scores confirm the findings of Grossman et al (1980) and Palicov (1971). They suggest that the decline in marital satisfaction arises from, amongst other things, their new parental roles being in conflict with their other roles, such as occupational commitment. The lack of adequate guidelines for adjusting to this period result in concentration on the baby at the expense of devoting more time to each other.

In all, this group engage the crisis of the transition to parenthood, and although this makes life more difficult for them at the time, less predictable, less safe and less contained, their engagement in the crisis will produce a more realistic and rounded resolution than the groups who foreclose on the identity

of motherhood or fatherhood. The sense of ego identity that is derived from the engagement in a crisis is well described by Erikson (1980),

> Thus, self-esteem, confirmed at the end of each major crisis, grows to be a conviction that one *is learning* effective steps toward a tangible future, that one is developing a defined personality within a social reality which one understands.
>
> (p. 95)

What is evident from viewing the intervention wives, is that they are in the process of engaging in the crisis, and dealing with the difficulties of the process. This observation reconfirms the perspective proposed by White (1977), that adaptation to change *takes* place over time and is not achieved quickly or easily.

There are potential problems for this particular group of women, in that inasmuch as they are engaging in the crisis, there is no assurance that they will resolve the crisis in an optimal manner. They might even resolve it in terms of a negative identity. In fact with the strong force that discounts the value of motherhood in favour of careers in the present, there is a strong possibility that these women may be less than adequate mothers to their children, and wives to their husbands.

The non-intervention wives fit fairly well, if not exactly into the personality type in diagram 5: This configuration has boundaries that alternate between being rigid and impermeable, and not having boundaries at all. The illustration therefore depicts fractured boundaries. This type of person oscillates

between "wonderful" expansive enmeshing intimacies, and isolation. They may have progressed fairly well along the continuum of ego development, however, there is a quality of instability about their life.

One could probably place this person in the identity status of diffusion, but there is strong tendency to often be in moratorium from one status to another. This person may be very creative, but there is a sense of brittleness or explosiveness about them. It is represented by the following diagram:



Fig. 25 : Transitional Space of Mean Intervention Wives

There are some reservations about this type as representing the intervention wives. There is certainly validity in the back and forward movement, in and out of the relationship. However, the question remains as to whether these women are forced into this position in terms of the constraints both society and her womanhood place on her, or whether she choose this non-traditional role that is still tied to many traditional values, reflecting her own issues.

12.2.6 Intervention Husbands

The intervention husbands were reasonably satisfied with their marriage, with a higher mean Marital Satisfaction score than the non-intervention husbands (difference is not significant); and a higher life satisfaction score than their own wives and the non-intervention husbands.

These are signs, but they become additionally involved in the marriage when the wife is pregnant. There was a large increase in commitment in the marriage, compared with the wives and the non-intervention husbands; a slightly bigger increase in crisis-facing than their wives; and a bigger increase in intimacy, that is flexibility and permeability at the start of the pregnancy (few of the differences are significant, but the overall picture is consistent). The involvement of the intervention group in their marriages is understandable when one views their permeability on the Relationship Change Scale. Of all the groups, the intervention husbands are the most permeable, that is they are the most capable and susceptible to intimate relationship within the marriage, both at the start of the study and at the end. And although they decrease in permeability over the course of the transition to parenthood, as do the other groups, they remain the most open to intimacy.

The intervention husbands become anxious about their wives and/or baby during the pregnancy. At the start of the study

this group had the highest score on anxiety, an affirmation of their involvement with their wives, as anxiety at this time in the pregnancy is most probably related more to concern for their wives than for themselves or the baby. Their anxiety during the pregnancy also showed itself in their scores on the life satisfaction scale, where they reported the lowest satisfaction with life during the pregnancy. Also the low permeability outside of the marriage, together with the compensating increase in permeability inside the marriage, illustrates the level of concern for their wives.

However, although they can cope with the outside world, these men become less committed to it at this time. Although they are the group with the highest mean flexibility, and they are reasonably crisis-facing - indicating an ability to accommodate and cope in the outside world, while at the same time they have lower mean outside commitment, and low outside permeability.

After the birth of the baby, these men begin to relax a little, showing lower anxiety than their wives, who are left with their own problems, as well as reporting that their ability to support each other is much improved.

These men experience a great deal of difficulty over the transition to parenthood. This is the group where most admitted that the changes in becoming a parent were larger then moderate, and had the highest number to admit that the transition had been stressful.

They commented on the curtailment of their social lives, described how their lives had become baby centred, yet also spoke of the added meaning in their lives since the birth of their baby.

The effect of the extensive focus of the intervention husbands on the marriage, is likely to be the cause of distress and difficulty over the transition to parenthood. Falicov (1971) relates the experience of parenthood as a crisis, to the result of the frustration of opportunities for psychological intimacy, companionship and sexual fulfillment, in couples that had close, intimate and empathic relationships. As discussed earlier, Breen (1975) found the one criterion for successful adaptation to motherhood was the capacity of parents to tolerate differentiation in their partnership after birth. The non-intervention group were differentiated from the start. The intervention wives were focussed outside of the marriage as well. It was the intervention husbands whose focal source of gratification was most toward the marriage. This is non-traditional, and an aspect of the changing roles and expectations in today's world.

After the birth, the intervention husbands put more energy into the outside world, in the sense of becoming noticeably more committed; remaining reasonably flexible; and becoming more permeable to the outside world. It would appear that the experiences that are part of the transition to parenthood do open them up to the outside world. Nevertheless, they are

still much less outside identified than the non-intervention husbands, but become more outside identified than their own wives. It would seem that at this point in their lives and the lives of their family, the intervention husbands have permission, or as a result of the difficulties, are pushed to look toward the outside world.

The outside involvement does not occur at the expense of the marriage, and this may be seen by the fact that these husbands increased more than anyone on crisis-facing in the marriage. Also, while their level of commitment stayed the same, at the second testing, they end higher than other groups, compared to before the pregnancy. They also maintain their flexibility at home. This accommodating manner would certainly make them easier to live with.

Further evidence to support the contention that the outside involvement does not compromise the marriage of the intervention group husbands, is that, although permeability drops a little within the marriage it still remains very high; also their marital satisfaction drops little, which may be a function of their preparedness to adjust and their understanding of the changes within the context of the particular structure of their relationship, together with their aforementioned high level of flexibility.

It is interesting that with all the negative elements reported, had a baby not been born, these people would probably report a crisis in their marriage. However, the birth of the

baby changes it, and in fact they report an increase in marital stability under these conditions. Thus certainly for the beginning of parenthood, the excitement and wonder of having a child as well as being prepared for the changes, more than balances the difficulties of this time.

The intervention husbands are represented by the personality type described in diagram 1: a person where the boundaries are flexible and permeable, thus having potential for true intimacy, the size is large and roomy, thus denoting advanced progress along the continuum of ego development; and the content of this particular kind of ego space would tend towards identity achievement. This type is represented by the following diagram:

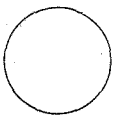


Fig. 26 : Transitional Space of Mean Intervention Husbands

12.2.7 Couples

As in this study the interest lies beyond the individuals alone, and with the dyads as well, it is necessary to examine the interactional dynamics within the dyads. It would be most

useful to approach the couples on the basis of the type of relationship that was predicted with respect to the configurations of Transitional Spaces that they seem to have.

12.2.7.1 Non-intervention Couples

The non-intervention groups are characterized by the combination of diagram 2 representing the wives and diagram 3, representing the husbands. The resulting configuration is that called Type 6, (Appendix A).

This relationship is illustrated below with a description following:

Type 6 (2*3)

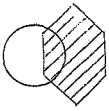


Fig. 27 : Marital Configuration of Mean Non-Intervention Couples

This relationship is in some ways similar to Type 3. However, in this relationship, partner (a) has a lower level of ego development. This relationship would probably be a merger. Partner (b) autocratic and directive, and partner (a) taking the directives and adapting.

This description fits the non-intervention group and the pattern of their relationship, rather well.

Further, another description and prediction was made, of the projected manner in which each couple would negotiate the transition to parenthood. Thus Type 6 was

	Boundary Quality	Ego Development	Identity Status
(a)	Good	Low	Foreclosed
	*	*	*
(b)	Poor	High	Achieved

Comments:.

(a), with the foreclosed identity status and good capacity for contact, will take the major parenting role and adapt to the autocratic directives of (b) and the demands of the parenting role, with some, but no major difficulties.

It seems that the non-intervention couples really did represent the traditional old-style marriage. They did not have a good relationship at the start of the pregnancy, with the husband detached from the wife and involved in his world of interests and career, while his wife felt dissatisfied but did not have the confidence or possibly the desire to see herself as anything more than a wife. This is irrespective of whether with childcaring and *aspects of motherhood*, while withdrawing even further from the marital relationship. The fathers, were drawn in from their detached position by the advent of the baby, however, they were drawn into the family, rather than into the marriage, and saw themselves primarily as fathers rather than as family men. What is evident, is that despite

the ease of the transition to parenthood, and the probably good very early developmental life that will be the lot of the baby, there are potential problems for the future.

If their marriages continue on separate paths, the couples, many of whom already have little commonality within their relationships, will drift further apart. One of the only things in common for them will be the children.

If the father continues to be so involved with the child, as mentioned previously, this may be detrimental for the child, particularly as the mother may be trying to get her needs met through the child.

The best way for this family to be directed is toward working on the marriage, and trying to help them create a fulfilling partnership, thus becoming better spouses for each other, and building up a larger reserve of personal fulfillment, and so become better parents to their children.

12.2.7.2 Intervention Couples

The couples in the intervention group correspond to the configuration Type 4 (1*5).

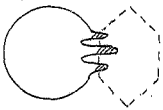


Fig. 28 : Marital Configuration of Mean Intervention Group Couples

Partner (b) in this relationship has great shifts between the need for ermeshment or merger alternating with the need for isolation. This relationship will have great and meaningful highs as there is a good deal of ego development and the ability for merger, but it will be a very erratic type of relationship, with partner (a) providing the anchor and stability for the more eccentric partner.

The prediction of the manner in which this type of couple would negotiate the transition to parenthood was as follows:

	Boundary Quality	Ego Development	Identity Status
(a)	Good	High	Achieved
	*	*	*
(b)	Poor	High	Diffuse

Comments:

Again, (a) will do the adapting, and negotiate the dificulties well, with little support from (b) who will remain involved in his/her world. There will, however, be wonderful moments of togetherness and highs in the family, as well as some periods of extreme isolation and loneliness.

The intervention couples, as distinct from the non-intervention couples, were non-traditional. In these couples, it was the husbands who became very involved in the marriages at the start of the pregnancy. Since these men were high in their capacity for intimate contact, that it may be assumed that they were close to their wives beforehand as well. Their concern and involvement with their wives over this period

is close to the ideal. Their wives, on the other hand, also being non-traditional, were more involved in their careers and the outside world. It is as though their husband's care, concern and support gave them the impetus to move outside of the marriage, and fulfill themselves in their careers. With the advent of the baby, the husbands were already involved with the marriage and the family, so their wives retained the "permission" to direct a lot of their energies outside of the marriage. Their attempts to straddle the two worlds is problematic for their wives, and they experience the transition to parenthood with some difficulty. Their husbands also have some difficulty over the transition to parenthood, and this is understandable considering the confusion of their wives. At the second testing, the intervention husbands have begun to direct their energies to the outside world and become less involved in the marriage. There is a question as to the reason for this move. Do they, on reflection, decide that it is time to move their major energies out of the marriage, as the critical period of the transition is over? Or do they, as a result of the difficulties experienced over the transition to parenthood, withdraw somewhat from the relatively demanding arena of the marriage, into the safety of the outside world, which may seem less stressing and potentially more fulfilling on a personal level?

There is no evidence to support either of these contentions. However, what is clear, both from the results and from the way

they fit into the typologies in terms of the concept of the Transitional Space, is that the intervention wives move in and out of the marital situation, and depend for their ability to do what they need to do, on the very solid and healthy support of their husbands. What is true for both husbands and wives in this group, is that they are not trying to avoid anything, but are engaging in the crisis and attempting to work out a successful resolution to the changes in their lives. Although they experience a more difficult time over the transition to parenthood, their natural engagement in the crisis will give them a better chance in the future, in terms of being good partners for each other and parents to their children.

In summary, a general observation of the transition to parenthood from this study indicates that there is a point in the early life of the infant, that two things happen. Firstly, there is the level of excitement and joy, facilitated by the mythology of the wonder of this time, and the positive set described earlier.

Paradoxically, at the same time, there is at some level, almost a breakdown in marital functioning. Sex, for example, for most couples has deteriorated, or may even be non-existant at this time. Both partners are putting a great deal of energy and nurturing into the baby, as described in the family systems model of ego states (Friedman and Shmukler, 1985), and being deprived in terms of their own needs. The generally acknowledged and significant decrease in permeability for all

groups over the transition to parenthood is both the cause and the effect of the new focus in energy and nurturing. And both the withdrawal of energy from the relationship, and the decrease in permeability is reason enough for there to be a significant decrease in marital satisfaction.

The decrease in permeability within the relationship, as well as the decrease in marital satisfaction, could represent a passing phase for the couple. As the needs of the baby become less compelling and exhausting, and the mother is able to withdraw slightly, so she should become more available for her husband in the marriage. As the husband becomes easier with the new responsibility, and also less anxious about the baby, he too should become more available to his wife for her nurturant needs; and thus the beginnings if the reinstatement of the marital relationship.

However, if the marriage relationship was not solidly based to begin with, or if the pattern of overinvolvement with the baby continues, there will certainly be ensuing problems for those marriages.

Part 2

12.3 Intervention

In this part of the study, an intervention was derived in "Preparation for Parenthood". The form of the course is described previously and the content is presented in Appendix G.

As the groups were not matched groups, a statistical evaluation of the intervention was not conducted. However the course was evaluated from two aspects; firstly, there are the self report responses to the questions concerning the course and secondly, in the light of the findings in the study.

The evaluation of the course from the self-report responses will be discussed briefly below, whilst the evaluation of the course in the light of the study, will be integrated into the findings describing those couples who attended the course, (the intervention group), and those who did not attend the course (the non-intervention group).

The course was evaluated by the participants about nine months after it had ended. Various questions were asked both about the course itself, and about the usefulness of the course, in terms of the period that the individual were just negotiating.

On the whole, the responses were very positive and affirming of the need and value of having such a course.

In response to the question as to whether they thought they were coping differently than they would have had they not

attended the course, 80% of both the husbands and wives reported that they were coping differently. On being asked to elaborate on the differences, the most common response concerned greater awareness - of themselves, each other, the needs of an infant, and of the situation they were entering. They commented that they were better prepared for the changes that took place as a result of the advent of a child in their relationship, and that communication between them had improved. There was a consistent pattern in the responses of the husbands and wives, which was also consistent with the aims of the course.

Despite the stated value of enhanced awareness, both the husbands and the wives stated that the most useful area dealt with was that of communication and conflict resolution. They responded particularly positively to the aspects of Transactional Analysis that they learned as a basis for understanding the dynamics of their personal functioning, their relationships, and their areas of conflict.

It would appear that the cognitive map of personal and relationship functioning, from the understanding gained from Transactional Analysis, together with its development into the area of communication and conflict resolution, is perceived as both useful and valuable by couples living through, and anticipating the changes in, their relationship that are inevitable with the transition to parenthood.

Both husbands and wives commented on the importance their [illegible]nding of the changes that took place in the transition

to parenthood, had played in their ability to cope with the difficulties.

The Family Systems Model, derived by Friedman and Shmukler (1986) as a development of the ego states in Transactional Analysis (Berne, 1961) also provided the couples with a clear understanding of the inevitability of change, and the likely directions the changes would take. It was only after the presentation of the model, that they understood the inevitability of change, and became accessible in the discussions about changes in the

The group experience played an important role in their perception of the intervention as valuable. It was knowing that they weren't the only ones experiencing the problems, and that others understood their position, that was meaningful to them. What is of interest is that husbands and wives responded similarly. There is a great deal of evidence that group experiences and support have long been recognized as providing an excellent context for people negotiating similar life events or experiences. The responses in this study, similarly add to this evidence.

In response to the question as to what was least useful in the course, the vast majority of both husbands and wives (11/15) said - "nothing!" It was only the questionnaires that they answered for the study, and were not given feedback on, that drew some negative comment.

The extremely positive report from the vast majority of the

husbands, most of whom admitted that they had been resistant to coming in the first place, was indicative that the course had appealed to them. Over 80% of the husbands and 100% of the wives said they would recommend the course to their friends.

To note some of the aspects that individuals felt were inadequately dealt with, or missing from the course, would be very useful in the planning of future courses. Preparation for the hospital experience; case studies of common problems and ways of dealing with them would appeal to both husbands and wives.

Another aspect mentioned is more post-course contact. As most of the problems have not arisen during the pregnancy, but will arise after the birth, it would be considered useful to meet with the couples about once a month for the first four months, or for as long as they require, to refresh their memories as to their newly acquired coping skills, and deal with the problems as they arise instead of merely anticipating them.

In summary then, despite some criticism, the course was seen by the participants to be both enjoyable and useful for them in the negotiation of their transition to parenthood.

12.3.1 Thoughts on an Intervention as a Result of Findings in the Groups

On the basis of the knowledge gained from the manner in which each group negotiated the transition to parenthood, it is

necessary to reformulate aspects of the course. These thoughts on reformulation will be presented together with the suggestions from the intervention groups as to what they would have liked more of or differently in the course.

It must be noted that the couples in the intervention group are *not* representative of all possible types, and that many other different types of people would probably attend courses, if they became as popular as antenatal education. However, as information is available only from those who were in the study, it forms the basis of improving the course and making it as relevant as possible.

Many of the non-intervention couples do not have what may be considered, a good marriage. They live parallel rather than intimate lives, and although couples often report an increase in life satisfaction, they do report a decrease in satisfaction within the marriage, which is already poor. For these people, it is essential to teach them the value of a good marriage, and to emphasize the implications of a good marriage in terms of its effects, both on the resultant capacity for nurturing, and in setting a growth-promoting environment for the children. It would be of value to help them begin to open up and attempt to become more permeable, thus more intimate with each other. They need not only communication skills and skills in conflict resolution, but also both the understanding, in terms of theory, and practice in opening up to each other and allowing the other in exercises in permeability. They would benefit from an

understanding of the long term effects of detached husbands, both on the wives and on the children, and they would also benefit from understanding the problems that will result for the child from continued enmeshment between mother and child beyond the early months of life.

Other important information for these couples would be about the other problems that might typically arise in the familial configuration of the mother-child alliance, with father left out. Further problems would arise resulting from the parentification of the child and the attempts on the part of the parent, usually the mother, to get her needs met from the child instead of from her husband.

What becomes important is to teach the couples the value, and provide them with the skills, to create and maintain a good and healthy marriage, not only for the sake of long term marital satisfaction, but also for the sake of creating a healthy environment in which to bring up children.

From the intervention group, the main problem lies in the difficulties the wives have in trying to straddle the two worlds, outside and inside the marriage. Engagement in the crisis is a healthy position. What is important for the intervention wives to know, contrary to the non-intervention wives, is how essential the real presence of the mother is in the early years of the child's life, for the healthy development of the child. It has been made very clear, from the work of Winnicott (1971), Erikson (1978) Mahler et al (1975) and others,

that the continued presence of a committed mother is essential for the healthy development of the child.

Another aspect that may be of value to teach very clearly, is an understanding of the process of the transition to parenthood, and its implications. Particularly for the intervention husbands, is an appreciation of the importance of differentiation in the negotiation of the transition to parenthood. That is, that couples who are very intimate should learn how to differentiate from one another, to become a little more self reliant and not to expect each other to meet all their needs. This is the total antithesis of what was presented in the course, and rather a surprising point to reach. Yet, in terms of the findings in this study, which support earlier findings, some detachment makes for an easier negotiation of the transition to parenthood.

Briefly, other additions to the course that were suggested as possibly useful, are, case studies, where the group is invited to discuss and comment on a particular scenario; financial planning - an aspect of concern for most young couples at this time in their lives; and further development of the communication skills.

In short, once one has an intervention based on sound psychological principles designed for this period, one is filling a need, and besides which many people both wanted and enjoyed it.

12.4 A Final Reformulation of the Concept of Change over the Transition to Parenthood

On the basis of the findings in this study, the entire conceptualization of the transition to parenthood begs rethinking.

On the basis of the difference between the two groups and the way they experienced this period in their lives, it is clear that the non-intervention group, who are traditional, perceive the transition to parenthood as a change, which is not considered stressful. What has been understood in this study, is that these groups have foreclosed on the identity of parent, and incorporated the identity of parent into their existing system, in an assimilative manner (Whitbourne and Weinstock, 1979). That is, they attempt to assimilate parenthood into their existing structures without essentially changing them.

On the other hand, the intervention group, have had a much more stressful time over this transition, and experienced much more difficulty. In terms of the Eriksonian theory of identity achievement, their responses to this process, illustrated by the simple fact that they attended the course, implies that they are engaging with the crisis in a healthy and growth producing fashion, or by accommodation (Whitbourne and Weinstock, 1979).

A question remains as to why, if this is the "healthy" route, should there be added stress for these people?

On the one hand there is the previously mentioned

proposition of White (1977) describing the temporal nature of adaptation. If adaptation occurs over time, then there must certainly be periods of stress as attempts at adaptation are made, successively over time.

Secondly, the progression to more complex structures as described by Prigogene (1980) in his theory of dissipative structures, explains stress as a critical element of transformation - and the impetus towards transformation inherent in nature. Although originally derived to explain the dynamics of chemical systems, this notion has been generalized to explain the function of all systems. Prigogene described the difference between open systems, or dissipative structures, which are involved in a continuous exchange of energy, and closed systems, where there is no internal transformation of energy. The more complex a dissipative structure, the more energy is needed to maintain the connections within it, and the more vulnerable it is to internal fluctuations. Prigogene continues to describe how the continuous movement of energy through the system results in fluctuations. If the fluctuations are small, the system will damp them down and they will not alter its structural integrity. But if the fluctuations reach a critical size, they "perturb" the system, increasing the number of novel interactions within it. In effect, they shake up the system, and the parts reorganize into a new whole. The system escapes into a higher order.

This theory, when used to explain the effects and value of critical periods in human and marital development, illustrates how changes occur about, and the value of *engaging in* the crisis to reach new levels and more complex levels of development. Thus a more closed and less complex system, such as those of the *non-intervention* marriages, will damp down the changes, and accept the foreclosed resolution of the crisis, assimilating the advent of parenthood into their existing structures.

On the other hand, the more open and complex systems of the intervention groups, will engage in the crisis, thus allowing or promoting the critical perturbation of the system, and thus the escape of the system into a higher order.

This theory explains the value, despite the rigors, of *engaging in the crisis* of the transition to parenthood, of experiencing and acknowledging the difficulties, and through the experience and resolution of difficulties, gaining new and more effective functioning for the individuals and for the family. Prigogene's theory of dissipative structures also illustrates the static and inflexible nature of closed systems, and thus the difficulties that may arise on trying to assimilate new aspects into that type of system.

Although the open systems, *and in the the present study*, the intervention groups, experience a more difficult time, they ultimately will derive greater benefit from allowing and facing the difficulties.

The paradoxical conclusion to be drawn from the above is that it is better to expect and experience the rigors of the transition to parenthood, than not to do so. This is a difficult conclusion at which to arrive, particularly from the approach of the health professions, where the perspective taken is to attempt to alleviate difficulties. Yet what may be understood from the findings in this study is that to experience and engage in the difficulties, is essential for healthy development.

In terms of an intervention, therefore, the aim should be, not in the alleviation of the difficulties inherent in the transition to parenthood, but rather assistance in understanding and anticipating the difficulties, and help in engaging in those difficulties in order to resolve them and accommodate to them in a way that will promote the healthy growth and development of the family system and the members of that system.

With respect to the model of change derived in the present study, when evaluating it in relation to the above conclusions, what becomes evident is that six or nine months is too soon after the birth of the baby to be able to see true adaptation to the transition to parenthood, and whereas the "honeymoon period" has begun to fade, adaptation, as it is understood in the temporal sense is still in process. Thus, it is certainly premature to be looking at the solutions in the model at this time. The model, as reformulated in the discussion, continues to reflect the changes involved in the transition to parenthood,

however, it is the temporal dimension that changes the perspective, and it must be concluded that this model reflects the reality over a much longer time period than was originally expected. The question remains as to how long the transition to parenthood takes. The findings in this study do not go so far as to establish that. The only thing that is clear, is that the transition to parenthood, if engaged in negotiating the crisis, takes longer than nine months.

CHAPTER 13

CONCLUSION

In this section theoretical and experimental aspects of the study will be evaluated. The practical implications of the study will then be explored, followed by the research implications.

The two main aspects of this study that must be addressed in a theoretical evaluation, are the concept of the Transitional Space, and the model of change, both of which have been developed in this thesis.

13.1 Theoretical Evaluation

13.1.1 Model of Change

One theoretical development in this study is that of the model derived to explain change over the transition to parenthood. The model was originally formulated on the basis of the research on change combined with the findings and theories relating to the progression of intimate relationships. The model was modified and expanded with respect to the conflict-sociological model of the transition to parenthood, by LaRossa and LaRossa (1981). Based on the findings in this study on change the model was again expanded, to include the concept of positive set and mythology, encouraging the perception of the transition to parenthood as a positive experience. The model was finally reformulated, in terms of time span. So that

the temporal element of the transition to parenthood is now perceived to be much longer than was originally perceived, and the adaptation to the changes involved in becoming a parent, a slower process. This process is now understood to include necessary difficulties and stress along the way, in order to assure a successful achievement of the identity of parent over the transition to parenthood. The derivation of the model of change over the transition to parenthood came about as a method of not only describing the changes but explaining them.

Although the model has many limitations, in that it cannot explain all the variations in response to the changes, it appears to consistently explain much of the process of response to change. In contrast to the model derived by LaRossa and LaRossa (1981), which is a conflict-based model, the present model may be said to be a need-based model, as the perspective adopted in this study views marriage as the arena for the meeting of needs, rather than the playing out of conflicts.

13.1.2 The Transitional Space

As a general statement, in the light of the findings in this study, the concept of the Transitional Space has been seen to be a powerful and useful concept. It is powerful in the sense that it enables the researcher or clinician to gain a conceptual map of both the development and functioning of an individual. This map may be derived on a clinical and qualitative basis on the one hand, and on the basis of quantitative ratings on the other, with measures tapping the different aspects of an individual's Transitional Space. The

importance of having a conceptual map of individual and dyad functioning is strongly confirmed in the acknowledged usefulness of an approach such as Transactional Analysis (Berne, 1981), which allows the clinician as well as the client to understand clearly, both the location of a problem and the optimal direction for intervention. In the same way, the concept of the Transitional Space allows for a clear conceptualization of the individual, within his/her historical context, laying out parameters of functioning on an individual level, and also with respect to the capacity for intimate contact. The understanding and use of the concept of the Transitional Space has proved to be both useful in the conceptualization of individual and couple functioning, and predictive in terms of how individuals and couples would negotiate a developmental crisis, such as the transition to parenthood.

Aspects of the Transitional Space have been described as: boundary quality, content and size. Each of these aspects will be briefly discussed with respect to the findings in the thesis.

Boundary quality, or capacity for contact was described in terms of two parameters: flexibility and permeability.

In the qualitative section of this study, flexibility, as the attribute of accommodativeness, and permeability as capacity for intimate contact, were evaluated in a projective fashion and were shown to be highly predictive with respect to the outcomes. In the quantitative study, these dimensions were derived from the items on various measures, and were found to be both useful and predictive of mean individual and dyadic functioning.

The content of the Transitional Space has been described as that aspect that is concerned with ego identity. In the development of theory in the early part of this work, the operationalization of Erikson's concept of ego identity by Marcia (1966) was critically evaluated and reformulated on the basis of two dimensions: crisis-facing, and commitment. The four quadrants resulting from the orthogonal interaction of these two dimensions, leads to the identity statuses of identity achievement, foreclosure, diffusion and negative identity.

Again, in the qualitative section of this study, these dimensions were scored projectively, and were found to be predictive of, individual functioning, couple functioning and the variation in negotiation of the transition to parenthood. On the quantitative side, these dimensions were derived from other rated measures. They proved to be particularly useful in the description of the different groups and the way these groups negotiated the transition to parenthood, resulting in an increased depth of understanding of the processes involved in the transition to parenthood.

Finally, the aspect of the size of the Transitional Space was a reflection of progression along the continuum of ego development. Ratings of ego development were gained from scores on the Scale of Ego Development (Loevinger et al.,1970). Although of some value, these scores provided less useful data than the other dimensions. Small samples are a significant problem in the evaluation of the usefulness of this aspect. It is suggested that further research into this aspect of the Transitional Space would highlight the usefulness or

limitations of the aspect of size as a reflection of ego development. From a qualitative and conceptual perspective, ego development, as distinct from ego identity is an important aspect of the Transitional Space. Thus it would be of value to further investigate this aspect with respect to the Scale of Ego Development (Loevinger et al., 1970).

Limitations to the concept of the Transitional Space are similar to the problems with any model that is used to explain human behaviour. Its advantages in terms of cognitive clarity and the simplification therefore necessary, are also its shortcomings, as it must be inadequate to deal with the vagaries of human nature, and therefore must fall short as a description or explanation of human behaviour. Despite this, it may be said in summary, that the concept of the Transitional Space and its dimensions, have proved to be extremely valuable in the understanding of the development and function of individuals and couples, and in the prediction of the way in which they negotiate developmental crises, such as the transition to parenthood.

13.2 Experimental Evaluation

13.2.1 Limitations of the Study

The major limitation of this thesis, is the methodological one. Inadequate tests, small samples, and the general shortcomings of qualitative research and projective testing, represent significant

difficulties in research. However, it must again be noted that when attempting to point the way for the operationalization of a theory, a work such as this cannot even attempt to cover the entire scope of validation.

This type of research is also very time consuming. Because it must stretch over a period of time; because interventions such as the one in this study cannot be given to large groups, so have to be repeated many times. This type of study suffers from all the limitation of clinically based research. A great deal of data is required that is qualitative and subjective, and to obtain that kind of data specialists are required to do the rat[illegible] attempts are made at simplification in order to get large [illegible]es, the richness and value of the data is diminished.

Limitations to the theory are, that the theory itself is not based on empirically tested theories. The theories of Winnicott and Erikson, have not been empirically verified. Nevertheless, they are theories that are all accepted on the basis of their clinical and experiential veracity. The strengths and limitations of such qualitative research has already been discussed.

13.2.2 The Study

The evaluation of the study from the experimental viewpoint must include a review of the original aims in the study, and an evaluation of whether those aims have been achieved. The first aim in the study was to describe and predict adult and couple functioning on the basis of the model of the Transitional Space, and with special reference to

the changepoint of the transition to parenthood.

The major part of the achievement of this aim was attempted with the use of qualitative methodology, in which six couples were studied in depth, using projective techniques to derive their positions on the aspects of the dimensions of the Transitional Space, which had been developed in this thesis.

The descriptions and predictions in terms of the Transitional Space proved to be both encompassing and accurate when following the couples over the transition to parenthood. It would seem that to study individual and couple functioning within the context of the Transitional Space provides a unique perspective that is both holistic on the one hand, and reductionistic on the other. The concept of the Transitional Space, and its utilization, is considered to be a unique and powerful tool in the understanding of human functioning.

The second aim in the study was to assess the significance of the transition to parenthood as a developmental changepoint. The hypothesis derived from this aim is:

The perinatal period constitutes a definite developmental point of change, both for the relationship between the husband and the wife, and for them each as separate individuals.

In the light of the findings of three groups of parents, one with six week old, a second with six month old, and a third with eight year old first children, on the Relationship Change Scale (Schlein and Guerney, 1977), the hypothesis was confirmed. All the groups acknowledged a significant change in their lives and relationships at this time, with a general consensus that the change was positive, particularly for the

mothers of the eight year old first children.

As mentioned in the discussion, there are a number of limitations to the design, particularly the fact that divorced parents were not included in the eight year old group. The exclusivity of married couples in this group denied a part of the population that would have made it a more representative sample. Also, a longitudinal study would give a much more accurate picture of these groups, and the differences between them. Despite these limitations all groups unanimously agreed that the change in their lives was significant - thus supporting the hypothesis.

Finally, it is useful to evaluate this part of the study with respect to the model of change over the transition to parenthood that was derived in this study and reformulated to understand this transition as taking an extended time. Acknowledging the extended temporal element of the transition to parenthood, both of the early groups, that of the six week old parents, and that of the six month old parents must still be considered to be "in" the transition to parenthood. So, while they may be able to testify to the fact that there is a change, and that this period reflects a changepoint in their lives, it is rather difficult and suspect to accept the evaluation of the direction of that change at face value. A useful area for future research would be to follow a number of couples over the transition to parenthood, over the first few years.

The final aim in the study comprised two parts:

(a) to design and run an intervention aimed at facilitating a

successful transition to parenthood.

(b) to describe the differences in the way intervention and non-intervention groups negotiated the transition to parenthood.

As described in chapter 7, a course, based on psychological principles was designed and run three times , with twelve two hour sessions in each course.

In the light of the findings of the study and the recommendation of the participants in the course, the course has been redesigned to include more material and exercises that have been found to be relevant.

By engaging with people on a fairly intense level, as in the course, clinical-type data results. This data serves to confirm or disconfirm aspects of the theory, as in this study, with observations of the groups, the individuals and the couples in relation to the concept of the Transitional space, and the model of change.

The second part of the aim, a description of the groups' negotiation of the transition to parenthood, was carried out in detail on the basis of both scores and self report measures on a number of scales.

The consequence of a lack of randomization of the groups, was that clearly differentiated groups emerged, with the non-intervention groups being typically traditional in outlook and practice, and the intervention groups being non-traditional. The resultant understanding of the differences between the groups provided an explanation of the different ways individuals and couples negotiated

the transition to parenthood. In addition to the quantitative evaluation of these groups, a qualitative evaluation was made in terms of the concept of the Transitional Space. Further support was found for the explanatory and predictive value of the concept of the Transitional Space in terms of the groups, their marital dynamics, and their transition to parenthood.

In terms of the continued use of a qualitative methodology in many parts of this study, both as an adjunct and verification of the quantitative methodology, as well as standing on its own, it is necessary to address the issue of qualitative research generally, and as utilized in this study.

13.3 Qualitative Research

The qualitative methodology adopted in this research, confirms that doing qualitative research reveals data that would be impossible given the limitations of the quantitative research paradigm. It brings evidence from phenomenological material in ways that are useful both theoretically and practically in terms of the generalizability of such evidence.

In an article on pertinent to this argument, DeKoning (1986) comments that.

> Whilst in physics research of a qualitative nature goes on, most of the research in social science does not seem to get beyond a Newtonian phase, in which the method more or less determines the questions asked, and the themes of investigation are limited to phenomena which lend themselves to a quantitative method of research..
>
> (p.viii).

Given the inherent limitations of quantitative research--such as the need for carefully matched or randomized groups to assess an intervention. The classic assessment of an intervention would not have been able to tap the self selection that occurs when people opt for a psychological intervention at this stage of their adult lives, and the contrast that that reveals between them and couples who do not have the awareness of the need for such a course.

Quantitative research also will not reveal the nuances of attitude and behaviour that is evident from a qualitative investigation of both the people and their responses. And it is these nuances and subtle changes within people and groups that qualitative research is best equipped to define and examine.

The changes in groups is something that emerged from allowing the self selection of groups in this research. The relevance of context in research is again addressed by De Koning (1986),

> different questions concerning different aspects of psychological research within different contexts should also lead to various methods and styles if the research is to be coherent.....Research should not be independent from time, place and people; just as truth does not appear in a sterile fashion deprived of dynamics. (p.x).

The self selection of the groups allowed for the emergence of a non-traditional group. A group representing a society in transition, and so increasing the relevance of the research within the context of a society in transition, and comments on the theory of the need for support in the stresses of changing times and experiences (Janis 1958)

The questions formulated in psychological research, as well as the approaches and methods, are extremely limited when they are only

dealt with by statistical procedures. Giorgio (1975) argues that psychology has not found its paradigm yet.

In search of a paradigm, the findings and indications in the present study suggest that both the theory derived, and the present approach to studying adult development may be usefully employed and developed. The approach in this study may be used as a basis---a useful direction to follow in the search for a paradigm.

The search for a paradigm continues within the literature, and Engstrom (1986) describes the necessary qualities of a quantitative methodology.

> Firstly the new methodology must take the theoretical nature of practice, the theory-laden character of empirical observations and experiences as its point of departure. It must give us tools to observe and analyze reality theoretically from the beginning, i.e., give us a method of seeing the "facts" or objects of perception in their social and historical origination and functioning, in their interdependence and developmental determination. In other words, the new methodology must lay out the general principles of theory formation which enable us to overcome both the hypothetico-deductive/experimental-inductive and descriptive experiential empiricism, characteristic of the "normal science" and much of the "qualitative research, " respectively.
>
> Secondly, the new methodology must give us a method of deriving systematically the central explanatory concepts of our research and a method to use them to create new theoretical knowledge. In other words, the central concepts must be substantial, they must reveal the essence of the phenomena studied, i.e., their inner relations. At the same time, the central concepts must be functional as procedural tools, they must contain the method of their own creation and development. Thus, the new methodology must be a methodology of concept formation through concepts; it must unify theory and the method of inquiry..
>
> (p.57-8).

It is suggested that the concept derived and explored in this research, that of the Transitional Space and the methodology developed for its study meets a great deal of the requirements of the new

methodology. Firstly, the theory is grounded in both the theoretical nature of practice and the theory laden character of empirical observations, as it is based on the work of the developmental psychologists, such as Levinson (1979) and Marcia (1966), and the wealth of theory derived from clinical observations, particularly in the work of Erikson (1978) and Winnicott (1961). The exploration of the concept of the Transitional Space is derived by and derives a method of observation that is contextually relevant. And this methodology defines a method of systematically arriving at the central explanatory concepts of the research, as the dimension of the Transitional Space and the possibility of using them to create new theoretical knowledge.

13.4 *Practical Implications*

There are a number of practical implications arising from the present study. The development of psychological theory is not an end in itself, but is developed to find greater understanding of human functioning in order to explore, prevent and cure psychological distress. The development of the concept of the Transitional Space has implications for theory development.

The practical implications of the theory of the Transitional Space can be seen to be most useful in educative, preventative and curative work.

The development concept of the Transitional Space has implications for education that are of value, as a continuing problem in education is how to transmit the understanding of complicated processes with

many dimensions, in a simple way. The concept of the Transitional Space provides a conceptual map of the history, development and present functioning of an individual. It enhances the clarity of the understanding of human functioning, thus enabling one to comprehend complicated processes, and transmit that knowledge clearly. Therefore it may be of value in teaching students psychology and psychotherapy. It may also be of value in many other kinds of areas in which transmission of an understanding of styles of being and interaction are important, for example premarital counselling, where it is very useful for each member of the couple to understand the strengths and weaknesses of the other. The area of executive training may also benefit from an understanding of this concept, to comprehend, both on a more superficial level, and if necessary on a deeper level, the way of "being-in-the-world" of one's colleague, employer, employee, or target group.

Clinically, the concept of the Transitional Space has implications, both within the psychological arena, as well as with other health professionals. An understanding of the concept by doctors, nurses and childbirth educators, for example, will allow them a "shorthand" view of their patients, with the possibility of identifying those with the kinds of problems that may require extra help or referral.

For the psychologist, a deeper understanding of the concept provides a conceptual map of the history and functioning of the individual. This conceptual map will enable the clinician to have a clear picture of the origin and function of a client's pathology, and based on this enhanced understanding, assist him/her in planning

effective treatment. An appreciation of the concept of the Transitional Space and an understanding of their own particular configuration may also be of value to the client, in assisting the course of therapy, as well as helping him/her to maintain the changes post therapy.

The understanding of the concept of the Transitional Space would also be of particular value to therapists and counselors dealing with marital problems, as it is the understanding of the ways that people relate to each other, and why things go wrong between them that can be elucidated with the utilization of this concept.

Not only the theory, but the intervention/course, particularly in its revised form, may be used by psychologists, social workers and childbirth educators with the relevant populations. This type of intervention, that is psychologically based on concepts such as the systems concepts, and the empirically based model of change, may be useful in the preparation of couples for marriage, In Vitro Fertilization, Adoption, or individuals for surgery, particularly surgery that will result in some kind of disfigurement.

It is important that a multidisciplinary approach be taken to the process and potential problems of a period such as the transition to parenthood, that is so fraught with psychological and social change. In response to the lack of psychological interventions, expressed repetitively at an international congress in Jerusalem (1987), a good, psychologically based service created to meet the growing awareness for the need and value of such preventative intervention,

can only be desirable. The value of such an intervention, was attested to by the people who attended it, and by many of them continuing to use the psychological services that were opened up for them by attendance at the course.

13.5 Research Implications

Research implications from the present study are numerous. Further development of the concept of the Transitional Space and its testing would be of value. Although in the present study, it was beyond the scope to both develop the theory and operationalize it fully, the empirical aspects in the study point the way for future research.

The scores on aspects of the Transitional Space in the present study are merely a suggestion as to how the model proposed in the present thesis could be operationalized and validated against other measures. Validation studies would enhance the empirical value of the concept.

There are specific aspects of the concepts of the Transitional Space that would gain from research. In an early chapter of this thesis, Marcia's conceptualization of Erikson's resolution to the Identity crisis was criticized, and reformulated. The reformulation of the Identity Statuses in this work would gain from empirical evaluation.

The existing measures of ego identity and intimacy are inadequate. Also there are no tests that actually deal with the way ego identity, ego development and intimacy may be integrated in personal and

interpersonal functioning. A psychometric study to attain accepted scores on both measures of identity, intimacy, and how the two measures could be integrated, would be a valuable tool in the study of adult development.

The concept of boundary quality, with its dimensions of flexibility and permeability have not been adequately addressed. The derivation of improved measures that would permit additional exploration of these areas would constitute empirical verification of this concept.

Further research on the Loevinger Scale would be of value, particularly with respect to regression in the testing of ego development. As regression in ego development is antithetical to the concept as described by Loevinger et al (1966), it would be useful to explore and explain its occurrence.

With respect to the transition to parenthood, the findings in this thesis provide a number of implications for future research in regard to the model of change, and from the findings of the four groups. The model of change allows one to locate couples or individuals on the model of the process of change. It would be valuable to study

adaptation to parenthood longitudinally, both in terms of parenting and with respect to the marriages.

The two groups of husbands and wives studied over the transition to parenthood were easily identifiable in terms of the concept of the Transitional Space. They clearly represented traditional and

non-traditional couples. There are many other variations in dyadic relationships that have not been studied, and it would add to the value of an intervention, if it could address with relevance, other dyadic variations as well.

As this study did not have matched or randomized experimental and control groups, it was not possible to properly evaluate the intervention. Although it is difficult to find enough subjects, it would be of value form such experimental and control groups. The control group may be offered another type of intervention. Both interventions could be evaluated later, to assess more accurately the value of the present intervention.

Important results may be generated from the study and exploration of the concept of the Transitional Space as well as the model of change, at other developmental changepoints that affect individuals and systems, for example, adolescence, marriage, and children leaving home.

13.6 Conclusions

In conclusion, the concept of adult development was explored in this study. The concept of the Transitional Space was developed, based on the work of Erikson, Winnicot and Loevinger, in order to enhance the understanding of adult development, and relationships. The point at which adult development was chosen for research was that of a developmental changepoint, as it is at these points that the systems must change and are more transparent. Research was conducted to ascertain whether different groups of people perceived the birth of

their first child to be a changepoint, and it was found that all the people acknowledged the significance of the change in their lives at that time, and perceived the change to be a positive one, rather than a "crisis".

A model was developed to describe and explain the variation in the process of change that occurs in adult development and functioning over the transition to parenthood, and an intervention was designed and run in order to facilitate the negotiation of the transition.

Two groups of husbands and wives were studied over the transition to parenthood, and it was found that for all of them, their satisfaction with life increased, however, marital satisfaction and their intimacy in marriage decreased.

It was found that the concept of the Transitional Space accurately depicted the individuals and their relationships, and also was predictive of the manner in which they negotiated the transition to parenthood. Thus the concept of the transitional space facilitates the understanding and prediction of adult and couple development over the changepoint of the birth of the first child.

their first child to be a changepoint, and it was found that all the people acknowledged the significance of the change in their lives at that time, and perceived the change to be a positive one, rather than a "crisis".

A model was developed to describe and explain the variation in the process of change that occurs in adult development and functioning over the transition to parenthood, and an intervention was designed and run in order to facilitate the negotiation of the transition.

Two groups of husbands and wives were studied over the transition to parenthood, and it was found that for all of them, their satisfaction with life increased, however, marital satisfaction and their intimacy in marriage decreased.

It was found that the concept of the Transitional Space accurately depicted the individuals and their relationships, and also was predictive of the manner in which they negotiated the transition to parenthood. Thus the concept of the transitional space facilitates the understanding and prediction of adult and couple development over the changepoint of the birth of the first child.

BIBLIOGRAPHY

Adams, G.R. and Shea, J.A. "The Relationship Between Identity Status, Locus of Control and Ego Development." Journal of Youth & Adolescence, 8 no.1: 81-89, 1979.

Aldous, J. "Second guessing the experts: thoughts on family agenda for the eighties." Journal of Marriage and the Family, 43 (May): 267-270, 1981.

Allman, L.R. and Jaffe, D.T. Readings in Adult Psychology Contemporary Perspectives. 2nd ed. New York: Harper & Row, Publishers, Inc., 1982.

Anastasi, A. Psychological Testing. 4th ed. New York: Macmillan Publishing Co., Inc., 1976.

Assor, A. and Assor, T. "Emotional Involvement in Marriage During the Last Trimester of the First Pregnancy: A Comparison of Husbands and Wives." The Journal of Psychology, 119 no.3:243-252, 1985.

Bateson, G. Steps to an Ecology of Mind. London: Granada Publishing Limited, 1978.

Becker, E. The Denial of Death. New York: Free Press, 1973.

Belsky, J., Spanier, G.B. and Rovine, M. "Stability and Change in Marriage Across the Transition to Parenthood." Journal of Marriage and the Family, 45 (August): 567-577, 1983.

Belsky, J. "Exploring Individual Differences in Marital Change Across the Transition to Parenthood: The Role of Violated Expectations." Journal of Marriage and the Family, November: 1037-1044, 1985.

Belsky, J., Lang, M.E. and Rovine, M. "Stability and Change in Marriage Across the Transition to Parenthood: A Second Study." Journal of Marriage and the Family, November: 855-865, 1985.

Benedek, T. "Parenthood As a Developmental Phase." Journal of the American Psycholical Association, 7: 389-423, 1959.

Bernard, J. The Future of Marriage. New York: Bantam Books, 1973.

Berne, E. What do you say after you say Hello? London: Corgi Books, 1978.

Berne, E. Transactional Analysis in Psychotherapy. New York: Ballantine, 1981.

Bibring, G.L. "Some Consideration of Psychological Processes in Pregnancy." Psychoanal. Study of Child, 14: 113-121. 1959.

Block, J. "Ego Identity, Role Variability, and Adjustment." Journal of Consulting Psychology, 25 no 5: 392-397, 1961.

Breen, D. The Birth of a First Child. London: Tavistock, 1975.

Brim, O and Ryff, C "On the Properties of Life Events." in P.B. Baltes and O.G. Brim Jnr. (eds.), Life Span Development and Behaviour. Vol. 3. New York: Academic Press, 1980. (1980)

Bourne, E. "The State of Research on Ego Identity: A Review and Appraisal. Part I." Journal of Youth and Adolescence, 7 no.3: 223-251, 1978.

Bourne, E. "The State of Research on Ego Identity: A Review of Appraisal. Part II." Journal of Youth and Adolescence, 7 no.4: 371-393, 1978.

Bowen, M. Theory in the practice of psychotherapy in P. Guerin (ed) Family Therapy: Theory & Practice. New York: Gardiner Press, 1976.

Candee, D. "Ego Developmental Aspects of New Left Ideology." Journal Personal Soc. Psychol. 30: 620-630, 1974.

Caplan, G. "Patterns of Parental response to the crisis of the premature birth. A preliminary approach to modifying mental health outcome." Psychiat, 23: 355-374, 1960.

Capra, F. The Turning Point: Science, Society and the Rising Culture. London: Fontana Paperbacks, 1983.

Chertok, L. Motherhood and Personality : Psychosomatic Aspects of Childbirth. Philadelphia: Lippencott, 1969.

Clulow, C.F. To Have and To Hold: Marriage, The First Baby and Preparing Couples for Parenthood. Aberdeen: University Press, 1982.

Cobb, J. Babyshock. London: Pilot Productions Ltd., 1980.

Cohen, M.B. "Personal Identity and Sexual Identity." Psychiatry, 29: 43-68, 1966.

Cochraine, R. and Roberton, A. "The Life Events Inventory : A measure of the Relative Severity of Psychosocial Stressors." J. Psychom. Res., 17 no.2: 135-139, 1973.

Coleman, A.D. "Psychological state during first pregnancy." Amer. J. Orthopsychiat., 39: 788-797, 1969.

Cowan, C.P., Cowan, P.A., Cole, L. and Cole, J.A. "Becoming a family: the impact of a first child's birth on the couples relationship." in W.B. Miller and L.F. Newham (eds.) The First Child and Family Formation. Chapel Hill: Carolina Population Centre, University of North Carolina, 1978.

Cowan, C.P. and Cowan, P.A. "A preventative intervention for couples during family formation" Paper presented at the meeting of the Society for Research in Child Development, Detroit, 1983.

Crowne, D.P. and Marlowe, D. The approval motive: Studies in evaluative dependence. New York: John Wiley, 1964.

Csikszentmihalyi, M. "Intrinsic Rewards and Emergent Motivation," In M.R. Lepper and D. Greene (eds.), The Hidden Costs of Reward. New York: Erlbaum, 1978.

Csikszentmihalyi, M. "Love and the Dynamics of Personal Growth" in Pope K.S. and Associates (eds.), On Love and Loving. San Fransicso: Jossey-Bass Inc, 1980.

Dalton, K. "Prospective Study into Puerperal Depression." Br. Jnl. Psych., 118: 689-92. 1971.

Davidson, G. In personal communication. Antenatal Educator and Midwife., Johannesburg: 1987.

Davis, M. and Wallbridge, D. Boundary and Space. An Introduction to the Work of D.W. Winnicott. London: H. Karnac (Books) Ltd, 1981.

Deutsch, H. Psychology of Women. A Psycho-Analytic Intepretation." Vols. I and II. New York: Grune and Statton, 1945.

Duck, S. An introduction to Social Psychology. London: Sage Focus Editions, 1986.

Dyer, E.D. "Parenthood as Crisis: A Restudy." Marriage and Family Living, 25: 196-201, 1963.

Elkind, D. Erik Erikson's Eight Stages of Man. in Allman, L.R. and Jaffe, D.T. (eds.), Readings in Adult Psychology Contemporary Perspectives. 2nd ed. New York: 1982.

Ephron, N. Heartburn. New York: Heineman, 1983.

Erikson, E.H. Identity Youth and Crisis. New York: W.W. Norton & Company, Inc., 1968.

Erikson, E.H. Childhood and Society. London: Triad/Paladin, 1978.

Erikson, E.H. Adulthood. New York: W.W. Norton & Company, Inc., 1978.

Erikson, E.H. Identity and the Life Cycle. 2nd ed. New York: W.W. Norton & Company, Inc., 1980.

Erskine, R.G. and Zalcman, M. "The racket system: A model for racket analysis." Transactional Analysis Journal, 9: 51-59, 1979.

Erskine, R.G. "The ABC's of Effective Psychotherapy." Transactional Analysis Journal, 5 no. 2: 1975.

Erskine, R.G. In Personal Communication, New York: 1980. Transactional Analysis Journal

Erskine, R.G. Workshop on Gestalt Therapy. Connecticutt: August, 1981.

Erskine, R.G. "Transactional Analysis and Family Therapy." in Family Counseling and Therapy. Horne, A.M. and Ohlsen, M.M. (eds.), Illinois: F.E. Peacock Publishers, Inc., 1982.

Evans, R.I. Dialogue with Erik Erikson. New York: E.P. Dutton & Co., Inc., 1969.

Ewy, D. Preparation for Parenthood: How to Create a Nurturing Family. New York: Plume, 1983.

Falicov, C.J. "Interpersonal Perceptions during Pregnancy and Motherhood." Ph.d diss. University of Chicago , 1971.

Fancher, R.E. Psychoanalytic Psychology. New York: Norton, 1973.

Federn, P. "Ego feelings in dreams." Psychol-anal. Q. 1: 511-542, 1932.

Feldman, H. The first child and the marriage. Paper read at the Groves Conference on the Family, 1967.

Feldman, H. "Changes in Marriage and Parenthood: A methodological design." in E. Peck and J. Senderowitz (eds.), Pronatalism: The Myth of Mom and Apple Pie. New York: Thomas V. Cromwell, 1974.

Feldman, H. and Rogoff, M. "Correlates of changes in marital satisfaction with the birth of the first child." Paper presented at the Meeting of the American Psychological Association, San Francisco, 1968.

Freud, S. The Basic Writings of Sigmund Freud. New York: Random House, Inc., 1938.

Freud, S. Civilization and Its Discontents. New York: Norton, 1961. (Originally Published 1930).

Friedman, M. "Anticipatory Fear Related to Behaviour in Labour." M.A. Diss., University of the Witwatersrand, 1979.

Friedman, M. and Shmukler, D. "A model of Family Development and Functioning in a T.A. Framework." Transactional Analysis Journal, 13 no. 2: 1983.

Fleiman, M. and Shmukler, D. The Transitional Space as a Context for Therapy. Submitted to TAJ July 1986. (In Press).

Fromm, E. The Art of Loving. New York: Harper & Row, 1956.

Geller, J.D. and Howenstine, R.A. "Adulthood: Men" in Pope, K.S. and Associates (eds.), On Love and Loving. San Francisco: Jossey-Bass Inc., 61-88, 1980.

Gersten, J.C., Langner, T.S., Eisenberg, J.G. and Orzeck, L. "Child behaviour and life events: Undesirable change or change per se?" in B.S. Dohrenwend and B.P. Dohrenwend. (eds.), Stressful Life Events: Their Nature and Effects. New York: Wiley, 1974.

Goethals, G.W. "Love, Marriage, and Mutual Growth." in Pope, K.S. and Associates (eds.), On Love and Loving. San Francisco: Jossey-Bass Inc., 282-305, 1980.

Gordon, R.E. and Gordon, K.K. "Social Factors in the Prevention of Post Partum Emotional Problems." Obstet. and Gynaecol., 15: 433-438, 1960.

Gordon, R.E. and Gordon, K.K. "Factors in Post-partum Emotional Adjustment," Obstet. and Gynaecol. 25: 158-66, 1965.

Grimm, E. "Women's Attitudes: Reactions to Childbearing." In G.D. Goldman, and D. Milman (Eds.), Modern Woman: Her Psychology and Sexuality. Springfield, Illinois: Thomas, 1969.

Grossman, F.K. and Eichler, L.S. and Winickoff, S.A. with Anzalone, M.K. and Gofseyeff, M.H. and Sargent, S.P. Pregnancy, Birth and Parenthood. San Francisco: Jossey-Bass Inc., 1980.

Grotstein, J.S. "Inner Space: Its Dimensions and its Coordinates." Journal of Psycho-Anal., 59: 55-61, 1978.

Grusd, C. In Personal Communication. Johannesburg, 1986.

Guerney, B.G. Jr. and Stover, L. "Inventories, Tests, Questionnaires, and Scales," in Guerney, B.G. Jr. Relationship Enhancement Skill: Training Programs for Therapy, Prevention and Enrichment. San Francisco: Jossey-Bass, 1977.

Handel, G. (ed.), The Psychosocial Interior of the Family (3rd ed). Hawthorne, N.Y: Aldine. 1985.

Hauser, S.T. "Loevinger's Model and Measure of Ego Development: A Critical Review". Psychological Bulletin. 83 No. 5: 928-955, 1976.

Hawkins, J.L., Weisberg, C. and Rady, D.W. "Spouse differences in communication style: Preference perception behaviour." Journal of Marriage and the Family, 42: 585-594, 1980.

Hill, R. Children, Who Needs Them? Paper read at the Groves Conference on the Family, April 1967.

Hill, R. "Whither Family Research in the 1980's: continuities, emergents, constraints, and new horizons." Journal of Marriage and the Family, 43 (May): 255-257, 1981.

Hobbs, D.F. "Parenthood as Crisis: A third study." Jnl. Marriage and the Family, 27: 367-72, 1965.

Hobbs, D.F. "Transition to Parenthood : A Replication and an Extension." Journal of Marriage and the Family, 30: 413-417, 1968.

Hobbs, D.F. and Cole, S.P. "Transition to Parenthood: A Replication and an Extension." Jnl. Marriage and the Family 38: 723-31, 1976.

Hobbs, D.F. and Wimbish, J.F. "Transition to Parenthood by Black Couples." Jnl. Marriage and the Family, 39: 677-89, 1977.

Holmes, T.H. and Rahe, R.H. "The Social Readjustment Rating Scale." J. Psychsm. Res. 11: 213-218, 1967.

Holmes, T.H. and Masuda, M. "Life change and illness susceptability" in B.S. Dohrenwend and B.P. Dohrenwend (eds.), New York: 1974.

Hooke, J.F. and Marks, P.A. "Characteristics of Pregnancy." J. of Clin. Psychol., 18: 316-317, 1973.

Horner, A. Being and Loving. New York: Schocken Books, 1978.

Houde, C. "Transition to Parenting" from International Conference on Childbearing and Perinatal Care: Implications for Childbirth Education. Jerusalem, Israel: 1987.

Howels, J.G. "Childbirth is a family experience." In J.C. Howels (ed.) Modern Perspectives in Psycho-Obstetrics, Edinburgh: Oliver & Boyd, 1972.

Isakow, O. "A Contribution to the Pathopsychology of phenomena associated with falling asleep." Int. Journal of Psycho-Anal., 19: 331-345, 1938.

Inselberg, R.M. "Social and Psychological Factors Associated with High School Marriages." Journal of Home Economics, 53: 766-772, 1961.

Jaffe, S.G. and Viertal, J. Becoming Parents: Preparing for the Emotional Changes of First-time Parenthood. New York: Atheneum, 1979.

Janis, I.L. Psychological Stress. New York: John Wiley & Sons Inc., 1958.

Jessner, L., Weigert, E. and Foy, J.L. "The Development of Parental Attitudes During Pregnancy." In E.S. Anthony and T. Benedek (eds.), Psychology and Psychopathology of Parenthood. Boston: Little, Brown, 1970.

Kacerguis, M.A. and Adams, G.R. "Erikson Stage Resolution: The Relationship between Identity and Intimacy." Journal of Youth and Adolescence, 9 No. 2: 117-126, 1980.

Kane, F.J.Jr., and Harmon, L. "Emotional and cognitive disturbance in the early puerperium." Brit. J. Psychiat., 44: 99-102, 1968.

Klein, M. The Psycho-Analysis of Children. London: Hogarth Press, 1932.

Kliinek, D. Beneath Mate Selection and Marriage: The Unconscious Motives in Human Pairing. New York: Litton Educational Publishing, Inc., 1979.

Kuhn, T. The Structure of Scientific Revolutions. Chicago: University of Chicago Press, 1962.

LaRossa, R. Conflict and Power in Marriage: Expecting the First Child. Beverley-Hills: Sage Publications, Inc., 1977.

LaRossa, R. and LaRossa, M.M. Transition to Parenthood. How Infants Change Families. Beverly Hills: Sage Publications, Inc., 1981.

La Rossa, R. and Wolf, J.H. "On Qualitative Family Research" Journal of Marriage and The Family, August, 531-541, 1985.

Laws, J.L. "A feminist review of marital adjustment literature: The Rape of the Locke." Journal of Marriage and the Family, 33: 483-516, 1971.

LeMasters, E.E. "Parenthood as Crisis." Marriage and Family Living, 19: 352-355, 1957.

Leifer, M. "Psychological Changes Accompanying Pregnancy and Motherhood." Genetic Psychology Monographs, 95 no. 1: 55-96, 1977.

Leung, E. "Family Support and Postnatal Emotional Adjustment." Bulletin of the Hong Kong Psychological Society, 14 (January): 32-46, 1985.

Levenson, H. and Harris, C.N. "Love and the Search for Identity" in Pope, K.S. and Associates (eds.), On Love and Loving. San Francisco: Jossey-Bass Inc., 266-281, 1980.

Levinson, D.J., Darrow, C.N., Klein, E.B., Levinson, M.H. and McKee, B. The Seasons of a Man's Life. New York: Ballantine, 1979.

Lewin, K. A Dynamic Theory of Personality: Selected Papers. (D.K. Adams and K.E. Zener, Trans.) New York: McGraw-Hill, 1935.

Lewis, D. Five Families. New York: Basic Books, 1959.

Livingston, K.R. "Love as a Process of Reducing Uncertainty - Cognitive Theory." in Pope, K.S. and Associates (eds.), On Love and Loving. San Francisco: Jossey-Bass Inc., 133-151, 1980.

Loevinger, J. "The Meaning and Measurement of Ego Development." American Psychologist. 21: 195-206, 1966.

Loevinger, J. "Theories of Ego Development." In L. Breger (ed.), Clinical-cognitive psychology. Modes & Integrations. Englewood Cliffs, N.J.: Prentice-Hall, 1969.

Loevinger, J. and Wessler, R., Redmore, C. Measuring Ego Development. San Francisco: Jossey-Bass, 1970. 2v.

Loevinger, J. Scientific Ways in the Study of Ego Development. Volume XII, Heinz Werner Lecture Series, 1978. Clark University Press, 1978.

Loevinger, J. Ego Development. San Francisco: Jossey Bass, 1976.

Loevinger, J. "Revision of the Sentence Completion Test for Ego Development". Pre-publication version, March, 1983.

Loewald, H.W. Psychoanalysis and the History of the Individual. New Haven, Conn.: Yale University Press, 1978.

Mace, D. and Mace, V. "Enriching Marriages: The Foundation Stone of Family Strength." in Skinnett, N. and Chesser, B. and Defrain, J. and Kraub, P. (eds.), Family Strengths Positive Models for Family Life. Lincoln: University of Nebraska Press, 1980.

Mahler, M.S. and Pine, F. and Bergman, A., The Psychological Birth of the Human Infant. New York: Basic Books, 1975.

Marcia, J.E. "Development and validation of ego identity status." Journal of Personality and Social Psychology. 3 no. 5: 551-558, 1966.

Marcia, J.E. "Ego identity status: Relationship to change in self-esteem, general maladjustment, and authoritarianism." Journal of Personal. 35: 118-133, 1967.

Marcia, J.E. "Identity six years after: A follow-up study." Journal of Youth Adolescent. 5: 145-160, 1976a.

Marcia, J.E. Studies in Ego Identity. British Columbia: Simon Fraser University, Burnaby, 1976b.

Marcia, J.E. and Friedman, M.L. "Ego identity status in college women." Journal of Personal., 38: 149-263, 1970.

Markman, H.J. and Kadushin, F.S. "Preventive Effects of Lamaze Training for First-Time Parents: A Short-Term Longitudinal Study." Journal of Consulting and Clinical Psychology. 54 no. 6, 872-874, 1986.

Marris, P. Loss and Change. Boston : Routhedge & Kagan Paul, 1974

Matteson, D.R. Alienation vs Exploration and Commitment : Personality and Family Correlaries of Adolescent Identity Statuses. Copenhangen,: Ungdom, Skorskning, 1974.

May, R. Love and Will. New York: Dell, 1969.

Meichenbaum, D. and Jaremko, M. (eds.), Stress Reduction & Prevention, New York: Plenum Press, 1983.

Luges, F.T. "Postpartum Psychiatric Syndromes." Psychosomatic Medicine, 30: 95-108, 1968.

Meyerowitz, J.H., and Feldman, H. "Transition to Parenthood." Psychiatric Research Reports. 20: 78-94, 1966.

Miller, B. and Sollie, D. "Normal stresses during the transition to parenthood." Family Relations, 29: 459-465, 1980.

Minuchin, S. Families and family therapy. Cambridge Mass., Harvard University Press, 1974.

Morgan, C.D. and Murray, H.A. "A method for investigation phantasies: Thematic Apperception Test. Arch. Neurol. Psychiat., 34: 289-306, 1935.

Napier, A. "Primary Prevention: A Family Therapist's Perspective." in Stinnett, N. and Chesser, B. and Defrain, J. and Knaut, P. (eds.), Family Strengths. Positive Models for Family Life. Lincoln: University of Nebraska Press, 49-66, 1980.

Newton, N. "Emotions of Pregnancy." Clin. Obstet. Gynaecol., 6: 639-668, 1963.

Nuckolls, K.B., Cassel, J. and Kaplan, B.H. "Psychosocial assets, life crisis and the prognosis of pregnancy. Am. J. Epidemial., 95 no.5: 431-441, 1972.

Ogden, T.H. "On Potential Space." Int. J. Psycho-Anal. 66: 129-135, 1985.

Orlofsky, J.L. "Intimacy Status: Relationship to Interpersonal Perception. Journal of Youth and Adolescence, 5 no. 1: 73-89, 1976.

Orlofsky, J.L., Marcia, J.E. and Lesser, I.M. "Ego identity status and the intimacy vs. isolation of young adulthood." Journal of Personal Soc. Psycho., 27 no. 2: 211-219, 1973.

Perls, F. The Gestalt Approach & Eye Witness to Therapy. Palo Alto: Science and Behaviour Books, 1973.

Perls, F. and Hefferline, R. and Goodman, P. Gestalt Therapy Excitement and Growth in the Human Personality. Hammondsworth, Middlesex, England: Penguin Books, 1976.

Piotrowski, Z.A. "Psychological Testing of Intelligence and Personality" in Freedman, A.M. and Kaplan, H.I. (eds.), Comprehensive Textbook of Psychiatry Baltimore: The Williams Wilkins Company, 1967.

Polster, E. and Polster, M. Gestalt Therapy Integrated. New York: Brunner/Mazel, 1973.

Polkinghorne, D. Methodology for the Human Sciences: Systems of Inquiry. Albany: State Univ. of N.Y. Press, 1983.

Pope, K.S. "Defining and Studying Romantic Love" in Pope K.S. and Associates (eds.), On Love and Loving. San Francisco : Jossey-Bass Inc., 1980.

Prigogene, I. "From Being to Becoming" quoted in Ferguson, M. The Aquarian Conspiracy. Personal and Social Transformation in the 1980's. Los Angeles : J.P. Tarcher Inc., 1980.

Rappaport, S. "The Relationship Change Scale." in Guerney, B.G. Jr. Relationships Enhancement Skill: Training Programs for Therapy Prevention and Enrichment. San Francisco: Jossey-Bass, 1977.

Redmore, C., Loevinger, J. and Tamashiro, R. "Measuring Ego Development: Scoring Manual for Men and Boys." Pre-publication version, August, 1978. Supplement Loevinger, J., Wessler, R. and Redmore, C., Measuring Ego Development: Scoring Manual for Women and Girls. San Francisco: Jossey-Bass, 1970.

Redmore, C., and Waldman, K. "Reliability of sentence completion measure of ego development." Journal Personal. Assess. 39: 236-243, 1975.

Rossi, A.S. "Transition to Parenthood." Journal of Marriage and the Family, 30 (February): 26-39, 1968.

Ryder, R.G. "Longitudinal data relating marriage satisfaction and having a child." Journal of Marriage and the Family, 35 (November): 604-606, 1973.

Rubin, Z. "Measurement of Romantic Love." Journal of Personality and Social Psychology, 16: 265-273, 1970.

Ruch, L.O. "Concept of Life Change." Journal of Health and Social Behaviour, 18 (March): 71-83, 1977.

Russell, C.S. "Transition to Parenthood: Problems and Gratification." Jnl. Marriage and the Family, 36: 294-301, 1974.

Sager, C.J. Marriage Contracts and Couple Therapy. New York: Brunner/Mazel, 1976.

Sargant, W. Battle for the Mind. A Physiology of Conversion and Brainwashing. London: Pan Books Ltd., 1959.

Schenkel, S. and Marcia, J.E. "Attitudes towards premarital intercourse in determining ego identity status in College women." J. Personal, 3: 472-482, 1972.

Schlein, S. and Guerney, B.G. Jr. "The Relationship Change Scale" in Guerney, B.G. Jr. Relationship Enhancement Skill. Training Programs for Therapy, Prevention and Enrichment. San Francisco: Jossey-Bass, 1977.

Scharff, D.E. The Sexual Relationship. An object relations view of sex and the family. Boston: Routledge and Kegan Paul, Ltd., 1982.

Shmukler, D. "Foundations of Creativity: The Facilitating Environment." In J. Freeman (ed.), The Psychology of the Gifted Child. London: Wiley and Sons, 1985.

Shmukler, D. and Friedman M. "The Transitional Object and the Development of the Child Ego State." Transactional Analysis Journal, 15 no. 3: 207-210, 1985.

Sollie, D.L. "The Transition to Parenthood as a Critical Time for Building Family Strengths." In N. Stinnet, B. Chesser, J. DeFrain & P. Knaub (eds.), Family Strengths. Lincoln, University of Nebraska Press. 1980.

Spitz, R.A. "Hospitalism: An Inquiry into the Genesis of Psychiatric Conditions in Early Childhood." Psychoanalytic Study of the Child, 1: 53-74. 1945.

Spitz, R.A. The First Year of Life. New York: Int. Univ. Press, 1965.

Sprey, J. "Conflict Theory and the Study of Marriage and the Family." In W.R. Burr, R. Hill, F. Ny and I.L. Reiss. Contemporary Theories about the Family. Vol II: General Theories/Theoretical Orientation. New York: The Free Press, 1979

Sternberg, R.J. "A Triangular Theory of Love." Psychological Review, 93 no. 2: 119-135, 1986.

Stevens-Long, J. Adult Life; 2nd Ed., Los Angeles: Mayfield Publishing Co., 1984.

Sullivan, H.S. The Interpersonal Theory of Psychiatry. New York: Norton, 1953.

Tal, A.L. and Kerdis, R.J. and Fine, J.T. and Porac, J. "Intimacy-Isolation Scale, in "A Short Measure of Eriksonian Ego identity." Journal of Personality Assessment, 41 no. 3: 279-84, 1977.

Tan, A.L., and Kerdis, R.J. and Fine, J.T., and Porac, J. "A Short Measure of Eriksonian Ego Identity." Journal of Personality Assessment. 41, 3: 279-84, 1977.

Tanner, J.M. and Inhelder, B. "Discussions on child development". Vol. 1. New York: International Universities Press, 1956.

Tanner, J.M. and Inhelder, B. Discussions on child development. Vol. 4, New York: International Universities Press, 1960.

Tietjen, A.W. and Bradley, C.F. "Social support and maternal psychosocial adjustment during the transition to parenthood." Canadian Journal of Behavioural Science, 17 no.2: 109-121, 1985.

Toder, N. and Marcia, J.E. "Ego identity status and response to conformity pressure in college women. J. Personal Soc. Psychol., 26: 287-294, 1973.

Vinokur, A. and Selzer, M.L. "Desirable versus undesirable life events: Their relationship to stress and mental distress." Journal of Personality and Social Psychology., 32: 329-37, 1975.

Waldron, H. and Routh D.K., "The effect of the first child on the marital relationship". Journal of Marriage and the Family. 43 (November): 785-788, 1981.

Walster, E., and Walster, G.W. A New Look at Love: Readings. Massachusetts: Addison-Wesley, 1978.

Weiner, M.F. Therapist Disclosure. Woburn, Massachusetts: Butterworths, 1978.

Weiner, M.F. "Health and Pathological Love - Psychodynamic Views" in Pope K.S. and Associates (ed.) On Love and Loving. San Francisco: Jossey-Bass Inc, 1980.

Wenner, N. and Cohen, M.B. (eds.), "Emotional Aspects of Pregnancy." First report of the Washington School of Psychiatry project. Washington, D.C.: Washington School of Psychiatry, 1968.

Werner, H. "The concept of development from a comparative and organismic point of view." In D. Harris (ed.) The Concept of Development. Minneapolis: Univer. Minnesota Press, 125-148, 1957.

White, R.W. "Strategies of Adaptation: An Attempt at Systematic Description" in Allman, L.R. and Jaffe, D.T. (eds.) Readings in Adult Psychology: Contemporary Perspectives. London: Harper and Row, Publishers Inc., 1977.

Whitbourne, S.K. and Weinstock, C.S. Adult Development. The Differentiation of Experience. New York: Holt, Rinehart and Winston, 1979.

Whitbourne, S.K. The Me I Know: A Study of Adult Identity. New York: Springer-Verlag, Inc., 1986.

Whitehead, A.F. Science and the Modern World, Cambridge: Cambridge University Press, 1926.

Wilson, A.R. "An Investigation into the Psychological Aspects of Pregnancy and the Puerperium, Using the Technique of Group Analysis." Jnl. Psychosomatic Research, 12: 73-82, 1968.

Winnicott, D.W. (1951) "Transitional Objects and Transitional Phenomena" from Collected Papers: Through Paediatrics to Psycho-Analysis. London: Basic Books, 1958.

Winnicott, D.W. "Psycho-Analysis and Science: Friends or Relations?" Talk given to Oxford University Scientific Society, 1961. quoted in Davis, M. and Wallbridge, D. (eds.), Boundary & Space. An Introduction to the Work of D.W.Winnicott. London : H. Karnac Ltd., 1981.

Winnicott, D.W. "The development of the capacity for concern." Bulletin of the Menninger Clinic, 27: 167-176, 1963.

Winnicott, D.W. "The theory of the parent-infant relationship" in The Maturational Processes and the Facilitating Environment. New York: Int. Univ. Press. 37-55, 1965.

Winnicott, D.W. (1958) "The Capacity to be Alone" in The Maturational Processes and the Facilitating Environment. New York: Int. Univ. Press 29-36, 1965.

Winnicott, D.W. A Personal Statement about Dynamic Psychology. (Talk prepared for the A.C.P.P., Newcastle), 1970 quoted in Davis, M. and Wallbridge, d. (eds), Boundary and Space. An Introduction to the Work of D.W. Winnicott. London : H. Karnak Ltd., 1981.

Winnicott, D.W. Playing and Reality. New York: Basic Books, 1971.

Winnicott, D.W. (1971) "Playing: Creative Activity and the Search for Self" from Playing and Reality. (London: Penguin Books, 1980).

Winnicott, D.W. (1967) The Location of Cultural Experience" from Playing and Reality. (London: Penguin Books, 1980).

Winnicott, D.W. (1956) "Primary maternal pre-occupation" in Through Paediatrics to Psychoanalysis. New York: Basic Books, 300-305, 1975.

Wiseman, J.P. "The family and its researchers in the eighties: Retrenching, renewing and revitalising." Journal of Marriage and the Family. 43 (May): 263-266. 1981.

Wolkind, S. and Zajicek, E. (eds.), Pregnancy. A Psychological Social Study. New York : Academic Press, Grune and Stratton, 1981.

Yalom, I.D., Lconde, D.T., Moos, R.H. and Hamburg, D.A. "Postpartum blues syndrome. A description and related variables." Archives of General Psychiatry, 18: 16-27, 1968.

Yufit, R. "Intimacy and isolation: Some behavioural and psychodynamic correlates." Doctoral dissertation, University of Chicago (University Microfilms, Ann Arbor, Mich., EF 698, 9, S6-18). 1956.

Zephyr, L.H. "Creating your Spiritual Child" from Bridges Not Walls by Stewart, J.R., Readings, Massachusetts: Addison-Wesley Publishing Company, Inc., 1982.

APPENDIX A

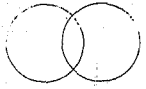
TRANSITIONAL SPACE & DIFFERENT FORMS OF MARRIAGE

APPENDIX A

TRANSITIONAL SPACE & DIFFERENT FORMS OF MARRIAGE

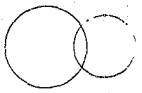
Ten different forms of marriage result from the combination of the differing Transitional Spaces.

Type 1 (1*1)



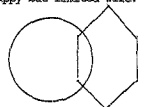
This would illustrate the ideal normal healthy marriage. The boundaries of both are flexible and permeable allowing for good contact. The size of the transitional spaces are both large reflecting a high level of ego development, and the content of the spaces would tend towards identity achievement. In this relationship the potential space, the overlap between the two transitional areas is large, thus making for a deep fulfilling relationship combined with a gratifying personal life.

Type 2 (1*2)



The difference here is that one partner has a lower level of ego development than the other. Within the limits of the retarded ego development this person may have a reasonable sense of identity, although perceived as foreclosed, and may thus be able to commit him/herself to an intimate relationship. However there will be some imbalance in that the partner with the higher level of ego development will probably be in control, and the relationship move into a "benevolent merger"; typically in the "old style marriage", a successful husband and a sweet, accommodating, happy but limited wife.

Type 3 (1*3)



This is an unusual combination, as one would not expect a relationship to last, where one partner is so healthy with respect to the other. The second partner has grown and developed a high level of ego development and a sense of

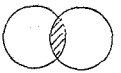
identity. Because this person's boundaries are rigid and impermeable, the development has taken place without much in the way of good contact, and this lack of capacity for mutuality will be evident in the relationship. In this relationship partner (b) is probably a workaholic as all reinforcement comes from work and not from deep relationships. This partner is also likely to be rather autocratic and needs to control the relationship. Partner (a) would allow partner (b) to believe that he/she is in control.

Type 4 (1*5)



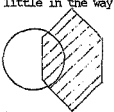
Partner (b) in this relationship is the prototypical filmstar with great shifts between the need for enmeshment or merger alternating with the need for isolation. This relationship will have great and meaningful highs as there is a good deal of ego development and the ability for merger, but it will be a very erratic type of relationship, with partner (a) providing the anchor and stability for the eccentric partner.

Type 5 (2*2)



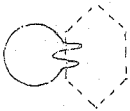
In this relationship, both partners have a retarded level of ego development and foreclosed identity status, yet within the limits that implies there is a sense of identity and a good capacity for contact. These are the "little grey people" whose lives represent acceptable mediocrity. They are relatively happy, but with little in the way of depth.

Type 6 (2*3)



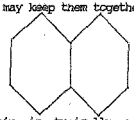
This relationship is in some ways similar to that of Type 3. However, in this relationship, partner (a) has a lower level of ego development. This relationship would probably be a merger. Partner (b) autocratic and directive and partner (a) taking the directives and adapting.

Type 7 (2*5)



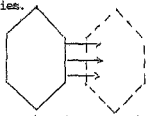
In this type of relationship, partner (a) has the ability for contact and a foreclosed identity. The incapacity to tolerate paradoxical relationships and conflict, in terms of the low level of ego development and the buffeting the relationship must take from partner (b), especially if s/he has a diffuse identity, must make it a difficult type of relationship, with some highs that may keep them together.

Type 8 (3*3)



This relationship is typically one of pseudo-intimacy. This couple may live together but separately. Alternatively, they may both be trying to assert themselves within the relationship, but without success. As both probably are identity achieving, with a good inner sense of their own identity they are both developmentally ready for intimacy, but are constrained within their own boundaries.

Type 9 (3*5)



Again in this relationship there is very little that may be called contact. Here the Autocratic partner (a) attempts to assume and maintain control. Because the boundaries in the other are fractured s/he probably has a diffuse identity, sometimes this is allowed, through a breach, (b) has some sense of contact, (a) some sense of control, until (a) is ousted again to start the process all over again.

Type 10 (5*5)



Finally, this represents a relationship between two individuals who have a high level of ego development, but a diffuse

identity and an inability to sustain good contact or withdrawal. Both these individuals have a need for merger and isolation beyond the healthy contact and withdrawal. These people experience crazy destructive push-pull relationships, never dancing in step or co-ordinated. But the *highs* are incredibly high and the lows incredibly low. A typical example of such a relationship was between Elizabeth Taylor and Richard Burton. Extremely destructive yet very enticing.

APPENDIX B

TRANSITIONAL SPACE & THE CONTACT BOUNDARY

APPENDIX B

TRANSITIONAL SPACE & THE CONTACT BOUNDARY

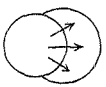
With respect to the contact boundaries, those relationships with fractured boundaries would have both the disturbances where the boundaries disappear, such as confluence and projection, as well as those where the boundaries are impermeable. The impermeability of boundaries has also been called confluence phobic (Erskine, 1981), and reflects the boundary disturbances of projection and retroflection. Because of their erratic nature, these relationship are difficult to sustain.

The other relationships , however, may be characterized as having a predominant or characteristic neurotic style:

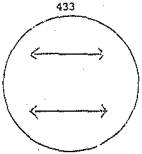
Type 2: Introjection ~ (b) introjects (a)
Type 3: Projection ~ (b) projecting onto (a)
Type 5: Confluence ~
Type 6: (a) would tend to confluence; (b) to projection or retroflection
Type 8: Projection

The following diagrams represent an illustration of the four boundary disturbances as reflected by the model of the transitional space. All represent interruptions to contact at the contact boundary, and all are carried out by a person to himself, but within a social context.

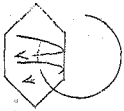
———————— Conscious processes
- - - - - - - - Processes that are out of awareness.



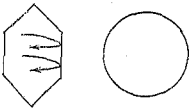
1. Introjection is the neurotic mechanism whereby we incorporate into ourselves standards, attitudes, ways of acting and thinking which are not truly ours."(Perls, 1973, p.34). Here, the individual (temporarily) loses the boundary between himself and the other, and takes in, or, swallows whole, the other as though it were his own.



2. Confluence: "When the individual feels no boundary at all between himself and his environment, when he feels that he and it are one, he is in confluence with it." (Perls, 1973. p.38)



3. Projection: "We shift the boundary between ourselves and the rest of the world too much in our own favour - in a manner that makes it possible for us to disavow and disown those aspects of our personalities which we find difficult or offensive or unattractive." (Perls, 1973. p.37). In this interaction, (a), feeling threatened, erects a strong boundary around himself, not allowing the other in, yet seeing what is actually coming from himself, as coming from the other.



4. Retroflection: "When a person retroflects behaviour, he treats himself as he originally wanted to treat other persons or objects." This may be a solitary activity, as the person erects a firm boundary around himself, and really interacts at that point, only with himself."

Perls suggests that although the boundary disturbances operate through four distinguishable mechanisms, it would be unrealistic to say that a particular kind of neurotic behaviour is an example of any single one of them. Also, it would be unreasonable to say that any single disturbance in the boundary of the individual is evidence of a neurotic pattern. So it may, also be said that all human beings have in their past, and do in their present, experience times or situations where the environment is, or is perceived to be extending too far over into the individual. He does not always, in terms of his own history and his humanness, respond appropriately, but with a

defense against, what he experiences as a threat to his integrity, and uses one or more of the neurotic patterns of behaviour. It may also be observed that each individual has characteristically favourite "neurotic behaviour patterns" that he will tend to use over others. It is only when these neurotic patterns of behaviour become a rigid and fixed mode of responding, and thus interfere with his meeting his own needs and having successful and fulfilling contact with people, that it becomes pathological.

So, it is possible to see these neurotic behaviour patterns in any number of people, and within one person any number of times, without the need to see those individuals as pathological. However each time one of those behaviour patterns is seen, it may safely be assumed that the behaviour is inappropriate and is a consequence of that person feeling threatened and regressing.

Although different types of individuals have been described with certain transitional spaces, having boundary qualities size and content, it must be noted that this is only a model of description; that every model is true only as long as it is useful; and because human beings are continuously growing and changing both over the long as well as the short term, any illustrative representation of a process can only stop the process in time, taking a slice out of that process and assume that it is a representative slice. So the model here presented, must be seen within the context of these limitations. Thus when describing an individual as having a transitional space with a certain type of boundary, it must be assumed that this person has a tendency to respond from this position, in fact that there is a distinct probability that he will respond from that position, but that it is not the only response that he will display; and that he may behave in any one of all possible ways, including the adaptive way. Obviously, the healthier the individual, the more time he will spend in adaptive responses.

APPENDIX C

MARITAL TYPES & PREDICTED ADAPTABILITY TO PARENTHOOD

APPENDIX C

MARITAL TYPES & PREDICTED ADAPTABILITY TO PARENTHOOD

Marital type	Boundary Quality: capacity for contact	Size: ego develop.	Content: identity status
1	(a) good *	high *	achieved *
	(b) good	high	achieved

Comments on adaptability to birth of first child:
Although there is a good chance that this couple will have few problems with the transition to parenthood, the area where they may have some problems with change is that of identity, particularly in giving up a job or career to become a parent. However, the difficulties will be well handled as the level of ego development is high, and the joy of intimacy will be extremely fulfilling.

2	(a) good *	high *	achieved *
	(b) good	low	foreclosed

Comments:
This couple will not experience many problems in adapting to the birth of their first child. (a) the identity achieving member will continue with (traditionally) "his" career, while (b) who has a foreclosed identity (traditionally around getting married and having babies), will be supported through the early parenting times.

3	(a) good *	high *	achieved *
	(b) poor	high	achieved

Comments:
In this couple (a) would take on the major parenting role, while also experiencing the difficulties of adaptation without the necessary support. (b) would try and control the system, and believe that s/he was playing an equal role, while denying any difficulties in adaptation.

Marital type	Boundary Quality capacity for contact	Size ego develop.	Content identity status
4	(a) good	high	achieved
	*	*	*
	(b) poor	high	diffuse

Comments:
Again, (a) will do the adapting, and negotiate the difficulties well, with little support from (b) who will remain involved in his/her world. There will, however, be wonderful moments of togetherness and highs in the family, as well as some periods of extreme isolation and loneliness.

5	(a) good	low	foreclosed
	*	*	*
	(b) good	low	foreclosed

Comments:
Even though these people have a foreclosed identity status, parenthood is usually written into their identity structure. They may experience difficulties, but the structure in their system will support them through it without too much of a problem. They will also collectively experience much joy from becoming parents.

6	(a) good	low	foreclosed
	*	*	*
	(b) good	low	foreclosed

Comments:
(a), with the foreclosed identity status and good capacity for contact will take the major parenting role and adapt to the autocratic directives of (b) and the demands of the parenting role, with some, but no major difficulties.

7	(a) good	low	foreclosed
	*	*	*
	(b) poor	high	diffuse

Comments:
So much energy is needed to keep this relationship together that any change will prove very difficult to cope with.

Marital type	Boundary Quality capacity for contact	Size ego develop.	Content identity status
8	(a) poor *	high *	achieved *
	(b) poor	high	achieved

Comments:
As both partners are competing for power in this relationship, and have little or no real contact, this will be a very difficult relationship for a child to be born into. It will also be experienced by both members of the couple as a very difficult time.

9	(a) poor *	high *	achieved *
	(b) poor	high	diffuse

Comments:
(b) would alternate between being the "best of all possible parents", and "abandonment", while (a) is very critical and self-righteous, but uninvolved and unsupportive. A difficult adaptation. Again here, there is so much energy needed to keep the relationship together that there is really no room for a child.

10	(a) poor *	high *	diffuse *
	(b) poor	high	diffuse

Comments:
Having a child will be of little import to the identities of these individuals. However, the needs of the child prove extremely disruptive to this marriage, producing many problems and resentments.

APPENDIX

Below, will be represented a prediction of the way in which each type or relationship will deal with the changes, as well as how they may benefit from the course. Note that content, in terms of identity status is only a tendency, and need not follow the assumed statuses.

TYPE: 1

BOUNDARIES: Remain the same - allows for good contact. Even though there may be problems, the depth of intimacy achieved will allow them to support each other.

SIZE: Loevinger maintains that once one has maintained a level of ego development, one retains that level. Although generally that may be the case, most researchers would argue that under stress one tends to regress to earlier patterns in one's life (Janis, 1958, and others). It is predicted that if there are other stresses in the situation, there will be some temporary regression, however, it is not expected.

CONTENT: This is the area that there will be predicted problems. Both members of this couple tend to be identity achieving. It is the constantly reported difficulties (Davidson, 1987) with giving up a career or satisfying job, on the part of the mothers that is most stressful. One may find these women in moratorium from identity achieving to foreclosed, diffuse or even back to identity achieving. It is these women who may report as having difficulties adjusting, and seek help either antenatally or postnatally.

COURSE: These are the couples who will make the best use of the course. They will use the information, and the experiential awareness gained through the course to support and help themselves and each other through the difficulties.

TYPE 2:

BOUNDARIES: Allow for good contact

SIZE: (b) would probably grow in ego development as a result of the experience.

CONTENT: would stay the same as they both would be supported by each other to stay the same.

COURSE: This couple will really benefit from the course, carefully listening, participating, and using the skill learned.

TYPE 3:

BOUNDARIES: (b) *has* unacknowledged difficulties in relating to and supporting (a).

SIZE: (a) regresses, while experiencing affiliation needs that don't get met. Would tend to stay regressed longer as needs are not met by spouse. May show up as depressed. (b) remains within rigid boundaries, self absorbed and unaffected.

CONTENT: (a) in moratorium from achieving probably to diffuse, or perhaps back to achieving.

COURSE: Both will report having enjoyed the course, although (b) may express doubts as to its usefulness. (b) will only participate and use the course if it is "impressive" enough. Postpartum, however, (a) will report that the course has not really been of value.

TYPE 4:

BOUNDARIES: Because there is a combination of flexible/permeable and fractured boundaries, this couple will report periods of extreme closeness and others of "neglect"- highs and lows.

SIZE: Both will experience regression as isolation is experienced. (a) will be the member who will experience the most increase in distress, although (b) who may often feel distressed anyway will also report difficulties.

CONTENT: (a) will be in moratorium from achieving to foreclosed or diffuse, as not getting enough real support from (b), while (b), with a diffuse or perhaps negative identity will continue on the same route through life.

COURSE: It is predicted that such a couple would approach the course very seriously, with (a) trying to find the basis for the hints at cracks in their relationship already showing, while (b) would vacillate between scepticism and involvement in the course. This marriage may be held together if (a) is strong and consistent enough.

TYPE 5:

BOUNDARIES: Good boundaries allow for the joy of contact and intimacy.

SIZE: Both will probably grow as together they deal with the joys and difficulties of parenthood.

CONTENT: Both foreclosed and stay in predictable structures. This couple will move most easily of all into parenthood.

COURSE: They might attend the course, if they are told they should. Will not use much from it, but will enjoy the contact with other couples in the same condition and get great satisfaction from becoming parents.

TYPE 6:

BOUNDARIES: (b) is intrusive and autocratic. (a) will continue to get directives but not support for (b).

SIZE: (a) will increase in level of ego development as s/he successfully deals with aspects of parenting on own.

CONTENT: (a) remains foreclosed. (b) remains achieving.

COURSE: (b) will only participate and enjoy the course if it is "impressive" enough, and will direct (a) on how to behave and how to use the material from the course that (a) has forgotten about. (a) will experience the transition as difficult because of inadequate support, while (b) will not know what all the fuss is about!

TYPE 7:

BOUNDARIES: No support experienced, as there is no intimacy, rather merger and isolation. At the time of the birth and after the main sense will be one of isolation.

SIZE: If they manage to hold the marriage together, (a) might develop; and then again might not.

CONTENT: (a) who is foreclosed will probably be pushed into moratorium, by not having predictable aspects to the environment. Will tend to go back to foreclosure.
(b) if diffuse, will stay diffuse. could move through moratorium into negative identity status.

COURSE: Probably wouldn't attend the course. Will experience great difficulty around this time.

TYPE 8: BOUNDARIES: *Rigid/impermeable* - no place for contact. There is a power struggle and a sense of isolation.

SIZE: There will be regression, as extreme isolation is experienced with needs unmet by spouses.

CONTENT: One or both may move very temporarily into moratorium, but quickly back into the area where they receive the kinds of reinforcement they are used to. The wife, however, may move to foreclosure, as this may be the only way to save the marriage.

COURSE: They might come along to a course, but both support each other's critical approach to it.

TYPE 9: BOUNDARIES: Don't make for any sense of support [illegible]ntact for each other.

SIZE: [illegible]uld tend to regress with the stre[illegible]age in "neurotic behaviours".

CONTENT: Both probably remain as they were, in a very difficult relationship.

COURSE: If they attend the course, might enjoy it but won't use the information gained.

TYPE 10: BOUNDARIES: Extremes of mergers and isolation. No sense of support.

SIZE: Without support will both regress.
CONTENT: Could both move from diffuse through moratorium to foreclosure, to try and define some structure.

COURSE: May go back to the information and skills from the course to help define the foreclosure.

Children are a burden, and if they bring joy it is because two people have decided to take that kind of a burden; in fact have agreed to call it not a burden but a baby.

Winnicott

APPENDIX D

EXAMPLES OF RESPONSES TO THE PROJECTIVE MATERIAL

APPENDIX D

EXAMPLES OF RESPONSES TO THE PROJECTIVE MATERIAL

These following comments and stories are the responses on the projective material to the transition to parenthood.

Stories

1. She daydreams about her life and future passing the time while an out of sight painter finishes the work.

(concept of waiting and examining life - great metaphor for pregnancy - level of idsntification with the process and the woman.)

2. She is quite content but would like to be able to do some of the things she's dreaming about. She feels slightly trapped by her surroundings of being kept at home having to look after and keep a family going, yet she is philosophical about it. Her circumstances are essentially of her choosing and if they are presently melancholic it doesn't matter as they are temporary..

From Loevinger sentance stems

Women are lucky because.. they have a link with the child in pregnancy which a man can only guess at..

A good mother.. is one who can accept that the world of her children has different values and can marry them to her own..

My conscience bothers me.. if I do something unjust, but I seldom put myself in that position..

Comments:
I found that An was always tired and I ended up sitting on my own a lot of the time and I felt lonely. The labour was easy to handle as I was prepared for it and at last there was something at the end of all this waiting.

Sense of responsibility:

It was a planned child so I expected change. Some has been more difficult than imagined, but Jade is worth all the stress we went and will still go through..

Become better - communication.
- support for each other.
- our ability to handle stress.

Become worse - financial situation.
- sexual relationship.

Of the course:
I think I am more supportive of An, and participating in bringing up Jade with more insight and understanding..

Most useful.. was basically discussing our mutual *fears and* apprehensions with others in the same boat and being told that these were common and rational..

As a father I felt relatively isolated from what was happening and apprehensive. The course made me feel that someone cared about helping me cope whereas in most instances support is directed only at the mother and the father-to-be is, I feel, neglected in terms of emotional support.

1. The lady is very pensive or worried or could it be both. Perhaps she is pregnant in which case she is probably both. Perhaps she has just found out she is pregnant. She cannot come to terms with the situation; what is going to happen to her body; why does she not feel elated. All these things take time to come to terms with and it is not an easy time. What is the future to be - having to give up work and her independence' staying at home all day, missing friends and colleagues and all the general banter. Times ahead are going to be difficult and hopefully her spouse or companion is going to be fully supportive. Hopefully the outcome of all her thoughts and feelings will come right and it will be a happy time for all concerned..

(Note her total turning in on herself and her issues - almost no reference to her spouse and when she does it is only with reference to her).

2. ..Whatever is worrying the woman, she must talk, communicate, share her problems with someone and maybe things will not be so bad and will be sorted out..

From Levinger sentence stems:
The thing I like about myself is.. that I feel I can cope with fairly stressful situations.

Comments:
Pregnancy was awful, I always felt so tired and listless, so going into labour was a relief that it was all over. The thought of labour frightened me though as one never knows what to expect, however well prepared you are. But once it started you didn't have time to think about it and it was too late anyway..

Overall life satisfaction:

Before marriage	10
Before pregnancy	10
During pregnancy	5
Since the birth	7

Staying at home for the first time in my life takes getting used to and therefore not having people around me, I tend to get fairly lonely..

Become better - our support for each other.
- sexual relationship.
Become worse - *economic situation*..

Talks a lot about the value of communication.

So many of the things discussed have actually happened and we both know how to go about *solving them or talk about them*..

Most useful part of the course was being able to COMMUNICATE with people who were experiencing the same problems as us and having qualified people to help us answer questions.

Getting married at the age that I did.. has helped to strengthen our relationship as we then waited six years..

Men are lucky because.. they can escape from the baby and home environment so easily..

The worst thing about being a man.. is not being a woman.

LETTER TO YOUR BABY.

Dear bratling,

This is the first letter from your mother and I. An your mother is a strong dependable and humorous woman, and I am a little weaker and probably not as dependable, and hopefully also humorous.

A long time ago a book was written by a man named Orwell who made some fairly frightening statements about 1984, the year you will be born in. Many of them are coming true but better than that you can beat the difficulties in the world if you believe in *your own abilities and do your best* to get on with the people you meet.

At first you are going to live in the country - a place where the pace of life is slow and gentle like the river at the bottom of the garden. We have three dogs which are not as intelligent as you and have to rely on humans, that's you and us to look after them. In a way they are like people, treat them nicely and they will look after and love you, treat them badly, and it's your fault if they bite you!

I will have to go to work, a nasty reality you will be introduced to in time as much as I would like to spend all my time with you, I have got responsibilities to you and An, which means I can't be with you all the time. In time when you are ready for them you will get your own responsibilities - try to do them cheerfully -you can't avoid them so do them as best you can. My responsibility is to go to work to get money to pay for food etc, and your mom's reponsibility will be to care and look after you while I'm away.

Later in life you will go to school and meet other kids, don't take whatever they say for granted. We live in an unfair world. You are luckier than most in our country. Millions of kids are going to have a harder time than you, for political reasons which are beyond your immediate control. Treat everyone, and that means everyone fairly and in a way that you would like them to treat you.

There have been a lot of serious things said in this letter - some you may decide to reject later, that 's your choice, hopefully I will be strong enough to give you the freedom you deserve.

But to end off, you're a kid in a great big exciting and changing world. As long as we're alive we'll be your best friends. Love people and love life.

Alias Dad and Mum.

APPENDIX E

SUPPORT FOR CONCLUSIONS REGARDING TRANSITIONAL SPACE

APPENDIX E

Support for Conclusions regarding Transitional Space

Roy
Size: Loevinger Scores
I-4
i-3

Quality of the Boundary: Capacity for Contact:

Permeability:
Good capacity for contact:
I wish...my earnings were more to give my wife a rest from her job and less worries.
Being with other people...gives me enjoyment
I feel sorry...for young children who are brought in this world and end up with broken homes.
A man feels good when...he knows he has the full backing of his wife.
When a child will not join in group activities...one must sit down with the child, find out what the problem is and encourage the child to join.

Flexibility:
Getting tied down after marriage...doesn't worry me at all.
Sex relations are...not quite the same I assume it has a lot to do with the birth of our daughter.
Approximately 2 weeks before the baby was born as Tessa had a terrible rash I rubbed her down day and night (every 15-30 mins).
My mother and I were very close at one stage, as I attended to most of her problems and tried to help her with her personal problems.

Content: Identity
Work
Commitment: (No change from pre to post)
I having studied when I started out in my career.
Our income...just gets us by from month to month.

Crisis Facing: (No change pre to post)
The future will be difficult but a happy one - we will have our first child to bring up.
A man's job is to help a women just as much as she would help her husband as her job is just as demanding as a man's job.

Marriage
Commitment: (No change pre to post)
Getting married at the age that I did...settled me down and gave me a future to work for.
In the TA...and hopefully her husband will reconsider, and sit down with her to sort out the grievances between the two parties and give their marriage another try.
...and her husband should be a lot closer to her since the birth of their child.

Crisis Facing: (No change pre to post)
In both TAT stories:
It seems that this *woman* is *having* problems in her marriage.....She wants to get her marriage together .....
She was under a lot of stress at home...She hasn't had a child before and therefore she is worried about her child's minor problem.....

Tessa
Size: Loevinger Scores
I-4/5
I-4

Quality of the Boundary: Capacity for Contact:

Permeability:
Sex relations are...still good and deeply fulfilling for me.
Being with other people... is something I enjoy.
A good father ...is someone you look up to, admire, and always there to listen and help you - not to say "I told you so!"
A wife should... always stand behind and support her husband in all ways, but should be able to tell him when he is wrong.
I feel sorry ...that my husband (actually all men) cannot feel what a woman feels during pregnancy and labour.

Flexibility:
I wish to be a fantastic understanding wife and a very good mother.
Getting tied down after marriage...did not worry me! I do not resent sharing my life with my spouse.
When a child will not join *in group activities*... try to improve his confidence in others.
When I am criticized...I usually try and defend myself and if wrong - change - or try to change.
A husband has a right to...demand more of my time for himself and his child.

Content: Identity
Work

Commitment:
For a woman a career is... something she must follow at least once in her life, before or after becoming a mother.

Crisis Facing:
If only...I could give up work, without feeling so terribly guilty about it.

Marriage
Commitment:
My husband and I... have withstood many trials to our marriage
Getting married at the age that I did... proved to be the right thing.

Getting tied down after marriage... is not really true for us, we give each other plenty of independence.
Responses on the TAT:
....but he always comes back with a smile and a hug, and sometimes - that's worth the argument -as long as you can patch it up - after all e were not made to think and do the same things - Thank Goodness! She *really does love him*, and hopes he'll come back soon. She's prepared his favourite dish - She wonders if she should open the wine...

Crisis Facing:
Sex relations are...only now coming back to what they were before.
My husband and I still have lots to sort out between us regarding our relationship.
Responses on the TAT:
What a life! To work, sleep, and eat - a real rat race, and to think that all she asked for was to be taken out to supper once in a while, or receive a bunch of flowers now and then, just to keep up her morale.
Running a home , being a wife and mother and trying to keep down a job really takes its toll!

Harry
Size: Loevinger Scores
I-4
I-4

Quality of the Boundary: Capacity for Contact:

Permeability:
From responses on TAT: the aspect of involvement-withdrawal..
...If the person is considering a problem, she will resolve it by coming to a decision or fail to make a decision, whereupon circumstances may resolve it for her.
2nd
She seems neutral - I cannot tell whether she is despondent or merely contemplative - seems less emotional than rational - perhaps she is merely very tired (physically) and is resting.
I don't think the picture is evocative enough to justify any particular speculation..
I regret...that I am often very intolerant of others' and my own faults.
Getting married at the age that I did was inevitable , considering my emotional make-up.
When I am criticized...I usually react aggressively and then afterwards try to evaluate whether the criticism was valid - if so I try to improve myself or not to make the same kind of mistake again.
What gets me into trouble is... my vanity, intolerance of [illegible]s' and my own faults and my emotional immaturity.
[illegible] should...beware of not being trampled on by her husband.
[illegible] am with a woman...I usually try to make an impression - exa[illegible] I don't always know.

Flexibility:
I regret...being so impulsive.
The happiest time...is when I compete and win (I am a bad loser).
Men are lucky because...they control society.
A husband has a right to...only exercise his right in conjunction with consideration for the rights of his wife.

Content: Identity
Work

Commitment: (no change pre to post)
There was much evidence of the level of his commitment both to his legal practice and his political involvement from his interactions during the intervention. He spoke about them both often, freely, and with a great deal of commitment.
The future...is bright - I'm optimistic about it.
He also reported after the birth of the baby that he still managed to find time for his politics (and squash).

Crisis Facing:
If only...the day were longer, I'd finish all the things I start.
I just can't stand people who...are indecisive (sometimes I am too).
What annoys me...is that I do not always live up to my own expectations of myself.

Marriage
Commitment: (Decrease in marital commitment from 4 to 3)
Getting tied down after marriage...is not a concept or a problem that has beset me or manifested itself. (From 1).
Getting tied down after marriage...is something I experience occasionally because I have wide ranging interests. (from 2)

Crisis Facing: (Change from 2 to 3)
My wife and I...are happily married. (From 1)
My wife and I...have a sound relationship; I'm not sure that it's as sound as it was a few years ago. (From 2).

Pat
Size: Loevinger Scores
I-4
I-4

Quality of the Boundary: Capacity for Contact:

Permeability:
Evidence for the involvement-withdrawal: from responses to TAT's
..Her thoughts are not negative just reflective. She is neither happy nor sad.....
..She will get up and carry on as before with life and its responsibilities.

Being with other people...is pleasurable sometimes boring.
The thing that I like about myself...is the fact that I like myself.
A man feels good when...he is flattered and attention is lavished on him.
Getting tied down after marriage...did not bother me as as I manage to keep my independence.
I am...enjoying my work, my baby and when we have the time, my husband.

Flexibility:
A man should always...be sensitive to a woman's needs and aspirations.
Making decisions in our home...is fine but keeping those decisions is tough.
My husband and I are still great friends.

Content: Identity
Work

Commitment: (change from 5 to 4)
During the intervention, she spoke a great deal about her career and the importance it held for her. She also had great difficulty in giving it up with the birth of the baby. Her biggest problem was around the change in role and identity that was involved in becoming a mother.
In response to the question, How do you see yourself as different now that you have had a baby?.....I am more responsible,. I don't find work stressful as it is no longer my priority.....

Crisis Facing:
Pat was very involved in all aspects of her work, and faced a crisis as a challenge. It is doubtful whether having a baby would change her attitude when involved in the work situation. There is, however, nothing specific on which to base a perspective other than the comment that she sees herself as more responsible. That in itself would imply crisis facing rather than crisis avoiding.

Marriage
Commitment: (no change)
My husband and I...are still great friends.
The happiest time...is when life is not hectic and we can relax together.
I wish...that our state of finances would improve and that I could lose weight.
I am...enjoying my work, my baby and when we have time, my husband.

Crisis Facing: (change from 2 to 4)
Response to question on how she would like the work load to be different:

I would like my spouse to participate more as I feel that both he and the baby are losing out. If he spent more time at home I would be satisfied with the work load division at present.
She also saw their communication, support for each other, her partners need for dependency and their sexual relationship all to have deteriorated.

Alan
Size: Loevinger Scores
I-4
I-3/4

Quality of the Boundary: Capacity for Contact:

Permeability:
"Sex relations are..."good and completing when they come with the right person"
My mother and I...means special complex of relationships,
A good father....is first of all a good friend.

Flexibility:
He didn't want his wife to go back to work after the baby would arrive as he didn't want to get involved in the caring for the baby; he suggested that a wife should....be first a good friend and then a good cooker in the kitchen, a whore in bed, and a lady in society.

Content: Identity
Work

Commitment: (no change)
Based on the certainty with which he wrote about how their income was sufficient and would grow when the needs became bigger; how he regretted nothing in his life as "everything good or bad was a lesson to remember",

Crisis Facing: (no change)
When he is criticized, he listens and tries to understand and learn; he feels sorry for those who want something and can't achieve it.

Marriage
Commitment: (change from 4 to 3)
His commitment to the marriage and the prospect of parenthood is very clear...
Getting married at the age that I did.. was the right thing at the right time with the right person.
Raising a family...is a serious job;
A man's job.. is to take care of his family.
Getting tied down after marriage...can kill me sometimes.
When I am with a woman...I think a lot of sex.

Crisis Facing: (change from 4.5 to 3.5)

He faced some difficulty in getting tied down after marriage..."is sometime very difficult especially if you had many girls before".

Sharon
Size: Loevinger Scores
I-4/4
I-3

Quality of the Boundary: Capacity for Contact:

Permeability:
In-laws are...people who become part of your family when you marry their child.
I wish...I could be insensitive and happy.
Making decisions in our home...bores or excites me depending on what I am deciding on.
If only ...I had a lot of money.

Flexibility:
Getting tied down after marriage... is often very difficult to accept.
Making decisions in our home...is something I do without placing much importance on it.
If I can't get what I want...I sulk or get terribly annoyed.
A man should always...be aware of the needs of his partner.

Identity:
Work

Commitment: (no change)
Even though she is a high school teacher and expressed concern about whether to leave her job when she had her baby, she never once made mention of her job in the sentence stems. The only allusion she did make was in the second testing where the stem read, "For a woman a career is..." and her response was "important". It appears that it is not the role itself but rather the issue of having a career, that is important to her. Her lack of commitment to her work role was also evidenced in the fact that after the second session of the group, she telephoned the author to ask if she could be taught to run these courses.

Crisis Facing:
Evidence based on lack of commitment to role

Marriage

Commitment: (change from 4 to 3)
Getting tied down after marriage.... frustrates me terribly.
What annoys me...is that I'm supposed to be a domesticated housewife and I'm not!
Getting tied down after marriage...is often very difficult to accept.

Men are lucky because they are free from many of the responsibilities of being a mother.
The happiest time were the years when I was 14-19.

Crisis Facing: (change from 4.5 to 3.5)
My husband and I...have warm caring, as well as bad moments together.
The future...frightens me and yet excites me.
If only...I could never question and be content.
My husband and I...love each other.
I regret...being unable to overcome the anxieties that hinder me.
I wish...for peace goodness and happiness and that it would permeate the world and mankind.

Martin
Size: Loevinger Scores
I-5
I-4/5

Quality of the Boundary: Capacity for Contact:

Permeability:
From TAT responses...The woman will eventually get up having enjoyed her first session of modelling and the opportunity to reflect and the opportunity to sit and talk about anything with the artist. She will leave feeling happy and not demanding to be paid.
Getting tied down after marriage... must be discussed by the partners but does not worry me in our marriage.
When I am criticized...it depends on the nature of the criticism and whether I think it justified before I argue back or not.
Being with other people...is what life revolves around for most of us and I find enjoyable.
The thing I like about myself is...[illegible] ease I normally "get on: with most people with. I am an active listener which makes it easier.
My mother and I...are in essence very similar very emotional people.
Women are lucky because...they have [illegible] link with the child in pregnancy which a man can only guess at.
My wife and I...realise a lot of strain has resulted with the changes forced on us but are prepared to help each other out.
A good mother...is one who can accept the world of their children has different values and can marry them to her own.

Flexibility:
My wife and I...know each very well but we should make a greater effort to meet new people.
Getting married at the age that I did...was no problem really as my wife wanted to do what I did then - traveling before settling.

Making decisions in our home...*is a joint affair.* Major decisions are made fairly easily small decisions are sometimes passed on to the other partner.
A good father...should also try to be a best friend and always be dependable and constant.
A girl has a right to...as freely as any man or boy but unfortunately has to put up with the social hypocrisy and stigma.
Rules are...guidelines for socialisations but must be tempered with reality and applied with caution and justice.
From 2nd TAT response...She is quite content but would like to be able to do some of the things she's dreaming about. She feels slightly trapped by her surroundings of being kept at home having to look after and keep a family going, yet she is philosophical about it. Her circumstances are essentially of her choosing and if they are presenting melancholic it doesn't matter as they are temporary.
Why...Most instances support is directed only at the mother and the father-to-be, I feel, neglected in terms of emotional support.

Content: Identity
Work

Commitment:
I wish...I was more of an "achiever" and that I had the strength of character and will to work harder.
I regret...very little of what I have done, mainly I regret missed opportunities and my laziness.
If only...I had greater ego drive I would be more confident of my ability to do well in future.
A man's job...would be something he enjoys doing as all things being equal he is going to have to do it for sometime.
From 2nd Questionnaire - If only...I could get down to doing the difficult things as soon as they arose I wouldn't have them nagging me.
From 2nd Questionnaire - Men are lucky because...they get to go out and work so have an interest outside the home.
Crime and deliquency could be halted if... we were all given lobotomies - as long as there are people in this world there will be crime.
From 2nd Questionnaire - My main problem is...lack of drive and determination.

Crisis Facing:
The future...usually takes care of itself though I look on the optimistic side I must put more effort into securing a healthy future.
What annoys me...is my own lack of self discipline.
What gets met into trouble...is my own time wasting which means I do not get things done to my own satisfaction.
From 2nd Questionnaire - I disciplining myself at work more as I feel time has been wasted.

Marriage

Commitment:
The happiest time...always on reflections seems to be the present, though I feel happiest when responsibilities are few.
A wife should... try to cultivate interest outside the home to give her a sense of her own worth.
I feel sorry...for kids of broken families but also for kids of "over-protective" parents.
A pregnant woman...is not really sexually appealing but has a glow that is not there in normal circumstances.
Getting married at the age that I did... I did not have much of a bachelor's life not that I missed it. I was very happy.
From 2nd Questionnaire - A woman feels good when...she can feel that she is of some worth to herself and those around her.

Crisis Facing:
Sex relations are...strained at present and generally lack spontaneity and slightly stereotyped.
From 2nd Questionnaire - Making decisions in our home...is a joint affair. Major decisions are made fairly easily; small decisions are sometimes passed on to the other partner.
Raising a family...can't be so difficult thousands have done it fairly successfully before me.
Most men think that women...are second class citizens or if not that, slightly inferior probably as a result of a perceived threat to their "bravado".
Response on 2nd TAT..She will get up realising that this is just a cycle of life and that their freedom will release her from any chores and she will be a friend of her children in the end.
From 2nd Questionnaire - Sex relations are...improved now but took some time to approach normality after pregnancy and birth.
From 2nd Questionnaire - At times he worried about...money but he realised there was more to life and happiness than a materialistic existence.

Anne
Size: Loevinger Scores
I-3/4
I-4/5

Quality of the Boundary: Capacity for Contact:

Permeability:
In-laws are...usually portrayed as troublemakers who one can never see eye to eye with - mine fortunately are the reverse.
My husband and I...are such good friends as well as partners, I hope this continues after the baby is born.
If only...my husband could spend more time with me after I have the baby.
Being with other people...is highly important, for stimulation, especially if at home all day.

My mother and I...have a fairly close relationship, but see her so rarely.
When people are helpless...I try to find out their problems and help them.
I feel sorry...when I see destitute and deformed people in the streets.
A man feels good when...he is praised and loved.
My husband and I ...are just as happy now as before, despite financial difficulties.
Getting married at the age that I did...has helped to strengthen our relationship as we then worked 6 years.
The worst thing about being a man...is not being a woman.

Flexibility:
Getting married at the age that I did...has not worried me in the slightest.
Making decisions in our home... is done by both of us.
A girl has a right to...follow whatever career she likes without her parents stopping her.
A wife should ...have a say in all business matters.
When I am with a woman...we tend to talk baby talk these days.
My father...is a very headstrong stubborn man, but with a heart of gold.

Content: Identity
Work
Commitment:
I wish... that we had our own house so that when I stop work, we don't have to worry about continual saving.
A man's job.. takes him out of the house for long periods of time, which is unfortunate with young children as he should also have a hand in raising them.
If only...more companies had full time creches, so that more mothers could work without worry.
From 2nd Questionnaire - For a woman a career is...highly important, even after having children.

Facing:
Our income...is more than satisfactory at the moment, but will we manage when I stop work.
From 2nd Questionnaire - Our income...has obviously dropped considerably since I finished work and things are a bit tight at the moment.
From 2nd Questionnaire - I having done my bookkeeping courses before having a baby.
From 2nd Questionnaire - My main problem is...I'm too independent and want to earn my own money.

Marriage
Commitment:
Sex relations are...most important in a good marriage.
The future...for our family looks good, but I don't think in South Africa.

The happiest time...of my pregnancy has been the last 5 weeks, I have been feeling so good at last.
My husband and I...are just as happy now as before despite financial difficulties.
From 2nd Questionnaire - Getting tied down after marriage...has not affected me in the slightest.
From 2nd Questionnaire - Making decisions in our home...is done by both of us.

Crisis Facing:
Raising a family...is a very difficult job.
What gets me into trouble is...my temper, I sometimes fail to control it.
From 2nd Questionnaire - Sex relations are...not as good and spontaneous as they were pre-pregnancy, but are improving.
From 2nd Questionnaire - The future...of this country is very unstable and we feel it would be better to bring up kids elsewhere.

As an example of the typical problems and issues that a professional woman in today's society has to face, this TAT story by Anne epitomises the issues. What is important in this response is that Anne faces the problems head on, rather than avoiding them:

> "The lady is very pensive and worried, or could it be both. Perhaps she is pregnant in which case she is probably both. Perhaps she has just found out she is pregnant. She cannot come to terms with the situation. What is going to happen to her body, why does she not feel elated. All these things take time to come to terms with and it is not an easy time. What is the future to be - having to give up work and her independence, staying at home all day, missing friends and colleagues and all the general banter. Times ahead are going to be difficult and hopefully her spouse or companion is going to be fully supportive. Hopefully the outcome of all her thoughts and feelings will come right and it will be a happy time for all concerned.

Mr. C
Size: Loevinger Scores
I-5
I-3

Quality of the Boundary: Capacity for Contact:

Permeability:
Being with other people...is sometimes fun, sometimes boring; necessary to one's development.
The things I like about myself...are many; so are the things I dislike about myself.

My mother and I...agree on what should be the fate of terrorists. Otherwise...I think I'll miss her when she's dead.
Sex relations are...sometimes satisfying; the anticipation is exciting - a bit like smoking.
My wife and I...are quite happy, all things considered.
The future...is the most exciting thing I can imagine. Without it we might as well all be dead.
Getting married at the age I did...seemed right at the time and still does.
I wish...people showed that they cared more for each other.
My wife and I...live together, try to understand each other, are not frightened of each other.
Is there anything you would like to say about the pregnancy and the labour...I think my wife handled the pregnancy very well.

Flexibility:
When I am criticized...I listen, but they'd better be right.
A good father...teaches his children the real difference between right and wrong.
A girl has a right to...most of which a boy has a right to, plus a few other things.
I wish lots...lots of things, but I'm also realistic.
Getting tied down after marriage...means getting settled, more secure; has no negative connotations.
Making decisions in our home...is a joint decision where I have the casting vote.
What annoys me...doesn't necessarily annoy my wife, nor anybody else for that matter.
Do you find time for your own relaxation or pleasure, besides looking after the family. If 'yes' what do you do...I go to work, I go to the pub after work, etc.

Content: Identity
Work
Commitment:
A man's job...is very important to his family, his friends, but mostly to himself.
Education...is absolutely necessary, but usually misdirected by governments. And mismanaged.
A wife should complement her husband, without cutting of the rest of the world. (The same applies to husbands).
Rules are...absolutely necessary to Man's existence and continued development. Nature has them. Even anarchists need them.
Our income is sufficient to meet our needs and want, but not our desires.
I regret...nothing - there's no point.

Crisis Facing:
When people are helpless...that's there lot! I don't think anyone is really "helpless"! The people who could help sometimes don't.
What annoys me...lots of things, but I'm also realistic.
If only...I wish lots of things, but I'm also realistic.

Do you find time for your own relaxation or pleasure, besides looking after the family. If "yes", what do you do...I go to work, I go to the pub after work etc.
From 2nd Questionnaire - if I can't get what I want...I adapt what I want to what I can get.
From 2nd Questionnaire - The future...is everything.
from 2nd Questionnaire - The happiest time...is still to come.
From 2nd Questionnaire - If only I could remember what I wrote on the last questionnaire.
From 2nd Questionnaire - A man should always...play the game.

Marriage
Commitment:
A pregnant woman...needs extra care, extra attention. But don't let them see they're getting it. (Women psychologists: Please disregard last remark).
Raising a family...is time-consuming, expensive, sometimes traumatic. I'm told it's great fun.
A wife should...complement her husband, without cutting off the rest of the world. ("the same applies to husbands").
A man feels good...when he's getting drunk. I know of no other generally accepted panacea.
My wife and I...are quite happy, all things considered.
Getting married at the age that I did...seemed right at the time and still does.
Getting tied down after marriage...means getting settled, more secure; has no negative connotations.
From 2nd Questionnaire - Sex relations are...for young people - I hope they enjoy them while they can!
From 2nd questionnaire - Making decisions in our home...is a joint venture, and I control the money.
From 2nd Questionnaire - A husband has a right to...everything which he can justify, as has a wife.

Crisis Facing:
What gets me into trouble is...nothing specific. Just a series of little things.
Is there anything you would like to say about the pregnancy and the labour...I think my wife handled the pregnancy very well, i.e. got on with life and let me get on with mine.
I wish...lots of things, but I'm also realistic.
The future...is the most exciting thing I can imagine. Without it, we might as well all be dead.
Making decisions in our home...is a joint decision where I have the casting vote.
From 2nd Questionnaire - Getting tied down after marriage...is for those who shouldn't have got married in the first place.
From 2nd Questionnaire - My main problem is...pretty insignificant compared to others!
From 2nd Questionnaire - How do you see yourself as different now that you have had a baby...I've joined the "had a baby" set. Otherwise I'm exactly the same!

Has your life changed since the birth of your baby? In what ways...
Understand that the pregnancy phase causes more change. After the birth, one can get back to normal (more or less - with some obvious changes). The little changes required involves greater patience, more involvement with household (e.g. housework, etc.) the occasional disturbance at night (baby crying), and the additional chores (packing baby and belongings in car, fetching milk on Sundays, etc.)

Mrs C
Size: Loevinger Scores
I-5
I-4/5

Quality of the Boundary: Capacity for Contact:
Permeability:
My husband and I...are very good friends, citizens of the world, responsible, upright, tax paying, law-abiding.
I regret...missed opportunities, for us to have had more exciting lives, and not being more demonstrative myself.
The happiest time...when my husband is being honoured and I am holding my own on +/- equal terms.
If only...I could be more tolerant, at peace with myself, accept life as it is and approve of myself.
When a child will not join in group activities...He is shy, lacks confidence, needs love and understanding.
Being with other people...is sunny, fun and going home is nicer for it all.
I feel sorry...for dumb animals, old people, homosexuals, minorities.
A man feels good when...he is honoured by his peers, has a full stomach, new car, new baby son, beats "the system".
My husband and I...are exhausted mostly with our baby in common and little other interest.
When I am with a woman...I chatter endlessly to avoid closer examination/exposure of the real me.
Has your relationship with your mother changed since the pregnancy and birth? Would you like to parent your child in the same way that you were parented? Comment on the above two questions...In my mother;s day, people were too busy making a living to care too much about more reflexes, etc. Through no fault of her own, my mother doesn't attach the same amount of importance to spending time with the baby. She feels that I over indulge and "spoil" my baby.

Flexibility:
I wish...for better understanding of the males emotions.
Making decisions in our home...is good fun.
When I am criticized...I try to accept and change the criticism to positive.

From TAT...Wife waiting for husband to return from work. Worrying about police traps, speed fines, accidents, dried up supper.

Content: Identity
Work
Commitment:
The future...being a good, loving demonstrative mother, wife, supportive, happy, settled and peacefully satisfied.
The happiest time when my husband is being honoured and I am holding my own on +/- equal terms).
What annoys me...is my husband's caution, my impulsiveness, our indecision and being predictable.
Women are lucky because...they can be emotional, irrational, headstrong and dependant.
A wife should ...be supportive, a good listener, a good cook, mother, nurse, gardener, homemaker, hobbyist, conversationalist and friend.
From 2nd Questionnaire - For a woman a career is...most important (being a mother can be a great leveller
From TAT...Pick yourself up, dust yourself off, start all over again.

Crisis Facing:
I regret...missed opportunities, for us to have more exciting lives, and not being more demonstrative myself.
What gets me into trouble is...my day dreams, conscience, upbringing, negativism, hostility and stubornness
Education...should help one cope with the realities of life, e.g. law, mothercraft, self control, self esteem.
From 2nd Questionnaire - If I can't get what I want...then I probably didn't deserve it anyway.
Rules are...merely guidelines and should not be rigidly enforced on everyone, i.e. some need guidelines more than others, i.e. there is such a thing as morality of man.

Marriage
Commitment:
The future being...a good, loving, demonstrative mother, wife. Supportive, happy, settled and peacefully satisfied.
Getting married at the age that I did...was good, I was very much aware of alternatives - it was a conscious decision.
From 2nd Questionnaire - The future...for me is about 20 years long. I can't see beyond that yet.
From 2nd Questionnaire - Getting tied down after marriage...took 10 years. How do younger women manage?
Is there anything you would like to say about the pregnancy or labour? ...Just that being pregnant was probably the happiest time of my life. I never felt so good. I hardly remember the labour.

Crisis Facing:
Sex relations are...unfulfilling, incomplete, infrequent.
I wish... for better understanding of the males emotions.
My husband and I...are very good friends, citizens of the world, responsible, upright, tax paying, law-abiding, etc.
From TAT...Wife waiting for husband to return from work. Worrying about police traps, speed fines, accidents, dried up supper.
From 2nd Questionnaire - Making decisions in our home...has passed over to my husband with cursory reference to myself of course.

From 2nd Questionnaire - I am tired, friendless, guilty, overstretched and due for a holiday to take me away from all this care and constant argument about "reform".
In response to a question eliciting her level of satisfaction with the division of the workload, Mrs. C. responded...My husband's arrangement is that he work away from home and comes home to relax. When we both worked we both came home to share the work. What my husband really means is that he comes home to get his share of my attention.

Mr S
Size: Loevinger Scores
I-4/5
I-4

Quality of the Boundary: Capacity for Contact:

Permeability:
Sex relations are...the most intimate and personal.
I wish ...for peace, serenity and non violence, especially among the young.
My wife and I...have a very warm and sincere love for each other.
Getting tied down after marriage...is a voluntary responsibility that enhances ones security to each other.
When a child will not join in group activities...it should be encouraged and not forced.
When I am criticized...I become very defensive.
The thing I like about myself is...that I have always been honest with myself.
My mother and I...have a great deal of respect for each other.
I wish...the happiness I am now enjoying will continue for ever.
My wife and I...are very compatible, happy and fulfilled.
The happiest time...in my life was marrying my wife and sharing the birth of our child with her.

Flexibility:
In-laws are...a fact of life. If you give a lot to them you get back great deal; if you go against them, division results.
Our income...is more than adequate. I enjoy the freedom it

gives to explore freely.
The happiest time...of my life, is at home, away from the conflict of my business career.
Making decisions in our home...makes for compromise and understanding.
Being with other people...leads to stimulating discussion.
Most men think that women...have different needs to them and therefore do not treat them as equals.
Getting tied down after marriage...is nonsense.
My father ...and I have a good understanding of each other.

Content: Identity
Work
Commitment:
Our income...is more than adequate. I enjoy the freedom it gives to explore freely.
The happiest time...of my life, is at home, away from the conflict of my business career.
From 2nd Questionnaire - My main problem is...I am always striving for greater achievements.

Crisis Facing:
What gets me into trouble is...I speak my mind.
Education...is extremely important. It teaches one to use ones ability.
A man feels good when...he achieves whatever he sets out to attain.
From 2nd Questionnaire - The future...must be handled with optimism, courage and strength.
From 2nd Questionnaire - If I can't get what I want...I try harder.

Marriage
Commitment:
Raising a family is a great challenge as well as a great responsibility
A man's job...is to lead his family correctly and fairly.
A wife should...accept her role as a mother when she has a baby.
A pregnant woman...must be loved, cared for, treated carefully and encouraged to positive thoughts.
From 2nd Questionnaire - Making decisions in our home...brings us together.
A good mother...must give unconditional love to her children.
From 2nd Questionnaire - How do you see yourself as different now that you have had a baby...I feel more complete and more fulfilled.

Crisis Facing:
From TAT..Today's woman is torn between her role as a housewife/mother and that of a person seeking to satisfy her potential in a professional career and to develop herself freely.
From TAT...Others will want a decade of freedom and then return

to her womanly role. And some will enjoy their careers until retirement, and love the freedom of being single.
From 2nd Questionnaire...A husband has a right to...nothing. I don't believe in rights.
A man's job...is to lead his family correctly and fairly.
From 2nd Questionnaire - The worst thing about being a man...is the responsibility to provide solely while the wife is bringing up the kids.

Mrs S
Size: Loevinger Scores
I-4
I-4

Quality of the Boundary: Capacity for Contact:

Permeability:
From TAT...She is filled with thoughts of love for her children, although less than half hour previously they had exasperated her with their fighting.
I wish...that I didn't have to live so far away from my parents (they live in England).
My husband and I...can communicate and share every experience and we laugh a lot. This is what makes a happy marriage.
Being with other people...is wonderful as long as you can be by yourself if you want to.
The thing I like about myself is...I have the ability to get on well with people and bring happiness by a cheerful disposition.
I feel sorry...for children from broken homes.
A man feels good when...his wife supports him and genuinely takes pride in his successes.
My husband and I...are extremely happy.
The happiest time of my life has been since I've been married.
A man should always...consider his wife's feelings and vice versa.
When a child will not join in group activities...they should be encouraged but not forced.

Flexibility:
Sex relations are...more important to my husband than to me.
They have improved considerably since I have been more open and less inhibited.
Making decisions in our home...has always been a mutual thing.
My mother and I...are close, but I don't think we could live together again.
Women are lucky because...they have the opportunity to follow a career if they want, but they are not usually the breadwinner.
A good father ...will be the head of the household, firm but fair.
Making decisions in our home...is a completely mutual affair.
My husband has a right to...some time to himself.

Content: Identity
Work
Commitment:
A man's job...must be fulfilling and enjoyable since he spends so much time doing it.
From 2nd Questionnaire - For a woman a career is...now quite acceptable.
I regret...*nothing* in my life, the 10 years that I spent travelling before I married was extremely formative.

Crisis Facing:
When I am criticized...I sometimes take it badly, but if it's justified I try to correct the fault.
What gets me into trouble is...my tendency to say exactly what I think when sometimes it would be better to keep quiet.
A man feels good when...his wife supports him and genuinely takes pride in his successes.

Marriage
Commitment:
The happiest time...of my life has been since I have known my husband.
Getting married at the age that I did...meant that I had the maturity to recognise what was important.
Getting tied down after marriage...is not something that has happened to me, I feel that my life has blossomed with my husband.
A wife should...never feel trapped in a marriage.
I wish...things will continue as they are.
From 2nd Questionnaire - *Getting* married at the age that I did...was a great advantage - I had been able to get all the travelling out of my system.

Crisis Facing:
The future...will doubtless bring its share of joys and sorrows especially now we are starting a family.
Raising a family...must be one of lifes greatest challenges.
From 2nd Questionnaire - Sex relations are...not as frequent as before we had the baby.
From 2nd Questionnaire - The future...has a lot of excitement in store, I'm sure.
From 2nd Questionnaire - Getting tied down after marriage...takes getting used to, but has huge rewards.
From 2nd Questionnaire - My main problem is...losing the extra weight I put on.

APPENDIX F

TESTS

RELATIONSHIP CHANGE SCALE

Scoring Procedure

Two scores were obtained for each subject. A total score representing the overall amount of improvement was obtained by first assigning a value of 1 to the most negative change, and a value of 5 to the most positive change on each item, and then by adding the scores for each item

A total score representing the extent of change was obtained by first assigning a value of 2 if the change was extreme (positive or negative), a value of 1 if the change was moderate, and a value of 0 if no change occurred on the item, and then by adding the scores for each item.

RELATIONSHIP CHANGE SCALE

(Schlein & Guerney, 1972)

Relationship Change Scale

This is a questionnaire to determine whether, and in what ways, your relationship with your partner has changed since before you became pregnant. Please complete the statements by underlining the phrase that most accurately completes each statement. Please give as accurate and honest an account of your own feelings and beliefs as possible.

Your answers will be held in strictest confidence. (Parents of 8 year olds remember to complete this in RETROSPECT)

1. Since the pregnancy and the birth of my baby, my satisfaction with myself as a person has become: (a) much less; (b) less; (c) unchanged; (d) greater; (e) much greater.

2. Since the pregnancy and the birth of my baby, my satisfaction with my partner as a person has become: (a) much less; (b) less; (c) unchanged; (d) greater; (e) much greater.

3. Since the pregnancy and the birth of my baby, I feel my mate views me as a satisfactory partner: (a) much less; (b) less; (c) no change; (d) more; (e) much more.

4. Since the pregnancy and the birth of my baby, my mate views herself (himself) with satisfaction as a person: (a) much less; (b) less; (c) no change; (d) more; (e) much more.

5. Since the pregnancy and the birth of my baby, our relationship with each other has become: (a) much worse; (b) worse; (c) unchanged; (d) better; (e) much better.

6. In comparison with before the pregnancy and birth, I am clearly aware of my partner's needs and desires: (a) much less; (b) less; (c) no change; (d) more; (e) much more.

7. In comparison with before the pregnancy and birth, I understand my own feelings: (a) much less; (b) less; (c) no differently; (d) more; (e) much more.

8. In comparison with before the pregnancy and birth, I understand my own feelings: (a) much less; (b) less; (c) no differently; (d) more; (e) much more.

9. In comparison with before the pregnancy and birth, I understand my partner's feelings: (a) much less; (b) less; (c) no differently; (d) more; (e) much more.

10. In comparison with before the pregnancy and birth, our ability to communicate has become: (a) much worse; (b) worse; (c) unchanged; (d) better, (e) much better.

11. In comparison with before the pregnancy and birth, my sensitivity towards my partner as a person is: (a) much less; (b) less; (c) unchanged; (d) more; (e) much more.

12. In comparison with before the pregnancy and birth, my concern and warmth toward my partner has become: (a) much less; (b) less; (c) unchanged; (d) more; (e) much more.

13. In comparison with before the pregnancy and birth, my self-expression and openness in relation to my partner is: (a) much less; (b) less; (c) unchanged; (d) more; (e) much more.

14. In comparison with before the pregnancy and birth, my ability to understand my partner's feelings is: (a) much less; (b) less; (c) unchanged; (d) more; (e) much more.

15. In comparison with before the pregnancy and birth, my *listening abilities with my partner* are: (a) much worse; (b) worse; (c) *unchanged*; (d) better; (e) much better.

16. In comparison with before the pregnancy and birth, my trust in my partner is: (a) much less; (b) less; (c) unchanged; (d) more; (e) much more.

17. In comparison with before the pregnancy and birth, my feelings of intimacy with my partner are: (a) much less; (b) less; (c) unchanged; (d) more; (e) much more.

18. In comparison with before the pregnancy and birth, my confidence in our relationship is: (a) much less; (b) less; (c) no different; (d) greater; (e) much greater.

19. In comparison with before the pregnancy and birth, our ability to handle disagreements constructively is: (a) much less; (b) less; (c) no different; (d) greater; (e) much greater.

20. In comparison with before the pregnancy and birth, our satisfaction with our sexual relationship is: (a) much less; (b) less; (c) unchanged; (d) more; (e) much more.

21. In comparison with before the pregnancy and birth, my difficulty in talking with my partner is: (a) much more; (b) more; (c) unchanged; (d) less; (e) much less.

22. In comparison with before the pregnancy and birth, my ability to express positive feelings toward my partner is: (a) much less; (b) less; (c) unchanged; (d) greater; (e) much greater.

23. In comparison with before the pregnancy and birth, my ability to constructively express negative feelings toward my partner is: (a) much less; (b) less; (c) unchanged; (d) greater; (e) much greater.

24. In comparison with before the pregnancy and birth, my willingness to share my personal concerns with my partner is: (a) much less; (b) less; (c) unchanged; (d) greater; (e) much greater.

25. In comparison with before the pregnancy and birth, my capacity to believe and accept positive feelings my partner expresses towards me is: (a) much less; (b) less; (c) unchanged; (d) more; (e) much more.

26. In comparison with before the pregnancy and birth, my capacity to deal constructively with negative feelings my partner expresses towards me is: (a) much less; (b) less; (c) unchanged; (d) more; (e) much more.

27. In comparison with before the pregnancy and birth, my understanding of the kind of relationship I want to have in the future with my partner is: (a) much less; (b) less; (c) unchanged; (d) more; (e) much more.

MARITAL SATISFACTION SENTENCE COMPLETION TECHNIQUE

(Inselberg, 1961)

In the following scale you are asked to complete the sentences below as openly and honestly as possible.

In-laws are .....

.....

Our income .....

.....

Sex relations are .....

.....

I wish .....

.....

My husband (wife) and I .....

.....

I regret .....

.....

The future .....

.....

The happiest time .....

.....

Getting married at the age that I did .....

.....

Getting tied down after marriage .....

.....

Making decisions in our home .....

.....

What annoys me .....

.....

If only .....

.....

Scoring Procedure

Ratings from 0 to 4 were assigned to the responses with higher values corresponding to an increasing degree of satisfaction. A score of 2 was assigned to an ambivalent or neutral response.

QUESTIONNAIRE TO OBTAIN RESPONSES TO SPECIFIC AREAS OF INTEREST IN THE STUDY

Please answer the questions below:

Where appropriate simply put an X through the answer that reflects your response.

A. The following questions are for wives only:

1. *Do you suffer from premenstrual tension?*

Not at all	A little	Moderately	Quite severely	Very severely
5	4	3	2	1

2. How did you experience your pregnancy generally?

Good	Mainly good	Fair	Quite difficult	Very difficult
5	4	3	2	1

3. How would you say your labour was?

Very easy	Reasonably easy	Moderate	Quite difficult	Very difficult
5	4	3	2	1

4. Mark (X) opposite the details that reflect your labour

1.	Unmedicated	
2.	Mild tranquilizer	
3.	Pain killer-Pethidine	
4.	Gas	
5.	Drip - Pitocin	
6.	Epidural Block	
7.	Cesarian Section	

5. How many hours were you in labour? ____

6. Did you go to "preparation for labour" classes?

Yes	No

7. Were you happy with the classes?

Yes	No

8. Did you find them helpful?

Extremely helpful	Quite helpful	Reasonably helpful	Not really helpful	Not at all helpful
5	4	3	2	1

9. How do you feel you coped with your labour?

Very Well	Mostly Well	Okay	Not so well	Poorly
5	4	3	2	1

10. Describe your husbands support during labour

Very supportive	Mostly supportive	Okay	Not so supportive	Not at all supportive
5	4	3	2	1

11. Is there anything you would like to say about the pregnancy or labour?

.....

.....

.....

.....

.....

.....

.....

B. The questions below are for husbands only.

1. How did you find the period of pregnancy for you?

Very good	Mainly good	Reasonable	Some stress	A great deal of stress
5	4	3	2	1

2. How much support did your wife need compared to normal?

Much less	A little less	Same	A little more	Much more
5	4	3	2	1

3. How much support did you need compared to normal?

Much less	A little less	Same	A little more	Much more
5	4	3	2	1

4. What was the best part of the pregnancy for you?

.....
.....
.....

5. What was the worst part of the pregnancy for you?

.....
.....
.....

6. Is there anything you would like to say about the pregnancy and the labour?

.....
.....
.....
.....
.....

C. These questions are for both husband's and wives. Again, please answer the following questions, and where appropriate mark (X) the answer that reflects your response.

1. Rate out of 10 your overall satisfaction with life:-

(a) Before marriage	/10
(b) Before pregnancy	/10
(c) During pregnancy	/10
(d) Since the birth of your baby	/10

GUIDE: 0 = totally dissatisfied; 5 = moderately satisfied; 10 = totally satisfied

2. How do you see yourself as different now that you have had a baby?

.....
.....
.....

3. Has your attitude to parenthood changed since your baby was born?

Yes	No

4. If so, in what way/s?

.....
.....
.....

5. Has your life changed since the birth of your baby?

Yes	No

6. If so, to what degree?

No change	A little change	Moderate change	Quite a bit of change	Tremendous change
5	4	3	2	1

7. In what ways?

.....
.....
.....

8. When both you and your spouse are at home now is the work - load divided?

(a) With regard to baby	Wife .....%	Husband .....%
(b) Generally	Wife .....%	Husband .....%

9. Are you satisfied with this arrangement?

Yes	No

10. If not, how would you like it to be different?

.....
.....
.....

11. Do you find time for your own relaxation or pleasure, besides looking after the family?

Yes	No

12. If "yes" what do you do?

.....
.....
.....

13. Is that enough for you?

Yes	No

14. The shift to becoming a parent has been

Easy	Relatively easy	Okay	Quite difficult	Very difficult
5	4	3 50	2	1

15. Please comment on your previous response?

.....
.....
.....
.....

16. What has happened to the "fun" things in your life? Is there now?

Much more fun	A little more fun	The same	A little less fun	A lot less fun
5	4	3	2	1

17. Please comment on the response above

.....
.....
.....
.....

18. How would you say you generally handle stress?

Very well	Well	Reasonably	Not too well	Poorly
5	4	3	2	1

19. How has your ability to handle stress changed since the pregnancy?

Improved a great deal	Improved	Same	Deteriorated	Deteriorated a great deal
5	4	3	2	1

20. How has your ability to handl stress changed since the birth of your baby?

Improved a great deal	Improved	Same	Deteriorated	Deteriorated a great deal
5	4	3	2	1

21. Trace your level of anxiety as you progressed through the pregnancy, birth and first few months of your baby's life.
Rate yourself (1) out of 10 for each time period.

very high anxiety	10					
	9					
	8					
	7					
	6					
moderate anxiety	5					
	4					
	3					
	2					
very low anxiety	1					
		last 3 months of pregnancy	2nd 3 months of pregnancy	last 3 months of pregnancy	birth	for 3 months after birth	4-6 months after birth

Since the baby:-

	Much better	Better	The Same	Worse	Much Worse
1) Our ability to solve conflicts has become					
2) Our communication has become					
3) Our support for each other has become					
4) Our ability to handle stress has become					
5) My need for dependency has become					
6) My partner's need for dependency has become					
7) Our economic situation has become					
8) Our sexual relationship has become					
9) The stability in our marriage has become					

E. 1. In a few sentences describe your baby

.....
.....
.....
.....

2. Would you say that your baby's temperament was

Very Easy going	Quite Easy going	Reasonable	Quite difficult	Very difficult
5	4	3	2	1

3. Are you enjoying being a parent?

Yes	No

4. How long did it take you to develop a relationship with your baby?

.....
.....
.....

5. Which time since the beginning of the pregnancy was the most difficult time for you?

.....
.....
.....

6. Which time since the beginning of the pregnancy has been the best for you?

.....
.....
.....

F. FOR WIVES ONLY

1. Were you working before the pregnancy?

Yes	No

2. If "yes" what work did you do?

.....
.....
.....

3. Did you work during the pregnancy?

Yes	No

4. If "yes" when did you stop?

.....
.....
.....

5. What are you doing at the moment?

.....
.....
.....

6. If you have started work again when did you start?

.....
.....
.....

7. How do feel about it?

.....
.....
.....

8. Do you have help in your home?

Yes	No

9. What type of help do you have?

.....
.....
.....

10. Is this sufficient for you?

.....
.....
.....

7. FOR MOTHER AND WIFE

1. Are you getting adequate support from friends and family?

Yes	No

2. If "Yes" - from whom?

.....
.....
.....

3. Comment on the above two questions.

.....
.....
.....
.....
.....

4. How close are you to your own mother?

Very close	Quite close	Medium	Quite distant	Very distant
5	4	3	2	1

5. Has your relationship with your own mother changed since the pregnancy and birth?

.....
.....
.....

6. Would you like to parent your child in the same way that you were parented by your mother?

.....
.....

7. Comment on the above two questions?

.....
.....
.....
.....
.....
.....
.....

8. 1. Do you think you are coping differently than you would have if you had not attended the course "In Preparation for Parenthood"?

Yes	No

2. If "yes" in what way?

.....
.....
.....
.....

3. What proved to be the most useful part of the course?

.....
.....
.....

4. What proved to be the least useful part of the course?

.....
.....
.....

5. Now, after having a baby what would you recommend to be in the course that was inadequate or missing?

.....
.....
.....

6. Would you recommend the course to your friends?

Yes	No

7. Why?

.....
.....

8. Is there anything else you would like to say about the course that might be helpful?

.....
.....
.....
.....

Thank you once again for your time and energy in answering these questionaires. Hopefully all the collected information will be of value to the many couples who will have babies in the future.

MERLE FRIEDMAN

SENTENCE COMPLETION
(Loevinger, 1983)

1. When a child will not join in group activities .....
2. Raising a family .....
3. When I am criticized .....
4. A man's job .....
5. Being with other people .....
6. The thing I like about myself is .....
7. My mother and I .....
8. What gets me into trouble is .....
9. Education .....
10. When people are helpless .....
11. Women are lucky because .....
12. A good father .....
13. A girl has a right to .....
14. When they talked about sex .....
15. A wife should .....
16. I feel sorry .....
17. A man feels good when .....
18. Rules are .....
19. Most men think that women .....
20. A pregnant woman .....
21. A woman's body .....

LOEVINGER RE-TEST

In the following scale you are asked to complete the sentences below as openly as possible.

Crime and delinquency could be halted if .....

Men are lucky because .....

I just can't stand people who .....

At times he worried about .....

I am .....

A woman feels good when .....

My main problem is .....

A husband has a right to .....

The worst thing about being a man .....

A good mother .....

When I am with a woman .....

Sometimes he wished that .....

My father .....

If I can't get what I want .....

Usually he felt that sex .....

For a woman a career is .....

My conscience bothers me if .....

A man should always .....

IDENTITY & INTIMACY SCALES

(Tan & Kerdis, 1977)

In these two short scales, each item has two parts. Choose the response which represents your point of view or attitude. Please select and circle either (a) or (b) from each item. If neither accurately reflects your attitude, select the one which you would identify with most closely.

Item

1. a. I enjoy being active in clubs and youth groups.
   b. I prefer to focus on hobbies which I can do in my own time, at my own pace.

2. a. When I daydream, it is primarily about my past experiences.
   b. When I daydream, it is primarily about the future and what it has in store for me.

3. a. No matter how well I do a job, I always end up thinking that I could have done better.
   b. Whenever I complete a job that I have seriously worked on, I usually do not have doubts as to its quality.

4. a. I will generally voice an opinion, even if I appear to be the only one in a group with that point of view.
   b. If I appear to be the only one in a group with a certain opinion, I try to keep quiet in order to avoid feeling self-conscious.

5. a. Generally speaking, a person can keep much better control of himself and of situations if he maintains an emotional distance from others.
   b. A person need not fear loss of control, of himself and of situations, simply because he becomes intimately involved with another person.

6. a. I have doubts as to the kind of person my abilities will enable me to become.
   b. I try to formulate ideas now which will help me achieve my future goals.

7. a. My evaluation of self-worth depends on the success or failure of my behavior in a given situation.
   b. My self-evaluation, while flexible, remains about the same in most situations.

8. a. While there may be disadvantages to competition, I agree that it is sometimes necessary and even good.
   b. I do not enjoy competition, and often do not see the need for it.

9. a. There are times when I don't know what is expected of me.
   b. I have a clear vision of how my life will unfold ahead of me.

10. a. What I demand of myself and what others demand of me are often in conflict.
    b. Most of the time, I don't mind doing what others demand of me *because they are things I would probably have done anyway.*

11. a. When confronted with a task that I do not particularly enjoy, I find that I usually can discipline myself enough to perform them.
    b. Often, when confronted with a task, I find myself expending my energies on other interesting but unrelated activities instead of concentrating on completing the task.

12. a. Because of my philosophy of life, I have faith in myself, and in society in general.
    b. Because of the uncertain nature of the individual and society, it is natural for me not to have a basic trust in society, in others, or even in myself.

Item	
1.	a. If something is bothering me, I want someone to talk to me *until they find out what the problem is.*
	b. If something is bothering me, I prefer to be left alone and dwell on the matter myself.
2.	a. I often feel threatened interacting on an intimate level *with someone.*
	b. I do not feel uncomfortable interacting on an intimate level with someone.
3.	a. Although it is sometimes fun to be with other people, I honestly *enjoy keeping my own company to that of others.*
	b. I enjoy being with other people and feel comfortable with them and don't think I have any major problems relating to them.
4.	a. As I am often misunderstood, I would rather keep things to *myself.*
	b. I enjoy working with others.
5.	a. A sense of ethics is not needed for intimate relationships, and is indeed often disadvantageous.
	b. *To assure a meaningful, intimate relationship,* each member must have a strong sense of ethics - of what is right or wrong.
6.	a. Even though some people dislike getting emotionally involved with someone, I find that it is usually quite fulfilling.
	b. *Even though some people like getting* emotionally involved with someone, I find that it is usually unfulfilling.
7.	a. I am inspired to some degree by all those around me.
	b. I prefer to look inward, to become absorbed in myself and *seek inspiration from myself.*

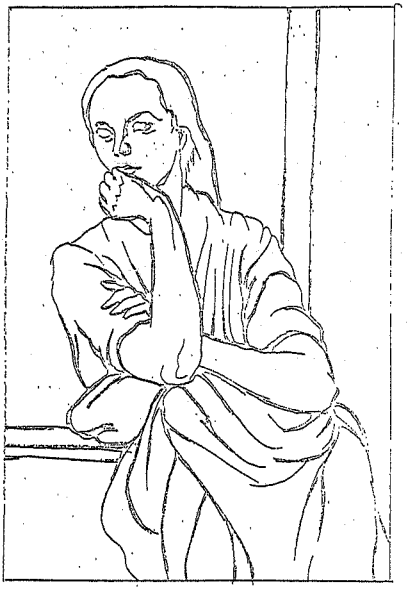
THERMATIC APPERCEPTION TEST

(Morgan & Murray, 1935)

On the page below will you please write a description of the picture on the following page.

Include the following four points:

1. What is happening in the picture
2. What the person is thinking and feeling
3. What led up to the present situation
4. What will the outcome be



APPENDIX G

ASPECTS OF THE COURSE

UNIVERSITY OF THE WITWATERSRAND

SCHOOL OF PSYCHOLOGY

Preparation for Parenthood Research

Dear Mr & Mrs

As you are anticipating the birth of your first child you may be interested in some research that is being conducted at Wits University at this time.

A great deal of time, money, effort and energy has in the past been invested in research into 'How to Parent' and how to be good parents to your infants and children. There are many books, courses and lectures available to help parents with these problems. Nobody, however, seems to be worried about the parents themselves. There is little if anything available for couples that will help them understand the changes that must come about when a baby arrives, and how best for them to cope with those changes.

We, in psychology, are beginning to realise that the way to be a good parent is to start off with a good and solid relationship. Based on studies which have examined the changes that take place during pregnancy and the first few months after the birth of a baby, we have designed a course which we anticipate will not only help you to build a strong and stable foundation in yourselves as individuals, and in your marriage relationship, but will also enable you to cope most effectively with the changes in your lives - both for the present and the future. Most importantly, the results of the Course should help you both to enjoy your baby in the fullest sense of the joy and wonder of bringing another human being into the world!

This will be the first in what is projected will become an accepted part of all couples "preparation for parenthood".

As this is the first time this type of course will be run and because we would like to use the results for research purposes, we are offering this to you free, in the knowledge that we will all gain from the experience. Our only requirements are that you commit yourselves to coming regularly to a group meeting twice a month.

We will present lectures, have group discussions, and on a few occasions ask you to complete some questionnaires.

If you are interested, would you please inform your gynaecologist so that we may contact you and make further arrangements.

Thanking you,

Yours sincerely,

Merle Friedman M.A. (Ph.D. candidate)

Diana Shmukler, Ph.D. Senior Lecturer in Psychology

VISUALIZATION

Progressive relaxation – plus – both husband and wife's hands on tummy

"Feel the baby: experience your baby . Be aware that you have created this baby inside which has a life of its own. Think about it as a baby, a real live baby that you can already begin to nurture and love with great care both physically and in your mind. Imagine what your baby will look like. Feel it nestling in your arms, content and at peace. Now think about the parts of you, both physically and of your personality that you would like to give your baby. Now think about the parts of your partner that you would like your baby to have. Babies need stroking and caring. Think about how you, together are going to share in this wonderful experience and how you are going to nurture and stroke yourselves and the baby."

THE COURSE

Twelve, 2 hour sessions for husbands and wives, once a week, from five months of pregnancy.

Different ways of presenting, aimed at: engaging interest, ensuring participation and assimilation of the material.

The differing modes of presentation included:

SKILLS DEVELOPMENT

CONFLICT MANAGEMENT – RULES FOR ROWS

1. ESTABLISH THE ISSUE
2. STICK TO THE POINT
3. DO NOT HURT
4. UNDERSTAND THE OTHER
5. BE WILLING TO COMPROMISE

THE BIG DONT'S

1. DON'T BLAME
2. DON'T PREACH
   DON'T AVOID
4. DON'T MANIPULATE
5. DON'T BRING UP OLD STICKED TRADING STAMPS

EXPERIENTIAL EXERCISES

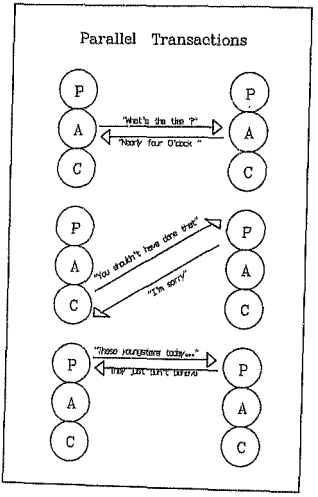
Each tell your partner at least three and if possible, five of your good points that you would like your baby to have.

Each tell your partner three of your bad points that you would NOT like your baby to have.

Write down and discuss all the things that are changing around you at this moment.

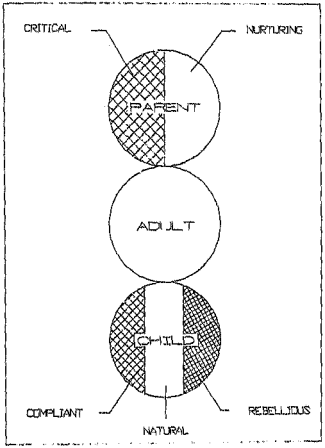
Write down and discuss the things that you imagine are going to change when the baby comes into your lives.

EFFECTIVE COMMUNICATION



STRAIGHT LECTURING

FUNCTIONAL ANALYSIS



DISCUSSIONS

WHAT HAS CHANGED MOST IN YOUR MARRIAGE ?

What is better ?

What is worse ?

What is more difficult ?

What is easier ?

Sex during pregnancy and after.

QUESTIONAIRE

1 Who in your marriage predominantly occupies the Parent System ?

2 Who in your marriage predominantly occupies the Adult System ?

3 Who in your marriage predominantly occupies the Child System ?

4 Who... ...u see as the areas of stress in your marriage ?

5 a. When under stress what position do you usually move into ?

b. How would an observer be able to know that ?

7 When under ...ess, what position does your partner usually move into ?

8 When you and your partner both move into these positions what happens ?

9 How does it end ?

10 At the end what do you think about yourself ?

11 *What do you think about your partner* ?

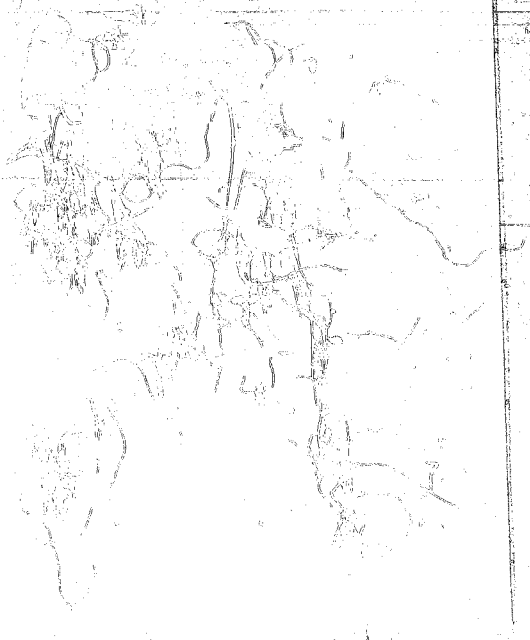
12 If you would like it to be different, how would it be ?

13 Now, knowing your partner, what could you do differently ?

14 What would you like your partner to do differently ?

APPENDIX H

THE WARM FUZZY TALE REVISITED



THE WARM FUZZY TALE REVISITED.
WITH APLOGIES TO CLAUDE STEINER

Once upon a time in this never-never land there lived a man and a woman who loved each other very much. They would spend as much of their time together as they possibly could. This was not always easy, as they had to spend most of their time working to validate their lives on this planet. But any time that they had left over, they would spend with each other. And they enjoyed this very much. They would go jogging together, riding together, travelling together, and do various other things together that were regarded as healthy and fun.

The thing that they enjoyed doing most together was giving each other lots and lots of warm fuzzies. And they did this as often as possible. They did it in all sorts of ways, and I'm sure you can imagine some of the ways that they did it. They even discovered ways of giving each other warm fuzzies that they were sure nobody had ever thought of before.

Unfortunately they couldn't tell anybody about their new discoveries because it was not considered right or proper to discuss those kind of things. Nevertheless, they enjoyed themselves very much and felt very good about their very special relationship.

When the wicked witch came and told the people the story about there being only a finite number of warm fuzzies, and how they could all get used up, they were not concerned. They knew that they would always have enough warm fuzzies for each other. They kept the plastic fuzzies to use on other people, and except for a few odd occasions they didn't use the cold prickles anyway.

This man and woman loved each other so much that they decided that they wanted to create their own warm fuzzy that they could both love; and so they decided to have a baby.

Little did they realize that with this creation they were playing into the witch's trap, and that by taking this decision, they were increasing the chances for them that her prediction would come true!

When the woman became pregnant they were both delighted, told everybody about it with much excitement, loved each other even more and continued to exchange warm fuzzies at a dizzy rate.

Little did they know what the future would hold! Nobody but the witch told them that things would change; and who believes a witch in this day and age?!

As the pregnancy progressed and the baby grew and matured inside of her, they became more and more excited, looking forward with anticipation to the time ahead when they would have their very own wonderful warm cuddly fuzzy.

The real problem was that nobody told them that things were going to change, and that even if people had told them, they wouldn't have believed it. They accepted that that might be true for other people and other relationships, but they knew that their relationship was special, and something as wonderful as a baby could only make things even better between them.

The great day arrived, and they both participated in the childbirth process, and made it a wonderful team effort. The baby was beautiful, and they loved each other and rejoiced in their good fortune.

Three weeks later things were looking a little different. The wife was feeling rather tired from the constant care and attention that a new baby demands both day and night. The husband had been, and continued to be extremely helpful. He had commited himself to being an active and equal parent to their child. The truth of the matter was that he really had to go to work every morning, and the wife was left alone to cope with the needs of an inarticulate and demanding, if beautiful and much loved infant.

They both parented very well. In fact if one may talk about ideal parents they must have come very close to fulfilling that notion. In the process of all this excitment and good parenting, however, they were both becoming very tired. They were both aware of the tiredness, but didn't quite know how to handle it or what to do about it.

Neither of them realized it but what was happening was quite simple. You see, they were spending so much time and energy being good parents, and giving warm fuzzies to their baby, that they had forgotten that they themselves also needed them. And because they were only giving warm fuzzies out and not receiving any, they were beginning to feel depleted. So not only were they tired from the lack of sleep and the constant responsibility of having a totally dependant infant, but neither of them was getting the warm fuzzies that they needed, and that they had become used to.

Out of their own awareness, they began to look elsewhere to get the strokes that they were each needing, while at the same time imperceptibly withdrawing ever so slightly from each other. He began to look longingly at the golf course, and quietly reminisce about how good it was to be with the boys after a round of golf. He was also becoming susceptible to a nice young lady who was looking longingly in his direction.

The wife was spending a lot of time with her mother, with friends, and sleeping, if and when she could. And the witch was cackling rather loudly in her miserable old castle on the hill.

Will they play into the wicked witch's trap and continue their life the way it is going?

Will they realise where the problem lies and learn to both ask for and give the kind of strokes that they are needing?

Or will they go and visit the hip woman who knows all about these things, who will explain to them what is happening and teach them how to both give each other and get from each other what they are needing?

APPENDIX i

ADDITIONAL COMMENTS ON THE COURSE

APPENDIX I

ADDITIONAL COMMENTS ON THE COURSE

Now, after having a baby, what would you recommend to be in the course that was inadequate or missing?

Husbands:

Nothing.
Preparation for hospital.
Case studies of prevalent problems and how they were resolved.
Discussion with a group who have already had a child.
Ideas on financial planning.
Discussions of sex, but with separated husbands and wives.
More interaction within the group.
More stress on mutual support after birth.
Practical aspects, e.g. breastfeeding problems.
Communication exercises to lead somewhere.
More emphasis on change and how to handle stress.
More post-course contact.

Wives:

Nothing.
More coping skills.
More help in communication and conflict resolution.
Tighter structure.
More group discussion.
More depth.
Greater emphasis on the support the wife needs and husband's role in making family and friends aware of it.

Would you recommend the course to your friends?

	YES	NO
HUSBANDS	87%	13%
WIVES	100%	0%

Negative comments:
Too much paperwork without feedback.
It was more of interest than beneficial.

Positive comments:
Husbands
Importance of greater awareness of self and the changes.
Preparation and understanding.
Communication.
Aspects of the group.
The importance for fathers of being included in a process from which they usually felt excluded.

Wives
Forces one to look at oneself and the relationship, that one otherwise would otherwise avoid.
Help in preparation.
Preparation for the changes.

Select comments
Since my baby I have experienced problems and feelings which are quite normal. I have since then discovered that friends of mine had the same thing, but nearly lost their sanity, their husbands and their confidence. The course can help you through this.
I wish the course was as available as antenatal classes. One is prepared and trained for all jobs in life. What is more important than directing and teaching a new life and how many of us go into it totally untrained and unprepared.
We gain a life, but can lose much more!



Author Friedman Merle
Name of thesis Developmental Changepoints: The Birth Of A First Child. 1987

PUBLISHER:
University of the Witwatersrand, Johannesburg
©2013

LEGAL NOTICES:

Copyright Notice: All materials on the University of the Witwatersrand, Johannesburg Library website are protected by South African copyright law and may not be distributed, transmitted, displayed, or otherwise published in any format, without the prior written permission of the copyright owner.

Disclaimer and Terms of Use: Provided that you maintain all copyright and other notices contained therein, you may download material (one machine readable copy and one print copy per page) for your personal and/or educational non-commercial use only.

The University of the Witwatersrand, Johannesburg, is not responsible for any errors or omissions and excludes any and all liability for any errors in or omissions from the information on the Library website.

Author Friedman Merle
Name of thesis Developmental Changepoints: The Birth Of A First Child. 1987

PUBLISHER:
University of the Witwatersrand, Johannesburg
©2013

LEGAL NOTICES:

Copyright Notice: All materials on the University of the Witwatersrand, Johannesburg Library website are protected by South African copyright law and may not be distributed, transmitted, displayed, or otherwise published in any format, without the prior written permission of the copyright owner.

Disclaimer and Terms of Use: Provided that you maintain all copyright and other notices contained therein, you may download material (one machine readable copy and one print copy per page) for your personal and/or educational non-commercial use only.

The University of the Witwatersrand, Johannesburg, is not responsible for any errors or omissions and excludes any and all liability for any errors in or omissions from the information on the Library website.