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SHAPING IDENTITY: PERSONAL NARRATIVES OF WOMEN'S BIRTH EXPERIENCES

by

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submitted in fulfillment of the requirements for the degree of

MASTER OF ARTS

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ABSTRACT

The purpose of this study was to explore the childbirth narratives of first-time mothers in order to understand and describe the ways in which experiencing birth for the first time shaped their personal identities and identities as women.

The study was guided by a qualitative postmodern research approach and involved conducting in-depth interviews with eight South African first-time mothers. The narrative accounts of these mothers were then analysed in two stages in order to present the findings. Firstly, using a holistic-content narrative analysis approach, significant themes that emerged from the data analysis were contextualised and organised in relation to the holistic accounts and interpretations of participants' experiences in order to present how their personal identities were shaped through the experience of giving birth for the first time. Secondly, by conducting a qualitative thematic content analysis, shared common themes emerging from participant's narratives were presented to understand in what ways individual elements interrelated to all participants' identities in general, with a focus on female-gender identity.

The findings reinforce the message that women's personal and shared social identities are indeed significantly shaped by their first time childbirth experiences. These findings lend voice to women's experiences and may serve to deepen insight for individuals and professionals working with perinatal women.

Key words: psychology, women, mothers, childbirth, narratives, stories, narrative research, qualitative research, interpretavist philosophy, postmodernism.

I, Sandi-Lynn Verrall declare that this research report,

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is my own, unaided work and that all the sources I have used or quoted have been indicated and acknowledged by means of complete references. It is submitted for the degree of Master of Arts Community-based Counselling Psychology at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other university.

Sandi-Lynn Verrall
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15 March 2012

Signed_____

Date_____

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TABLE OF CONTENTS **PAGE**

CHAPTER 1: INTRODUCTION…… 9

General Introduction……... 9

Aims and Rationale of the Study…… 12

Format of the Study…… 15

CHAPTER 2: LITERATURE REVIEW……..... 16

Introduction……. 16

Childbirth……. 16

General Overview of Identity Theory…… 23

Psychological Explanations of Identity Development……..... 36

Personal Identity Development……..……. 26

Female Gender-Identity Development……. 29

Recent Studies Exploring Women's Experiences of Childbirth…….. 33

Implications and Suggestions……... 39

Research Questions…….. 42

Conclusion……... 42

CHAPTER 3: RESEARCH METHODOLOGY……..... 44

Introduction…….. 44

Qualitative Postmodern Research Methodology…….. 44

Participants Selection…… 46

Data Collection……. 49

Data Collection Method: Narrative Research and the Current Study……..... 49

Data Collection Instrument: Qualitative Semi-Structured Interviews……. 53

Procedure……. 56

Data Analysis…… 58

Markers of Rigorous Qualitative Research…….. 62

Role of the Researcher…….. 64

Locating the Researcher…… 65

Ethics……. 68
Conclusion…… 69

CHAPTER 4: RESEARCH FINDINGS AND DISCUSSION…… 70
Introduction…… 70
Part One: Birth Narratives and Personal Identity…….. 71
Gail……. 71
Global Impressions……. 71
Significant Themes Emerging from Gail's Interview……. 74
Avoidance Through Rationalisation……... 74
Disempowered and Empowered: A Double-Edged Sword…… 77
Megan……. 78
Global Impressions……. 78
Significant Themes Emerging from Megan's Interview…….. 80
The Non-Stereotypical Woman and Mother…… 80
A Resilient Identity…….. 82
Diane…….. 84
Global Impressions……. 84
Significant Themes Emerging from Diane's Interview…….. 86
The Perfect Woman and Mother…… 86
A Fiercely Independent Woman……. 89
Shannon…….. 90
Global Impressions……. 90
Significant Themes Emerging from Shannon's Interview……... 91
A Woman with a Need for Control……. 91
Leigh……... 93
Global Impressions……. 93
Significant Themes Emerging from Leigh's Interview…… 94
The Powerful Woman and Mother: A New Identity……..... 94
Helen……... 97
Global Impressions……. 97

Significant Themes Emerging from Helen's Interview…….. 98
Reinvention: From Deficient Woman to Empowered Woman……... 98
Janine……. 101
Global Impressions…… 101
Significant Themes Emerging from Janine's Interview…… 102
A Resilient Woman with a Need for Love and Approval……... 102
Kristin…… 103
Global Impressions……. 103
Significant Themes Emerging from Kristin's Interview……. 105
A Whole Woman: The Lesson of Losing Control ……. 105
Discussion…….. 107
Part Two: Birth Narratives and Shared Experiences…….. 113
Women's Collective Experiences……... 113
Reorganised Identities: Invention and Reinvention…… 114
Self-Actualisation……. 119
Gendered-Identities: Giving Birth like a Girl……. 121
Locating Participant's Narratives: The Broader Socio-Political Context…….. 125
Conclusion…….. 127

CHAPTER 5: CONCLUSION…… 128
Introduction…… 128
Evaluation of the Study…….. 128
Strengths of the Study…… 132
Limitations of the Study……. 134
Recommendations for Further Research…….. 136
Conclusion…….. 139

REFERENCES……. 141

APPENDICES…….. 193

Chapter 1

INTRODUCTION

General Introduction

Issues of power and control, particularly with respect to the discursive categories underpinning childbirth, are often features and discussion points of departure for childbirth studies. Childbirth is an important, inescapable part of human social life (Mishler, AmaraSingham, Hauser, Liem & Osherson, 1981) and the way in which it is managed in the social and cultural context in which women give birth reflects as much about society's values and norms (Davis-Floyd, 1994) as it does its power-relations (Sargent & Gulbas, 2011). As an ongoing theme for study (Sargent & Gulbas, 2011) power-relations is an inevitable aspect of childbirth. As such, this study, which is a postmodern study exploring women's accounts of their inner-world experiences of childbirth, requires thoughtful consideration for the complexity and political embeddedness of childbirth by examining dominant discourses in which childbirth is implicated. Although not the primary focus of this study, these are important considerations, firstly as this study follows a postmodern framework which generally considers the role of social dynamics such as language, power and hierarchy in the formation of human ideas, belief-systems and the way in which knowledge is produced and used (Liamputtong, 2007); and secondly, as the findings are inevitably implicated in a broader socio-political matrix, it makes sense to consider this. Although the focus of this study is not to add to critical studies examining macro and micro contexts of childbirth but rather to focus on women themselves and how their negotiated experiences shape their identities, it is however useful to orientate this study by introducing discussion on the major discursive categories of childbirth implicating the findings of this study before examining the central aims and rationale.

Although childbirth is a socially constructed, negotiated reality where possibilities exist for alternative definitions of the event (Rothman, cited in Howell-White, 1999), Beams

(cited in Howell-White, 1999) notes that there is a tendency for society to negotiate these definitions within parameters which are largely determined by dominant power structures in society, which, in the instance of childbirth happens to be the medical industry. "Perhaps the most powerful discourse which currently frames both the idealisation and experience of childbirth" (Zadoroznyi, 1999, p.268), research has shown that "biomedical discourse dominates both obstetric and self-help literature on pregnancy and childbirth" (Houvouras, 2006, p.665) even where the 'naturalness' of birth is emphasised (Zadoroznyi, 1999). This powerful medicalised view conceptualises childbirth as a medically-defined, scientific event (Oakley & Houd, 1990) which involves the *physical* emergence of an infant from its mother's uterus through the process of labour or medical intervention. Although this view is widely accepted, it is the implications of this view that are particularly important to consider. For example, the anthropological writings of Martin (2001) whose research examined how medical language about women's reproduction and their bodies creates social and cultural assumptions about women, and how these assumptions are imposed on women's views and imagery of themselves as a result, draws attention to the ways in which physicians through medical discourse portray women as passive hosts for the physical process of birth. Not only is birth considered to be located in the physical body but women are positioned as helpless laborers and machines to be controlled and managed under the care of medical staff (Martin, 2001). This, it is suggested, has significant implications for women's self-perceptions and the choices they make around care for example, particularly as "the 'choices' women make reflect the variety of discourses that currently frame both the idealisation and character of possible birthing experiences" (Zadoroznyi, 1999, p.268). It would appear that modern practices of childbirth have meant that many women adopt an illness-model of childbirth and care, resulting in disempowered, helpless views of themselves. "By defining their condition as something for which they seek help, pregnant women are beginning the process of help-seeking behavior" (Howell-White, 1999, p.4).

Another important implication for example, is to consider how the medicalised view of childbirth places limitations on women in terms of where they conceptually locate childbirth (Houvouras, 2006), the impact this has for their self-perceptions and decision-

making, as well as the sources of knowledge women have access to. As the biomedical model views childbirth as a physical process located within women's bodies, non-physical components such as emotional, social or spiritual ones are considerably devalued or overlooked with the consequence of alternative views of childbirth being marginalised (Houvouras, 2006). This is particularly evident in the knowledge sources women have access to, such as obstetric and self-help texts which are predominantly underpinned by the medicalised view of childbirth (Houvouras, 2006). Despite that women conceptually locate childbirth in places other than the physical body (Houvouras, 2006) or that research suggests that childbirth is "an emotional and challenging time that involves substantial life change and adaptation" (Ayers & Ford, 2009, p.16), the marginalisation of these views generally means that obstetric texts either briefly mention these components of birth in a single chapter or leave them out altogether (Hahn, cited in Houvouras, 2006; Martin, cited in Houvouras 2006). It is suggested that tensions may arise for women who for example locate childbirth in the emotional dimension but where the binary message underpinned by the medicalisation of childbirth suggests that emotional or psychological components are less significant. While physical aspects should not be overlooked, it is suggested that texts on childbirth move beyond just the physicality of childbirth to be more inclusive of psychological, emotional or spiritual components (Houvouras, 2006) as being part of a "biopsychosocial event" Clement (2003, p.1).

While there is a plethora of writing available on childbirth, indeed few texts about childbirth are underpinned by psychological dimensions of birth, and few psychological texts on the subject of birth may actually be found. According to critiques from Chadwick (2006), Johnston-Robledo & Barnack (2004) and Kruger (2006), psychological research on childbirth is scarce, and this still appears to be the case to date. Society has placed superior value on the biomedical view, and as such has placed limitations on the knowledge that mothers and non-biomedical practitioners have access to. A psychologist's view of childbirth may be very different to a biomedical practitioner's, whereby a psychologist is likely to emphasise mental processes and interpretation of behavior of individual's experiences in the context of birth. It is

generally accepted that adopting a single causal explanation or point of reference without considering other aspects may prove limiting (Russell & Jarvis, 2003) and is therefore suggested that a medicalised view without regard for psychological processes may simply prove too limiting for psychologists working with new mothers – particularly in lieu of treatment strategies. While the point is not to campaign against the biomedical view as this may be harmful, postmodernism advocates disruption of power-relations that perpetuate inequalities by critically engaging with and challenging the status quo so that marginalised constructions can be consciously focused on (Fook, 2002). While this is not the primary focus of this study however, critically reflecting on these power-relations is important for the findings of this study as it is proposed that the significance of women's experiences of birth shaping their identities are implicated in dominant discursive categories and power-relations framing childbirth.

Aims and Rationale of the Study

While there is a wealth of phenomenological research investigating women's experiences of childbirth, it is suggested that *psychological* research examining the subject is generally scarce (Kruger, 2006). Despite that childbirth is considered to be an "emotional and challenging time" (Ayers & Ford, 2009, p.16) with significant psychological adjustment (Cowan & Cowan, 2000; Smith 1999a), psychology has been criticised for being extremely quiet on the subject of birth (Chadwick, 2006; Johnston-Robledo & Barnack, 2004). Perhaps, in light of the dominant medicalised view which underpins childbirth as a *physical* process, psychological research on the subject is scarce (Chadwick, 2006). "A 'psychology' of birth might thus seem a contradiction in terms" (Chadwick, 2006, p.237). Furthermore, while 'transition discourse' presents as dominant psychological discourse in pregnancy and motherhood (Gross & Pattison, 2007) and the concept of 'identity' is particularly important in developmental psychology (Shaffer, 2006), psychological studies investigating transitions in identity within the *context of childbirth* appear to be rare. Most psychological studies investigating the importance of exploring these experiences for women have tended to focus on motherhood, pregnancy and the postpartum adjustment period, not specifically childbirth (see Gross & Pattison,

2007; Hocking, 2007; Smith, 1999a; 1999b). In fact, psychology has had a long-standing vested interest in motherhood, pregnancy and the postpartum adjustment period and phenomenological studies exploring these experiences are certainly not lacking, however, these studies have been criticised for primarily focusing on pathologising women's experiences (Lyons, 1998; Oakley & Rajan, cited in Allen, 1998; Sherr, 1995). While the few studies available exploring women's transitioning identities in motherhood have expressed the importance of exploring these experiences for new mothers (see Hocking, 2007; Smith, 1999a; 1999b), research exploring these experiences in the context of childbirth is noticeably still lacking.

While there is a prolific amount of phenomenological research available investigating issues of power, identity and control in women's experiences of motherhood and childbirth, these are primarily critical feminist, sociological or anthropological studies. Less concerned with individual processes but rather contextual or broader socio-political ones "the sociological literature, like much of the feminist childbirth literature in other disciplines, primarily examines the macro and institutional contexts of birth" (Martin, 2003, p.56). Few studies examining the ways in which *women themselves* negotiate their experiences and in this instance, their individual characteristics or shared social aspects of their identities in the context of birth, have been conducted. Both Zadoroznyi's (1999) and Martin's (2003) critiques examining the importance of women's experiences of childbirth, similarly conclude this to be the case. Personal transition inclusive of social role and identity construction as well as physical aspects is ubiquitous with pregnancy and motherhood (Gross & Pattison, 2007; Nelson, 2005; Schroeder-Zwelling, 1988). Chodorow (cited in Martin, 2003, p.56) notes that "motherhood is an identity that profoundly shapes personality and gender", yet it is quite striking that there is little psychological work on this in the context of childbirth.

In light of the above, the focus of this study therefore is to explore and analyse the personal narratives of eight first-time mothers in order to understand how they construct their personal and female-gendered identities within the context of childbirth. These narratives are studied in order to gain meaningful insight as to how the experience of

giving birth for the first time shapes the idiosyncratic aspects of women's personal identities, as well as how it shapes the shared aspects of their social identities (with a focus on gender-identity) as women. It also highlights how women's identities are embedded in the dynamics of the social structure which produce and reproduce these identities within the context of childbirth.

An overarching postmodern theoretical foundation was adopted for this study, whilst a narrative analysis analytic framework underpinned by the postmodern tradition was adopted to analyse the storied data with. Narrative research and analysis is regarded to be well matched to research investigations with a focus on subjectivity and identity (Riessman, 1993). It is through oral and narrative accounts that human life emerges as meaningful (Polkinghorne, 1988), and narrative analysis as an analytic framework brings this meaning-making process to life.

By conducting a study that not only points to the significance of examining women's experiences of birth, but also by default, argues for a 'psychology of childbirth', it is hoped that this study will be considered as a meaningful contribution to perinatal psychology and childbirth literature. There is considerable room to research and explore women's experiences of childbirth and what may be considered important aspects of perinatal health and psychological well-being in order to deepen understanding and to enrich existing information, particularly as there is a dearth of psychological research examining these experiences for women. Furthermore, there has been little South African psychological research examining women's experiences of childbirth. It is therefore hoped that this research will contribute to any existing knowledge examining these experiences within the South African context.

Format of the Study

This research report consists of the following chapters:

Chapter 2 presents a review of the current literature pertaining to concepts studied in this research, with a particular focus on childbirth, personal identity, female identity and narrative. A broad theoretical overview of each topic will be given, examining key philosophical developments and psychology's contribution. Where relevant, postmodern explanations in particular will be examined as concepts in this study are underpinned by an overarching postmodern theoretical framework. This chapter will also examine recent identity and childbirth studies, as well as the implications this has for psychology's role in the study of women's experiences of birth.

Chapter 3 provides a comprehensive account of how this study was designed. This will in part entail an in-depth discussion of the overarching postmodern theoretical framework adopted to carry out this study, as well as include discussion on the theoretical and practical components of the narrative analysis framework used to conduct the research analysis with.

Chapter 4 presents the research findings from the analysis of the interviews conducted with each of the participants. The first part of this chapter comprises a holistic-content narrative analysis of the themes arising from participants' transcripts. The second part comprises a comparative analysis through thematic content analysis of the common themes that emerged from all participants' narratives, and discusses these against a background of the relevant literature.

Chapter 5 evaluates the study, discusses the findings and makes recommendations for future research.

Chapter 2

REVIEW OF THE LITERATURE

Introduction

The central aim of this chapter is to orientate the reader to key areas of knowledge underpinning the study in order to have a clear sense of the phenomena being investigated. As the study is interested in exploring women's accounts of their inner-world experiences of childbirth with a particular focus on identity, the literature review will firstly begin by orientating the reader to childbirth as it is viewed through a combination of psychological and social discourse and what is known about childbirth in general. The literature review will then move to include discussion on the key philosophical assumptions and significant developments on the concept of identity as it is understood in psychology, with a specific focus on personal and female gender-identity. Notably however, although the literature review attempts to provide a general overview, given this study is a postmodern study, questions of identity as well as other important concepts in this study align with the postmodern tradition. Lastly, an overview of current research exploring what is generally known about women's experiences of childbirth, as well as what is known about women's accounts of personal and shared identity transitions in the context of birth, is presented. What is known about these studies has implications and suggestions for this study, and as such is presented.

Childbirth

Childbirth is an important and inescapable part of human social life (Mishler *et al.*, 1981) and is synonymous with the inception of human existence. While it has an extensive and complex history, it has however a relatively short history as a subject for study. It is beyond the scope of this study to provide a comprehensive historical look at childbirth as a subject for investigation, but it is important to highlight critical historical and political

developments in order to orientate the reader to the complexities and political embeddedness of childbirth.

Up until the 18th century childbirth was purely a social occasion (Loudon, 1997), belonging exclusively to the care of women (Hogan, 1997). Although the social climate at the time was dominated by patriarchy, childbirth was one of only a handful of aspects of women's lives that women had any control over (Winnick, 2004). However, by remaining exclusively in the care of women, childbirth was devalued as a subject worthy of study and as such little research was produced on the subject during this period. The few studies that were conducted focused on "childbirth and its complications" (Loudon, 1997, p.206) as well as on the *failure* of women in childbirth and how this could be prevented (Browner, 1982). By the end of the 18th century however the preference for childbirth attendants was no longer women or midwives, but medical doctors who were typically men (Loudon, 1997). Reasons for this are complex and extend beyond science and medicine, however explanations for this according to Borst (1995, p.1), can be attributed to the movement towards the "professionalization of childbirth and the strengthening of professional authority" based on "the relationship between gender, class and culture" at the time. Only once childbirth was recognised as a medical event was it considered worthy as a subject for scientific study, in light of scientific study being a deeply valued branch of authoritative knowledge in the modern era. Thus, from a historical perspective, early research endeavors of childbirth can be traced to scientific medical texts written by men who it would seem neglected the voices of women concerned (Jalland, 1986).

Knowledge, customs and practices of childbirth have certainly changed over time (Jalland, 1986). The way in which it is managed in social and cultural contexts in which women give birth is usually a direct reflection of the norms and values adopted by society at a particular point in time (Davis-Floyd, 1994). Michel Foucault, famous for his writings on social discourse, knowledge and power, and questions of the 'subject', argues that whoever governs knowledge through dominant discursive practices, governs power and the social conduct of others (Hall, 2001). This social constructionist approach to

representation would argue in the context of childbirth, that dominant childbirth practices and customs are typically a reflection of the power-relations over whoever governs knowledge and dominant discursive practices of childbirth at the time. As an ongoing theme of study for pregnancy and childbirth research, childbirth is inextricably implicated in power-relations (Sargent, 2004; Sargent & Gulbas, 2011). In this regard, the most notable development to have emerged from the 19th century (Weitz & Sullivan, 1986) has been the medicalisation of childbirth (Hogan, 1997; Nash, 2008; Rothman, 2000; van Teijlingen, Lowis, McCaffery & Porter, 2004; Weitz & Sullivan, 1986; Winnick, 2004). Although childbirth is recognised to be a socially constructed negotiated reality where possibilities exist for alternative definitions of the event (Rabuzzi, 1994; Rothman, cited in Howell-White, 1999), society constructs these definitions within parameters largely governed by power-relations in society, which, in the case of childbirth has to-date been the medical, scientific industry (Beams, cited in Howell-White, 1999).

Current research has shown that the most prescribed definition for childbirth in the modern world is a scientific, medicalised one which defines birth as a physical, medical event (Oakley & Houd, 1990; Zadoroznyi, 1999). Although this widely accepted view has led to advanced medical practices benefitting many women in childbirth (McFarlane, 1977; Nash, 2008; Rothman, 2000), not everyone advocates this view (Rabuzzi, 1994) as it is suggested to be quite limiting for those who may locate childbirth in other dimensions other than the physical one (Houvouras, 2006). This view has also meant that alternative views of childbirth have been marginalised, particularly views that consider psychological, social or spiritual factors (Houvouras, 2006). As a result, alternative approaches such as the 'naturalness' of birth (Howell-White, 1999; Zadoroznyi, 1999) have emerged in response to this view – a point that the literature review will return to further down the paragraph. Furthermore, it is argued that the medicalisation of childbirth has resulted in a number of implications for women's self-perceptions and the choices they make (Zadoroznyi, 1999), as well as the way in which knowledge has been produced and used. Analyses of childbirth literature have revealed that most literature on childbirth is underpinned by the biomedical tradition (Houvouras, 2006). In lieu of this, the medicalisation of birth has therefore also lead to a number of criticisms, particularly from

the feminist movement (Mullen, 2005) – although anthropologists and sociologists have added extensively to feminist critique. Amongst other things, feminists have argued that the medicalisation of childbirth has not served the 'greater good' of women as they no longer have control over childbirth practices or their birth experiences (Rothman, 2000). They bemoan "the increasing male power apparent in the medicalization of birth" (Jolly, 2002, p.1) which has resulted in illness and pathologised models of birth (Miller, 2000; Weitz & Sullivan, 1986), as well as the disempowerment (Murphy-Lawless, 1998) and passivity (Hogan, 1997) of women. Expanding on an earlier point, although the medicalisation of childbirth is widely accepted as the dominant view of birth and has also been recognised for contributing positively to women's experiences, alternative approaches in response to this model have emerged in lieu of power, identity and control struggles. "Natural birth advocates, consumer rights activists and many feminists are united in their resistance to biomedical imperialism in childbirth and its appropriation of the power of childbearing women over their birthing experiences" (Zadoroznyi, 1999, p.269). In contrast to biomedical discourse these opposing discourses advocate clients' rights over medical practitioners' position as 'experts', as well as stress the importance of non-biomedical factors in influencing birth outcomes (Zadoroznyi, 1999). Although the natural perspective is considered dominant discourse in opposition to biomedical discourse - with the view that two contradictory discourses have emerged in modern society (Cosslett, 1994; Hoban, 2007; Woollett & Marshall, 1997) - Zadoroznyi (1999) makes the point that although the natural approach appears to contrast against the biomedical view, in a twist of contradiction, a number of similarities between the two approaches have in fact been identified. Caught amidst these contradictions however are women who find themselves having to make all sorts of confusing decisions about their care (see Cosslett, 1994; Kitzinger, 1997; Winnick, 2004), which, in the face of confusing and contradictory discourses can only serve to reinforce and exploit the already-existing contradictory ways in which women are represented (Treichler, 1990). This of course bears implications for women's experiences of birth.

It is interesting to note that the medicalisation of childbirth is not just synonymous with Western(ised) culture. Contrary to what some might believe, this view has also been

adopted in many non-Western(ised) societies (Genarro, 1988). While there is speculation that some high income Western(ised) countries have started moving towards the de-medicalisation of childbirth (van Teijlingen *et al.*, 2004), interestingly African countries are thought to be experiencing an increase in the movement towards the medicalisation of birth (Lowis & Caffery, 2004). It has been theorised that the devalued perception of traditional African practices as "backward and unscientific" (Selepe & Thomas, 2000, p.96) has contributed towards this trend. Specifically, within the South African context, the dual system of modern and traditional childbirth practice exists, however the medicalised view of childbirth dominates these practices.

From the above discussion, it is evident that childbirth presents as a complex, political subject, with a number of paradoxes and contradictions. While critiques of childbirth raise important questions about the overall management of childbirth and the importance this has for women's experiences (Zadoroznyi, 1999), it is not the intention of this discussion to campaign for or against any discourses of childbirth, but rather to highlight the multiple views that exist particularly as postmodernism advocates "multiple meanings, idealogical commitments and material resources" (Treichler, 1990, p.133).

While there is an extensive amount of childbirth literature available, it appears that psychology has written very little about childbirth (Chadwick, 2001; Johnston-Robledo & Barnack, 2004; Kruger, 2006). Furthermore, information regarding childbirth is typically found in obstetric texts which tend to limit or marginalise psychological aspects of birth (Hahn, cited in Houvouras, 2006; Martin, cited in Houvouras, 2006). As a result, psychological information of women's experiences of birth is quite limited. While developmental psychology texts attempt to include literature on childbirth, this is typically written from a developmental human lifespan point-of-view underpinned by a biologically-deterministic psychological view of human development. Although a combination of psychological and biological theories of human life-span development attempt to explain childbirth (see Burman, 2008), this theory inherently constructs childbirth as a biomedical and developmental process involving the physical emergence of an infant from its mother's uterus. Despite being located in psychological text,

psychological, emotional or intrapsychic processes present in women's experiences of birth, are generally disregarded.

There are however those psychoanalytic and object relations theorists namely Freud, Klein, Langer, Parker, Raphael-Leff and Pines to name a few that have written about childbirth in an attempt to explain intrapsychic processes present in the childbirth experience (Balsam, 2012; Nash, 2000; Parker, 1995). Some of Freud's earliest works focus on the experience of childbirth (Balsam, 2012). His work departs as childbirth being a traumatic experience as the event of birth is considered to be an individual's first experience of anxiety which then becomes the 'prototype' to which all of an individual's anxiety can be traced back to (Rank, 1993). Furthermore, in light of his psychosexual theory of human development, his views of pregnancy and childbirth focus on the Oedipal stage theorising that a woman's desire for a penis is sublimated in the experience of pregnancy and childbirth, whereby the infant in the course of birth represents and displaces the penis she so desires. Thus "it is said that the female doggedly continues her sad phallic quest in childbirth, never outgrowing her Oedipal circumstance of wanting a penis by having a baby" (Millet, 2000, p.185). In terms of Freud's interests however, his work primarily focused on pregnancy, childbirth and breastfeeding in relation to child development, not in relation to the mother's (Vallance, 2010). Klein's work on childbirth also departed from the premise that the experience of birth is the first source of an individual's anxiety, however, her work primarily focused on ambivalence or the dual-existence of the love and hate that the infant feels for its mother in birth (Nash, 2000). Similarly, Parker (1995) also theorised about childbirth as a very ambivalent experience for the mother, whereby the infant is at the receiving end of this ambivalence. "Projection onto the baby is established even while the baby is in the womb. But due to our culture's ambivalence towards ambivalence, women can only usually air their negative feelings towards their unborn child in a satirical vein" (Parker, 1995, p.66). It is believed that these ambivalent feelings contribute towards a process of separation needed for psychological preparation for the experience of birth (Nash, 2000). Early object-relations theorist Langer focuses on the mother's fantasies about her baby, a theory which follows from Klein's work (Balsam, 2012). While these theorists have written about childbirth, it

should however be noted that psychoanalytic theory has positioned birth as a biologically-deterministic event whereby explanations of the mother's experience of birth have been based on ambivalent and persecutory feelings towards her infant underpinned by the desire to aggressively expel her baby – hence the act of birth is considered to be quite traumatic in psychoanalytic theory. Furthermore, it should also be considered that the point of departure for these theories is "the infant's developing psychological self" and not the mother's (Raphael-Leff, cited in Balsam, 2012, p.103). One such theorist who tried to bridge this problem was Raphael-Leff whose object-relational work on childbirth considers mothers' emotional and physical experiences of birth in addition to keeping with the object relations and psychoanalytic positions of birth as the first source of a human being's anxiety (Balsam, 2012). While these theories attempt to explain birth, it is suggested however that in the context of childbirth and parenting "intrapsychic variables alone will not explain behavior. A broader approach is needed to take into account the complexity of the human condition" (Alpert & Richardson, 1983, p.13). Furthermore, given that in most instances the infant's early intrapsychic experiences is the point of departure for these psychoanalytic and object-relations theories, it is suggested that these theories may be quite limiting for explaining *women's* experiences of birth.

It should be said that although psychology has been relatively quiet on the subject of birth, psychology has however theorised a great deal about *motherhood* (Chadwick, 2006), particularly on the antenatal and postnatal periods (Clement, 2003; Ussher, 2006; Woollett & Marshall, 2001). These theories have often recognised the importance of studying women's pregnancy and motherhood experiences, and although often under the scrutiny of feminist theorists such as Ussher (1989), these theories have prescribed motherhood as an intrinsic aspect of female identity (Ireland, 1993; Woollett & Marshall, 2001). A central criticism however is that for the most part psychology has generally approached studies on pregnancy and motherhood from a problem-centered perspective (Clement, 2003) underpinned by biomedical psychological discourse whereby illness and pathologising models have been the focus of attention (Chadwick, 2001; Sherr, 1995). Furthermore, despite that motherhood has been a vested and important focus of interest

for psychology, it is striking to note that work on women's experiences of childbirth in relation to motherhood has been an overlooked area of study in comparison.

Before providing an evaluation of what is known about current psychological research exploring women's experiences of pregnancy, motherhood and the few studies on childbirth, the literature review will first include an overview of questions of identity, with a particular focus on personal identity and female-gender identity as this is linked to the experience of childbirth in this study. Following this, the literature review will evaluate what is known about current psychological research exploring women's maternal experiences, particularly where questions of identity are concerned. Turning to identity, the following relates:

General Overview of Identity Theory

Questions of identity are questions that philosophers, sociologists, and psychologists have long debated and are still ever-present in the contemporary social sciences (Frankel Paul, Miller & Paul, 2005 (Stryker and Burke, 2000). Identity is an abstract concept that tries to define and explain how people come to develop knowledge of who they are (Burgess, 2002), or of what a person is. It is believed that identity formation occurs as a result of an individual's identification with significant others, as well as with groups. Furthermore, the concept of identity has always been problematic even though the nature of problems has shifted over time (Bauman, 1996; Baumeister, 1986). The term 'identity' denotes a variation in epistemological assumptions or definitions, and usage of the term varies across disciplines and cultures. As a result, there is a plethora of literature available that attempts to construct theories and definitions of identity, which, once explored, may be a formula for confusion (Harris, 1995). According to Horrocks and Callaghan (2006), initially questions of identity evolved from individual thought (i.e. Descartes's 'I think therefore I am') "to a multifaceted construction of interpersonal interaction" (Holstein & Gubrium, cited in Horrocks & Callahhan, 2006, p.69; Vogler, cited in Horrocks & Callaghan, 2006, p.69). Recently, questions of identity have focused on identity as being an ambiguous process (Horrocks & Callaghan, 2006). Although identity theories

seemingly exist as distinct from one another, in many instances their underlying assumptions and views overlap. As such, despite the plethora of theories available, it's best to consider that theories of identity, whether underpinned by philosophy, psychology or sociology, do not exist in isolation or as mutually exclusive from one another, but rather exist on a continuum of thought.

For philosophers and psychologists, questions of identity usually center on personal continuity or group affiliations and "what makes persons numerically the same over time" (Sider, 2005). In other words, what characteristics or uniqueness, as well as group affiliations does an individual possess by which they may be recognised at any point in time? Questions of identity have generally delineated in one of two ways: the traditional modern view of identity which argues that human beings have a core identity that is fixed and stable over time despite developmental changes and growth that humans experience throughout their lifetime (Kaphagawani, 2000); and the postmodern view of identity which branches as a critique of the modern view rejecting the belief in a coherent, tangible, stable identity that is fixed over time (Elliot, 2005; Hekman, 1999). Postmodernists prefer to view identity as being fluid and ever-changing whereby we are confronted with a multiplicity of selves (Hekman, 1999; Pagano, 2003) however, is often criticised for 'losing' the person or subject as a result of one's identity being unstable and brittle (Crossley, 2000; Kellner, 1995).

Some theorists have preferred to adopt a middle course between the essentialist and the total-relativist views of identity. It is thought that a narrative construction of identity presents this middle course (Crossley, 2000; Elliot, 2005; Lieblich *et.al.*, 1998). The narrative construction of identity argues an understanding of identity that places emphasis on the role of narrative in the creation of a person's identity (Horrocks & Callahan, 2006; Elliot, 2005). This view frames identity as "grounded in experience and temporality and has coherence without being static and fixed" (Elliot, 2005, p. 124). It therefore provides a model for the development of identity as being a construction of language, experience and social processes without being stable and fixed, yet it manages to incorporate a sense

of coherence and subjectivity by capturing fragments of one's identity communicated through narratives (Crossley, 2000; Horrocks & Callaghan, 2006).

Questions of "identity, difference and power" (Charles, 1996, p.) are often of central importance to feminist theorists (Weir, 1996) who seek to challenge oppressive patriarchal structures. Although there are differing feminist views on the subject of identity with some sharing humanistic assumptions (Charles, 1996), postmodern feminist theorists shift from the dominant modern view of identity in which patriarchal values such as autonomy, coherence and stability are valued (Ebert, 1988). Instead, postmodern feminist theorists adopt a social constructionist view of identity in the sense that identity is fluid and thought to be influenced by social processes, interactions, and discourse, as well as by relatedness and collectiveness (Hall, 1990).

According to Deaux (2002), identity is a word that is widely used, but to different individuals means different things. The common use of the term often means it is loosely used, however what it denotes is quite dependent on the paradigm or world-view of the definer. Furthermore, the way in which it is constructed largely depends on the context in which it is being used. For example, in its common form identity may be used to describe 'self-identity', 'cultural identity', 'ethnic identity', 'national identity', 'religious identity', 'social identity' etc., however as terms used to describe aspects of an individual's or group's identity, they have unique meanings. For example, social identity refers to "those aspects of a person that are defined in terms of his or her group membership" whereas political identity would refer to "political positions that are staked out by members of ethnic and national groups" (Deaux, 2002, p.1059). For psychologists, the common use of the term 'identity' is used to describe 'personal identity' or the idiosyncratic characteristics that make a person unique (Schaffer, 2006). In addition, psychologists are also often concerned with 'gender identity', an aspect of social identity which refers "on the one hand, to the ways in which they are the *same* as some people by virtue of belonging to certain social groupings (ethnic, national, religious, occupational etc.) and, on the other hand, to the characteristics that *distinguish* them from all those who are members of different groupings" (Schaffer, 2006, p.80).

As the study is a study that has a focus on personal and female-gender identity, the literature review will now turn to discuss these two concepts of identity from a psychological perspective. It is important to note however, that while the literature review attempts to provide an overview of these concepts, 'identity' in this study is positioned from the postmodern tradition which views identity as constantly in flux whereby multiple selves emerge (Hekman, 1999; Pagano, 2003).

Psychological Explanations of Identity Development

Personal Identity Development

Personal identity, according to Schaffer (2006, p.80) "refers to individuals' subjective feelings about the combination of personality characteristics which distinguishes them from others, providing them with a sense of uniqueness; it is also sometimes known as ego identity or self-identity and is used by some as the equivalent to the self-concept". In other words, it is concerned with a person's distinctiveness from others or those idiosyncratic characteristics that make a person unique (Schaffer, 2006). Aspects of a person's identity include a sense of personal continuity or what allows the person to be numerically the same over time (Sider, 2005), as well as the attributes or characteristics of a person that distinguishes them from others such as physical, psychological and social attributes which are generally influenced by a person's belief-systems, values, attitudes, perceptions, behavior or ideas. While it is argued that persons are who they are because they have distinct characteristics that make them the same over time, Schaffer (2006) notes that personal identity is not concerned with *exact sameness* nor is it necessary. Rather, personal identity considers that individuals are inevitably exposed to gradual changes whilst remaining fundamentally who they are over time, and as such personal identity development is considered to be an ongoing dynamic process throughout one's life.

Whist theorists generally agree on the above, they do however differ in what they believe allows one to have a sense of personal continuity. According to Schaffer (2006) some theorists propose that a person's continuity over time is a result of having a soul, while

more scientific theorists propose that natural phenomena such as spatiotemporal continuity (or criteria that guide and track our identifications through time) are responsible for a person's continuity. Other theorists such as John Locke argue for a psychological continuity, which according to Schaffer (2006) is based on cognitive processes such as memory and recall, as well as character traits.

Questions of personal identity or identity formation are an important area of focus for psychologists, particularly developmental psychologists. They are mostly concerned with the development of an individual's distinct personality regarded as personal continuity, which is usually (although not always) characterised by developmental stages (or distinct phases in one's development) in which the individual's uniqueness unfolds and by which one is recognised. Some theorists, such as psychoanalytic theorists, emphasise stages of development and the importance of intrapsychic aspects or processes of identity, particularly in terms of how individuals integrate aspects of themselves into a unified whole self (Deaux, 2002). Other theorists emphasise biological, cognitive, psychosocial or sociopolitical determinants as being responsible for personality or personal identity development. A number of psychologists have contributed to personal identity theory including Freud's psychosexual stages of development which emphasises unconscious processes as being responsible for personality development (Shaffer & Kipp, 2010), as well as Kohlberg's stages of moral development which describes how individuals develop in relation to reasoning about morals (Grant, 2009), or Piaget's cognitive development theory which focuses on early childhood cognitive processes responsible for individual development (Shaffer & Kipp, 2010). It is beyond the scope of this literature review to expand on all theories of development, however for examples of more in-depth reviews of contributing theorists and their work refer to Watts, Kockroft and Duncan (2009) or Shaffer and Kipp (2010).

According to Schaffer (2006) probably the most pioneering work in psychology for current interest in identity development is Erik Erikson's psychosocial stages of development, as well as his concept of ego identity (Kroger & Marcia, 2011) and for coining of the phrase 'identity crisis' (Deaux, 2002). Erikson's theory is an eight stage

lifespan model of development branching from Freud's five stages of psychosexual development, and as such is grounded in psychoanalytic theory (Kroger & Marcia, 2011). "Specifically ego identity arose from the extension of psychoanalytic theory known as ego psychology" (Kroger & Marcia, 2011, p.32). Erikson's theory does not differentiate between personal identity and social identity as such; rather he regards identity to be "a feeling of inner wholeness, as an unconscious striving for 'ego synthesis' and as a subjective sense of invigorating sameness and continuity" (Schaffer, 2006, p.81). Thus, his theory explicitly rests on the distinction of a psychological sense of continuity known as ego identity which focuses on the personal idiosyncratic aspects of an individual. Furthermore, Erikson believes that the search for identity is the most important developmental task facing all individuals throughout their lives and that this journey assumes a different form or challenge at each developmental stage that the individual passes (Schaffer, 2006). All eight stages are thus marked by a conflict that needs to be resolved as well as an important event that this conflict will usually resolve itself around (Berzoff, 2008). It is believed that successful resolution will result in a positive outcome and that resolution of one stage will mean that the individual can proceed to the next stage (Schaffer, 2006). For Erikson, an identity crisis is where "an individual's previous (childhood) identity is no longer experienced as suitable, but a new identity is not yet established" (Cote & Levine, 2002, p.95). Normally this crisis takes place during the identity stage experienced in adolescence, however for some it may continue whereby "as long as the establishment of identity is incomplete, a crisis exists, which in its conscious and unconscious aspects, amounts to an identity confusion" (Erikson, cited in Cote & Levine, 2002, p.95). Although Erikson's theory is widely recognised amongst psychodynamic theorists, there are however a number of theorists who have criticised his theory for being based on patriarchal values, for overemphasising the concepts of separation and individuation, and for being linear and hierarchical (Berzoff 2008). Postmodern psychologists in particular are said to be questioning the value of stage theories such as Erikson's as a result of being linear and hierarchical.

As such, postmodern psychologists have a view of personal identity that differs from Erikson's view (Soenens & Vansteenkiste, 2011). Rather, "they question the validity of a

continuous construct such as the 'self' and 'identity'" found in stage theories such as Erikson's. (Berzoff, 2008). Although the concept of 'self' is distinct from 'identity' self-psychology usually found in the context of social psychology offers insight into how identity is maintained and viewed through postmodernism (Cote & Levin, 2002). Whereas Erikson's view is set around multiple stages of identity that are structured and integrated according to "processes of assimilation, absorption and organization" (Schachter, cited in Soenens & Vansteenkinste, 2011, p.389), postmodern psychologists such as Gergen (1991) view identity as non-linear, relational, ever-changing and fluid. This view argues that the most adaptive solution to the ever-increasing complexity of modern day individuals is to "adopt a chameleon-like identity that consists of different (and potentially incoherent) commitments in different life contexts and that fluctuates across time as the demands of life change" (Gergen, cited in Soenens & Vansteenkinste, 2011, p.389). Essentially, this view which is adopted in this study challenges the modernist view of a unified coherent self and rather views identity as consisting of multiple often conflicting selves which according to Gergen (1991) is relational as a result of being socially constructed. This relational identity abandons or loses all sense of the exclusive self, resulting in what is often referred to as the loss of the self (Gergen, 1991).

Female Gender-Identity Development

For most women, female identity is a concept based on a personal sense of oneself. This view of identity is predominantly based on subjectivity however comprises "behaviors, socially constructed roles, and psychological attributes commonly associated with "being female" (Crooks & Baur, 2011, p.112). Typically labeled as 'gender identity' (Bolich, 2007; Crooks & Baur, 2011; Sadock & Sadock, 2008), this view of identity is generally predicated on sex and as such follows from sex identity which views identity as biologically determined (Sadock & Sadock, 2008). In other words, being female is a biological given whereby women are naturally *born* female (Crooks & Baur, 2011). While the 'simplicity' of these views - particularly of sex identity - allows for natural order, closer consideration of the way in which female identity is determined, is

considerably more complex. Building from this, this section of the chapter will unfold some of these complexities by examining psychological female gender-identity literature.

Biological or essentialist theorists argue that inherent biological or sex differences are responsible for identity formation (Cornell, 1993; Gallahan, 2000). As such, women's reproductive abilities are considered to be at the core of female identity development (Cornell, 1993). Contrary to this, gender theorists who support a gender-socialisation perspective view female identity as the product of gender representation and socialisation in relation to biological and sex composition (Cornell, 1993; Gallahan, 2000). A third group – social learning theorists – maintains that female identity is developed as a result of female children observing, learning, imitating and identifying with behaviours that are strongly associated with the female sex and that elicit positive reactions from society (Gallahan, 2000; Green, 2003; Maynard, 2004. Cognitive theorists emphasise the role of learning and cognition in the development of female identity. This theory holds that a child's gender identity (in this case female identity) is learned and developed through the child's capacity to assimilate and understand information about her gender identity and role in society (Gallahan, 2000; Zack, 2005).

Existential theorists propose that each woman has the freedom and responsibility to construct herself as an independent person (Waugh, 2006). Existential theory depicts women as relational beings in that their existential state is positioned in their likelihood to be connected to all human life and the world around them (Barnett, 1997).

Psychoanalytic theory on the formation of gender identity (either male or female) has "two perspectives" (Gallahan, 2000, p.34): those theorists who describe identity formation from the "phallocentric Freudian view of Oedipal-based psychosexual development" and those that follow the "gynocentric view of mother-centered affiliation and differentiation" (Gallahan, 2000, p.34). However, within both these theories the process of identity development is very different for males and females. Within classical Freudian psychoanalytic theory, although the female is considered to be different from the male, this theory does not equate the female with the male but rather views her as

inherently deficient as a result of her biological and anatomical deficiency – the lack of a penis (Ireland, 1993). Thus, the repression of her desire combined with the ambivalent relationship she has with her mother results in a lesser-formed superego and an incomplete Oedipal resolution (Gilligan, 1993). It is this incomplete resolution that becomes the basis for the development of her feminine identity marked by traits of "passivity"… "masochism"… and "narcissism" (Gallahan, 2000, p.35). This theory is often criticised for being androcentric and overly biologistically determined.

In contrast to Freud, Erikson developed a psychoanalytic lifespan theory of identity formation based on psychosocial development. This theory postulates that intimacy (Moshman, 2005) and interpersonal issues stemming from relationships with a husband and with children are the basis for identity development for women (Jensen, 1999). According to this view, the task of intimacy versus isolation in the formation of identity in adolescence and early adulthood is, for a female, momentarily resolved based on her ability to define her own sense of beauty, to envision her ideal partner, and to decide on the role of her body and its capacity to bear children (Jensen, 1999). In addition, as with Freud, Erikson's theory is also criticised for being based on patriarchal values and for adopting the male as the point of departure for female identity development (Green, 2003; Gilligan, 1993; Tambiah, 1990).

Object-relations theory posits female identity development to be the product of the attachment bond between a mother and a daughter (Gallahan, 2000; Ogilvie, 2004; Schreurs, 1993), or between a female primary caregiver and a female child (Ireland, 1993). Within this relationship, the daughter engages in a life-long process of identifying with her mother while she fosters her own identity through the process of separation and individuation (Gallahan, 2000; Ogilvie, 2004). However, daughters do not have to separate completely from their mothers in the same way as boys (Schreurs, 1993) as a result of experiencing fewer pressures from society to do so (Ogilvie, 2004). As such, females do not wholly separate from their mothers (Gallahan, 2000) despite their search for autonomy. Instead, a female develops her identity in relation to her mother's identity (Caprara & Cervone, 2000; West, 1993) and comes to value the qualities of connection,

similarity, and relatedness (Gallahan, 2000; Schreurs, 1993; West, 1993). Therefore, female identity is considered to be a "relational identity" (Schreurs, 1993, p.1) whereby "women have a 'sense' of existential 'connection' to other human life which men do not" (West, 1993, p.79).

Feminist theorists argue that psychologists have generally defined identity within masculine parameters (Gilligan, 1993). This tendency has had repercussions for female identity formation, given that connection – a long-time associated feminine trait – has come to be devalued (McKinley, 1997). In an attempt to reframe female identity development, feminist theorists Jordan and Surrey (1986) propose a newer model of female identity development called Self-In-Relation Theory, which is organised on re-evaluating recent psychoanalytic theory (Kirby, 2001). In short, this theory proposes that "women organize their sense of identity, find existential meaning, achieve a sense of coherence and continuity, and are motivated in the context of a relationship" (Jordan & Surrey, 1986, p.102). This theory, therefore, emphasises connection and relationships as the foundation for the formation of female identity (Ogilvie, 2004) but reframes stereotypical traits associated with female identity in a more positive and valuing light (Hamilton & Jensvold, 1992), as well as shifting from the concept of separation-individuation to differentiation within relationships (Ogilvie, 2004).

Unlike a number of psychological theorists whose gender-identity theories are underpinned by biological essentialism and patriarchal values, postmodern approaches to gender-identity oppose this view by rejecting the idea of a biological and innate essence (Beasley, 2005). Biological essentialism is dissolved and replaced with social constructionism, whereby gender identity is considered to be the result of social or cultural constructions and not as being innately inherited. However, while postmodernists oppose biological essentialism, they also oppose the social essentialist view of a socially stable and fixed identity (Beasley, 2005). Rather, postmodern theorists including feminist postmodern theorists view gender-identity as fluid, multiple and uncertain to the extent that it may be considered as fictional (Sim, 2012). Thus, in terms of being female, postmodernism advocates no set of fixed stable identities to which women should

prescribe to. Furthermore, postmodernists advocate the deconstruction of discursive categories by destabilising binary opposites which organise gender-stereotyped constructions through highlighting the marginalised opposites in relation to modernist privileged ones (Hekman, 2006). "These opposites are always hierarchical and, most significantly, are always gendered (Hekman, 2006, p.98). Thus from a postmodern perspective, categories such as being female or feminine are generally viewed in relation to their binary opposites of being male or masculine. In particular, the social order of Westernised societies has generally been structured on patriarchal systems and values, and as such women's existence or being female has largely been dependent on the power-relations imposed by men. In this regard, postmodern feminists in particular have argued that being female or feminine in relation to men "is always disprivileged as the 'other'" (Hekman, 2006, p.98). As such women, being female or female-gender identity is "always defined as the 'other', the opposite and inferior to the masculine standard" (Hekman, 2006, p.98). As a means to empower women, radical postmodern theorists such as Judith Butler reject gender divisions and the category of 'woman' or 'female' altogether, arguing that "women do not exist as an evitable identity" (Beasley, 2005, p.100). According to Butler's view, "'Woman' exists because women act in accordance with this identity; there is no essence of woman beyond the acts that constitute gender-identity" (Hekman, 2006, p.99). Thus although Butler's view had implications for women by losing the category of 'woman' altogether, the idea of her theory was to empower women by considering that "if 'woman' is created by the acts that define gender, then acting subversively will destabilize that identity" (Hekman, 2006, p.99).

Recent Studies Exploring Women's Experiences of Childbirth

Childbirth studies have been conducted for a period of over 60 years (Huber & Breedlove, 2007) with the result that studies are extensive, broadly topical, have multidisciplinary influences and incorporate a wide range of views (see Davis-Floyd & Sargent, 1997; Jordan, 1993). A systematic search for past and current childbirth research on the Internet, as well as in leading online-journal databases produced extensive results on childbirth studies. However, despite the proliferation of phenomenological research

investigating birth, *psychological* studies on birth (not to be confused with motherhood or the pre and postnatal periods surrounding childbirth) appear to be scarce in comparison to the extensive amount of studies conducted by the medical, anthropological and sociological professions. It appears that psychology has predominantly investigated motherhood in relation to the antenatal and postnatal periods, not on the importance of women's experiences of birth (see Gross & Pattison, 2007; Hocking, 2007; Smith, 1999a; 1999b). Indeed, psychology has a lengthy history of investigating and theorising about pregnancy and early motherhood experiences and these studies are quite extensive, yet in comparison research exploring mother's experiences of birth appears to be strikingly lacking.

The researcher's search for South African phenomenological or psychological studies exploring the subjective birthing experiences of women generated results that pointed to a lack of research exploring this in general. It would appear that the majority of birth-related studies in South Africa have been medical studies with a strong focus on medical and broader social or cultural aspects of birth and care, not women's personal experiences of birth. Furthermore, while there is a small amount of South African phenomenological and psychological studies available, few have actually focused on the birth experiences of women. Kruger (2006) in her critique on subjective mothering experiences of South African women found that South African studies exploring women's maternal experiences in general are scarce, let alone studies exploring women's birth experiences. Social psychologist Chalmers (1990) published a book titled *African Birth: Childbirth in Cultural Transition* which explores broader social, cultural and political aspects of birthing practices in African contexts. While informative in terms of social and political aspects of birth, it is suggested to be limiting in that that it is centered on broader anthropological, cultural and political issues and not on women's personal experiences of birth. Furthermore, "while this book provides the reader with rich descriptive data on childbirth in South Africa, it does not attempt to explore the psychological functions and impact of such traditions in South Africa" (Kruger, 2006, p.194). In an attempt to trace as many South African psychological publications exploring women's personal experiences of birth, the researcher managed to trace six similarly-related studies (see Chalmers,

1987; Guse, Wissing & Hartman, 2006a and 2006b; Kruger, 2003 and 2005; Kruger & van der Spuy 2007). Although these studies explore aspects of motherhood, they are not childbirth specific, except for Kruger's (2005) study on childbirth which explores the relationship between childbirth and discursive practices and how these are relevant for women's care in South Africa. In this study, Kruger (2006) discovered two alternative childbirth discourses that emerge as contrasting from dominant discursive practices. Her findings indicate that women communicate their experiences of childbirth in different and unique ways which serve important functions, and that clinicians working with women should listen for and discern what these functions for individuals may be. While this study is unique in that it is a phenomenological study inclusive of women's voices of childbirth in South Africa, its findings are limited to two participants. Furthermore, in contrast to this study it does not focus on the construct of 'identity' in relation to women's experiences. As for the other studies that were traced, Guse, Wissing & Hartman's (2006a and 2006b) studies explored how a prenatal hypnotherapeutic programme may benefit postnatal women's experiences following birth, but neither focused on women's subjective experiences of childbirth itself – instead they promote the efficacy of clinical hypnotherapy as a facilitative birthing tool. Similarly, Kruger and van der Spuy's (2007) study which explored undisclosed pregnancy and the pregnant body from a feminist psychodynamic perspective focused their study within the context of pregnancy and not childbirth. Although the researcher managed to source some other studies exploring the birthing experiences of South African women (see Du Plessis, 2005; Maputle & Nolte, 2008; Segeel & Du Plessis, 2006), these studies were conducted by nursing professionals who did not seek to understand psychological aspects related to identity, of childbirth. Furthermore, no recent psychological studies other than the ones already mentioned appear to have emerged since Kruger (2006) pointed out the scarcity of such studies in South Africa.

Global psychological studies exploring women's maternal experiences appear to be divided into three categories. There are those that have extensively explored the prenatal experiences of women involving conception and pregnancy, those few that have attempted to explore childbirth and those that have extensively focused on postnatal and

early mothering experiences following birth. A general review of all psychological studies exploring women's experiences within the antenatal or pregnancy periods suggest that psychology has extensively investigated emotional responses and maternal attitudes (see Deave, 2005; Rofe, Littner & Lewin, 2006), developmental aspects of pregnancy (see Valentine, 1982; Zeanah, Carr & Wolk, 1990), prenatal attachment (see Laxton-Kane & Slade, 2002), psychosocial aspects of pregnancy (see Rini, Dunkel-Schetter, Wadhwa & Sandman, 1999), anxiety, fear, stress and depression (see Glyn, Schetter, Hobel & Sandman, 2008; Murray & Cox, 1990), pregnancy loss (see Walker & Davidson, 2001), abortion (see Bradshaw & Slade, 2003), substance use or abuse (see Wedding, Kohout, Mengel, Ohlemiller, Ulione, Cook, Rudeen & Braddock, 2007), psychological interventions during pregnancy (see Swan-Foster, Foster & Dorsey, 2003), HIV/AIDS (see Siegel & Schrimshaw, 2003), body image (see Haedt & Keel, 2007), interpersonal violence and emotional abuse (see Kendall-Tackett, 2007), weight concerns and eating disorders (see Davies & Wardle, 1994; Manzato, Zanetti & Guilandi, 2009), and teenage pregnancy (MacLeoud & Weaver, 2003) to name a few.

Within the postnatal period, psychological studies have extensively explored postnatal depression (see Boath & Henshaw, 2001), postpartum adjustment (see Garneiro, Mouro-Ramos & Canavarro, 2009), the postpartum body and self-concept (see Jordan, Capdevila & Johnson, 2005), breastfeeding (see Bramwell, 2008), mother-infant attachment (see Pearce & Ayers, 2005), perinatal loss (see Bennet, Litz, Lee & Maguen, 2005), puerperal psychosis (see Robertson & Lyons, 2003), and postpartum adjustment and the workplace (see Granrose & Kaplan, 2006). There has also been a recent burgeoning interest in research investigating post traumatic stress disorder following childbirth (Ayers, 2003; Bailham & Joseph, 2003; Parfit & Ayres, 2009).

In comparison to the antenatal and postnatal periods, psychological research efforts in the context of birth have been fairly limited to the extent that psychology has been criticised for being fairly quiet on the subject of birth (Chadwick, 2006; Johnston-Robledo & Barnack, 2004). Those studies that have been conducted however have managed to investigate care and support during birth (see Baker, Choi, Henshaw & Tree, 2005; Ford & Ayers, 2009), choice and control during birth (see Stockill, 2007), pain management

during birth (see Heinze & Sleigh, 2003), memory of childbirth (see Terry & Gijspers, 2000), fear during birth (see Alehagen, Wijma, Lundberg & Wijma, 2005), men's experiences of childbirth (see Greenhalgh, Slade & Spiby, 2000) and women's appraisals and satisfaction of birth (see Conde, Figueiredo, Costa, Pacheco & Pais, 2008). In general, studies such as this study with a particular focus on identity or identity transition appear to be scarce, despite that 'transition discourse' and the concept of 'identity' are both important fields of study in psychology and motherhood (Gross & Pattison, 2007; Shaffer, 2006). Furthermore, phenomenological research involving the analysis of personal or narrative accounts of women's experiences is a fairly recent method for investigating women's experiences of birth, and as such is still in its infancy. Carolan (2006) and Callister (2004) each offer a succinct literature review of these studies conducted to date, however it is notable that these have mostly been conducted from nursing professionals and not psychologists. Although there are a number of phenomenological studies available exploring women's childbirth narratives, psychological studies exploring these narratives appear to be lacking. The focus of research that has been conducted has seemingly concentrated on childbirth narratives as knowledge, communication, and connection (Cunliffe, 2006; Savage, 2001; Soparkar, 1998); on women's appraisal of their involvement in childbirth (Bylund, 2005); on traumatic experiences of birth (Beck, 2006); on social, contextual and political factors of childbirth narratives (Broetje, 2003; Houvouras, 2006); on self-concepts and maternal identities during childbearing (Hocking, 2007; Houvouras, 2004); on gender and childbirth narratives (Page, 2002; Page, 2003); and the implications of childbirth narratives (Callister, 2004; Kruger, 2005). Significantly these studies advocate the usefulness of analysing the personal accounts of women's experiences of birth, some even focusing on the importance of using this method to explore women's identities in the context of birth.

In terms of psychological studies exploring women's identities in the context of childbirth such as this study, the researcher managed to locate three similarly-related studies with a focus on identity, two conducted by Smith (1999a; 1999b) which explored identity development and theory of identity development during the transition to

motherhood and another study by Hocking (2007) which explored and formulated a theory of how facets of women's identities may be altered during the transition to motherhood. Smith's (1999a; 1999b) studies were qualitative and adopted a phenomenological analysis approach to analyse the pregnancy experiences of a small sample of women concerned. Both studies were concerned with female identity, emphasising the importance of exploring women's identities in motherhood, however neither included experiences of childbirth itself. Both however are significant as they recognise the importance of studying women's transitioning identities during the journey to motherhood, as findings suggest that women tend to experience transformations in their identities whilst in the developmental process towards becoming new mothers. In the context of this study which proposes that childbirth similarly creates the conditions for alternative constructions of women's personal and shared gender-identities, these findings may therefore be regarded as important. Unlike Smith's (1999a; 1999b) studies, Hocking's (2007) study used artistic narratives (a combination of artistic drawings and narratives) to explore women's self-concepts, a construct closely linked to identity. As with the studies conducted by Smith (1999a; 1999b), this study also focused on aspects of change in women's self-concepts during pregnancy, not during the experience of giving birth. As the study's focus was on pregnancy experiences and not childbirth, women's accounts of their birth experiences were excluded despite that women spoke of their birth experiences. Significantly, the findings of Hocking's (2007) study also revealed that changes in women's self-concepts are experienced in pregnancy towards part of women's preparative journeys towards becoming new mothers. Furthermore, it was also noted that transformative experiences women encounter in their journey towards a mother-identity are overlooked by psychology, as well as despite it being beyond the scope of the study to investigate women's changing self-concepts in the context of birth itself, it is an area of focus that requires future research attention. Together with Smith's (1999a; 1999b) studies, these findings present as a research gap and as such are particularly significant for this study. The following section discusses the implications and suggestions that these findings in conjunction with findings from the overall literature review have presented for this study.

Implications and Suggestions

Even though contemporary psychological researchers are aware of and caution against the temptation for psychology to pathologise experiences associated with motherhood and childbirth (Lyons, 1998; Oakley & Rajan, cited in Allen, 1998), and despite that some studies have attempted to shift from the tendency to do so by focusing more on normative experiences of birth (Johnston-Robledo & Barnack, 2004), the review of the current literature and recent childbirth studies suggests that the majority of psychological studies investigating childbirth are still primarily preoccupied with pathologising or problematising women's experiences of birth. Not only is this significant in terms of the ways in which psychology is constructing women and childbirth in society at present, but it also serves to highlight psychology's role in consistently aligning itself with the medicalised, psychiatric, illness or pathologised model of childbirth. The problem with this, according to Mytton (2003), is that labelling and pathologising individuals' experiences ultimately locates all problems within individuals themselves and discounts contributing contextual factors. Furthermore, as Kitzinger (1992) explains, to provide women with psychiatric labels during the period surrounding childbirth not only locates problems within women themselves, but also shifts the focus from their needs and ultimately their care. In light of this, research predominantly preoccupied with pathologising women's childbirth experiences may therefore unwittingly perpetuate negative consequences for childbearing women.

While childbirth certainly is a challenging life event and in some instances abnormally stressful (warranting research on distressed or abnormal experiences of childbirth), it is generally regarded to be a normative life experience (Johnston-Robledo & Barnack, 2004). However, given that psychologists usually focus on the problems and mental illnesses associated with childbirth and not the normative experiences of birth (Sherr, 1995), psychologists are seldom "identified as a resource for women who are either anticipating or adjusting after an inherently challenging life event" such as birth (Johnston-Robledo & Barnack, 2004, p.133) – this despite the myriad of clinical research documenting women's needs to talk about or process their childbirth experiences (Olin &

Faxelid, 2003; Kinnon, 1998; Petersen, 1996). According to this research, women need opportunities to process childbirth-related events and to talk about their experiences of birth to integrate any ambivalent feelings they may have about their experiences (Kinnon, 1998), and to avoid negative emotional outcomes (Callister, 2004). They need opportunities to process physical and psychological changes and adjustments in their identities as women as they gravitate towards a mother-identity (Peterson, 1996). There is a real need to psychologically process and integrate all that is occurring at this time, and psychologists are thought to be in an ideal position to be able to offer this support to women given their clinical skills (Johnston-Robledo & Barnack, 2004). Unfortunately although they may be in an ideal position to do so, psychologists have not been particularly active in the context of birth which has had implications for the ways in which women have been cared for particularly from a psychological point-of-view. Effective psychological treatment and supportive strategies are suggested to be limited as a result of research studies usually directing their suggestions for clinical practice and implications for future research at childbirth practitioners such as nursing professionals, midwives, childbirth educators, and obstetricians (Johnston-Robledo & Barnack, 2004) and not psychologists. Although a study conducted by Selkirk, McLaren, Ollerenshaw, MacLachlan and Molten (2006) found that midwife-led psychological interventions are largely ineffective, emotional or psychological interventions concerning birthing women including unexpected complications, trauma, and loss in childbirth (Schroeder-Zwelling, 2000) are still primarily referred to mid-wives, obstetricians, and childbirth educators (Olin & Faxelid, 2003). It is suggested that these practitioners are often ill-equipped with the skills and knowledge to effectively manage and support psychological aspects of birth for often in their training these practitioners are only presented with a basic introduction to psychological theory and practice, whilst generally failing to see the relevance of this for their own scope of practice (Fonseca, Jones & Moore, 1997).

Not only are psychologists usually disregarded as supportive resources for mothers' preparations for childbirth (Johnston-Robledo & Barnack, 2004), but in light of the above literature review, it has been found that psychologists have contributed very little towards childbirth literature in general (Chadwick, 2006; Johnston-Robledo & Barnack, 2004) –

even to date. There are a number of reasons that possibly exist for this, however as Chadwick (2006, p.237) proposes, "perhaps this is because birth is assumed to be situated solely within the realm of the biological body – a 'psychology' of birth might thus seem a contradiction in terms". Although women locate pregnancy and birth in places other than the physical body (Houvouras, 2006) and consider childbirth to be a time of emotional and psychological adjustment (Ayers & Ford, 2009; Cowan & Cowan, 2000; Smith 1999a), psychological studies investigating women's experiences of birth in general has been demonstrated to be quite limited. Furthermore, although 'transition discourse' is dominant psychological discourse in pregnancy and motherhood (Gross & Pattison, 2007) and the concept of 'identity' is an important subject of study for psychology (Shaffer, 2006), psychological studies investigating women's transitioning identities in the context of birth has also been demonstrated to be strikingly quite scarce – even though psychological studies exploring women's transitioning identities in motherhood have argued for the importance of exploring these experiences for new mothers in the context of childbirth (Hocking, 2007). Exploring these experiences for women is suggested to have important implications for women's psychological management and care in preparation for their journey to birth, and as such is an area of study that requires attention. While there is plenty of room for the development of psychological research in the context of birth, understanding the significance for the way in which childbirth in particular shapes women's identities and personal experiences as women is an area of research that has been identified in this study as a current research gap for clinicians wanting to understand the importance of these experiences for women, as well as the implications this will have for the ways in which women can be supported by psychologists. In light of some of the studies discussed in the literature review which have found that women's self-concepts are significantly shaped by their transitioning journey to motherhood and who have further recognised the importance of understanding transitioning identity experiences for mothers, it is anticipated that exploring these experiences for women in the context of birth will be equally significant as a starting point for clinicians and other researchers wishing to gain deeper insight into these experiences for women.

Research Questions:

1) How and in what ways do women and first-time mothers construct the idiosyncratic aspects of their personal identities in the context of childbirth, and in what ways do individual elements interrelate to participant's identities in general?
2) How does childbirth shape the shared aspects of women's identities with a focus on female-gender identity, and in what ways do women construct these identities in the context of birth?

Conclusion

The primary focus of this chapter was to contextualise the theoretical basis of this study by reviewing the relevant literature pertaining to the scope of this study. As such, a broad overview of childbirth and identity was provided. Each topic was appropriately explored, while the key theoretical assumptions, main arguments, and significant developments over time were presented.

Furthermore, in an attempt to paint a holistic picture of psychology's role towards the development of childbirth research and clinical practice, an overview of past and current research exploring the relationship between psychology and childbirth, as well as what is known about women's childbirth experiences in general, and also what is known about women's personal and shared social identity characteristics in the context of birth, was examined.

In summary, what emerged from the literature review was evidence that psychology has contributed very little towards childbirth literature in general. Studies that have explored aspects related to childbirth have mostly focused on the pre- and postnatal aspects of women's development and not on childbirth itself. Furthermore, overall, women's childbearing experiences have mostly been examined by psychology in terms of illness and pathologised models to such an extent that psychologists are seldom thought of as being appropriate resources with which to manage normal aspects of women's

childbirthing experiences. For this reason there is a call for psychology and psychologists to develop an active role towards working to enhance women's understanding and experiences of childbirth, which – as is suggested – can be achieved through developing a psychology of childbirth.

Chapter 3

RESEARCH METHODOLOGY

Introduction

This chapter describes the research paradigm selected for this study and provides an overview of qualitative postmodern research as a research framework. The sampling, data collection and the analytic method selected towards meeting the study's primary aims are then discussed.

Qualitative Postmodern Research Methodology

This study uses a qualitative framework underpinned by the epistemology and theoretical assumptions characteristic of the interpretavist tradition. Interpretavist philosophy suggests that human or social action is naturally meaningful and that individuals continuously interpret the world they experience through meaning-making processes (Shwandt, 2003). Qualitative researchers are therefore interested in the meanings that individuals attribute to their lived experiences as well as the social environments and processes that facilitate and sustain such meanings (Chase, 2003).

A key function of qualitative research is to describe and understand social behaviour rather than to explain or predict it. It advocates qualities such as reflexivity, subjectivity, meaning and self-definition (Babbie & Mouton, 2005). Other notable features include the bias towards naturalistic settings, a focus on process rather than results, and the pursuit of in-depth descriptions for understanding social action in its context (Babbie & Mouton, 2002, 2005; Creswell,1994; Merriam, 1988). Furthermore, the research process is inductive as it is theoretically driven resulting in the generation of new concepts, assumptions, and theories (Braun & Clarke, 2006), while the researcher is the 'main instrument' utilised throughout the research process.

By contrast, quantitative research seeks quantifiable information about everything that exists in a scientific, unbiased, objective manner by drawing on methods that ensure as far as possible that researchers separate themselves from phenomena under investigation (Bell, 2005; Gray, 2009). As this approach is less concerned with understanding in-depth phenomena, adopting this approach may have limited the study in that it may have appeared too restrictive to fully capture the complexities and in-depth phenomena of this study. Given the nature of the type of exploration required for this study, the qualities of the qualitative tradition are considered to be more aligned with the qualities required to explore the ways in which women's identities are shaped in the context of birth, and as such is the chosen approach for this study.

Specifically, the research is guided by a postmodern framework within the qualitative paradigm and as such all concepts in the study are underpinned by this framework. Postmodern research rejects the idea of a single truth or reality, advocating multiple truths and realities instead (Liamputtong, 2007). Furthermore, postmodern research tries to "deconstruct the meanings that participants have about their lived experiences and the language they use" (Liamputtong, 2007, p.15). This is related to the result of the power-relations that exist in dominant social discourse which postmodern research attempts to deconstruct. In addition, postmodern research refutes the 'grand narratives' of positivistic scientific approaches which disregard the interaction between individuals and their social contexts (Liamputtong, 2007). Rather, postmodern research focuses on a number of mini-narratives or 'snapshots' of participant's experiences which have the qualities of being non-linear, episodic and fragmented, and which are constantly in flux (Limaputtong, 2007). As such, postmodern research is quite comfortable with ambiguity and contradiction that may emerge from participant's often contrasting or even contradicting mini-narratives as a result. According to Fook (2002), the essence of postmodern research may be summarised as follows: It challenges and perturbs dominant discursive practices; it emphasises multiple and varied constructions; knowledge is inclusively recognised to be the product of both scientific and reflexive processes; and discursive practices are considered to be central processes in negotiating inclusive structures and relations.

Participants Selection

As the objective of qualitative research is to represent the experiences of its participants in a meaningful way (Fossey, Harvey, McDermott & Davidson, 2002; Seidman, 2006), rich, detailed and contextualised accounts of individual's subjective experiences are required (Elliot, 2005). In-depth interviews with small groups of participants are the most commonly chosen data collecting method. Although selecting and interviewing small samples reduces generalisability to the wider population, generalisability is not an objective of qualitative research (Fossey *et al.*, 2002; Seidman, 2006). Rather, qualitative researchers are interested in how findings may relate and be logically applied (Fossey *et al.*, 2002).

In this study, a small sample of eight participants was enlisted owing to practical aspects such as time, resources, as well as the feasibility of conducting in-depth interviews with research participants. By enlisting a more homogeneous sample the researcher hoped to minimise the limitations and disadvantages of research associated with small samples.

Important selection criteria were firstly determined to define the parameters of the sample that was to be enlisted. The sample needed to consist of first-time mothers who had had a successful birthing experience and who had never had a miscarriage late in pregnancy. This was decided so that women participating in the study would meet the criterion of having had experienced normal birth for the first time, with no complications, as having had any may have raised ethical concerns while gathering data. To facilitate a collaborative and reliable data gathering process, all participants needed to have the ability to communicate and articulate fluently, lucidly and willingly in English with the researcher, as the researcher is English speaking. Research participants also needed to be eighteen years or older in order to consent to participating in the research. It is considered unethical and illegal to allow minors to contract as participants without their legal guardian's consent. Furthermore, the study was not concerned with teenage pregnancy and birth but concerned adult women. Participants had to have given birth less than three months from the date of each respective interview. The researcher suggested that women

wanting to participate in the research not have given birth more than three months from the date of interview as an attempt to attract a more homogenous sample with similar circumstances and experiences. All would have given birth fairly recently and as such would potentially still be processing this as a significant event impacting their current circumstances. It is not unusual for women attending postnatal clinics to share, exchange, or compare their experiences of birth as part of accessing support, and as such enlisting a sample of women who were all in a similar developmental phase was seen as a factor that could attract rich and meaningful data in light of what the study was investigating.

Studies that have focused on women's long-term memories of giving birth have generally found that women tend to remember and recall their experiences fairly accurately (Waldenstrom 2003), even as long as 20 years after the event has taken place (Bennet, cited in Waldenstrom, 2003; Simkin, cited in Waldenstrom, 2003). In line with such findings, it was decided that a cut-off point of three months postpartum would not have diminished participant's ability to recall and narrate their experiences of giving childbirth for the first time during interviews for the purposes of the research. Additionally, despite that it has been suggested that women recall their experiences of childbirth fairly accurately, the current research was not concerned with participant's abilities to accurately recall their experiences of giving childbirth for the first time but was rather concerned with their subjective views and experiences of giving childbirth for the first time and the meanings that they attached to them.

In light of the above, the sample consisted of eight first-time South African mothers attending a postnatal clinic located in Randburg, Gauteng, all of whom were from various parts of the northern suburbs of Johannesburg, Gauteng. Each had given birth to a healthy infant not more than three months prior to the date of interview. The sample was relatively homogeneous, consisting of educated, urban, middle income, White and Indian South African women, ranging between the ages of 25 and 40 – all of whom had given birth recently for the first time. All women had excellent support systems, were married and were either self-employed or employed. Additionally, all except one participant had given birth within private hospital settings under the care of highly-skilled healthcare

professionals. The participant who had not given birth in a hospital setting had chosen to have a home birth instead, however still gave birth under the care of highly skilled midwives who utilised medical interventions. In terms of their birth outcomes, all had (incidentally) had similar birth outcomes whereby all had delivered healthy babies, were well supported by their partners, families and medical staff, and were for the most part satisfied with their birthing experiences and care as a result (with the exception of one participant who had described having a traumatic birth experience as a result of unexpected complications in the medical interventions used). While there is a proliferation of research documenting how excellent support systems and satisfaction with care generally leads to positive birth outcomes (Simkin, 2006), the relationship between socioeconomic status and childbirth is more topical and findings are inconclusive (Nelson & Popenoe, 2001). Findings in this regard do however appear to agree that higher income women are more likely to access a range of privatised healthcare services, including postnatal clinics, while lower income women are less likely to (Johnston-Robledo, 1998). It is suggested that this has significance for the level of care women receive and how this impacts their perceptions around their motherhood experiences in general. Johnston-Robledo (1998) cautions that one should not assume that middle income women accessing these services will necessarily have better birth experiences or outcomes than lower income women who cannot afford these services, as this is not necessarily the case. However, women such as this sample who attend postnatal clinics compared to women who don't are more likely to make informed choices and decisions around their care whereas women who don't or can't access these services are more limited in terms of their decisions and choices (Simpson & Creehan, 2008). Indeed, women in this sample had access to information and choice around their care, and although it may be coincidental, they had for the most part experienced similarly positive birth outcomes under the care of highly skilled medical professionals and excellent support systems. This in itself is suggested to have had significance for the ways in which women in this study constructed their childbirth and motherhood experiences from the outset, which if compared to the narratives of women who are not able to access these services, levels of support and care, is likely to have emerged as contrastingly different to the constructed experiences of those women who don't have the

same access to such information, care and support. As Kruger (2005) suggests, low-income women who don't have access to the same services as high-income women are likely to emerge with alternative childbirth discourses which contrast significantly to 'grand' biomedical discourses.

Data Collection

This section is divided into three parts beginning with a discussion on narrative theory as the data collection method used to represent participants' experiences of self-hood and identity in this study as well as how narratives function to impose meaning and make sense of the texts collected, which is then followed by a discussion on the data collection instrument used to collect these texts. Lastly, the procedure used to enlist participants in order to gather data for this study will then be discussed.

Data Collection Method: Narrative Research and the Current Study

The study gathered qualitative data in the form of narratives to represent the experiences of participants and as such requires methodological consideration on narrative theory and the position of narrative theory in this study, as well as the function of narrative itself as significant for this study.

In the broadest sense narratives are associated with the sharing of lived experiences through stories in order to allow life to emerge as meaningful (Polkinghorne, 1988). They are an inherent aspect of human nature, are a form of social life, and facilitate meaning to help humans make sense of the world around them (Abbot, 2008). They are everywhere and are valued for many reasons. For example, they are a form of knowing (Lyotard, cited in Czarniawska-Joerges, 2004) and allow for the discovery and sharing of knowledge (Chilisa & Preece, 2005). They are also generally valued for their healing properties (McEachern, 2002; Parker & Wampler, 2006) except in instances where this is not possible (see Andrews, 2012). Narratives have been recognised to have psychological, cultural and social qualities (Mischler, 1995) and are a valuable form of

research since what has been called the 'narrative turn' in the social sciences (Czarniawska-Joerges, 2004). Studies investigating women's experiences of birth have recently seen a burgeoning interest in narratives to understand women's experiences as they are "considered a valuable means of accessing the social context and meaning of birth and mothering in women's lives" (Carolan, 2006, p.67). Furthermore, "they are useful in terms of ascertaining what is important to women" (Carolan, 2006, p.67). Literature suggests that childbirth narratives are a rich and powerful source of data for women's experiences of mothering and birth (Carolan, 2006; Miller, 2005; Pollock, 1997; Rye, 2009), and as such this study chose to explore the childbirth narratives of first-time mothers to gather rich and powerful data about the ways in which their identities are shaped in the context of birth.

Conceptually, the terms 'story' and 'narrative' are often used interchangeably (McQuillan, 2000) however they are analytically quite different (Riley and Hawe, 2005). Stories are descriptions while narratives navigate understanding and meaning for these descriptions while facilitating intelligible reading of the texts individuals engage with. Questions about narrative emerge as dense and extensive (Miller, 2000) so to restrict narrative to a single definition is largely impossible, particularly as a result of theorists' differing views. Rather, narratives appear to be discussed in terms of their unique characteristics or functions, which will be discussed a bit further below. In terms of narrative's origins it has a long and contentious history. Although narrative is historically strongly linked with the literary tradition it has however also been influenced by the linguistic, social and philosophical traditions (Labov, MacIntyre, Prop & Ricoeur, cited in Miller, 2000). As such, interest in narrative may be considered as having originated from multiple disciplines and as a result should not be assumed to have progressed linearly from any tradition, particularly the literary one (Hyvarinen, 2006). As a developing research interest in the social sciences (Denzin, 2000), much about narrative research has been influenced by these multidisciplinary perspectives and as such no single method exists for conducting narrative research (Elliot, 2005).

Narratives are often discussed in terms of their unique characteristics, properties or functions in order to explain what is meant by 'narrative'. For a start, theorists propose that it is necessary for an event to have occurred in order for a narrative to begin (Abbot, 2008). Furthermore, narratives are often explained in terms of "location and level" (Wagner & Watkins, 2005, p.239) whereby 'location' refers to places where theorists believe narratives to be located such as in writing and description and in human action and existence (Wagner & Watkins, 2005), while 'level' refers to the organising principles of narratives – in other words the central characteristics that make up narratives (Herman & Vervaeck, 2005). A number of organising principles are inherent in narratives, however a significant principle is the function of 'temporal sequencing' (Andrews, Sclater, Rustin, Squire & Treacher, 2000) or 'temporality' (Redwood, 1999; Ricoeur, cited in Czarniawska-Joerges, 2004). This principle has to do with the ways in which order or coherence is placed on life events through narratives. While "life is not lived as a neat, chronologically ordered series of events" (Miller, 2000, p.310) this principle allows for some sequential ordering of these events by allowing the narrator, during the construction and reconstruction of events, to impose some kind of order on life events that otherwise would not be present in the living moments of that person's experiences (MacIntyre, cited in Miller, 2000). This principle therefore values how humans arrange their comprehension of time through narratives, referred to as 'narrative' or 'human time' (Abbot, 2008). This time is not linear or composed of any duration; rather what is allowed for is fluidity or flexibility of time yet where some sequential ordering and coherence is imposed on the reconstruction of human events or lived experiences to allow humans to make some sense of themselves and their experiences. It follows then that another significant organising principle of narrative is how it lends itself as a lens to identity (Brockmeier & Carbaugh, 2001; Cave, 1995; Haynes, 2004; Horrocks & Callahan, 2006). By constructing and reconstructing narratives to generate meaning in people's lives, and by organising human experience by placing some kind of order on the past to explain the present, individuals in the course of doing so land up constructing themselves (Dean, 1998). Thus, narratives naturally lend themselves as a way for humans to construct their self-concepts or their identities. Because this organising principle is inherent to narratives, in the context of this research, it is useful to analyse narrative

accounts of participants. Given the unpredictability of human life, it should be said however that narratives are susceptible to interruption or discontinuity meaning that humans may experience discontinuity in the construction of their self-concepts or identities (Miller, 2000). However, together with the principle of temporal sequencing, humans are able to create and maintain some continuity in their lives, even in the midst of interruptions in these constructions (Miller, 2000). This "narrative structure" (Crossley, 2000, p.528) enables humans to construct tangible, coherent identities or self-representations (Horrocks & Callahan, 2006) without necessarily being stable or fixed over time as modernist views would advocate (Elliot, 2005).

In the social sciences, the role and function of narratives are understood to be the primary means through which humans make sense of themselves and their realities (Laszlo, 2008), and as a means with to organise their experiences (Bruner, 2001). Furthermore, it is also valued as a means with which people construct versions of themselves (Gilbert, cited in Horrocks & Callahan, 2006; Redwood, 1999) and as such is valued as a way to study and gather data about human experience. While the value of narrative is evident to some, narrative is not free of criticism. In particular, modernists criticise narratives as being a fictional representation of reality (Laszlo, 2008). However, by joining "identity and action research" (Miller, 2000, p.309), narrative has attempted to surpass criticism as an atheoretical representation of reality, to be valued as a way with which to understand identity and human action (Miller, 2000). Although debates and consensus regarding the role and function of narrative as a research tool is largely inconclusive, given what is known about the value of narratives in the social sciences as means to study human experience, in this study the narratives of participants were chosen to be analysed as they impose meaning on women's experiences of selfhood and identity and allow for 'snapshots' into these experiences.

Specifically, in this study, narrative theory is underpinned by a postmodern tradition in which selfhood and identities are seen to be relational, fluid and existing in narrative. "The 'postmodern narrative self' counters modernist assumptions of self as an autonomous and fixed 'internal entity' and brings with it theory and practice

possibilities" (Flaskas, 1999). Thus, in this study, participants' narratives emerge as non-linear, episodic and fragmented snapshots of the life of the narrator.

It is important to consider that narratives do not exist in isolation. Rather, they exist as interpersonal constructions emanating from external and internal reality (Miller, 2000). In the postmodern view, narratives are both individual constructions born from individual experiences, as well as shared or collective constructions that are co-created by individuals within broader social contexts (Miller, 2000) which it is suggested has significant implications for the findings of this study from a social constructionist point-of-view.

Data Collection Instrument: Qualitative Semi-Structured Interviews

To gather these narratives and the data for the study, the study utilised qualitative narrative-based in-depth semi-structured interviews held with each of the eight participants. A semi-structured qualitative research interview is "neither a free conversation nor a highly structured questionnaire" Kvale, 1983, p.174). It does, however, "rely on a certain set of questions" to "guide conversation" based on those questions, while simultaneously allowing "some freedom to talk about what is of interest" or importance to participants regarding the topic (Hesse-Biber & Leavy, 2006, p.125). In-depth interviews are not used to speculate or assume power over individuals' experiences (Seidman, 2006). Instead, in-depth interviews are conducted to facilitate the process of deepening one's understanding of individuals' experiences. They are set around a particular topic or theme and not specifically around a person (Kvale, 1993).

In line with the above, a semi-structured narrative interview format was used for interviewing participants, and a semi-structured interview schedule (attached as appendix x) was used as a topic guide to aid conversation between the researcher and the participants as well as to provide an interview context for participants. The aim was to have participants narrate their childbirth experiences in the form of storied detailed narratives (Seidman, 2006) which were then to be analysed. According to Riessman

(1993), having an interview schedule helps to facilitate conversation of the topic under investigation during an interview. It also guides and prepares the researcher to listen for and be mindful of an array of narratives that may emerge during the interview process (Chase, 2003).

During each interview, the researcher aimed to use open-ended questions for the purpose of encouraging unrestricted responses from participants. This was done by making use of 'what' and 'how' questions and not 'why' questions (Stiles, 1993). Although a broad query informed the interview, as a general approach to interviewing Chase (2003) encourages researchers to arrange their questions around the life experiences that participants tell. Therefore, questions mostly followed from the researcher's listening to participants' narratives and not necessarily from the interview schedule. This is not to say that questions did not follow the interview guide at all, for they did. Any questions that the researcher may have had in terms of the interview guide were generally answered as the interviews unfolded.

In addition to a semi-structured interview, the researcher also gathered data through the researcher's own observations. Often, naturalistic qualitative researchers gather data by observing and documenting the observations of the people they interview in order to contextualise data or to enrich understanding for participants' experiences (Ruben & Ruben, 2005). This is usually done separately from interviews or together with interviews (Ruben & Ruben, 2005). Furthermore, when conducting participant observation "researchers watch their setting from the sidelines or join the activities of those they are studying and take notes on what they see" (Rubin & Rubin, 2005, p.2). In this study, the researcher gathered data through observations by taking notes and documenting observed behavior or significant responses that was considered useful in terms of contextualising data gathered for the study as a means to enrich the findings of the study, particularly around the idiosyncratic aspects of participants' experiences. For example, significant emotional responses were observed, global impressions pertaining to the researcher's perceptions of each participant was noted, as well as contextual information pertaining to personal demographics or support systems were also noted. However, while observations

were gathered, the primary means of gathering data for the study was through interviews. Although the data gathered through participant observation may be considered useful in terms of complimenting and contextualising the data gathered through the interviews and the subsequent findings that emerged from these interviews, the findings in the study generally rely more on what was gathered through interviews with participants than what was gathered in terms of participant observation with the exception of the global impressions noted in the findings as these generally relied more on the researcher's observations.

As the researcher's job is to contextualise participants' experiences (Seidman, 2006), participants were provided with a context within which to narrate their experiences at the start of their interview. Participants were asked to narrate and reconstruct their experiences within the context of giving birth for the first time as if it were a story with a beginning, middle and an end. Participants were encouraged to begin their stories with whatever felt most comfortable for them. In addition, they were provided with a forum to narrate and reconstruct their experiences freely and subjectively and, as such, were able to set the course of the topic within the contextual parameters of the study.

By focusing on the tangible data of the narratives, the researcher was able to stay present with the true nature of participants' experiences as they were narrating them (Seidman, 2006). Interpretations or reframing of experiences were offered as a next step after focusing attention on the content of the interviews. Reframing enabled the researcher to ascertain a more accurate understanding of what participants were expressing (Kvale, 1993).

As a critical focus of interviewing, researchers need to understand the meaning of what participants express (Kvale, 1993). The researcher's role is not to conclude exact meanings but rather to provide participants with an opportunity to consider several or multiple meanings (Dean, 1998). Participants were therefore given opportunity to reflect on the meaning of their experiences. They were also given opportunity to process their

emotions and thoughts following their experiences as these are naturally evident in the context of narrativising about human experience (Seidman, 2006).

Procedure

In this study, the sample was enlisted using convenience sampling. Using a directory service, the researcher identified and then telephonically contacted the owner of a local postnatal clinic situated in Randburg, Gauteng and obtained permission to enlist a sample of new mothers for the current study. By means of telephonic contact, the owner of the postnatal clinic granted permission to enlist participants from the premises of the postnatal clinic and then invited the researcher to meet with her to have the researcher explain the nature and purpose of the study in further detail.

Once the researcher had met with the owner of the postnatal clinic, the owner invited the researcher to meet with and address a group of approximately twelve mothers with newborn infants at the end of a baby massage class that was being held on the premises of the postnatal clinic. The researcher introduced herself to the audience of women and explained the nature of her research. It was also explained that participation was voluntary and that responses would be treated confidentially. The researcher then handed out pamphlets to all of the women that explained the purpose, nature, and scope of the research in more detail. Once the pamphlets had been handed out, the researcher invited women to ask any questions pertaining to the content of the pamphlets as well as the purpose, nature, and scope of the research. The pamphlets gave the women the opportunity to process the contents at their leisure and within their own privacy, and without feeling obligated to participate in the current study. Various women responded to the pamphlet and before the researcher had left the premises of the postnatal clinic, eight participants had volunteered for the present study and had given their contact details to the researcher.

Each of the mothers who had volunteered at the postnatal clinic to participate in the study was telephonically contacted by the researcher in the weeks following the initial meeting.

As all participants had newborn infants to care for, participants had unanimously requested that they be interviewed in the comfort and safety of their own homes and in a space that felt comfortable for them and their infants. Although safety for researchers is a standard consideration during the research process, the participants that the researcher interviewed for the study were considered to be a low-risk sample, given that they were first-time mothers with newborn infants. Not only was the decision to interview participants within the safety of their own homes logistically easier and practical, but it also allowed for a mother-infant-centered data collection approach during the research process.

At their homes, participants were given a handout that comprised three separate forms. The first was a covering letter reminding participants of the topic, purpose, and scope of the study. The second and third were two separate consent forms that needed to be read and signed before participants could be interviewed. The first consent form emphasised that: participation in the current study was voluntary; that participants' responses would remain confidential; that no identifying information would be used in the study; that participants could refuse to answer any questions that they would prefer not to answer; and that participants could withdraw from the study at any point in time if they wished to do so. The second consent form requested permission from participants to have their interviews audio-recorded and transcribed. In line with best practice standards set out by Hesse-Biber and Leavy (2006), the researcher also verbally reiterated voluntary and informed participation.

Each participant was interviewed once. Although interviews were not rigid in terms of length and time, on average they lasted for an hour and a half. All interviews were audio-recorded in full and any significant observable responses were noted and documented by the researcher.

Interruptions during interviews were anticipated by the researcher given that participants had infants to care for. Aiming to be mother-centered, the researcher negotiated with each of the participants that interviews could be interrupted at any point in time for whatever

reason. Infants needed their mothers every so often and as a result, interviews were interrupted occasionally. The researcher was careful to reflect on parts of conversations that had been interrupted during interviews. By reflecting on the interrupted parts of conversations, participants were able to link their thoughts and continue with their stories from the moment that the interruption had occurred.

Towards the end of each interview, the researcher took a few moments with each participant to reflect on the process of the interview. Besides being an ethical practice, each participant was given an opportunity to reflect on their interview to allow for the processing of emotional responses towards their childbirth experience and the experience of being interviewed by the researcher. The time for reflection was also used as an opportunity to feed back the researcher's interpretations of participant's responses as a means to gauge the researcher's understanding of the emerging data. This data was also recorded as part of the data collection process.

The data was then transcribed verbatim and compiled into interview transcriptions for analysis. All identifying information was erased from the transcripts to ensure confidentiality of participants' responses. The audio-recordings were destroyed, and the interview transcripts were stored in a safe place to ensure that interview data was not misplaced or misused.

Data Analysis

The data from this study was analysed using a qualitative narrative analysis approach guided by methodological principles outlined by writers such as Chase (2005), Cortazzi (1993), Denzin and Lincoln (2005), Elliot (2005), Lieblich, Tuval-Mashiach and Zilber (1998) and Riessman (1993). Narrative analysis concerns the analysis of storied data whereby the form of analysis is dependent on the researcher's epistemological and theoretical orientation (Elliot, 2005; Redwood, 1999) which in this study is postmodernism. In this approach "reality is seen to be situational and fluid" (Miller, 2000, p. 13) meaning that realities, truths and interpretations of human experience are

multiple and not absolute. “One cannot discern a circumscribed ‘postmodern’ approach to data analysis in the social sciences” (Delamont & Atkinson, 2009, p.667). Rather, “the analytic implications are more generic, incorporating every aspect of qualitative research, its epistemological foundations, its strategies of data collection, its analytic styles, and its modes of representation” (Delamont & Atkinson, 2009, p.667). Qualitative studies advocate a hermeneutic or interpretive approach to analysis which requires researchers to understand and intuit the subjective in-depth descriptions of the experiences of participants as they unfold, from the worldview of participants. There is no specific approach to follow when conducting narrative analysis (Baumgartner, 2000; Riessman, 1993; Squire, Andrews & Tamboukou, 2008), however, even the intuitive interpretive researcher requires “basic tools” to enable the analytical process Elliot (2005, p.37).

Forms of narrative analysis are generally divided into “linguistic, psychological and biographical” categories (Baumgartner, 2000, p. 539) whereby the focus is either on content or form (Elliot, 2005). Psychological researchers tend to rely more on methods that pay less attention to the ways in which narratives are structured through the “particulars of language” known as narratives of form (Baumgartner, 2000, p.539) and more on the “meaning people create through words” known as narratives of content (Baumgartner, 2000, p.539). As the researcher in this study is a psychological social science researcher, the researcher was more interested in methods that analyse the content of narratives from which meaning is derived. A content-orientated narrative analysis approach takes into account the experiences from the perspectives of the narrators and aims to understand the meanings that result from these experiences (Lieblich *et al.*, 1998). Therefore, an approach with a focus on content rather than form or structure was considered most suitable for this study.

This method of analysis was adopted from Lieblich *et al.’s* (1998) holistic-content narrative analysis framework which is a system of phenomenological research in that it aims to make sense of participant’s personal accounts from the viewpoint of the narrator (Bishop and Yardley, 2007). Although it also draws on a system of themes similar to qualitative thematic content analysis (Bishop & Yardley, 2007), unlike thematic content

analysis which focuses exclusively on extracting and "de-contextualizing the data" given by participants into parts, themes, categories, and meanings (Riley & Hawe, 2005, p.229) which are "valid across a group of participants" (Joffe & Yardley, 2004, p.66), the holistic-content narrative analysis approach "contextualizes the sense-making process" (Riley & Hawe, 2005, p.229) by focusing on "in-depth analysis of the inter-connections between meanings within one particular narrative (Joffe & Yardley, 2004, p.66). According to this method, analysis entails that each participant's narrative is analysed in relation to the whole narrative because narratives are essentially "meaning-making structures" (Riessman, 1993, p.4) which should ideally not be fragmented (Beck, 2006) as "fragmentation results in neglect of the whole" (Holloway & Jefferson, cited in Joffe & Yardley, 2004, p. 66). Although themes, categories and meanings are inevitably worked with, this approach "stays with people's story-lines as a whole", emphasising the idiosyncratic aspects of people's narratives (Joffe & Yardley, 2004, p.66) and less so the ways in which it may be valid across a group of participants. Thus, the aim of this analysis is to understand emerging themes in relation to the whole narrative whereby "immersion in the whole" leads to an "understanding of the parts" (Holloway & Jefferson, cited in Joffe & Yardley, 2004, p. 66).

This method was utilised as it specifically allows for the analysis of the idiosyncratic aspects of participant's narratives which is particularly significant for this study given this study is (firstly) concerned with exploring the ways in which first-time mothers construct the idiosyncratic aspects of their personal identities in the context of childbirth. The first step of analysis is to exclusively analyse each participant's narrative as a whole whereby the researcher becomes familiar and immersed within this data (Lieblich *et al.*, 1998). This involves reading and re-reading one participant's narrative at a time, whereby in each case significant themes and patterns are identified in relation to that particular participant's narrative. Whilst doing so, the researcher bears in mind the aims of the study as rough outliners for themes identified. As analysis proceeds, more themes and potential sub-themes may become apparent. The next step is to document these themes, however before doing so it is useful to firstly contextualise these themes in relation to each participant's narrative. This is done by summarising and documenting the global or

overall impressions of each participant's narrative (Lieblich *et al.*, 1998). Themes within each interview are then documented in relation to these global impressions which are inclusive of the researcher's observations whilst having interviewed each participant. This is particularly useful as it provides a contextual backdrop from which significant themes and findings emerge. Drawing from Lieblich *et al's.* (1998) holistic-content model, the first stage of data analysis for this study was performed in the following way:

1. The audio-recorded interviews of all participants were transcribed and documented into full transcriptions.
2. Each interview transcript was read a number of times by the researcher until unique patterns and themes exclusive to each participant's narrative started to appear. The aims of the study were held in mind as rough outliners for the themes that emerged from each participant's narrative. As analysis proceeded more themes became apparent. The material was organised in terms of these themes which involved identifying one theme at a time and then combing for all the themes that related to a single particular theme identified within that transcript which were then grouped according to that specific theme.
3. Before these themes were documented, the researcher first summarised and documented the global impressions unique and relevant to each participant's narrative to provide a contextual background for themes that emerged in relation to that participant's narrative.
4. The grouped themes held in mind which emerged and evolved from reading the data a number of times were then documented following the global impressions. These themes were distinguished by their frequency in each participant's account, by the extent to which they occurred, and by the amount of detail each participant disclosed about them.

As the study was also concerned with extrapolating the ways in which childbirth shapes the shared aspects of women's identities with a focus on female-gender identity in addition to how idiosyncratic aspects of women's identities may interrelate to all women's identities in general, data analysis involved building onto the first stage of

analysis by adding a second stage whereby findings could be considered valid across the group of participants. To conduct this analysis a qualitative thematic content analysis (Bishop & Yardley, 2007) was utilised whereby women's experiences were compared in order to elicit shared experiences resulting in significant themes. The first step of this analysis involved the researcher becoming immersed within the data set (Terre Blanche & Derheim, 1999). By reading and rereading the transcriptions again, the researcher aimed to identify significant common themes and patterns within the data set which were guided by the research aims. This was done by identifying a theme and then searching through all transcriptions for that particular theme. As analysis proceeded, these themes were then reanalysed to find the connected and interrelated themes and patterns across the entire date set. In other words, analysis shifted from initially focusing on eliciting themes within each interview to eliciting themes which were valid for all participants' experiences across the entire data set (Braun & Clarke, 2006). These were identified and coded in the dataset whereby meanings, context and implications for these themes were examined and described (Joffe & Yardley, 2004). As is the convention in this form of analysis, the emergent themes were then discussed in relation to the overarching theoretical framework and literature base that informed the study. The results of the analysis can be found in Chapter 4.

Markers of Rigorous Qualitative Research

Applying positivistic logic such as the measurement of reliability and validity within qualitative research is inappropriate for assessing qualitative research (Becker, 1996; Padgett, 1998) and as such should be measured against markers that are more congruent with its philosophy and objectives (Guba & Lincoln, cited in Fossey *et al*., 2002; Robinson, cited in Fossey *et al.*, 2002). As such, in qualitative research, reliability and validity are substituted by the qualities of trustworthiness (Ely, 1991; Fossey e*t al.*, 2002; Rossman & Rallis, 2003) and authenticity (Fossey *et al.*, 2002; Polit & Beck, 2008) in the sense that the manner in which the research has been conducted is ethical, fair and representative of participants' experiences. According to Fossey *et al.* (2002) the researcher should engage in a conscious reflexive process with regard to the way in

which the research is designed and the data gathered, analysed, interpreted, and finally articulated. Numerous strategies are available for ensuring credibility and rigour in qualitative research (Fossey *et al.*, 2002; Guba & Lincoln, 1992; Rossman & Rallis, 2003) and includes for example 'triangulation' which entails utilising multiple sources of information and methods to facilitate the creation of the research investigation (Denzin, 2005; Padgett, 1998; Patton, 2002; Richards, 2005; Rossman & Rallis, 2003); 'prolonged engagement' which entails the researcher being available for a period of time to establish rapport and foster a good working relationship with research participants (Ely, 1991; Padgett, 1998; Rossman & Rallis, 2003); 'member checking' which although not always possible in practice (McLeod, 2001) entails that the researcher encourages a process for participants to reflect and give feedback on the analysis and emerging findings derived from their responses (Padgett, 1998; Richards, 2005; Rossman & Rallis, 2003); 'supervision and the use of community of practice' which entails critically discussing the research investigation and findings with supervisors and peers in a safe environment to act as rational and scholarly regulators of the research process and phenomena under investigation (Padgett, 1998; Rossman & Rallis, 2003; Silverman, 2005); and 'reflexivity' which involves the researcher becoming self-aware and mindful within the research process and the social world (Elliot, 2005) by disclosing his/her personal outlook on the investigation and the potential impact of his/her bias and personal values (Lincoln & Guba, 2003).

The researcher endeavored as far as possible to incorporate as many of these strategies and guidelines as possible with the exception of member checking, prolonged engagement and triangulation as these weren't relevant or necessarily practical for this study. To ensure trustworthiness and authenticity, the researcher engaged in a conscious reflexive process in this study by drawing on theory and ethical guidelines to ensure that the research was ethically and appropriately designed so that participant's experiences were fairly represented. In addition, the researcher attended regular supervision with her supervisor around the research design, findings and discussion, as well as critically discussed the research with her peers and colleagues who had experience in conducting qualitative research. Furthermore, the researcher engaged in a conscious reflexive process

by considering her own personal values and biases, as well as personal interest and experience in childbirth which motivated the desire to conduct this particular study. The course of participant's interviews and the way in which analysis and discussion were represented are likely to have been influenced in part by the perceptions and personal interest of the researcher. As researcher bias in particular is an important consideration for the study, the researcher in an attempt to be transparent and authentic within the research process to limit researcher bias, meaningfully documented her biases and personal interests in this study, discussed further below. Furthermore, in an attempt to ensure as far as possible that participant's perceptions of their experiences were fairly represented in the study, the researcher ensured opportunity for participants to reflect and clarify their responses within the interview setting in order to limit researcher bias.

Qualitative research is often criticised for lacking generalisability given that small sample sizes are usually used in addition to being susceptible to researcher bias (Fossey *et al.*, 2002). While limiting researcher bias through the process of reflexivity is possible to ensure trustworthiness of the study as the researcher in this study attempted to do, generalisability on the other hand is often present in qualitative research and is not necessarily a problem that qualitative researchers are concerned with remedying (Eby, Hurst & Butts; 2008; Maxwell, 2005; Munhall & Chenail, 2008). As this study is a postmodern study, the data in this study is considered to be fluid, subject to interpretation, and open to change (Dean, 1998) and as such is not too concerned with generalisability of the findings or replicating the same results. As Merrick (1999) states, the aim of qualitative research is not to reproduce knowledge as knowledge has multiple realities that are open to subjective interpretation. Furthermore, not even the researcher can reproduce the same results.

Role of the Researcher

Within qualitative research, the role of the researcher is critical to the quality and fairness of information and decisions in the research (Kvale, 1996) and requires the researcher to be insightful and mindful of the ways in which participants frame and articulate their

experiences (Elliot, 2005; Gray, 2009). To enhance understanding, the researcher is required to have an empathic and respectful orientation (Duffy, 2007; Elliot, 2005; Ely, 1991; Gergen, 2009), as well as be familiar with subjectivity and bias and how this may persuade the views adopted in the research (Gray, 2009; Lincoln & Guba, 2003; Riessman & Salmon, 2008). Narrative research considers that all narratives are co-constructed between the researcher and each participant (Riessman & Salmon, 2008; Dean, 1998; Miller, 2000), and as such researchers with a propensity to be self-unaware may be unable to maintain professional boundaries (Kvale, 1996) and/or over-identify with participants' experiences (Kvale, 1996). For some participants, sharing stories with the researcher may result in catharsis or, alternatively, cause distress (Duffy, 2007). It is important therefore that the researcher follow ethical procedures within the research process (Duffy, 2007). As suggested by Kvale (1996, p.117) the researcher familiarised herself with "value issues" and "ethical guidelines" to maintain best practice standards, integrity, and trustworthiness in the study.

Locating the Researcher

The researcher is well aware that one cannot ignore the personal in relation to research, since research has as much to do with the researcher's identity as it has to do with the research itself (Denscombe, 2007; Letherby, 2003). As a 33-year-old Caucasian South African female with a child of her own, the researcher is aware that her own perceptions of childbirth may point to a bias derived from her own social and interpersonal experiences of childbirth and women giving birth. For the researcher, childbirth is a long-standing interest and was the topic of choice for her honours dissertation. In light of her personal experiences of childbirth and as a subject of interest, the researcher's understanding of childbirth has been somewhat of a developmental journey that has culminated in her personal beliefs about the subject.

The researcher's interest in childbirth really began with her own experience of pregnancy and childbirth. As a first-time mother at the time and who since then has not yet had the opportunity to have any more children, the researcher naturally finds herself drawn to the

stories and experiences of first-time mothers. A large part of being drawn to these stories and experiences may be attributed to some sense of identification with women becoming mothers for the first time, particularly those mothers who struggle with the prevailing discourse, norms and values placed on them by society in terms of childbirth and motherhood. To some degree identification with these mothers fosters a sense of belonging in the circles of motherhood where issues concerning childbirth and motherhood are actively questioned and where the norms aren't necessarily prescribed to. Given her own experience of first-time childbirth and motherhood which was often met with mixed feelings of excitement and fear in terms of the unknown especially around the birth process itself, the researcher is naturally inclined to being empathic towards the experiences of those mothers who similarly find themselves with ambivalent feelings around childbirth. For the researcher, childbirth was a complex emotional time marked by much ambivalence, particularly in terms of the expectations she placed on herself and how these related to social norms and values of childbirth and the expectations others (in her perception) had of her. For instance, the researcher felt a number of social pressures in her experience toward becoming a new mother and preparing for the process of childbirth around making the 'right' choices in order to be the 'perfect' mother. While she believes that social expectations played a role in her experiences and perceptions of herself, she also acknowledges that her experience of social pressure was in part a result of the expectations she naturally and unknowingly placed on herself as a young, first-time mother. It was her experience that mothers and women tend to value a more self-sacrificing, flawless mother who is generally in control of her experiences and who regards motherhood and the experience of childbirth as a rite of passage into true womanhood. This mother is idealised because she is willing to make all kinds of sacrifices for the sake of her baby regardless of the consequences it may have for the mother. Much of the researcher's ambivalence was around the choices she had to make in terms of preparing for childbirth and the postnatal period, whereby the choice for example between a 'natural' or a caesarean birth created much anxiety for the researcher. In the case of the researcher however, her choice between the two was eventually limited to no choice at all given medical reasons and as such she had to have a caesarean section. In many ways this brought about a profound sense of relief given that natural birth did

not appeal to the researcher, however in light of the researcher's perceptions whereby women who choose natural birth tend to be valued more by other mothers, she kept this sense of relief to herself as she admittedly feared being judged by others for experiencing this relief. In terms of the birth process itself, the researcher experienced this as a positive experience which profoundly impacted her own understanding of herself as a young woman and new mother. Although she was happy to surrender control to medical interventions unlike some women, she felt empowered regardless. This may in part be attributed to her own perceptions around her capability and strength as a woman which contradicts the messages she internalised about women having caesarean births. Furthermore, experiences such as allowing herself to be vulnerable, less in control, and trusting of others challenged her perceptions in terms of what these experiences mean for her own sense of identity and her identity in relation to others. For the researcher, childbirth is a process that undoubtedly challenges perceptions of one's identity and self-concept, often without realising it. The researcher in her experience believes that by bringing into conscious awareness the aspects of oneself that are challenged in the process of childbirth, childbirth as a significant event for women may be considered a valuable experience for women wanting to understand themselves better. This belief has to a large degree been the underlying motivator for this study given that the researcher advocates psychological processes that enable deepened understanding for oneself as a means to facilitate growth and change.

Over and above her own experiences, the researcher has encountered the stories and experiences of other mothers which have contributed to her own interest in childbirth. Some stories have been uplifting while others disheartening, however all stories and experiences have significantly contributed to a 'conscientising' journey of childbirth for the researcher. At this stage of her journey, the researcher's developmental shift is towards developing a better understanding for women's experiences of childbirth without the tendency to only focus on women's pathologised experiences of birth as a subject of interest (of which post-traumatic stress responses following childbirth was the initial focus of interest for the researcher). This voice which actively cautions against only locating a need for psychological interest in childbirth as a result of women's

pathological experiences of birth, the researcher believes, is evident throughout this study. It follows as a result that this voice together with the researcher's own experiences and beliefs of childbirth and motherhood may point to a bias within the study, however the researcher in an attempt to limit this bias as much as possible has tried to locate herself in this study by being transparent around her own experiences and perceptions of childbirth.

Ethics

For ethical purposes, the following should be noted in light of the sample and the context from which the sample was derived: The context of the postnatal clinic was not relevant to the phenomena of the research investigated other than as a useful source for enlisting a sample. Whilst 'clinic' is usually associated with a patient population seeking medical treatment, the word in this case is misleading as clients who attended the postnatal clinic from where the sample was enlisted were not seeking medical treatment. Rather they were considered to be healthy and well. The population accessing the clinic is distinctly referred to as 'clients' and not 'patients' as clients are less likely to be associated with medical treatment and illness. Furthermore, childbirth educators facilitate a supportive role in ante and postnatal clinics in that they function to help families access resources and the support they need when becoming new parents (Corson Jones, 1988); as such they do not administer medical interventions with women such as the women enlisted in this study. The primary reason mothers participating in this study attended the postnatal clinic in the first place was out of concern for the initial needs of their infants and to access guidance and support for themselves as new mothers, not for any clinical diagnoses or medical treatment. As such, no medical ethics clearance was required for this study however the researcher did have to apply to the Ethics Committee to obtain a clearance certificate for this study. As such, an application to the Ethics Committee was submitted and an ethics clearance certificate with ethics number MACC/06/15IH was granted (refer to appendix xi to view this certificate).

Furthermore, during the course of the study, participants' consent to participate in the study was obtained whilst confidentiality was maintained. In this regard, only the researcher and her supervisor had access to audio recorded interviews which were destroyed once the interviews were transcribed. Furthermore, all identifying information was excluded from transcriptions, findings and discussion in the study whereby pseudonyms for each participant was used instead. While confidentiality was maintained, anonymity was not possible as the researcher met with participants in person during interviews. All existing research material shall continue to be kept in a safe and private place until the degree has been awarded and publications finalised, whereupon the research material shall be destroyed.

Conclusion

The focus of this chapter was an in-depth discussion of the research methodology selected for this study. The chapter started by introducing qualitative postmodern research as the research framework and discussed the epistemological assumptions that inform this framework. Participant selection was then described. The discussion then turned to a justification for the use of semi-structured interviews as the data collection instrument for the study.

The chapter went on to discuss the narrative analysis methods chosen to conduct the two stages of analyses for the data collected in the study. The implications for utilising and applying these approaches within the study was therfore explored and discussed. The chapter proceeded with a discussion of the reflexive strategy used to enhance the study's overall credibility and rigour and how this method impacted on the way in which results would finally be interpreted and articulated. The chapter concluded with a section detailing the ethics that guided the study.

Chapter 4

RESEARCH FINDINGS AND DISCUSSION

Introduction

This chapter is based on the transcribed interviews conducted with all eight participants and presents the research findings that emerged from these interviews.

Divided into two parts, the first part of this chapter focuses on the significant themes that emerged from the in-depth holistic-content narrative analysis of each participant's interview, presented in the following manner: Contextualising each participant's narrative, the global impressions based on the researcher's observations and the narrative data collected during interviews with participants, is firstly discussed. In this regard, the global impressions are a summarised interpretation of each participant's experience which draws on the researcher's documented observations (discussed in chapter three) as well as the transcriptions of each participant in order to serve as a contextual backdrop from which significant themes regarding the idiosyncratic aspects of each woman's identity emerges from. Following this, significant themes exploring the idiosyncratic aspects of women's personal identities that emerge in respect of each participant's narrative is discussed. The aim of this is to expand on the global impressions by focusing an in-depth discussion on the significant themes that emerged from the story as a whole in order to enrich one's understanding and insight for the ways in which the event of birth shapes the idiosyncratic aspects of each participant's personal identity.

The second part of this chapter discusses the significant themes emerging from the qualitative thematic content analysis conducted of the collective experiences of participants' in light of discovering how individual elements interrelate to all first-time mothers' identities as a whole. In particular, how childbirth shapes the shared aspects of these women's identities with a focus on female gender-identity is discussed. Relevant

literature discussing these themes is introduced to enhance the discussion and findings of the study.

Although not a central aim of this study but rather an attempt to enrich the findings of the study, a brief examination locating participant's narratives and the subsequent findings that emerged within the broader sociopolitical context will be offered. To do so is significant for the findings of the study as these are essentially embedded in the dynamics of the broader social structures which produce and reproduce the ways in which women's personal and social identities emerge in the context of childbirth. However, while this is offered to enrich the findings of the study, the focus is isolated to the personal experiences of the women in the study and not the broader sociopolitical context – an aspect of the findings that the reader should bear in mind.

Part One: Birth Narratives and Personal Identity

Gail

Global Impressions

Upon meeting Gail, one is immediately orientated to a distinct sensitivity and vulnerability about her. She meets as highly anxious and rushed, yet very polite, gentle and willing to share her story. Before starting her story it is apparent that there is so much to share that she struggles with where to begin, forming the impression that her story is overwhelming and not easy to position. As one delves into the depths of her story with her, it emerges that her story is made up of two parts: a story of conception and a story of birth, where the former contextualises the latter. Importantly, in Gail's mind they are not mutually exclusive and together constitute her version of childbirth. Furthermore, as one merges with her experience it becomes apparent that her story is difficult and overwhelming to frame as it is quite exposing. Beginning with her story of conception she reveals her painful struggle with infertility and in-vitro fertilization (IVF), the frustrating interpersonal dynamics between her and her husband as a result, and her own private emotional struggle over her infertility battle. The latter part of her story, although

more uplifting as her fantasy of becoming a mother is realised, presents its own unique set of challenges; it exposes her need for control, her disappointment with her experience, as well as her attachment difficulties with her baby. Given the complex mix in her story, it becomes evident why Gail is overwhelmed and anxious about positioning her story in the first place, and why one notices vulnerability about her.

For Gail, her battle with infertility was a very distressing time. Although she took practical steps such as fertility treatment to manage her circumstances, her narrative suggests that the assumptions held about her identity as a woman were deeply shaken as she had always believed that becoming a mom and having a baby would follow as a natural progression of her identity. Not only did the possibility of not being able to conceive naturally (if at all) raise feelings of anger, failure and disappointment, her narrative suggests it made her feel inadequate, deficient, 'broken' and ashamed as a woman. Listening to her, Gail appears quite aware of her emotional responses, however what emerges as striking from her narrative is her inability to connect with her thoughts and emotions and to be authentic about these. She tends to detach and rationalise her experiences in what appears to be a way to distance herself from connecting with them emotionally, seemingly out of fear for her emotional world. What filters in her narrative as a result is unawareness around her lack of authenticity and how others potentially receive this, and how this essentially 'lands' as being part of her identity.

The latter part of her story focuses on her birth experience. Given the above, the most significant factor in Gail's pregnancy and birth was the safety of her baby. As such, she opted for a caesarean section which in part appeared to be based on the safety needs of her baby, and in part driven by her fear, anxiety and need for control over her experience. Although Gail's birth experience was uneventful and for the most part met her expectations, she did however feel disappointed with her experience as a result of what she thought was (a) 'missing' the moment of her experience by overcompensating to make it perfect, and (b) experiencing failure and disappointment in her initial attempt to bond with her baby. Following from the challenges faced during her fertility treatment, an apparent need for control emerges from her narrative, which when considering the

absence of control over her experiences, becomes significant for her. This seemingly pushes her emotional boundaries as she experiences herself as a failure as a result of having no control over her body, her birth, breastfeeding and her attachment experience.

Despite expressing she wasn't concerned with the politics of childbirth (in other words choosing between a caesarean section and natural birth), her story strongly suggests otherwise. Much time is spent rationalising and justifying her choice from a logical, medical point-of-view, and in doing so paradoxically merges with the politics that surround childbirth. What is more significant about this however are the underlying drivers of her behavior which appear to be her fear of being judged and her fear of failure. To feel safe, she seemingly rationalises her choices in such a way that feels more acceptable to herself and to others, leaving no room for judgment or feelings of failure. Emerging as a thematic 'thread' in her story, again (as with the above) her behaviour appears to be a way to distance herself from her emotions, resulting somewhat in less authenticity about her.

Overall, Gail's childbirth story, combined with her interpersonal manner suggests that although she is an anxious, emotionally guarded person who appears to have an underlying fear of failure, she is also resilient, practical and rational, particularly in the face of stressful situations. Her tendency to rationalise her experiences appears to allow her to make logical, unemotional judgments, however it also appears to be a way for her to detach and distance herself from her emotional world. The danger of this is that it impacts her authenticity and the way others may interpret her needs or behavior – perhaps to her own detriment. While her narrative points to a recurrent theme of failure as part of the way in which her identity is shaped, it simultaneously also demonstrates how the course of childbirth appears to influence her identity by giving her opportunity to reinvent and empower herself from feeling deficient to feeling empowered, whole and significantly valued as being someone who *can* succeed and be worthy of appreciating herself.

Significant Themes Emerging from Gail's Interview

Avoidance through Rationalisation

This theme illustrates the identified pattern of cognitive reasoning and rationalisation Gail draws on to avoid her emotions, conflict and negativity, or to avoid acknowledging what she considers to be her failures and inadequacies. As a way to cope (and with good intention), she rationalises and justifies her experiences in such a way that feels more tolerable to herself and to others, and which minimises attention on her. In the context of childbirth, she often rationalises and intellectualises her experiences from a medicalised perspective most likely as medical explanations are generally more acceptable to others and often evoke empathy. The following excerpts are examples of this:

I think I can deal with the pain and going through natural, but I just wanted to know when he was coming out, and I wanted it to be safe. When you hear about the cords being stuck around the baby's neck and the baby's heartbeat drops and then you have to have an emergency ceasar, so I just wanted something safe and predictable, so we agreed that we'd do it at thirty nine weeks.

And ja, he came screaming out and I didn't bond straight away with him, because it, I think with a ceasar, the hormones aren't um, you know, you don't have a hormone release um, all those hormones that are you know, with a natural birth. So you know, I didn't bond straight away […] I can't see how you can bond straight away when it's so clinical.

For Gail, rationalising her experiences leaves no room for questions around her integrity, her decisions, and potentially her deficiencies, and therefore feels safe and less judgmental for her. By normalising or framing experiences more positively, she disperses any negativity or shifts attention from herself, as the following excerpts demonstrate:

It's very stressful. Everyone there is stressed because they can't have a baby or they're battling […]. Ja, but what is supporting is that everyone is like you. Everyone is in the

same boat […]. Because everyone was in the same predicament as you, then it was still easer

I could have pushed him out, but I think emotionally, if something had gone wrong, I don't think I would have coped as well. I don't think any woman would have coped if, I mean, if you had natural and you have to go for an emergency caesar.

Overall, although one could interpret some dysfunction into her rationalising behavior, it also leads to practical, healthy coping mechanisms and rational un-reactive decision-making which enables her to manage her circumstances. It appears then that for Gail, being practical about managing her circumstances is far more important than necessarily trying to understand and make sense of them.

Building from the above, Gail is aware that she rationalises as a way to avoid unwanted emotions or negativity:

I am a very, um, level-headed person. I try and like bury my feelings a lot, so it did affect me a lot, but I always try and pretend that it's not affecting me as much as it actually is.

I try to tell myself it's not as bad, so if I'm feeling, only after the situation, like months after, can I look back and say that it was, but at that point I would have said it's fine and I would have tried to make myself believe that it's fine […] that's actually how I am in life.

While this may be familiar for her, she is largely unaware however around the underlying drivers for her behavior and the ways in which it manifests in the context of her interactions with others. Unknowingly Gail appears to draw on rationalisation and even minimisation to avoid interpersonal conflict and confrontation with others, perhaps owing to not wanting to offend or hurt others, or to have difficult conversations with them which may highlight tensions in the relationship. The following excerpt is an example of this

and demonstrates how rationalisation leads to avoiding confrontation of the real issue at hand:

Because it was such a big thing to fall pregnant. So, I didn't tell anyone, well, my husband didn't want anyone to know that I was pregnant when we found out. I basically said to him, you know, if we have got anyone in the family who has German measles or is going to school, and there's, people need to know I'm pregnant, so they can, like my mom you know […] so we told friends and family.

Although Gail is most likely unconscious of this interaction, the danger of this however lies in limiting her authenticity with others and the consequences this may have for her and her valued relationships. For example, Gail's inability to confront her husband's behavior leads to a less authentic interaction between them as the following excerpt reveals:

I think he wanted no one to know, but I kept on telling him I didn't want, um, work colleagues and that and those people to know, but I wanted family and close friends to know of mine. So I would tell my close friends, but I'd just say, don't tell Ryan that I have told you, you know.

Without realising it, this compromises her authenticity and leads to frustration of her *real* needs, which paradoxically in the context of her narrative, is to be authentic with others as a means to access love and support. By being less authentic, there is potential for others to either misinterpret her needs and behavior and potentially miss her cues, or just not know what they are at all (as the below example illustrates):

Um, I try and bury my feelings a lot, so, it did affect me a lot, but I always try and pretend that it's not affecting me as much as it actually is. But ja, it did and I think a lot of people would say, you know, you're so cool and that didn't phase you, but it did.

Disempowered and Empowered: A Double-Edged Sword

This theme illustrates the painful, often onerous recurrent theme of failure as part of the way in which Gail's identity emerges in her narrative. It simultaneously also demonstrates how the course of childbirth allows her to reinvent and empower herself from feeling like a failure, to feeling whole and significantly valued.

For Gail, motherhood is synonymous with womanhood and is a part of female identity she deeply values. Believing (and fantasising) that she would have a baby and become a mother as part of a natural progression of her identity fell part of her belief system, as her narrative reveals:

Because I've always wanted kids. I mean that's why I wanted to be a school teacher […]. I did the school teacher degree because I thought I wanted to spend time with my kids, um, when they grew up.

Ja, that's all. I don't need a fancy car or a good job. Just having a child is all I need to make a mom, to make me a mother and a woman.

However, these assumptions are deeply challenged during the course of her infertility struggle, forcing her to re-evaluate assumptions held about her identity. Aside from experiencing anxiety, self-blame, anger and disappointment, she experiences feelings of inadequacy and deficiency as a woman, impacting her self-esteem. Following from her infertility struggle, these feelings re-surface in a disappointing birth experience and again when Gail experiences attachment difficulties with her baby. In addition, messages about herself as inadequate, 'broken' and deficient are internalised from her external environment, reinforcing the false and damaging perceptions she has of herself. Throughout her narrative, recurrent messages about herself as being inadequate appear, pointing to a deep-seated fear of failure and rejection:

I think knowing that I'm not um, that there's something wrong with me, um, I am not ashamed of it, I know my husband is a bit, he doesn't want anyone to know that I have got a problem.

Um, just feeling a little bit inadequate. Um, because that's what women do you know, you bear children and I would look at reasons why, maybe it was the pill, or maybe it was something that I took.

You know, just a feeling of you're not perfect, you're inadequate you know, there's something wrong with you. My husband doesn't want people to know there's something wrong with me.

Not quite knowing what to do with these feelings she rationalises, externalises and even suppresses them in her narrative, perhaps owing to them being too painful to confront. Although aware of her feelings, it is suggested that Gail appears to have little awareness in terms of how she possibly sets herself up for feelings of failure by forming assumptions, by placing unrealistic expectations on herself, by living in fantasy of her experiences, and by holding onto social messages, whether true or untrue about herself. This then leads to a disempowered identity as a woman, in this case, brought to the fore through childbirth. However, at the same time that childbirth shapes a disempowered identity for Gail, it also parallels another process of her emerging as empowered as she is given opportunity to reinvent herself from feeling inadequate and deficient (which is experienced as loss), to feeling whole and complete as a woman.

Megan

Global Impressions

Megan's narrative is frequently nuanced with words such as 'easy', 'lucky' and 'good' to describe her childbirth experience, which according to Megan, she managed with ease. Favoring natural childbirth over a caesarean section, she chose to have a natural delivery as she was averse to a clinical, medicalised experience. Despite being a good experience

exceeding her expectations, interestingly, there is contradiction in her narrative as her experience of natural childbirth unfolds as rather clinical – although a contradiction she is not seemingly aware of. In light of this contradiction, it begs the question of how social perception and discourse surrounding choice in childbirth influences her experience in the first place. It appears that for Megan the choice of giving birth naturally reinforces the perception of herself (and of women in general) as being more resilient, capable, and self-reliant – attributes her narrative suggests she strongly values. As such, being able to give natural birth (but moreover with ease and confidence) was not only a personal accomplishment for her; it also reinforced her sense of goodness and sense of self as being capable, strong, focused, determined and successful.

Megan's story is not particularly concerned with detail or emotion. On the contrary she minimises her experiences and depicts them quite mechanistically, approaching childbirth as a task with an end goal in mind. Her narrative emerges with a rebellious, unconventional undertone to childbirth which seemingly positions Megan as non-stereotypical and unconventional in her ways. Her narrative suggests she is quite emotionally controlled, even in childbirth, with the consequence that she can be perceived as aloof and emotionally disconnected. She can be described as having a hard and tough exterior which most likely acts as a protective mechanism against a sensitive interior. Although she is seemingly aware of herself as being emotionally controlled and distanced, she is less aware however in terms of what underlies this behavior. In the context of her narrative, it appears that she is afraid of emotions such as failure, incompetence, rejection and feeling out of control. Furthermore, she appears to be afraid of her own vulnerability which she safeguards against by being emotionally controlled and by projecting a tough exterior.

As an underlying theme, Megan's narrative essentially positions her as a non-stereotypical woman and mother during and following birth. Her narrative predominantly focuses more on what makes her different than what makes her similar to other women and mothers following birth, as part of differentiating her identity as unique and contrasted from others. She doesn't find herself particularly drawn to motherhood in the

first place, nor does she identify with stereotypical behavior associated with birth and motherhood. For instance, although her birth experience was challenging, she found it to be surprisingly easy and far removed from the clichéd ways in which society represents childbirth as difficult and onerous whereby women are often portrayed as loud, offensive, helpless and disempowered. Unlike the stereotyped birthing woman, Megan was controlled, polite, quite obliging and sensitive to those supporting her through it. For Megan, there is a sense of empowerment around her birth experience, particularly as she managed it with ease. She seems to take pleasure and even amusement from this, perhaps owing to an elevated self-esteem, affirming herself as strong, achieving, and capable. This appears to be particularly comforting for her in the face of an identity, which although positioning her as different from the norm, can be confusing and lonely at times.

Significant Themes Emerging from Megan's Interview

The Non-Stereotypical Woman and Mother

In light of Megan's narrative, this theme refers to the consistent pattern of predominantly focusing on what makes her identity different rather than similar to other first time mothers following birth. Although she does not consciously appear to distinguish herself from other women by positioning herself in her story as the non-stereotypical woman and mother, she is aware that her experience of childbirth as being 'easy' and 'lucky' naturally differentiates her from most women experiencing birth for the first time, as the following excerpts reveal:

I was quite astonished. When I look back at it now, I mean, I am quite astonished because to me I thought it was going to be, you know, the perception that is out there is that it's so difficult and it's terrible, and pain, you know. All these cliché's. And to me it wasn't like that at all. […] I must have just been lucky.

I actually joke about it, because I say to people, to me pregnancy is so easy and birth to me was so easy. I can't understand, and I don't say it too loudly, but you know, I can't understand what all the hype is about because to me it was okay.

Motherhood and instinctual maternal behavior is often idealised by society and thought to be intrinsic to female identity. Naturally, this may lead to guilt and internal conflict for women who don't necessarily hold this as true to their belief-systems or experience motherhood in this way. As was the case with Megan, becoming a mother was not a role she necessarily desired, nor did she feel was intrinsic to her identity. While for the most part she appears comfortable with this, she is acutely aware however that her behavior as a first time mother is inherently different and non-stereotypical from other first time mothers, possibly leading to some internal conflict and guilt. The following excerpts illustrate her acute awareness as not being particularly maternal, even depicting what appears to be guilt and anxiety:

But my husband's very, if he could have had the baby and given birth, he would have. He's far more in tune than I, you know, than I am.

This is going to sound terrible, but, how can I say this without sounding horrible […] I'm also even now accepting that I have a child, and that even then, before I fell pregnant, I was still struggling with, gee, I'm going to have a baby. And even now, afterwards, you know, I'm still in that process of like, now I do have a baby.

I personally think me as a person could have lived with maybe not having a baby, but um, I'm married and I'm one with somebody else who wants it and you've got to, you know, he my husband desperately wanted a baby and I, I wanted to give him that.

To formulate a sense of self or to assume an identity that is different from what society expects or prescribes of women and mothers, especially when it contains conflicting and ambivalent messages about women and mothers, is difficult. Aside from social judgment, it also has the possibility of creating internal tension, guilt and even confusion around

one's identity. Although Megan appears relatively accepting of herself for who she is, making sense of her identity as a non-stereotypical woman and mother nevertheless creates anxiety for her, as the following excerpts reveal:

I am not one of these adoring, um, I don't know, I just am the way I am. I suppose I'm not, I find quite a lot of people to be quite, I suppose, I'm not very emotional or in awe or um like coochie coo over a baby. I don't know if it's my age or my personality, but it's just sort of who I am.

It's nothing that I don't know, and that's being quite honest. I mean, I wouldn't blurt everything out, you know, to everybody. I know other ladies, my boss actually had a baby before I did and she was, also I think she made me feel okay with myself because she's quite a lot like me. […] Just realising that it's okay if I, you know, I don't have to be coochie coo and amazing. […]I mean, I'm not hard and horrible and, but ja, […] that's just the way it is.

Megan appears wary and anxious of how she is perceived by others, perhaps owing to her fear of being negatively judged and devalued by others in a society that often devalues women for not being inherently maternal. In trying to reduce this anxiety, she tries to find explanations to justify her behavior to others as it's important for her still feel accepted by others. In this regard, she appears to need affirmation from others or to identify with women similar to her, possibly as a way to give herself permission to wholly accept herself for who she is without fear of rejection – an aspect of her identity she grapples with.

A Resilient Identity

Building from the above theme, this theme discusses how Megan's need to possess and focus on what she considers positive and valued attributes about herself may be owed to protecting a vulnerable and sensitive interior. The result is she projects a resilient, emotionally controlled exterior (somewhat even harsh) as a woman who is capable, successful and achieving:

I'm, ja, very set in my ways. I'm very particular. If I want something done a certain way, I'm going to have it done that way. I don't put up with any kind of nonsense. I mean, they all laugh, they call me 'Little Hitler', you know. I like to get things done. I'm quite sort of focused. If there is a problem, I can problem-solve it and sort it.

Essentially during the birth process, I'm quite a, you know, if I've got to do something I'll do it. And that's sort of how I most probably approached, you know, I've got to do this, so I will do it.

While these attributes generally means she copes well situationally (even in childbirth), the emphasis thereof together with her emotionally controlled manner (as part of protecting a vulnerable interior) can create the perception that she is dismissive and aloof, potentially resulting in interpersonal disconnection with others. Furthermore, by affirming herself as resilient and capable, particularly in the context of childbirth, to some degree means she disconfirms others (especially when they might perceive themselves as vulnerable or find childbirth difficult) which can result in internal conflict for her (further contributing to an already vulnerable and sensitive interior), as well as exacerbate disconnection with others. This, in light of her identity as a non-stereotypical mother and woman as the above theme illustrated, suggestively may lead to further anxiety in terms of fear of being judged or rejected by others. As part of an interactional pattern, it appears that as a means to protect herself from experiencing this, she distances herself from others, particularly in situations where she may be at risk of being judged or devalued (in this instance for lacking an inherent maternal ability), as the following excerpts illustrate:

I'm a relatively older mom […] there was one stage where we were like, where I was always going out with other girls and their babies and that I didn't enjoy it. I didn't enjoy it at all. It's quite nice to go every now and again, but I was, you know, they seemed to do quite a lot, and I'm also, I can stay quite easily at home and enjoy my own company and do my own thing. I don't have a huge need to always be around other people, but I have also got to […] I have got to stay connected with moms so he'll have friends.

Essentially, it doesn't really worry me what other people think about me, but you know, just being around, like going out for coffee and tea every week at a certain time, or going to a breast clinic to feed your baby or whatever, that essentially doesn't interest me.

Although Megan indicates she wants social connection, the consequence of protecting herself by distancing herself from others before they can reject or judge her may result in isolation and loneliness which could perpetuate feelings of rejection. This can be experienced as frustrating, hurtful and disappointing when one actually desires connection and acceptance from others. The following excerpt is one such example of how she internalises feelings of hurt and disappointment (perhaps even rejection), when the desire to experience connection doesn't necessarily meet her expectations:

It was a bit of an anti-climax, I just, it was interesting that they just didn't, I also felt maybe because it wasn't my own gynae, maybe my gynae would have shown a bit, a bit more interest. But no, I mean, I also thought my gynae would like phone or something afterwards, and there's none of that.

Diane

Global Impressions

Interpersonally, Diane meets as a warm, likeable, engaging, caring and confident woman. Her narrative is congruent with her interpersonal manner which depicts themes of confidence, nurturance, independence and a need for connection as core to her identity as a woman.

Diane's decision to have a natural birth experience (vaginal delivery) positions her as a good, idealised, selfless, perfect woman and mother which emerges as a central theme in her narrative. As a woman motivated to reach her potential to be the best that she can be, Diane is perfectionistic in everything she does, underpinning her desire to be the perfect woman, mother, wife, friend and employee. She is hard-working, cautious and calculated, and takes her responsibilities very seriously. Although her intentions are always good, her

need to be perfectionistic combined with her robust manner means that she can be quite hard and pressurising on herself and seemingly on others. She sets high expectations of herself, simultaneously creating similar, perhaps unrealistic, expectations of others.

As a woman who idealises motherhood, she has rather traditional views on womanhood and motherhood to such an extent that she may be perceived as somewhat rigid, even offensive, in these views. As someone whose narrative positions her as aiming to be the perfect, idealised and valued mother, it appears that she wants others to identify with her views as she believes them to be absolute truth. Although her intention appears to be to empower others the way she feels empowered in her own life, her rigidity and need for perfectionism can translate as somewhat judgmental, unempathic and even forceful – something she is not particularly aware of however. Being a mother in her opinion is an inherent trait women are born with which for Diane is instinctive and automatic. As such, she considers motherhood as being intrinsic to her identity as a woman and also which gives her a sense of purpose. In terms of this purpose it would seem that being a mother means she is needed and therefore valued by others. Her self-esteem can therefore be argued to have firm roots in her newly-found identity as a mother (although her nurturing ways have seemingly always been a part of her identity).

In addition to the above, Diane's narrative unveils her as someone who is fiercely independent, yet has a strong need for connection. She values her relationships, however, her fierce independence, rigidity and perfectionism can be intimidating for others which may potentially render as barriers to valued relationships, despite being unintentional.

For Diane, childbirth and the process of becoming a mother confirmed positive beliefs about herself as someone whose identity is grounded in being the nurturing, empowered, strong, independent, valuable, purposeful and achieving woman, generally loved and valued by others. This process can therefore be regarded as holding immense value for her self-worth and identity as a result.

Significant Themes Emerging from Diane's Interview

The Perfect Woman and Mother

As a recurring theme in her narrative, Diane consistently tries to be perfect in everything she does, including her need to be the perfect woman and mother. Without realising it, by attempting to be the perfect woman and mother, she is constantly burdened by a deep sense of responsibility to always do the right thing, never allowing herself to make mistakes, to be wrong or to experience failure of any sort. It appears that for Diane, perfectionism is seemingly attractive as it gives her a sense of being in control. Underpinning Diane's need for perfectionism and control however appears to be a deep-seated fear of failure, however is something she is not particularly aware of. By maintaining perfectionistic ideals, Diane protects herself from failure which inadvertently also allows her to let go of control to a certain degree. The following excerpts attempts to illustrate this by revealing how even in the course of childbirth Diane strives for perfectionism by empowering herself with information and adopting behaviors that she believes will portray her as being the perfect woman and mother which eventually allows her to let go of control:

I have been reading up a lot of books and going to antenatal classes and talking to other moms […] I prepared myself I think, mentally, because I got a lot of opinions you know, and knowledge to me is power. That's what I believe, so the more I read up and the more I spoke to other individuals, that gave me a very broad possibility of experiences, and so I felt I was ready for whatever came my way, you know.

Ja, I felt confident. Maybe that's a good word to use. I felt confident going into the experience because I felt like I had done a lot of research and taught myself before I went through the experience of all the possibilities.

I wanted to give vaginal birth okay, because of my whole belief, of what I believed. And then I did keep an open mind. You know, when I started going to antenatal, I decided that I would be totally open-minded to any options that there are out there because you never

know what's going to happen on the day. I told myself I won't be disappointed whichever way it lands up, I won't be disappointed.

For Diane, being the perfect mother accompanies rigid beliefs about womanhood and motherhood, whereby women are born with inherent maternal traits which are considered to be instinctive and automatic. She believes that women are biologically-determined to have natural vaginal birth and that it's only natural for women to want to give birth in that way. The following statements illustrate her beliefs:

It's my own belief that as a woman and knowing history from when God made us, he made us able to have babies and give birth. That's how we're made. We're not made to be in hospitals and be cut up with knives and things like that […] I want to experience vaginal birth because I believe that's what me as a woman am built to do, is give natural birth.

Because I know that as a woman God made me to have children, to give birth to a baby, and there must be more than one reason for that. And I've also read up about the medical reasons for that.

For Diane, aiming to be the perfect woman and mother means adopting certain beliefs, approaches and behaviors to woman and motherhood, which in her opinion are the right ones. This forms part of her idealised version of being a woman and mother, and is ultimately what she strives for. Having adopted certain beliefs and behaviors, for Diane the idealised mother and woman is portrayed in the following way:

Because I really do feel that I'm a mom. I have that kind of personality and I'm made to be a mother. You know, I'm not a selfish career woman out there that doesn't even have kids or doesn't want children in their life. I'm very patient, I'm loving. I have got lots of love and kindness in my heart, and I knew that I have a lot to share, and that somebody like me or myself, I should be having a child because I have a lot to give.

It appears that for Diane, the idealised, perfect version of a mother is the type of woman that has feminine qualities such as patience, an innate desire to want to have children, love, kindness and someone who is naturally nurturing. For her, any other belief or behavior that does not conform to her ideal is devalued and considered imperfect.

For Diane, the need for perfectionism not only leads to rigid beliefs and behaviors, but also means that she naturally places immense pressure and responsibility on herself to achieve her ideal as the perfect woman and mother, as the following statement illustrates:

Now when I started breastfeeding him, I went through hell. Nobody taught me exactly how to latch. Not even at the hospital. And I thought that I knew how to do it. I didn't think that I was doing it wrong. Meanwhile I was because I was getting bleeding and cracked nipples […] But I stuck it out. Even with the cracked and bleeding nipples I let him feed on me.

As someone whose narrative positions her as aiming to be the perfect, idealised and valued mother, it appears that she wants others to identify with her views as she believes them to be absolute truth. Although her intentions are seemingly good with a need to empower others, her own need for perfectionism risks being projected onto others which can translate as somewhat judgmental, unempathic and even offensive to others. The following is an example of how her beliefs and behaviors (which she believes are the right ones) are projected and expected of others:

I just feel a lot of women give up too quickly. I mean, they don't even give themselves a chance, you know. And I would tell any mom out there, you know, you're going through this and it's not going to be pleasant. It's not going to be a nice experience you know […] I would tell them now, listen, it's going to be difficult but don't give up. Carry on because it's worth every bit of it and you feel so much better knowing that your baby's getting the best that he or she can.

For Diane, trusting that her beliefs and behaviors are the correct ones appears to be comforting to her as it seemingly allows her to hold onto the belief that she is an inadequate and competent woman and mother who has immense capacity to give the best of herself unto others - an aspect of her identity that she deeply values.

A Fiercely Independent Woman

This theme, which emerges as a consistent narrative theme for Diane, discusses how early deprivation and loss in one's life can lead to a fiercely independent identity (whom others can rely on) as a means to suppress or deny painful feelings and to protect a vulnerable self.

For Diane, experiencing financial deprivation throughout her childhood and adolescent years meant she had to become self-sustaining and financially independent from a fairly young age. Despite having been given this adult responsibility early on in her life, she refused to let it be a burden to her. Instead, she demonstrated strong determination to become independent as a means to overcome her difficulties and to achieve her personal life goals. In the context of her narrative Diane is positioned as a fiercely independent woman whom others can rely and depend on as a result of fostering independence from a young age. Within her narrative Diane speaks of how her early childhood experiences shaped her independence as a woman (which in the context of transitioning to becoming a mother is significant for her as her baby needs to depend on her):

I've come from a background of I did things in my life myself, I was never spoon-fed or anything. My parents were quite poor […] You know, we didn't have enough money for things. My dad sometimes had to borrow from a neighbor to get milk and bread you know, that kind of scenario. So I worked casual and saved up a lot of money.

I felt secure because I had already been financially supporting myself anyway, so you know, that wasn't a fear of mine at all. And I had good money sense because of that, because I had learnt over the years. So all of that already embedded in me, that I can survive on my own. I don't need somebody to look after me, I'm […] independent.

Instead of allowing her independence to become a negative experience for her, Diane's independence is positively framed as an aspect of her identity that functions well for her. Aside from allowing her to achieve her life goals, it has also meant that she has built the capacity for others (such as her newborn baby) to depend on her. However her resilience and fierce independence may also be seen as a defense mechanism for her as a means to avoid unwanted painful emotion, to protect a vulnerable self. It appears that being responsible and extremely independent has meant that she has learnt not to rely on others, perhaps as a way to avoid painful feelings of guilt for feeling like she may be a burden to others. The following statement suggests she may have experienced herself as a burden to her parents from a young age, internalising painful feelings of guilt for having needed to depend on them:

My parents were quite poor. I was the third child. I was an accident, I wasn't supposed to happen.

Depending on others may therefore evoke painful feelings of guilt and loss owing to unmet dependency needs as a result of feeling like she was a burden to her parents. Underlying her identity as a fiercely independent woman therefore appears to be a need for her to protect herself from these painful feelings.

Shannon

Global Impressions

For Shannon, a psychologist with a natural inclination to understand and make sense of her internal world, sharing her story was an opportunity to process, integrate and derive meaning from her experiences, rendering a process of self-awareness at the same time. There are many intricate details that make up the story of her experience and one can easily get caught up in these. Initially, her story was spent describing the first few hours before birth, depicting her emotional fear and denial about progressing unexpectedly into labour. The latter and primary focus of Shannon's childbirth story however lies in the event of giving natural birth and what this experience signified for her. It was an

ambivalent experience for her in that while she was left feeling empowered in the end, she often felt vulnerable and out of control during the process.

Despite having been a difficult experience, overall her story can be summed up as being one that exudes personal transition, triumph and mastery as she successfully manages to overcome the physically difficult experience of giving natural birth. One gets the sense that she is resilient and driven to succeed as a result, however is also someone that can be quite hard on herself. As a narrative theme, Shannon's identity emerges as needing control for fear of feeling like a failure and fear of feeling out of control.

Her story portrays a positive outlook on herself and her experiences. Despite being confronted with paradox and tension in terms of the way in which she ultimately negotiates her experiences, Shannon connects positively with them. If anything, childbirth is an experience that Shannon values for confirming her sense of goodness as someone who is self-aware, strong, focused, independent, loving and caring – aspects about herself she views positively and values deeply.

Significant Themes Emerging from Shannon's Interview

A Woman with a Need for Control

Driven by a fear of failure and a deep-seated fear that she may lose control, this theme discusses how the experience of childbirth continuously highlights Shannon's need for control, which in the context of childbirth she must paradoxically be prepared to let go of before she can actually feel like she's in control.

For Shannon, the fear of losing control of her internal world evokes debilitating anxiety and helplessness for her. In order to avoid feelings which threaten the self as a result of loss of control, Shannon works hard to remain in control by trying to control her external environment. Because the threat of losing control (and hence the loss of self) is so overwhelming, Shannon also denies her experiences whereby denial serves to protect the self from becoming too overwhelmed. The following excerpts are demonstrative of this:

And I thought, but no, this can't be happening. This is thirty seven and a half weeks and I have still got a gynae appointment, you know, the following Monday […] I didn't even want to say that my water had broken because I was in so much denial.

So I'm thinking, no the baby's not coming. I'm coming back. There's friends coming for a braai today […] Then at that point it dawned on me that the baby's coming today. I'm not going home. The braai is not happening.

I think what hit me was the thought that I had to go home the next day. And that filled me with complete panic because I thought, I don't know what to do with this baby, you know. What do you mean I have to go home. I know I gave birth to it, but nobody gave me an instruction manual you know. I don't even know how to change its nappy […] So that Monday I think I just cried and cried and cried.

By trying to control her external world and hence her internal world, Shannon may be perceived by others as perfectionistic and controlling, as well as being quite hard on herself. She is aware however that her need for control impacts others around her and is something that she is trying to work through, although not easy for her. Given that her experience of childbirth is not something she has control over, her awareness in terms of needing to work through her difficulties around control is magnified. The following excerpts highlight her awareness of her need for control:

I think for me personally, one of the biggest lessons which I started learning throughout my pregnancy, even before I conceived, but the birth of the baby is even more, how do you say, brought the lesson even, you know, home even more, was that I cannot control anything. It's not within my control at all. I can't plan for everything and that, ja, you know life sort of happens and you've got to go along with it.

My husband said to me, you know, this is a child. It's not your thesis. You can't plan it. You can't write the chapters like you want to, you know, it writes itself and you've got to

go along with it. I think that's the biggest thing and I am still learning it now because control is such a big issue for me.

In a paradoxical manner, the process of childbirth forces her to let go of control, rendering her more in control in the end. For Shannon, the lesson is invaluable as she realises that she does not risk losing the self when it cannot be lost in the first place. This inadvertently leads to her being kinder and more loving herself as the following statements illustrate:

Um sometimes when he's screaming and crying like this there's a part of me that feels like, oh, just stop it. But then there's a part of me that carry's on going, okay, okay, it's going to be okay.

In terms of usually being quite hard on myself, now being a little bit more forgiving you know, and not to, whereas my internal dialogue would have been a lot more judgmental and critical, now it's more comforting and forgiving, ja.

Leigh

Global Impressions

The ease, confidence, and 'matter-of-fact' manner with which Leigh speaks of her childbirth experience initially (and rather misleadingly) forms the impression that her experience of giving birth for first time embodies the same qualities. However as the sequence of events unfold in her story it slowly becomes apparent that her experience of birth instead culminates as having been a painful, difficult, anxious, and at times disconcerting experience. Regardless of how challenging and painful her birth was, Leigh nevertheless constructs it as positive and rewarding given that one is rewarded with a baby and a new mother identity afterwards – an identity she worked hard to earn and therefore taken very seriously. Leigh's beliefs around childbirth indicate that it should be a natural, selfless process confined to a woman's innate ability to birth her own baby with minimal assistance as it defines her power as a woman. Medical interventions, hospitals,

and pain-relief is associated with a failed identity as a woman, while natural birth is associated with a powerful and successful identity as a woman. Thus, at the core of Leigh's narrative is a strong gravitation towards idealising the self-sacrificing, co-operative, unobtrusive, submissive, natural mother / woman as the ideal identity for women becoming mothers – significantly influencing the way in which her identity emerges. Given that she successfully manages childbirth with little assistance and with no medical interventions, her narrative creates her identity as being a woman who emerges with success and confidence. Seemingly driven by her underlying anxiety of failing as a woman and new mother during the process of birth, Leigh's efforts to naturally birth her baby from home in an intimate setting with the assistance of her midwife, doula, and husband, essentially culminates in a narrative about a woman whose identity is firmly embedded in a social structures that romantises the natural, compliant, undemanding and self-sacrificing woman and mother.

Significant Themes Emerging from Leigh's Interview

The Powerful Woman and Mother: A New Identity

At the heart of Leigh's narrative as a central theme is how she idealises and even romantises the self-sacrificing, co-operative, revered natural mother and woman as the ideal identity for herself. This theme reveals how her beliefs about natural childbirth as being a process that women are biologically and inherently equipped to do, relate to beliefs about herself as a woman and mother as being more powerful and upon which her self-esteem is seemingly built. It appears that for Leigh, the more self-sacrificing and natural a mother and woman is, the more she is idealised, loved and considered to be powerful. Perhaps owing to poor self-esteem and an underlying need to be affirmed, loved and noticed by others, Leigh consciously chooses the most self-sacrificing, most natural route of childbirth in what is already considered a very challenging experience for woman, as the following excerpt depicts:

Um, I chose to do a home birth because I didn't want to go to hospital at all. Um, to me, hospitals are a very tempting environment when you are wanting to do a completely

natural birth. When you're at home and you know you can't do the pain anymore, they say to you, well toughen up because there's nothing you can do about it […] At home I didn't have an escape route. I was stuck with my plan.

Her story depicts her as almost being too hard on herself, not allowing her to have any medical assistance or interventions of any kind. She defends strongly against medical interventions which seemingly appear to be about proving her power, strength and competence and self-worth as a woman, to herself and to others:

And I think there were moments where the pain was intense, and if I had the option I might have gone for it. But I'm glad now that I didn't because I know now that I can do it. I could go through labour without painkillers.

I mean, even with the episiotomy, I tore quite badly and a lot of people say it would probably have been better to have an episiotomy, but for me, I don't agree. I feel that I'm happier that I tore because I don't feel cheated out of anything […] It was completely natural. It was the way I wanted.

For Leigh, being able to birth her baby as naturally as possible and without any medical intervention is significant as it seems to be an indicator of how powerful she is as woman and mother. Underpinning this however appears to be a deep-seated fear of failure, as medical assistance or interventions is associated with failure:

And for me, it was the fear of having to go into hospital and um, to have to have a medical intervention.

Um, with a caesarean I would have felt like my sister described it. I would have felt cheated out of the birth experience.

It could have turned out negative if I had to have like a caesarean or medical interventions. I probably would have seen myself in a negative light, thinking I can't even deliver a baby.

The result of managing birth as naturally as possible and with little assistance confirms Leigh's perspective of herself as good, strong and capable as she merges with her newly-found mother identity. She values this identity and herself more as a result, which through her narrative positions her as a powerful, successful and capable woman and mother:

I see myself as powerful and stronger as a person because of the fact that I was able to deliver without any medications, any interventions.

I think for me, it makes me feel more powerful as a woman […] I feel more of a woman now than I did previously.

It appears that for Leigh, childbirth not only rewards her with a baby which mirrors her confidence, strength and power as a woman, it also rewards her with a new identity altogether as a powerful mother and woman. More significantly, childbirth appears to present as an opportunity for her to reinvent herself as more confident and powerful, which is brought alive through her narrative. Although the process of childbirth and transitioning to a mother means that she loses an identity, she almost appears to be relieved about it as she disregards it altogether. Through an experience that potentially wins the respect, love and approval of others given how idealised a natural childbirth experience is by society, presents as an opportunity to recreate her identity altogether, which through her narrative transpires as one that emerges as more of a woman, confident, powerful and more desirable than ever before, and perhaps one that demands more respect, winning love and approval from others:

Um, I feel after having delivered her in my own body, I feel sexy. I feel more powerful […] It's very difficult to put into words. It's just this inner feeling of this is now me, it's awesome. It's powerful.

Very much a new me. I feel like at the birth process, I changed into this completely new being. That I was no longer this person I was before. That I had stepped into an era of new life.

Helen

Global Impressions

Interpersonally, Helen meets as a warm, likeable, caring, sensitive, person. She presents as mature, as someone who has self-insight and although is emotionally sensitive, is someone who isn't afraid to be vulnerable in the presence of others. Her vulnerability however means that she is also able to easily connect with others, on a more authentic level.

Helen's story describes how, as a pregnant woman in her forties, she was faced with ambivalent, often negative messages about her identity as a woman. In the context of pregnancy and childbirth, these messages were cautious and fraught with questions around her capability to birth naturally, which she internalised as being the result in her own deficiencies as a woman (especially in light of her already having low self-esteem and inadequate feelings as she struggled to fall pregnant). These messages were seemingly destructive as they perpetuated anxiety into an already-existing low self-esteem. This was difficult for her and meant that she had to consume quite a bit of energy finding her voice to challenge these messages about herself. Despite wanting to have a natural birth, Helen had to have an emergency caesarean section, and it is this that becomes the primary focus of her story. Her story is inclusive of sharing her fears and disappointments, and allows one to get a sense of her vulnerability, particularly in terms of how she experienced her body as 'failing' her because she couldn't have natural childbirth in the end. Although the circumstances of her childbirth experience proved

extremely distressing and challenging for her at the time, her story is nevertheless framed as a positive one given that she managed to overcome her fears and had a healthy baby in the end.

Her narrative is a transitional one, marking positive shifts and transitions in her own identity. Through the narrative of her childbirth, she seemingly reinvents her identity from feeling incapable and deficient, to feeling empowered and at peace with herself in the end. In general, she is a woman who tends to make the best of her circumstances by attributing positive meaning to her experiences in an attempt to enhance not only her identity, but sense of purpose.

Significant Themes from Helen's Interview

Reinvention: From Deficient Woman to Empowered Woman

This theme, as the most central theme emerging from Helen's narrative, discusses how childbirth renders as a process of reinvention for her, whereby through the course of her narrative there is transition in her identity from feeling deficient and disempowered to feeling empowered, and seemingly 'more' of a woman.

Setting the tone in what appears to be the primary underlying drive for the narrative transition in her identity, Helen explains how as a pregnant woman in her forties wanting to have natural birth, she is typically confronted by social discourse that positions her as inadequate, fragile and incapable of having natural childbirth as a result of her age. It is difficult to trust her own voice, given that how one perceives oneself is often in relation to how others perceive oneself. It is especially difficult when social messages about women in their forties are filled with contradiction and ambivalence which may lead to internal conflict, resulting in disempowerment. However, although Helen's internal world is seemingly stirred by these messages, particularly around her underlying fear about being deficient and inadequate as a woman, she nevertheless works to counteract these messages. The following illustrates the confusing and contradictory messages about

herself as a pregnant woman in her forties and how this may create confusing perceptions about herself:

Um, even though I was forty, I decided to go for natural birth. Um, because my first gynae had said to me I would be too old, I'd have to go for a ceasar. But I was really not, not wild about going for a ceasar, and my gynae, my second gynae that I got said I was fine. In fact he said I had the hips big enough to deliver a bus and that I shouldn't have any problem giving natural birth. My feeling was that that wasn't tactful, but at least the message was clear.

My second gynae was like every second woman is having a bay at forty now, so um, you know, he said it's your decision at the end of the day, but he really doesn't need to think I need to go for a ceasar because I am forty.

I think I'd already made up my mind that I was going to have a ceasar, which I wasn't happy about, until he started talking natural.

It appears that contradictory messages about herself creates confusion in her self-perception, which in the presence of potentially already-existing low self-esteem, leads to disempowerment for her whereby her voice around what she wants for herself is actually lost. To manage her anxieties around these confusing, turbulent messages, Helen appears to surrender control. She displays an external locus of control, which, although is not problematic in the context of childbirth, is suggested to be an indication of feeling disempowered in her own life.

In light of her experience, childbirth for Helen was an experience that brought internalised negative messages about herself as incapable and inadequate to the fore, especially as her childbirth did not go according to plan. Having an external locus of control in Helen's case means that she gives up control completely in childbirth, but to the extent that she loses her voice altogether. This perpetuates her helplessness and fear that she is incapable and inadequate, as the following statements attempt to illustrate:

Well, things just started happening in a way that I didn't expect would happen […] and suddenly you start thinking, well, I'm not really sure in fact what's going to be happening anymore, and I'm not pretty sure that my body's doing what it's supposed to be doing. And you do, I just started feeling, as I said, I couldn't trust what was going on anymore.

And that was when I started feeling like the control was moving away from me and I started becoming more vulnerable […] You're aware that you are going to be losing a certain part of control over your body.

And then, at that point you've almost handed it over, and you've said, look, I'm yours, do whatever you know, with me, you want because you guys know what you are doing.

Although Helen's experience of childbirth is one that highlights her underlying fears and anxieties, as well as her disempowered identity as a woman, through her childbirth narrative she reorganises these aspects about herself as she births a baby for the first time. In this process, she emerges as having confronted her fears about feeling inadequate and deficient, which she realises are not absolute messages about herself but false ones about who she is – messages that she allowed herself to identify with. Although not a conscious process to her, the symbolic representation of having a baby reminds her that she does not have to construct herself in this way, but rather that she can choose to represent herself differently. Through narrating her experience, she does this. She constructs herself differently by losing her previous identity as disempowered and helpless, to one that is empowered and complete. The following excerpts reveals how powerful this is for her as a result, despite not necessarily being fully aware as to why:

I just cried. I don't know why it's so emotional. I really don't. It's almost like, it's such a I know, it sounds like a cliché. And I mean, people have been giving birth for centuries, and it's not as if, you know, I was the first woman ever in the world to give birth.

I can't put into words what happened there, except that it was just an awesome, awesome, awesome experience.

Things have changed so much on an emotional level, more than you can imagine […] You discover things about yourself that you didn't know you had […]I've discovered a whole new side to me.

I can identify with feeling powerful, but birth is a humbling experience more than anything else.

Janine

Global Impressions

A number of elements exist in Janine's story to suggest that for her childbirth was experienced as a significant event impacting the way in which her identity as a woman emerges. Her story is lengthy and filled with detail forming an overall impression of wanting to be heard and validated for her experience. This seems to be significant particularly in light of the context of her experience of childbirth which she describes as traumatic and violating. Thus, sharing her story with rich detail was not only an opportunity to process the emotional impact of her experience, but it was also an opportunity to feel validated for having endured it. Sharing her story in this manner also appears significant in terms of her past whereby as a child she felt invisible and rejected by her absent father – an aspect of her past which comes to light in her story and which is seemingly triggered by the adjustment to her new role as a parent. It therefore becomes apparent that underpinning the way in which she positions her story is a deep-seated need for her to be recognised, validated and socially accepted and it is this for the most part that appears to be significant in terms of the way in which her identity is revealed.

In the context of her narrative, she transpires as a polite, engaging, likeable, resilient and self-sacrificing woman. She generally likes to appear as being in control, organised and independent, and values these aspects about herself. While she is beginning to become more aware that she cannot always be in control over her experiences, she is less aware however that her need for love, recognition and social acceptance; her desire to be valued as self-sacrificing, resilient and independent; and her need to feel in control is seemingly

driven by an underlying fear of rejection and possibly, to some extent, failure, explored below.

Significant Themes Emerging from Janine's Interview

A Resilient Woman with a Need for Love and Approval

This theme, as a central theme in Janine's story, captures her resilience, independence and need for control, however which is seemingly driven by a deep fear of loss and rejection related to early childhood experiences. Although there are a number of elements to her story, despite being extremely frightened Janine's narrative positions her as strong and resilient in the face of childbirth. The following statements illustrate how her resilience emerges through her narrative, while in the process of the threat of loss (of both a baby and of her control) and experiencing a very difficult childbirth:

I'm a very controlling person. I know, I like to know that I am prepared for things. I am very organised. And obviously when things are not in your control, um you start, I don't know, I had no control over it. I had no control over the pain that I was actually feeling […] But I kept saying to myself, you know what, I don't want anything bad happening to this baby, so I kind of, up to that point I said I would do anything to not cause damage to her.

No, the whole birth experience was violating. Ah, but you know what, you forget. You tend to just forget about it. It's over and it's done.

It was a huge adjustment. I don't think I was physically, or maybe mentally ready for it. I don't think I actually realised how, how much it was going to change my life. But I mean, I was fine with it.

As someone who likes to be in control, which in the context of her story is driven by fear of failure and rejection as well as experiencing threatening loss, her experience of childbirth however unfolds as one that leaves her with little control. Loss of control,

particularly around being unable to control the threat of loss itself creates extreme internal tension for her as a result, elevating her anxiety: For Janine loss and rejection in general appear to be deep-seated fears that cause her the most internal distress. This is suggested to be the result of having an absent father in her life, whereby she experienced real loss of a parent, as well as rejection, as the following statements depict:

It's definitely a serious thing. I mean, I grew up with one parent and I know what it's like to go through changes in your life and not to have both parents around.

I just didn't want any harm to come to her. I didn't want to feel guilty if something was wrong with her.

I would never want any harm to come to this child. I want to make things easy for her. I never had it easy, um, my entire life growing up was not easy.

For Janine, loss is so frightening that she tends to try and control it, as well as control the relationships she has with others. As a new mother, she is extremely over-protective of her daughter - it would appear as she overcompensates for her own losses and feelings of rejection as a child. Although Janine's narrative positions her with a resilient, controlling, and protective identity as a woman and mother, unaware to her is the underlying fears that drive her identity in this way, and furthermore which drive her need for love and approval from others. Ironically, despite being traumatic and difficult for her, through her experience of childbirth however, Janine finds the love she desires as significant people in her life surround her with love.

Kristin

Global Impressions

From the outset, for Kristin, childbirth was experienced as disappointing. Although a number of reasons exist for this, her disappointment is mostly the result of not having had any control over the outcome of her birth experience. Despite having prepared and

planned for a natural vaginal delivery, Kristin was informed the day before giving birth that she needed to have a caesarean section as her pregnancy was considered to be high risk. With only one day to process this, Kristin naturally felt overwhelmed and unprepared for this event, all of which lead to feelings of disappointment and resentment.

In the context of her narrative, Kristin emerges as a very independent, controlling and perfectionistic woman. Although somewhat aware of her need for control and perfectionism, she is less aware of what drives this and how having no control is frightening and even paralysing for her. For Kristin, it appears that her internal world is mirrored by controlling her external environment, which when it seems perfect, makes her feel internally safe and organised. Without control she feels helpless and distressed, which in the context of her story, appears to be driven by underlying feelings of fear of failure. As a way to cope with these feelings, she appears to become quite detached and avoidant of her feelings, as well as tries to filter blame onto her external environment for her lack of control and her helplessness. She is unaware however as to how her need for control sets her up for feelings of failure and disempowerment in the first place, as she is not fully accepting that she cannot control her external environment.

Through her childbirth narrative however, Kristin experiences a realisation (and reorganization in her identity as a result) that she cannot always control her external environment as a way to make her feel ‘held together’ internally. Childbirth therefore presents as an opportunity for her to become seemingly more aware of her need for control and how she doesn’t actually doesn’t need it in order to feel ‘whole’ and ‘held together’ internally. Although her childbirth experience was a disappointing experience from the point-of-view that it wasn’t her chosen method of birth, it is nevertheless is internalised as being a good experience as she had the opportunity to grow from it as a person, valuing the lessons that it did teach her about herself. This naturally leads to a process of self-love as a new seed is planted in terms of.

Significant Themes Emerging from Kristin's Interview

A Whole Woman: The Lesson of Losing Control

This theme discusses how through the process of childbirth (and narrating it) Kristin is given the opportunity to reorganise her identity as a woman who needs to be in control in order to feel whole and safe. By losing control over her experiences in childbirth, Kristin realises that her need for control (which appears to be the result of avoiding the threat to loss of herself, as well as to avoid feelings of failure and inadequacy) is an irrational fear, given that she experiences herself as being whole and intact despite having lost control through her birth experience. By losing control, Kristin's identity (as a woman with a need for control) is reorganised as being more kinder to herself as she realises she cannot always control her external environment. Although not necessarily conscious to her, a seed is planted that she is more than the sum total of her external environment, and that even though she may not always have control over it, she is nevertheless still capable of feeling whole and adequate as a woman. This process naturally leads to fostering self-love and an enhanced self-esteem as a result, as part of beginning her journey to motherhood.

For Kristin, having needing control is something that she is relatively aware of, as the below statement reveals:

I am very process driven and everything has a place, and there's time for everything. I was very much a control freak. I still like to have a certain element of control, and I think I do have that when it comes to me.

As an emerging theme, Kristin's lack of control in childbirth as a result of unexpectedly experiencing a caesarean section, renders immense anxiety for her, as the following excerpts reveal:

Because I'd physically and mentally prepared myself for a natural birth, and only having less than twenty four hours to prepare myself for a caesarean section, it was very

daunting. And I was fine until they were starting to wheel me downstairs, and I had done everything, then I just cried and it was just emotions. I just couldn't stop crying all the way to the theatre, and if you ask me why, I can't tell you why.

Because you do, you feel like a lab rat. And you have no control over anything. You have absolutely no control.

I knew I had no control, but that was not the priority.

Although Kristin is aware of her need for control, it would appear that she is less aware however as to why she needs to have control. In the context of her narrative, it appears that having no control is threatening for her because she internalises herself as being inadequate. In addition, it may also be that her need to control her external environment is a means to control her internal one, whereby the more perfect and organised her external one is, the more perfect and organised her internal one is. Given that Kristin faces loss of control in her birth experience, her self-concept is threatened, whereby she experiences herself as inadequate. Furthermore, she experiences feelings of disempowerment and helplessness as result. The following excerpts serve to highlight her need for control, her disempowered and helpless response as a result, as well as how Kristin ultimately makes sense of it:

I had really wanted to give natural birth so I was very disappointed that I couldn't have natural vaginal delivery. So that was already one thing that I couldn't do or felt that I personally hadn't achieved.

I was quite, very quiet. I was very subdued and that's normally not me. I think it was just very overwhelming. Too overwhelming. I didn't know how to deal with it. I just kind of shut down. I think that's also where all the emotions came from. Just being totally overwhelmed.

I think it affected me as a person in the sense that it made me realise that there are some things you have control over and there are some things that you just don't have control over.

It makes you realise that […] you have to be more realistic.

While her experience of childbirth was disappointing and made her feel vulnerable, exposed, and out of control, her experience of birth was also a realisation that she cannot always control her external environment. Perhaps owing to losing control, she realises she is still whole, leading to reorganization in her identity as a woman as one that is a bit more kinder to herself as a result:

So as much as I wanted it to be different, there is a realism about the situation that you need to come to terms with. And yes, you do have to be realistic.

So I can't really say to you, I'm still the same person, I'm still stubborn, I'm still strong-willed, I'm still a control freak, but just more relaxed.

Discussion

How women perceive and portray themselves depends very much on whom they tell their stories to (Karrie, cited in Hillier, 2003) and what aspects of their stories they wish to share (Savage, 2001). The ways in which they portray themselves in social settings may be quite different from how they perceive themselves in private. "Privately, she may well feel like an appendage – if she is noticed at all and may well see the doctor as the star" (Karrie, cited in Hillier, 2003, p.188). Furthermore, hearing a woman's birth story "may trigger faded memories into consciousness, and, at that point a mother's birth experience is subject to reinterpretation" (Davis-Floyd, cited in Savage, 2001, p.4). Although this study aimed to provide a context for each woman to reveal her private consciousness it is important to consider that the findings of this study emerged from the narratives of women who sought to share their stories with a researcher within the context of research.

What women share with a researcher is likely to be quite different with what they may share with a friend or a relative for example. To what extent each participant's private consciousness has been revealed has meaning for the ways in which significant themes relating to each woman's personal identity emerges and is interpreted. Nevertheless, there is a connection between the narrator and the listener that is brought into existence in the sharing of intimate transformative experiences such as childbirth (Farley & Widman, 2001) and as a result there is a sensitivity to women's emotional, psychological and spiritual needs that is achieved (Farley & Widmann, 2001). In the context of sharing their stories combined with the possibility of a need to share their childbirth stories with someone like a researcher (Callister, 2004) women inevitably reveal a private consciousness (Raynor, 2005). In line with a postmodern framework, these narrative accounts may be considered non-linear, episodic, fragmented 'snapshots' alongside other (even contradictory) narratives that may exist which are subject to interpretation and reinterpretation. Therefore, the findings of the study which emerged utilising Lieblich *et al.'s* (1998) holistic-content narrative analysis approach is offered as being one interpretation of women's narrative accounts that may be subject to further interpretation and reinterpretation as postmodernism considers reality to have multiple meanings (Liamputtong, 2007).

The findings in this study suggest that for each woman childbirth is a personal and concentrated event which when given an opportunity to be consciously processed, results in a natural process of integrating how their childbirth experience inevitably creates new meaning for their personal identities. Thus, childbirth is suggested to be both an event of giving birth and a journey of identity that fosters a process of invention and reinvention for women's personal identities whereby her individualism and the way in which she defines herself on her own terms is expressed. Following the intense process of giving birth for the first time, each woman leaves with a baby as well as a new and different identity defined by the role of 'mother' as the following quote from Kristin's interview illustrates:

I think you know, as a parent, there is no longer you and there's an us or a we […] So I am no longer an individual. I am still Kristin and I still have an identity and I still have characteristics and that won't change […] You know, I'm a mother.

It would appear therefore that childbirth is more than just a physical experience of birthing a baby as it brings about a process of discovery for each woman's identity. However, in as much as what women discover aspects of themselves, narrative accounts of women's experiences also suggest that new mothers experience loss in their identities during this process (Jomeen, 2010). This is strongly linked to disappointment in their birth outcomes whereby the perception of themselves as the idealised 'good mother' is lost (Jomeen, 2010). The identification with this idealised 'good mother' (even perfect mother) is positioned in literature as being the product of a social construct that varies according to history and culture (Butterfield, 2010). By modern standards, women today are idealised and considered virtuous if they choose natural childbirth over painless medical interventions (Cosslett, 1994) and if they choose to exclusively breastfeed (Butterfield, 2010). In particular, natural childbirth portrays women as 'natural mothers' premised on the assumption that motherhood and childbirth is an inherent or intrinsic aspect of women's identities (Cosslett, 1994). Where the outcomes of these experiences are disappointing as a result of not meeting expectations, women experience failure in themselves which has consequences for the way in which they perceive and construct themselves (Jomeen, 2010). Interestingly, while this may be true for some women, this doesn't appear to be true for all women as the findings in this study suggest. The narrative accounts of those women in the study who had disappointing birth outcomes didn't necessarily perceive themselves as failures but rather the opposite whereby their sense of goodness was actually reinforced. This appears to have been the result of being able to endure or tolerate their experiences without complaining or showing any vulnerability regardless of how emotionally and physically vulnerable, out of control, in pain or disappointed they felt. As a result, instead of perceiving themselves as failures resulting in a loss of a 'good mother' identity, they perceived themselves as stronger and more powerful than some women might, especially in light of not complaining, being demanding or articulating their vulnerability while in the process of birth. This had the

effect of reinforcing their 'good mother' identity as the following quote by Janine illustrates:

And you know, I mean, maybe it was a good thing that I went through all that pain naturally […]. It's made me stronger. I wouldn't say it's transformed me completely, but I've changed for the better.

For each woman in the study the need to be perceived as a 'good mother' underlies their narrative account, which according to Jomeen (2002) is typically influenced by social discourses and events about 'good and bad mothers' in modern society. Therefore, although the idiosyncratic aspects that make up each woman's personal identity is unique and personal, to make good choices and to be responsible as a way to reinforce a 'good mother' status (Jomeen, 2002) is suggested to play a significant role in how each woman's identity ultimately emerges in the context of birth. The idiosyncratic aspects of women's identities appear to be built upon women's needs to be perceived as 'good mothers', and it is this that is significant for the findings extrapolating how women's identities are shaped in the context of childbirth for this study. Moreover, for Diane, Leigh, Kristin and Janine the 'good mother' discourse is far more prevalent or dominant in their narrative accounts than for others. In part, this may be attributed to early messages and behaviours internalised about womanhood and motherhood as the status quo which they prescribe to. Kristeva's work in 'Stabat Mater' and 'Motherhood according to Bellini' may offer further insight as to why women seemingly have a need to identify with being 'good mothers' and how this has significance for their identities within the context of birth. Kristeva's theory opposes Freud's psychoanalytic views of childbirth and motherhood, whereby "unlike most psychoanalytic theorists, who focus on the mother as *object* for the child, Kristeva here empazises the mother as *subject*, the mother's own experience of her maternity and of her relation to her child and her own body (and to her own mother)" (Eidelstein, 1992, p.29). She argues that a mother is a speaking subject regardless of whether or not she has agency in her maternal or childbirth experiences (Mamo, 2005). In order to demonstrate her theory Kristeva initially focuses on the Virgin Mary depicted as the most idealised mother figure in Western society

(Eidelstein, 1992). Kristeva traces the idealisation of the 'good mother' to the Virgin Mary as the religious ideal of what it means to be a good and loving mother (Weir, 1993). She proposes that "the phantasy that makes the mother a master of childbirth, which situates her on the threshold of nature and culture, is the phantasy of the phallic mother" (Elliot, 1991, p.217). "The phantasy of maternal presence at the nature / culture threshold is contrasted with the splitting and loss that Kristeva claims accompanies the experience of pregnancy in childbirth" (Elliot, 1991, p. 217). Furthermore, "the phantasy of the phallic mother involves an idealization that protects us from the fear of nonbeing that otherwise threatens us when the idealization breaks down" (Elliot, 1991, p.217). The idea of this idealisation is central to protecting individuals from the ambivalences or oppositional forces of motherhood that potentially portray women as 'bad mothers'. In saying this however, Kristeva goes on to suggest that this idealised virginal representation of motherhood is an insufficient model for women (Oliver, 2002) as it problematises women in the post-virginal modern world. In terms of Kristeva's work on the experience of childbirth itself as having meaning for women's identities, unlike Freud's theory, Kristeva proposes that "childbirth is not motivated by penis envy" (Mamo, 2005, p.424). Instead, childbirth has the potential to resurface "primal homosexual bonds by reuniting a woman with her own mother" (Mamo, 2005, p.424). Pregnancy and childbirth is depicted as an experience that reunites one with one's own mother whereby the experience of giving birth is essentially about becoming one's own mother (Oliver, 2002). Becoming one's own mother requires internalisation for one's mother, which for some women in this study appears to be based on the internalisation of their mothers as the Virgin Mary ideal. For women in this study, building the idiosyncratic aspects of their identities on the status of this idealised 'good mother' seemingly reinforces their perceptions of themselves as good which has positive consequences for the ways in which they are perceived and accepted by others. It also has significance for their overall wellbeing, as women who have healthy self-esteems following childbirth are generally considered to be less at risk of postnatal depression for example (Jomeen , 2002).

It is believed that when individuals have a secure sense of identity (in other words where they don't experience what Erikson coined an 'identity crisis') they naturally end up taking advantage of who they are (Josselson, 1996). This is potentially the result of unconsciously overlooking the characteristics that make up one's personal identity. In this study, the findings suggest that when women are given opportunity to consciously question and process the meanings that childbirth holds for their personal identities, childbirth unfolds as a conscientising process for new and different ways in which women perceive themelves. As a naturally transformative process, childbirth has significance for the ways in which first-time mothers make sense of who they are. According to Rabuzzi (1994), for women whose personal identities hinge on becoming mothers (in this case for the first time), the process of anticipating this experience whether in pregnancy or in childbirth essentially heightens selfhood and identity. Specifically, the findings that emerged in the study in order to understand how and what aspects of women's identities are shaped through the experience of giving birth for the first time suggest that a range of characteristics comprising women's personal identities inclusive of emotions, personality traits, cognitions, perceptions, attitudes, judgements, belief-systems and values *towards themselves* (as opposed to studies that evaluate these in relation to childbirth) are central to being heightened and affected in the process of childbirth, and that for each women to what extent this happens, is unique. In particular, the findings suggest that women's emotions and coping mechanisms which hold importance for their personal well-being, are central aspects of themselves that are heightened and even challenged in relation to existing perceptions of themselves during the process of birth for the first time. Furthermore, the findings suggest that there is a process of negotiation evident in their self-concepts often imbued with ambiguity and contradiction during the process of birth. According to Hillier (2003), the process of childbirth emphasises ambiguities and contradictions of the personal aspects of individuals which they tend to negotiate in terms of seeking resolution to these dilemmas in a way that makes sense for them at the time. In this regard, it is suggested that women negotiate these in what appears to be the result of the complex interplay between intrapsychic processes (such as defense mechanisms) and cognitive processes whereby, for example, effective coping strategies are enlisted. Either way, the process of childbirth

and the journey to motherhood "challenges a women's accustomised sense of self" (Rabuzzi, 1994, p.ix) whereby there is a disappearance or a loss of what one takes for granted about oneself. In a paradoxical twist, what appears to happen in the process of birth for women's personal identities is an experience of loss in terms of what they know about themselves in order to have opportunity to find and reinvent their personal identities as part of an important transformative process (Rabuzzi, 1994). It is exactly this then that may be identified as being significant for the ways in which women's personal identities are shaped in the context of birth.

Part Two: Birth Narratives and Shared Experiences

Women's Collective Experiences

This section focuses on the significant themes that emerged from the qualitative thematic content analysis conducted in order to extrapolate the shared, collective experiences of the women in the study in order to understand how individual elements interrelate to all first-time mothers' identities, and furthermore in order to understand how childbirth shapes the shared aspects of all women's identities in general. This section is therefore concerned with the shared aspects of 'being female' during the process of childbirth which are unique to women in this study but which are also shared attributes or characteristics that revolve around their identities as women. The significant themes in this section are therefore built or established around female gender-identity or shared aspects of women's identities discussed in chapter 2 in the literature review. Gender identity is an aspect of social identity which refers in part to the ways in which individuals view themselves in relation to others whereby they are the same by virtue of belonging to certain social groupings and in part, to the characteristics that distinguish them from others (Schaffer, 2006). As the study is underpinned by a postmodern framework, the ways in which women's shared identities emerge may be seen to be largely the result of broader social processes such as power hierarchies and prevailing dominant social discourses and as such how women's identities emerge within these social processes is considered by locating the findings within their broader social context.

Furthermore, as the study is a postmodern study, the findings that emerge in light of the shared aspects of women's identities should be considered in relation to being non-linear, episodic, fragmented snapshots of their narrated experiences whereby their identities are not stable and fixed (Gergen, 1991). Furthermore, the findings are subject to interpretation and reinterpretation given that postmodernism views reality as having multiple meanings.

Reorganised Identities: Invention and Reinvention

Womens' narratives emerged with a central theme suggesting that childbirth manifests in a learning process as well as the confrontation of self-schemas and assumptions held about oneself. Within this process women also experience a change in identity (to that of 'mother'), which together with the confrontation of previously held beliefs about themselves, leads to reorganisation of women's social identities in general. According to Fox (2009) the transition to motherhood has the potential to transform a woman's sense of herself whereby she may find new meaning for herself as a woman. This is because "motherhood is central to the meaning of womanhood and the social position of women in this society" (Fox, 2009, p.5). This theme therefore reveals how childbirth invariably renders a process of reorganisation or reivention of women's shared social identities as mothers as part of the transitional journey to motherhood, regardless of the outcomes of their birth experiences. While women's childbirth experiences are unique and personal, all women's narratives emerged with examples illustrating how childbirth, regardless of the type or outcome, renders a process whereby women confront previously held beliefs about themselves leading to reordering or restructuring of their self-organisations and identities as individuals and as women. In this regard how they describe themselves prior to giving birth and how they describe themselves following birth is noticeably different. For all women, positive shifts in their self-schemas were strikingly evident following birth. The way they appraised themselves following birth was generally gentler, kinder and more positive than the appraisals they had of themselves before they had given birth, as the following narratives depict:

Janine: I think I became someone that was just not concerned about myself at that point. Um, you become, I used to be a selfish person and at that point you don't even think about yourself. […] You instantly become a mother at that point, because that's when that feeling took over me, where I wasn't concerned about myself. I was concerned about her. You know, that's a mother's love, when you don't think about yourself any more.

Janine: I've become so much more humble. Um ja, I think I can see that I was controlling. I see that I was impatient. I see the changes that have happened within me. I mean, my life was about partying and having fun and I feel I have changed a lot. I have matured a lot through this experience, and um, for the better. […] I've changed as a person.

Helen: Sho, there is so much, you know, it's like, where do you even begin? The whole experience of having a baby has taught me so much about control. I'm the kind of person who decided if I wanted to do something, I'd do it and that's it. […]For me that was a real lesson, there's certain things in life that are beyond you […] you're not in control of it. […]You discover things about yourself that you didn't know you had. […]It's unleashed emotion in me that maybe was quiet before. I find myself being a lot more nurturing. […]I never felt like I had a mother's natural instinct. I've learnt a lot about myself. I've learnt how patient I can be, especially after having a baby. I am incredibly patient. […] I've discovered a whole new side to me.

Gail: I think I'm more responsible because there's another person. […] I think I was more laid back before, um, shallow (laughs), ok I wouldn't say shallow but um I think there's meaning, I think there's more meaning in my life. My life never really had a purpose before, not as much.

Diane: That I'm strong. All things about my personality. That I'm a leader, I'm a mother. The traits of my personality that I'm referring to now, like the love and the kindness and all of this kind of thing. I'm a very positive person, all of the time. As far as confident goes, I would say this is the main thing.

Shannon: It changed me, I think, definitely. I don't know if I can say exactly how, but um I don't know. I think in a way it has brought on a new perspective of myself, in some ways more accepting […] but I think from the birth and the motherhood experience I'm less judgmental of myself.

As Stern, cited in Abram (2008, p.223) notes, with childbirth "a sweeping reappraisal of the organization and a priority of most of her self-representation begins". Thus, a new mother reorganises and repriotitises previously held schemas of herself. Although this finding is not suggested to be a new phenomenon in childbirth literature, in light of this study it does highlight this process as being significant for first-time mothers. Moreover, it also highlights how women in this study appraise themselves more positively following birth leading to an increase in self-esteem. Interestingly, a study conducted by Dana Breen (cited in Rapoport, Rapoport & Strelitz, 1977) found that heightened self-esteem following first-time birth is directly related to the relationship between the way in which women appraise themselves and the way in which they interpret the mothering role. In this regard, Breen (cited in Rapoport *et al.*, 1977) refers to women as 'well-adjusted' or 'ill-adjusted' whereby the findings of her study indicate that women who are ill-adjusted generally experience conflict or discrepancy between the ways in which they appraise themselves and the ways in which they interpret the mothering role whilst women who are well-adjusted don't. Futhermore, women who are 'ill-adjusted' tend to have unrealistic, idealised expectations of themselves and motherhood while women who are well-adjusted tend to have more realistic expectations and are able to integrate ambivalence in their perceptions of themselves and their mothering roles. Women in this study however appeared to experience increased self-esteem and positive adjustment as a result of positive shifts in their appraisals of themselves which seemingly appeared to be related to and reinforced by a sense of goodness as new mothers. Building from this, for all women, regardless of the ways in which childbirth is experienced or what the outcomes of their experiences are, so long as they birth a healthy baby, birth represents a process that brings into awareness aspects of their identities that they value and which confirms their sense of goodness as mothers. The reason, according to Hoge (2002) is that mothers are rewarded with a baby whereby the baby generally mirrors or represents

the good in them. The following examples illustrate, as part of the emerging theme depicting (often positive) reorganisation in women's identities, how birthing a baby for the first time consolidates a woman's sense of goodness:

Diane: There might have been a feeling now after the birth, of things that have just been extra confirmed to me. You know, like maybe I thought I was confident and I thought I was independent and things like that. Or I thought I was a strong individual. Strong-willed and powerful you know, emotionally mature, and the birth experience just confirms that.

Gail: Um, because I actually, I actually can do something wonderful. It's an amazing thing you know. You know, I'd hate to know what it would be like if I couldn't go through this experience. For some women can't. It's an achievement.

Leigh: I think for me, it makes me more powerful as a woman. Um knowing that I was able to deliver a baby without any drugs, without an epidural, and that I could do it without having a caesarean and things like that. […] Before I dodn't know what my body was capable of doing. I didn't know what I was capable of putting my body through, and I feel that having birthed this baby, um, just puts me into a new category of life. I just feel more of a woman. I don't know how to explain it.

Interestingly, in the process of reorganising their identities, Lawler (2000) also found that maternal narratives simultaneously emerge with a loss in women's identities; by transitioning to motherhood what women essentially know about themselves also becomes 'lost' in this process however through forming and incorporating other narratives about themselves, they reestablish or reinvent themselves, only as more than just being mothers or more than what they considered themselves before. Often, women refer to reinvention of their identities as being whole individuals or 'complete' which Kristeva argues as being a fantasy that women create in light of the identification with the idealised 'phallic or good mother' (Cornell, 1999). For women in this study, reference to

being complete, whole or more womanly following birth for the first time is significant for reestablishing their identities as women, as the examples below illustrate:

Kristin: But if you really do want to have a child, then that would be something that would complete you because that's what you've wanted. That's everything you've wanted, and now you have it. So whether you have one child or ten children, you would feel complete.

Gail: Ja, that's all, I don't need a fancy car or a good job. Just having a child is all I need to make me a mom. To make me a mother and a woman.

Helen: I'm not judgmental against women who don't want to have children, but I must say this experience has completed me and defined me as a woman, um, I've never felt more of a woman than when I gave birth.

Leigh: Before, I didn't know what my body was capable of doing. I didn't know what I was capable of putting my body through, and I feel that having birthed this baby, um, just makes me, puts me into a new category of life. And I just feel more of a woman. I don't know how to explain it.

Janine: I definitely feel completed. I don't need anything else.

According to Jensen (1999, p.68), "Erikson (1968) decided that women became complete through motherhood, and although that edict does not hold for all women, it is certainly true that many women enjoy mothering. However, motherhood has been idealized in this culture, and women have often been pressured to choose between having children and having a personal life". This holds implications for social messages about women's social identities following birth, where the process of childbirth and motherhood is idealised, where women uphold childbirth and motherhood as intrinsic to their identities and where they are valued as a result of becoming mothers. Conversely, it holds serious implications for women who cannot have children, who are not mothers, or who do not necessarily

emerge with the same narratives about childbirth and motherhood – who in certain cultures are devalued as a result. As Ireland (1993, p.7) notes, "Women who are not mothers are frequently described to be pitied".

Self-Actualisation

Self-realisation and self-actualisation are concepts that tend to be used interchangeably and are virtually considered synonyms however their definitions in psychological theory have varied (Waterman, 2011). For the most part, they are generally considered terms to describe the ongoing dynamic tendency for individuals to reach their potentials, capabilities or talents as part of a quest to find meaning or a sense of purpose in their lives (Waterman, 2011). Self-actualisation theories are generally considered part of the humanistic approach to personality development in psychology, and is also aligned with identity theory (Waterman, 2011).

Similarly to what Callister & Khalaf (2009) found in their study, women in this study described childbirth to be empowering for their identities as women. In this regard, it appears that childbirth presents as an opportunity for women to self-actualise their potential which is triggered through the event of childbirth. Through the process of self-actualisation or self-realisation women consider themselves as more capable, resilient and powerful, potentially counteracting previously held negative beliefs about themselves. The following excerpts reveal how women in this study regard childbirth as a process of discovery and self-realisation, whereby they describe themselves as feeling empowered and stronger as a result of birth, and also whereby they describe having discovered new aspects of themselves:

Helen: Things change so much on an emotional level, more than you can imagine […] You discover things about yourself that you didn't know you had.

Diane: That I'm strong. All things about my personality. That I'm a leader, I'm a mother. The traits of my personality that I'm referring to now, like the love and the kindness and

all of this kind of thing. I'm a very positive person, all of the time. As far as confident goes, I would say this is the main thing.

Janine: It's made me stronger. Um, I wouldn't say that I have transformed completely, I think, um, I have changed for the better in some areas […] Um, I have definitely changed for the better.

Leigh: I think for me, it makes me more powerful as a woman. Um knowing that I was able to deliver a baby without any drugs, without an epidural, and that I could do it without having a caesarean and things like that.

Shannon: I'm stronger than I thought I was. I really did not think that I could go through with all that pain.

While self-realisation and self-actualisation are generally viewed in positive ways to express self-fulfillment, Coslett (1994) argues that questions about the self which are uniquely challenged and highlighted through the process of childbirth are simultaneously also questions that become avoided. Therefore, although women in this study experience childbirth as an event that triggers opportunities for them to reach their potential, this process potentially also highlights the unspoken, avoided aspects of themselves that become hidden in relation to the course of self-actualisation. In this regard, how women perceive themselves before experiencing childbirth and how they perceive themselves following childbirth may serve as an indication of questions of the self that become avoided, particularly as these perceptions may contrast significantly from one another. In addition, although the findings in this study suggest that women consider themselves as powerful, resilient, and strong following birth for the first time, arguably the findings may also point to potential hidden binary messages in these assertions whereby unspoken feelings of low self-esteem, helplessness, powerlessness or disempowerment may exist. For example, although Janine as part of a process of self-actualisation refers to herself as being stronger and 'changed for the better' as a result of birth, there are also messages about her inadequacies or aspects of herself that she views in a negative way that are

highlighted (and in Janine's case spoken about) in relation to this self-actualisation process, as the following excerpts illustrate:

"Um, I used to be a selfish person and at that point you don't, you don't even think about yourself. That's why I say you instantly become a mother […] Um as I said, I was very selfish and my life was about me.

"My husband says I've calmed down a lot, um and ja, I definitely think I have. I know what I want now. I used to, I wouldn't say I was indecisive, but I did things to please people before. And now, and now I'm a lot more organised than I was before.

Although Janine is quite vocal about these experiences, it is suggested that for most women in this study, what is challenged about their self-concepts or identities in relation to self-actualisation during birth is potentially also avoided and unspoken of.

Gendered-Identities: Giving Birth Like a Girl

This theme describes how unlike the stereotypical ways in which women are generally depicted in childbirth particularly in the media (Martin, 2003), the narrative accounts of women in this study emerge with attitudes and behaviours of women that contest these depictions. Stereotypes are internal models or sets of ideas and assumptions held about others or members of a collective group with the intention of fostering appropriate behavior towards others, particularly if we don't personally know them (Green, Kitzinger & Coupland, 1990). Medical stereotyping of women in particular has portrayed women in childbirth as unpredictable and incompetent (Oakley, 2005) if not at times as self-centred, demanding, rude and intrusive. Women are rarely depicted as "relational, selfless, caring, polite, nice and kind" (Martin 2003, p. 54). However, contrary to the stereotypical depiction of women in childbirth as unpredictable, incompetent, loud, rude, intrusive etc., women in this study emerge with narratives that depict them as undemanding, unobtrusive, considerate, kind, and polite – to the extent that their needs often appear to become secondary to those around them:

Shannon: And I really tried to have a quiet labour, but it wasn't happening. I remember, I was trying to remember all the antenatal breathing but the breathing was, it was hard.

Kristin: I was quiet, very quiet. I was very subdued and that's not normally me. I just think it was very overwhelming. Too overwhelming. I didn't know how to deal with it, I just kind of shut down. I think that's also where all the emotions come from, just being totally overwhelmed. […]I just didn't want to speak. . […] Just, I think you lose your dignity if you want to call it that. I really just didn't care about me at all. You become number two. You become second and your child is first.

Helen: I didn't even think about what was important for me or what was important to me. It was really just about the best thing for him. […]That's when you're completely one hundred percent in their hands. […]You can't really see where you're going or what's happening. I was wheeled into this operating theatre. […]You know, I was just lying there. […]It was a cold, hard steel operating table and I felt very very vulnerable on that […] they moved me all over, even more amniotic fluid came out, and suddenly I just felt so dirty. I was full of amniotic fluid and this stuff meconium was all over the place, and I just remember apologizing […] and they kept saying to me, don't apologise, what are you apologising for.

Diane: I could have told them easily. There was no reason why I didn't tell them. I think because just in that moment there was so much going on and I was listening to what the doctor was telling me, and I was listening to what the nurse was telling me, and I was listening to my husband, and I just remember thinking I'm tired, that I can't do this anymore, but I didn't say anything.

Megan: Oh and they gave me a Voltaren suppository. And that was my sum total of pain relief and that I, oh, and they kept on insisting that I have something else, so I took a Myprodol to keep them happy.

Not only are the women in this study unlike the stereotypes that are portrayed of women in childbirth, however it would also appear that they generally struggle to advocate for themselves during childbirth in what appears to be in part the result of feeling a heightened sensitivity to the needs of those around them as well as a heightened sensitivity to the overwhelming experience of birth over which they have no 'blueprint' to compare to. Rather than advocating themselves as being fearless and in control as stereotypes would have one believe, the first-time mothers in this study generally struggle with feelings of fear of the unknown, helplessness, feelings of being vulnerable, overwhelmed and exposed, fear of pain, as well as lack of control over their experiences and their bodies:

Kristin: I was worried about how I was going to react to the anaesthetic, how big the cut was going to be, was it going to be sore and all of that […] it was very daunting and I was fine […] and then I just cried and it was emotions. I just couldn't stop crying […] It's like put your arm here, spread your legs here, do this, do that, and they're very rushed as well […] You don't know what it is they're doing to you.

Kristin: You feel very isolated, you feel completely daunted and you're under these bright lights. You feel very exposed, and I mean you're obviously not wearing any underwear. Your legs are being spread-eagled […] so you're very exposed. […]Because you do, you feel like a lab rat and you have no control over anything. You have absolutely no control.

Helen: You know, everyone is talking around you, and it's almost like I was lying on this bed and no one even noticed me, no one even sort of said hi, how are you, what are you doing, or anything. […] I was lying there, completely worried out of my mind and all this normal activity going on and everyone quite unperturbed. That felt quite surreal. […] I felt quite detached from it almost.

Janine: No amount of books you read can actually prepare you for that pain. I didn't think it was going to be that painful. Honestly, I thought I could manage it. I'm a very

controlling person. I like to know that I'm prepared for things, um, I'm very organised, um, and obviously when things are not in your control, you start, I don't know, and I had no control over it. […] You have no control over your feelings, um and I didn't. I had no control over what I was thinking or feeling, um, I don't know how to explain it.

Shannon: it was very strange though. I was quite uncomfortable, because you're lying there, um, I still had a little tank top on, so I wasn't completely naked but your legs are up in the air […] I didn't know what, what really to feel. If I should be treasuring this moment, or if I should be self-conscious about what's going on you know. It was, ja, a mix between the two, so I, I felt like I was going in between being self-conscious of I'm quite naked, and then going back to oh my goodness I have just given birth.

A study conducted by Hallgren, Kihlgren, Norberg and Forslen (1995) found that although women perceive childbirth as a normal event, they also experience it to be quite frightening and threatening to the self. Furthermore, themes centering on control or lack thereof and fear of pain are also evident from women's experiences of birth which corresponds with the findings of this study. As such, contrary to the stereotypes of women as being controlling or in control, as well fearless and demanding, women express selves that generally feel out of control or a lack thereof, as well as fearful particularly in light of their bodies as well as the unknown. The findings of Martin's (2003) study which sought to examine the dominant cultural image of birthing women found that unlike the dominant images or stereotypes of childbirthing women as loud, selfish, demanding or screaming, "women often worry about being and are often nice, polite, kind, and selfless in their interactions during labour and childbirth" (Martin, 2003, p. 54). These findings serve as valuable insight for the findings of this study. It is suggested that the findings are important "not only because it contradicts that dominant cultural image of the birthing woman but because it reveals that an internalized sense of gender plays a role in disciplining women and their bodies during childbirth (Martin, 2003, p.54).

Locating Participants' Narratives: The Broader Socio-political Context

Childbirth does not exist in a biological vacuum as broader political, social, cultural and economic factors influence and shape women's experiences of birth (Jomeen, 2010; Varenne, 2007; Walters-Kramer, 2011). It is therefore important to consider these factors and the broader sociopolitical matrix from which the childbirth narratives of women in this study emerge as these factors are known to influence the messages women adopt about themselves, the choices they make and the ways in which this influences their birthing choices, outcomes and experiences (Jomeen, 2010). To develop an understanding for the broader socio-politcal context from which women's narratives emerged in this study, it is important to highlight shared social and political aspects of women in this study that may be considered unique to this study and which may be considered as significant for the ways in which women's narratives emerged in this study. For example, it is significant to consider that the women in this study are all South African. Furthermore, all women in this study are from an urban area and each could afford and had access to private healthcare. All women in this study were educated, employed, and all had access to excellent social support as well as information on childbirth. How these factors influence the ways in which women's narratives emerge may be understood in light of the following: As a culturally diverse country, in South Africa, childbirth beliefs, rituals and practices amongst various groups may vary significantly. As a result, childbirth in South Africa poses unique challenges and subsequent social and political messages about childbirth (Richter, 2004). It is extremely contrasted between privileged and deficient as a result of the large socioeconomic gap that exists between those that can access private healthcare and those that can't. "While very little is known about the birthing experiences of low-income women in South Africa" (Chalmers, cited in Kruger, 2005, p.1) it is not uncommon for women living in impoverished rural areas in South Africa to have limited access to information, medical services, and choice around their care. In South Africa only "a small section of the population has access to advanced technological medical services, while the majority live under poor socioeconomic situations with limited access to medical services" (Richter, 2004, p.112). As a result "South Africa's own maternity system is shot through with

inequality, difference and contradiction" (Chadwick, 2006, p.238) which it is argued has implications for the ways in which women experience and narrate their childbirth experiences but moreover how this has implications for their identities. Although little is known about the comparative experiences of say for example low-income women's birth experiences versus higher-income women's birth experiences in South Africa, Richter (2004) notes that women from poor socioeconomic contexts who have limited access to information and medical healthcare can for example expect to have more social and psychological problems following childbirth as a result, versus those women who don't have the same limitations. Thus, given that the women in this study had access to information, medical services, and choice around their care, it is argued that their narrative accounts of childbirth are likely to be contrasted and very different from women who for example don't have access to the same services or care. Furthermore, how their identities emerge in light of socio-political differences may arguably also vary as a result.

In light of the findings of the study, the narrative accounts of the women in this study seemingly emerged with authoritative knowledge on childbirth whereby all women appeared to be well-informed about prevailing modern choices and medical practices of childbirth. In addition, although women did not always have desired outcomes in terms of the expectations and preconceived ideas they had of their birthing experiences, all women's narratives emerged with good outcomes whereby each gave birth to a healthy baby which in part may be attributed to the medical care they were able to access. Interestingly, all women's narratives regardless of their birth outcomes were noticeably emerged in political views filtering from the medicalisation of childbirth even where the 'naturalness' of birth is emphasised. As Zadoroznyi (1999) points out, there is often a misconception around the 'naturalness' of childbirth as being excluded from the medicalisation of childbirth which in fact is not the case. Although biomedical discourse may not be inherent to all women's narrative accounts of childbirth within South Africa (see Kruger, 2005), the narrative accounts of women in this study were indeed influenced by the medicalisation of childbirth (discussed more in-depthly in chapter 2) which is argued to have significance for the ways in which both their personal and social identities are structured, and how these emerged within the findings of this study. According to

Talbot (2010, p. 161) “medical discourse is an important site of struggle over the domain of childbirth and the formation of women’s identities as mothers”.

Conclusion

This chapter is based on the transcribed interviews of all participants which were analysed. Beginning with the individual stories of participants, a holistic-content narrative analysis was conducted in order to explore how the idiosyncratic aspects of women’s personal identities emerge in the context of giving birth for the first time. The findings indicated that for each woman, how their personal identities are shaped in the process of childbirth is unique and personal, and as such reveals a private consciousness. A further analysis involving qualitative thematic content analysis was also conducted in order to extrapolate the common themes that emerged from participants’ narrative accounts in order to understand how individual elements interrelate to all first-time mothers’ identities, and also to understand how childbirth shapes the shared aspects of all women’s identities as a whole. The findings in this regard rendered three significant themes depicting how women’s identities are shaped by childbirth. Firstly, the findings suggest that childbirth renders a process of invention and reinvention for women’s identities; secondly the findings suggest that childbirth is empowering for women’s identities; and thirdly the ways in which women’s identities emerge in childbirth is contrary to the dominant cultural image or stereotype of the birthing woman as loud, controlling and demanding. The themes identified however are an in-depth analysis through the researcher’s lens. Although the findings were attempted to be analysed quite rigorously by the researcher, other individuals interpreting the findings may possibly identify different themes and as such themes in this study are not exhaustive.

Chapter 5

CONCLUSION

Introduction

As the concluding chapter, this chapter evaluates the study, discusses the findings and makes recommendations for future research.

Evaluation of the Study

The study investigated the childbirth narratives of eight South African mothers in order to understand how the first time birth experiences of these mothers influenced and shaped their identities. Specifically, the study explored the ways in which the idiosyncratic aspects of participants' personal identities were shaped in the context of birth and how individual elements relating to their experiences interrelated to all women's experiences. Furthermore, how women's social identities (with a focus on female gender-identity) were shaped in the context of birth was also explored. The study was conducted by listening to, documenting, and analysing the narrative accounts of participants. The analysis was conducted in two stages, firstly, by utilising Lieblich *et al's.* (1998) holistic-content narrative analysis approach to explore the idiosyncratic aspects of women's identities, and secondly, by utilising a qualitative thematic content analysis approach to explore the shared aspects of women's experiences and identities. The experience of childbirth was chosen to investigate women's identities, firstly, as childbirth is regarded to be a heightened experience likely to impact the ways in which women's identities are shaped (Smith, 1999a; 1999b), and secondly, is an under-researched area of investigation in the psychological tradition, particularly within South Africa.

To realise the central aims of the study, which were first, to discover and understand the unique ways in which participants' individual and personal identities were shaped by their experiences of giving birth for the first time, and second, to explore how individual

elements within participants' narratives interrelated to all participants' female identities as a whole, the researcher formulated and implemented the research framework and methodology that guided the research process. To maintain the integrity, transparency, and trustworthiness of the study, the researcher familiarised herself with, and followed the best practice strategies and ethical guidelines for qualitative research as discussed in Chapter 3. Overall, the study generated rich information gathered from participant's narratives to produce results that seemingly satisfied the research aims.

The findings and subsequent information generated by the study results in overarching message central to the study: that childbirth, as a concentrated life changing event, indeed shapes women's identities in ways that are unique and private to individuals, and in ways that may be shared by women. Most importantly, the research was conducted from the views of the narrators concerned, rendering them as experts in their own lives. As such, the findings – although limited in that they may not be generalised to a wider population - lend voice to women's experiences.

The findings discussing the ways in which women's personal identities are shaped through experiencing childbirth for the first time suggest that for each woman how their identities are shaped is unique and personal. As a result, these findings, which suggest that for each woman aspects of their identities are significantly highlighted and shaped through the process of birth, are discussed in relation to each individual in chapter 4. In sum, childbirth renders a unique process for each woman whereby new meanings for each woman's personal identity is inevitably created. Significantly however, for most women, aspects related to their psychological identity are highlighted in childbirth, particularly around cognitive aspects such as emotions and coping mechanisms. In each case, through the process of childbirth women are able to reveal a private consciousness about themselves. This is a significant finding of this study as it indeed confirms that women experience changes in their personal identities through experiencing birth for the first time.

The significant themes that emerged from the thematic content analysis of the shared experiences found in participants' narratives considered to interrelate to all women's identities, presented as follows: Firstly, women presented with reorganised and reinvented identities whereby this theme suggests that childbirth as part of the transitional process to motherhood, facilitates the reorganisation or reinvention of women's identities leading to new identities for women. In the second theme, childbirth seems to unfold as a process of self-actualisation for women. This theme suggests that childbirth leads to empowered identities as women. In this regard, women's perceptions of themselves as powerful is seemingly connected to the experience of being able to birth healthy babies whereby their sense of goodness and their power as women are reinforced, particularly in light of the fact that childbirth is a woman's domain. The final theme that emerged centered around how gender plays a role in constructing women's identities following birth. In this theme, the ways in which women give birth and how this holds value for their identities as women is strongly contrasted to the dominant image, stereotype or identity of the birthing woman as controlled, dominant, selfish and loud. Instead, what is revealed about women's identities in childbirth (and how gender plays a role in this) is that women's identities emerge as selfless, kind, relational and unobtrusive during childbirth.

The overarching message that emerged from both analyses and discussions is that women's personal and shared identities are indeed shaped or influenced through the process of birth for the first time. Who women reveal themselves to be before childbirth is seemingly quite different from who they are following childbirth and as such it is suggested that childbirth fosters a process for women to invent and reinvent themselves as individuals and women. However, although this study has attempted to provide insight in terms of the ways in which women's personal and shared identities as women are shaped in the context of birth, these findings are based on non-linear, episodic, fragmented 'snapshots' of women's narratives, and as such these findings are not exhaustive but open to interpretation and reinterpretation. Furthermore, although the study attempted to capture the ways in which women's identities emerge as a result of childbirth, these identities are constantly in flux given postmodernism's view of identity

as non-linear, relational, ever-changing and fluid (Gergen, 1991). As such, it is important to consider that although the study attempted to capture women's identities in the context of birth, that these identities are also non-linear, episodic fragmented 'snapshots' and as a result are also subject to interpretation and reinterpretation.

Although participants' reflections of their experiences within the research process was not an aim of the study but rather an ethical consideration as part of the data gathering process, significantly, participants felt the research process to be beneficial for the following reasons: Being asked about their childbirth experiences (in each case for the first time) by someone who was genuinely interested to know; being provided with an accepting space to reflect upon and voice their childbirth stories (in each case for the first time) with someone who was willing to listen; being given the opportunity to reflect and focus solely on themselves and not their infants; being able to consciously process and become more aware of how childbirth has affected their emotions, thoughts and perceptions about childbirth and themselves; to have someone actively question, affirm, and acknowledge their experiences; experiencing catharsis from being able to share their childbirth stories; and finding meaning within their experiences.

Although not intentional, the study in its natural course presented as enlightening and generally therapeutic for participants given the processing of their stories. In most instances emotional catharsis was experienced from sharing their stories with the researcher as a result, which as Duffy (2007) states is often the case with qualitative research investigations. The significance of this – although not a central aim of the study - is that this information may be used to gain insight around emotional needs of women either prior to or following childbirth, perhaps an area of focus for potential future research.

Together with the information generated by the study, the findings have attempted to shed - as holistically as possible - insight into the ways in which childbirth impacts the lives of women and how it shapes their identities. Furthermore, the knowledge generated by the study has attempted to convey important messages for the perinatal aspects of women's lives and contribute toward fostering psychological research on the subject of childbirth within South Africa to aid in the development of a psychology of childbirth. This information may therefore be valuable considering that research in this area is somewhat lacking. It potentially serves as a point of reference for professionals and individuals working with women in perinatal and healthcare contexts within South Africa, in addition to serving as a source of information for those individuals wanting to conduct further research on the subject.

Strengths of the Study

In light of the paucity of psychological research that currently exists on the subject of childbirth (see chapter 2 for a full review), this study, which was concerned with the ways in which childbirth impacts the identities of first time mothers, appears to be unique in relation to other childbirth studies conducted in South Africa. Given this possibility, the intention of contributing toward research endeavoring to develop a psychology of childbirth may arguably be the most significant strength of the study if one considers that psychological aspects of childbirth are generally overlooked by psychology (Johnston-Robledo & Barnack, 2004).

Furthermore, given that psychological studies on the normal aspects of childbirth are generally scarce (Chadwick, 2006; Johnston-Robledo & Barnack, 2004) to such an extent that there is a dearth of information on the subject, the study may therefore be considered as a positive and valuable contribution toward psychological literature on the subject. Aiming to maintain credibility, transparency, and trustworthiness of the study by following a strict research process, ethical guidelines, and best practice strategies, the study - to the best of its knowledge – may be considered a source of information for researchers, healthcare professionals, and members of the public.

The study, which was guided by a postmodern qualitative framework, supports the view that "subjective, multiple truths" (Webster & Mertova, 2007, p.11) exist and that "no one person or approach has the definitive answer" (Smith, 1997, p.2). The findings and conclusions of the study are therefore a contribution to the multiple truths that exist and are not intended to report a single reality regarding the ways in which first time mother's identities are shaped following childbirth. Furthermore, the findings are not meant to be exhaustive or conclusive as to do so would assume a single truth and consequently eliminate the possibility of further reinterpretation and discovery of new meaning (Owen, 1992). By not aiming to achieve conclusive or exhaustive results, the study has instead created opportunity for further reinterpretation and new meaning, thereby encouraging the stimulation of knowledge production, and not the stagnation thereof.

Utilising a qualitative framework to conduct the study was particularly relevant. Most research investigating the change towards motherhood or a mother-identity has in the past been quantitatively conducted (Smith, 1999b) with the result of losing or disempowering the voices of women concerned. Instead of undermining the importance of participant's voices, the study rather sought to give voice to women's experiences by utilising a qualitative framework which had the result of rendering participants as experts from which the researcher could learn (Sciarra, 1999). Learning directly from women on a matter that largely concerns women themselves is empowering, and is therefore valued by the study.

Unlike the majority of the limited amount of psychological studies available on the subject of childbirth, the study consciously sought to depart from a pathologised view of childbirth by rather focusing on normative experiences of birth. The social view of the study therefore which is less concerned with pathologising experience and more concerned with normalising experience and treating women as experts in their own lives, may be considered a significant strength of the study. In the eyes of the researcher, this departure further consolidates the unique nature and overall strength of the study.

The final strength of the study may be rooted in its therapeutic value. Being able to volunteer, contribute and be a part of a meaningful project was in-and-of itself a rewarding experience for participants. However, the therapeutic value of the study which had the result of enriching and adding meaning to participant's experiences is a strength of the study that has ultimately had the effect of enriching and giving the study its overall value and meaning.

Limitations of the Study

According to Rossman and Rallis (2003, p.134) "no studies are perfect". Furthermore, "findings are tentative and conditional" while "knowledge is elusive and approximate" (Rossman & Rallis 2003, p134). Limitations establish the circumstances that set out the "partial and tentative nature" of the study (Rossman & Rallis, 2003, p.134).

The more overt limitations of the study typically unfold around classic issues pertaining to the validity and reliability of the research, or in the case of qualitative research trustworthiness (Ely, 1991; Rossman & Rallis, 2003) and authenticity (Polit & Beck, 2008). While steps were taken to ensure as far as possible that the credibility and rigour of the study was maintained, the study could potentially be criticised for researcher bias and for lacking generalisability. However, in saying this, these criticisms unfold as traditional concerns, and although may perturb some qualitative researchers, are not necessarily concerns that are assessed, remedied, or aimed to be eliminated by qualitative researchers (Eby, Hurst & Butts; 2008; Maxwell, 2005; Munhall & Chenail, 2008). Rather, these are taken into consideration in terms of what they attribute to any given study.

Pertaining to the validity issue of researcher bias, the interpretations formulated in the study "represents the perspective and creativity of the researcher who follows the conventions of the research paradigm or perspective within which he/she is working" (Baker & Gentry, p.322). The research is inevitably affected by the subjectivity or bias of the researcher (Maxwell, 2005) and as such may be perceived as a criticism. Researchers

however can never really be objective since their subjectivities and biases will always influence their perceptions. Although the researcher's interpretations are not the only versions that may exist, the researcher did however attempt to join with and portray the 'snapshot' perspectives of participants by selecting excerpts from the interview texts to support the researcher's interpretations. There is a myth that qualitative researchers are not too worried regarding researcher bias and take few measures to avoid it however as Eby, Hurst and Butts (2008) reveal this is not true. As was the case in the study the researcher, through a reflexive process, tried to understand how the "researcher's values and expectations" influenced the "conduct and conclusions" (Maxwell, 2005, p.108) of the study.

In contrast to researcher bias, sample size and generalisability "is not something qualitative researchers are concerned about" (Munhall & Chenail, 2008, p.40). That's not to say that "issues of sampling, representativeness, and generalisability are unimportant in qualitative research", for they are in terms of making inferences from the sample studied to others (Huberman & Miles, 2002, p.53). However, these issues are not necessarily regarded as a limitation by qualitative researchers (Munhall & Chenail, 2008) as sampling, representation, and generalisability "do not hold the same meaning" for qualitative researchers as they do for quantitative researchers (Munhall & Chenail, 2008, p.40). Nevertheless the findings in the study only represent a small minority of first time mothers living in South Africa and as such cannot be generalised to the wider population. In the views of certain researchers this would be considered a limitation, and as such should be made explicit.

According to Brinkmann & Kvale (2008, p.263) "qualitative research in psychology is saturated with ethical issues". Ethical considerations regarding the role of the researcher, informed consent, anonymity, and the consequences for participant's involvement are inherent to any research and as such ethical guidelines and best practice strategies form part of any study in order to hinder any negative consequences (Brinkmannn & Kvale, 2008). In an attempt to maintain the confidentiality of participants, the names of participants were replaced by pseudonyms. However, this presents as a contradiction in

the study that may arguably lean towards being perceived as a limitation given that the study was an identity study which primarily focused on the idiosyncratic and female-gendered aspects of participant's lives. As Goodwin (2006, p.54) states "when research features the circumstances and events that have given meaning to an individual's life, and that makes it different from other lives (e.g. in life history and narrative accounts), identities are not so easily concealed by pseudonyms". Furthermore, as was the case with this study "anonymity is almost never possible in qualitative studies because researchers typically become closely involved with participants" (Polit & Beck, 2004, p.150). At the most the researcher was able to offer a high level of confidentiality (Henn, Weinstein & Foard, 2006).

A final limitation of the study pertains to the level at which analysis took place. One way of framing this limitation according to Harding (cited in Kruger, 2003, p.203), is that the risk of remaining "preoccupied with women's voices, important as these nevertheless are" lies in "failing to examine the cultural discourses through which women's experiences are framed and continuously reframed". Although the study did attempt to briefly examine and discuss the role of broader sociopolitical factors influencing participants' narratives and the subsequent findings that emerge from these narratives, it was not the intention of the study to examine these in-depthly but rather to focus exclusively on the voices of women concerned. Failing to examine more in-depthly the broader sociopolitical influences on participant's narratives may have placed some limitations on the overall conclusions drawn from the findings of the study given that the focus of the findings was isolated to women's personal experiences and not on the broader context. This is limiting as "narratives cannot be isolated from a wider political context" (Kruger, 2003, p.201).

Recommendations for Further Research

Following from the literature review in chapter 2, it was revealed that childbirth as a focus of study within the psychological tradition has generally been neglected and as such research gaps exist toward the development of a psychology of childbirth

(Chadwick, 2006; Johnston-Robledo & Barnack, 2004). The scope for further research from the psychological tradition on the subject of childbirth therefore is evidently vast. Although research gaps exist worldwide, South African researchers may use this opportunity to set an example for research endeavoring to develop a psychology of childbirth. Research on the matter may have pivotal implications for the development of theory and clinical practice for psychology's management and understanding of childbirth.

Although literature points to a widespread need for a psychology of childbirth, adopting research, theory, and clinical practice efforts developed internationally may not always be feasible in South Africa if one considers contextual differences. Therefore, further research relevant to a South African context should be considered given that such research is likely to have pivotal implications for the overall ways in which psychologists manage and understand psychological issues of childbirth specific to South Africa. Also, given that South Africa faces many of its own unique social challenges such as cultural diversity, HIV/AIDS, poverty, and limited access to healthcare and education – all of which potentially impact psychological aspects of childbirth – fostering research with these challenges in mind may be far more conducive for the psychological care and understanding of childbirth for South African individuals than that of those practices and understandings developed and adopted internationally. Ignoring the need to develop this research may lead to compromised care and services provided to individuals concerned with childbirth in South Africa, particularly as psychologists are rarely utilised as a resource for childbirth-related matters despite that "there are many psychological aspects of birth" (Johnston-Robledo & Barnack, 2004, p.134). It may also limit South African psychologists in furthering their efforts to develop and impart with psychological knowledge or interventions pertaining to childbirth to help optimise the experiences of childbearing women.

Following further from the literature review in chapter 2, it became evident that the research trend pertaining to the few psychological investigations that have been conducted on the subject of childbirth are still primarily concerned with problematising

or pathologising women's experiences (whether normative or atypical), despite warning against it (Lyons, 1998; Oakley & Rajan, cited in Allen, 1998). This begs the question as to why this 'deficit model' is the prevailing trend for psychological studies concerning childbirth when birth, although typically associated with some level of "stress, challenge, and adjustment" (Johnston-Robledo & Barnack, 2004, p.145) does not typically result in emotional distress or psychopathology. While psychologists are in an ideal position to manage emotional difficulties or pathological emotional responses to childbirth (Johnston-Robledo & Barnack, 2004) by no means should it be implied that psychologists cannot be utilised to *facilitate*, *enhance* and *normalise* the emotional transitional process surrounding childbirth because childbirth does not always result in psychological distress or psychopathology. Furthermore, although Johnston-Robledo and Barnack (2004, p.146) suggest that "it may not be feasible for psychotherapists to become involved with women who experience a normal pregnancy and birth", it is rather suggested that this statement be viewed with caution since no research evidence supports it. Rather, studies such as this study (which are more concerned with the normal range of psychological responses to birth) are suggested to be equally valuable when compared to the current status quo in contributing toward the psychological understanding and management of birth, and which upon further investigation may be enough reason to warrant why psychologists are ideally suited to working with individuals who experience normal pregnancy and birth.

Thus, while research focusing on psychological distress or psychopathology resulting from childbirth is important and responsible, perhaps future research efforts could work toward balancing the current research trend by lending equal weight to studies less concerned with the psychopathology of childbirth.

Most research investigating the adjustment to motherhood and the gravitation toward a mother-identity have been quantitatively conducted (Smith, 1999b) with the result that the voices of women concerned have been lost and potentially undermined, given that losing the subject is generally a criticism of quantitative research (Gray, 2009). It is therefore suggested that psychological research investigating phenomena similar to this

study could in future break the mold by conducting qualitative or mixed methods studies in order to work toward being more inclusive of voices concerned.

In terms of what this study has brought to light, the possibility that this study is unique to South African studies of childbirth means that the scope to branch and conduct further research following from this study is unlimited. This study focused exclusively on women and was analysed to a large extent at the level of the individual – this despite that narratives are not immune to broader sociopolitical influences (Kruger, 2003). Further research could for example shift from the level of the individual to analyse the broader social, cultural, and political influences that shape the childbirth narratives of women and how these narratives impact the identities of women living in South Africa. Research could also seek to include the social challenges facing South Africa and aim to explore how they are, firstly, impacting dominant discourses, constructions, and practices surrounding childbirth in South Africa from a psychological perspective, and secondly, shaping childbirth narratives and identities of women living in South Africa. For example research could explore the childbirth narratives of HIV positive women to understand how their childbirth experiences have impacted their identities as women. Furthermore, similar research could also seek to include men, relationships, family systems, and various cultural or social groups, as childbirth is an event that essentially affects humanity. The idea is that the scope for further research branching from this study is seemingly endless as psychological studies investigating similar phenomena are generally scarce in South Africa.

Conclusion

Although the researcher has attempted to explore and discuss relevant literature, explain relevant constructs, analyse the data, and provide a platform for further work and research in terms of suggestions and recommendations for this study, it should be said that the investigation of this study reflects the researcher's understanding and interpretation of this study. Thus, audiences engaging with this study may have different

perspectives for understanding, interpreting, evaluating, and basing recommendations for this study, which is equally valuable and to be encouraged.

"Giving birth is not just about having babies" (Savage, 2001, p.4). It is about "women's lives, women's wisdom, women's bodies, and women's empowerment" (Lamaze International, cited in Savage, 2001,p.4; Ward cited in Savage, 2001, p.4). Moreover, as this study has attempted to demonstrate, it is about women's identities.

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APPENDICES

Appendix x

INTERVIEW SCHEDULE:

- Interviews were introduced in the following way:

1. "Every woman's birth experience can be told as a story. I would like for you to think of your own birth as if you were writing a book. Tell me in your own words the story of your birth. I have no set questions to ask you, instead, I just want you to tell me about your childbirth experience as if it were a story, with a beginning, a middle and how you think things will be for you in future. There is no right or wrong way to tell your story. Tell me in any way that is most comfortable to you".

- The researcher used open-ended questions. Open-ended questions that the researcher *should* ask were:

2. What meanings does your birth experience have for you as a woman?
3. How has your birth experience affected you as a person and as a woman?
4. Is there anything that you have learnt about yourself following birth?

- Conversation was free flowing, however examples of other open-ended questions the researcher asked were:

5. What was the most important aspect of your birth experience?
6. What kind of a person were you before, after, and during your birth experience?
7. Why did you begin and end your story the way you did?

- The researcher used clarifying, probing questions where necessary. Some examples of probing questions the researcher asked were:

1. "Tell me more?"
2. "Then what happened?"
3. "How did you respond?"
4. "What were your reactions?"
5. "And after that?"
6. "Is there anything else you were like to add?"

Appendix xi

ETHICS CLEARANCE CERTIFICATE NO MACC/O6/15 IH: