THE INTERNALIZED OTHER: IDENTITY CHANGE OVER THE COURSE OF PREGNANCY

THE INTERNALIZED OTHER: IDENTITY CHANGE OVER THE COURSE OF PREGNANCY

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ABSTRACT: This study investigates identity changes in pregnant women over the course of their first pregnancy, utilizing the Twenty Statements Test, as well as other interview data. It showed that pregnancy does have a substantial effect upon a women's self identity; that their identity changes most significantly in the second trimester; and that the period of pregnancy was not generally utilized to redefine herself as mother and her husband as father to any great extent. The findings are integrated in terms of the symbolic interactionist perspective in sociology, with particular reference to self-other theory.

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CHAPTER I

PREGNANCY AND IDENTITY[1]

The general question that guides this study is: "to what extent does the phenomenon of a first pregnancy as a normal, everyday aspect of life affect the self-identification of women?" To answer this question, the study focuses generally on the self-identification of women pregnant for the first time (primigravidae) as a normal event within the theoretical framework of the symbolic interactionist perspective; and specifically on Self-Other Theory as a "sub-theory of this tradition" (see Kuhn, 1964a). The self-identities of women pregnant for the first time are taken as problematic, and to be a function of the physiological and social aspects of the pregnancy experience in everyday life; of being "labelled" pregnant by others; and of accepting and adjusting to that "label".

The major concern of this investigation is to assess the impact of the first pregnancy experience upon women's self-identities within self-other relationships of everyday normal life as they progress through the pregnancy career. While concerned with the phenomenon of pregnancy, specifically, this study is concerned with the relationship between

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[1]This paper is written entirely in the feminine gender except for quotations.

pregnancy and pregnant self-identities, not pregnant behavior per se.

Self identities in this study, were obtained by having the respondents write twenty statements beginning with the word "I". The procedures used, which are derived from Self-Other Theory, are a revision of the Kuhn-McPartland (1954) "Twenty Statements Test" that asks a respondent to ask herself the question "Who Am I?" A discussion of this technique is given later in this report.

This study then, is seen as a continuation and extension of Self-Other Theory within the Symbolic Interactionist perspective[2] by: 1) systematically investigating the phenomena of first pregnancy self-identities from a sociological view, which heretofore has not been done within the context of Canadian culture, 2) providing some information about pregnant self-identification, and 3) presenting information relevant to sociological and social-medical literature in the context of normal, everyday life. This chapter presents a review of pregnancy literature, a general statement of Self-Other Theory and finally, relates pregnancy to Self-Other Theory.

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[2]Some of the studies are: Couch (1958 and 1962); Kuhn and McPartland (1954); Kuhn (1960); McPartland and Cumming (1958); Mulford and Salisbury (1964); Tucker (1966a); Videbeck (1967); Waisanen (1962).

Background - Review of Literature

Pregnancy is both common and profound. "It is a natural process which regenerates not only the human race, through the birth of a new member, but also the individual, through his acute confrontations with self, family, and culture" (Colman and Colman, 1971: 170, emphasis added). A review of previous literature and research into the study of pregnancy reveals two major characteristics: 1) though basic and indigenous to the human condition and society, little attention has been paid to pregnancy as a normal, routine aspect of everyday life; that is, as a socially-contructed meaningful experience and activity. 2) Previous studies have been primarily oriented to pregnancy as a "clinical phenomenon" or focused upon "non-normal", "problem" and/or "deviant" pregnancies. Within this literature five general thematical areas can be noted: social-medical, individual-personal adjustment, social deviance, social population planning and cross-cultural.[3] The first three of these areas, social-medical, individual-personal adjustment, and social-deviance appear largely concerned with non-normal pregnancies, as they often place the pregnant women in a "sick role" and/or deal with health problems, illegitimacy

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[3]This primary orientation and classification of pregnancy studies and literature is similar to that noted by Miller (1975: 1-5), but was developed prior to reviewing Miller's paper.

and/or maladjustment problems associated with pregnancy. Rather than seeing the state of pregnancy as a part of the everyday lives of women governed by its own circumstances, in the literature "normal" pregnancy predominantly tends to be defined as the non existence of a pathological condition (see for example The Boston Women's Health Book Collective, 1971: 170; Illsley, 1967: 75; Grim, 1967: 6 and 20).

The last two areas, social population planning and cross-cultural studies, are not of significant importance to this paper. Generally, the first deals with population growth and planning, emphasizing the negative effects of high fertility rates for societies whereas the second describes and contrasts cultural variations of pregnancy in various societies.

The social-medical literature deals with social factors and their influence and consequences on pregnancy and its outcome as related to health--a health problem approach. Areas of investigation include those such as dietary nutrition in pregnancy, the use and non-use of antepartal medical care, socio-economic factors, cigarette smoking, the employed and non-employed primigravidae, etc., (example, Illsley, 1967).

The medical literature, which constitutes a large section within the social medical literature, can be divided into two sections: that written for medical practitioners (and other professionals), and that written for lay

individuals. Information for practitioners covers the entire spectrum of reproduction--conception, pregnancy, labour, and delivery and also deals with its physiological and social aspects--psycho-social and physiological aspects of infertility, environmental influences in pregnancy, sexual intercourse during pregnancy, clinical techniques, etc., (examples, Kanner, 1956; Israel and Rubin, 1969; Solberg, et al., 1973; Destounis, 1962; Buxton and Southam, 1958; Mintz, 1956). Material for lay people while not so comprehensive as that of the professionals, is being expanded beyond the handbook form. Discussions include: children by choice or commitment;[4] emotional feelings and needs; behavior during the course of pregnancy; physiological changes and what to expect; how to prepare for labour and delivery; etc., (examples, Colman and Colman, 1971; Bing, 1969; Guttmacher, 1958; Kitzinger, 1972; The Boston Women's Health Book Collective, 1973; Peck, 1971).

The individual-personal adjustment literature approaches pregnancy from a psychoanalytic perspective. It often views the period of pregnancy as a crisis, a situation of emotional stress; or as a time of increased susceptibility to crisis necessitating marital and individual personal

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[4]For a discussion of medical and lay beliefs of the past surrounding pregnancy, childbearing and the family; and when many believed "...the only natural object of marriage is to have and to rear a family of children" see Shannon, (1917: 197).

adjustment frequently resulting in maladjustment problems to pregnancy which appear to be the focal point of much of this literature (examples, Bendek, 1970; Bibring, 1959; Bibring, et al., 1961; Caplan, 1961; Caplan, 1963; Colman and Colman, 1971; Jessner, et al., 1970; Landis, et al., 1950; Lemasters, 1957; Rosengren, 1961, 1962; Veevers, 1972).

The social deviance material views out of wedlock or non-marital pregnancy as behavior deemed socially inappropriate, therefore, deviant. Although societal reactions to pre-marital pregnancy have changed somewhat (less stigma attached to the role) in recent years, it is still considered totally unacceptable by many segments of the Canadian population,as is voluntary childlessness in marriage. Areas within this literature include: the social-psychological consequences of illegitimacy and abortion for females; effects on marital life of pre-marital conception; voluntary childlessness of married women; etc., (examples, Coombs, et al., 1970; Hirsch, 1960; Pelrine, 1971; Rains, 1972; Veevers, 1972, 1973).

In sum, this literature (social-medical, individual personal adjustment, and social deviance) predominately emphasizes "non-normal" and/or "problem" pregnancies. It focuses upon health problems, personal maladjustment, and social deviance (illegitimacy) associated with pregnancy and their consequences for both individuals and family members. In comparison with this orientation, the view of this study

is concerned with pregnancy as a normal everyday activity. The focus is on how the first normal pregnancy of married women will affect their self-identity viewed as a consequence of the interacting social and biological experiences.

Theoretical Perspective

This section includes the theoretical context of this study. First, a general statement of Self-Other Theory and its central assumptions and propositions are presented as a theoretical rationale for this investigation. Secondly, Self-Other Theory is linked to the empirical concern of this study which is pregnancy, and specifically, first pregnancy as related to changes in women's self-identities.

A Symbolic Interactionist Approach: Self-Other Theory

Symbolic Interactionism owes a great conceptual indebtedness to George Herbert Mead (1934), upon whose work its central assumptions and theoretical perspective are founded. Two of the leading exponents of this tradition have been Herbert G. Blumer (1962), and Manford H. Kuhn (1964a, 1964b, 1964c) with whom this paper will be chiefly concerned and whose work seeks to operationalize and make the Meadian legacy empirically verifiable.

Briefly stated, symbolic interactionism views human behavior and the self as a process developing in a social framework of ongoing social activities which constitute

society. Emphasizing "sympathetic introspection" in the study of human behavior (see Manis and Meltzer, 1967: vi) and the self as a process rather than a fixed entity, attention is called to the impact of interaction within "self-other systems" for both individuals and society.

The ability of human beings to utilize symbols, endows this world with relevance to human behavior and experience through language which designates "objects". Therefore, objects only acquire meaning through social definition by the behavior taken toward them. If all "objects" become such because of the behavior taken towards them, the self is an object because of the behavior of others taken towards it. The self arises then as a social process through reflective acts by taking the role of others, "the generalized other" or "orientational other". The individual looks at herself as though she were another person and judges her behavior and appearance according to the presumed judgments of "orientational others". This idea is similar to Cooley's "Looking glass self" (Cooley, 1902). As Mead states:

> For he enters his own experience as a self or individual, not directly or immediately, not by becoming a subject to himself, but only in so far as he first becomes an object to himself just as other individuals are objects to him or his experience; and he becomes an object to himself only by taking the attitudes of other individuals toward himself within a social environment or context of experience and behavior in which both he and they are involved. (Mead, 1934: 138)

The self-consciousness of oneself as an object allows

a person then to act towards herself alternately as both object and subject of her own behavior.[5] Thus, it is through interaction with others that an individual becomes an object to herself. And it is this inter-relatedness of the self and others' behaviors that form the central proposition of self-other theory in symbolic interactionisms.

The self then may be viewed as having an enduring aspect that is inserted into social interaction, and as a self, dependent upon situational interpretations of others' behaviors within a changing context of social activities. The appearance of certain self-identification behaviors during the course of the first pregnancy experience is the concern of this study.

As mentioned above, the self that can be object to itself, arises in social experience and is essentially a social structure. "It is the social process itself that is responsible for the appearance of the self; it is not there as a self apart from this type of experience" (Mead, 1934:

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[5]The behavioristic notion of "self" as behavior in the social sciences is not popular. "Heine comments on the behavioristic notions by saying:" " There remains a stubborn insistence that a person cannot be defined solely in terms of his behavior; there is a recurrent notion that if we define the self in behavioristic terms we are missing part of the person. That indefinable part was, in the past called 'soul'; it may now be variously labelled 'style of life', or 'character' or 'inner self'. Its elusiveness is linked to the fact that it is indeed hard to know another person completely; but is also linked to our ideas of privacy and our implicit assumptions of a kind of absolute solitariness of the other that we cannot really bridge." Heine (1963) as quoted in Tucker (1966a: 4).

140). An individual experiences herself indirectly through other individuals or a whole group. Hence, she becomes an object to herself when she takes the attitudes of other individuals or the whole group toward herself within the social environment or context in which they and other individuals are both involved. The development of this self through the process of assuming the attitudes of others initially begins in childhood and takes place in two stages, which Mead called the "play stage" and the "game stage".[6]

The development of the self occurs when one assumes the roles and attitudes of others, that is, taking-the-role-of-the-other". In this process of "taking-the-role-of-the-other", an individual is taking others into consideration in social activity, and becoming a reflection of others,[7] so to speak. In effect, the individual is taking the attitudes and behaviors of others towards herself and other objects and incorporating the others' behaviors into her own activities by role-playing or imitating "others". Initially in this activity, the individual takes or assumes the roles and attitudes of various others consecutively. While in later and advanced stages, as in adulthood, the individual takes

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[6]For a full explanation of the "play and game stages" see Mead (1934: 152-64); also see Tucker (1966a: 16-21) for a discussion of these stages.

[7]The notion reflection of others is similar to Cooley's idea of others as the look-glass in which a person is able to be an object to herself. see Cooley (1902: 179).

others into consideration simultaneously by organizing the attitudes of a number of others into a whole, a sort of unit, a "generalized other". In "taking-the-role-of-the generalized-other", the individual learns to co-ordinate and anticipate the behavior of others in relation to her own behavior in ongoing social activity.

Within social relationships, the recognition of the self is an act of self-consciousness, a reflexive behavior. "It is by means of reflexiveness--the turning-back of experience of the individual upon himself-that the whole social process is thus brought into the experience of the individuals involved in it..." and it is by this means that the individual is able to take the attitude and the behavior of others into her own, and "...that the individual is able consciously to adjust himself to that process, and to modify the resultant of that process in any given social act in terms of his adjustment to it" (Mead, 1934: 134). One's past experience, as well as that of "others" not immediately present, may be brought into consideration.

When an individual acquires a self, she does so by employing symbols or labels when naming her own behavior activities; this naming behavior objectifies the self, as it does with other objects. When one takes certain labels as her own in social relationships, and "others" designate that person by the same labels or terms one uses to refer to herself, the person has been situated as an object in social

activity and has identity -- self identity.

> ...when one has identity, he is situated--that is, cast in the shape of a social object by the acknowledgment of his participation or membership in social relations. One's identity is established when others place him as a social object by assigning him the same words of identity that he appropriates for himself or announces. It is in coincidence of placements and announcements that identity becomes a meaning of self, and often such placements and announcements are aroused by apparent symbols such as uniforms (or physical appearance, e.g. gender.) Stone, (1962: 93), brackets added.

A person's self identity as reciprocal activity with others will be multi-dimensional, not uni-dimensional, as a consequence of the number of social groups in which she participates and the behavior taken towards her. Hence, a person will have a number of self-identities that can be brought into action in different situational fields; -- "...in general, changing situational fields produce changes in self-other systems" and "...the self-system changes when defining responses of its reference others changes" (Cottrell, 1969: 566). In addition, biological and/or organic changes can cause changes in situational fields and induce changes in behavior and the self-system, as noted by Cottrell (1969: 566). But such changes "... would have to induce changes in the defining responses (labelling) or reference others for it to become part of the person's perception and definition of himself" (Cottrell, 1969: 567).

The set of attitudes an individual acquires and feels toward herself is in terms of label referring to particular

statuses and roles created by her affiliation with others in social groups. As statuses and roles are not settled once and for all, "...a sense of identity is never gained nor maintained once and for all" (Erikson, 1956: 57). "Identity is intrinsically associated with all the joinings and departures of social life" (Stone, 1962: 94). One could therefore expect a relationship between certain role changes and self change,[8] since as Kuhn has pointed out, "...it is probable that stability and persistence is lent to personality by roles that do not change" (Hickman and Kuhn, 1956: 38).

The "other(s)", as conceived within this theory, play an implicit and central role in the selfing process and self-identity. In other words it is in relationship with "others" that the continuance and alteration of the self takes place. While "other(s)" have been discussed within the Symbolic Interactionist perspective (Kuhn, 1964b: 5-21) by various labels such as "generalized", "significant", "relevant", "orientational", and "reference group", they all imply "others" "...with which a person feels psychologically identified as opposed to ("others") with which he is merely socially associated" (Kuhn, 1964b: 12, brackets added).

"Others" are then those persons whose activities and attitudes an individual takes into consideration when con-

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[8] see Schmitt (1966) for a discussion of a relationship between a major role change and self change.

structing her own attitudes and forming her own behavior in any activity. What makes the "others" important is that they are taken into consideration by a person in her daily ongoing activities; they are used as a frame of reference, as "orientational others". As Kuhn states:

> A person obtains attitudes toward himself from his 'orientational others'. These attitudes are similar to those he has obtained regarding other social objects. But, the self as a social object, unlike other objects is present in all situations. This being the case, self-attitudes are anchoring attitudes or the 'common frame of reference' upon which other attitudes are founded. Therefore, the self serves as a basis from which a person make judgments and subsequent 'plans of action' toward the many other objects in each specific situation. (Hickman and Kuhn, 1956, passim quoted in Tucker, 1966b: 347).

Self-concept or self-identity as conceptualized here is derived from Self-Other Theory. Basically, self-identity is that organization of characteristics or qualities[9] that a person attributes to herself in the form of labels; the way she sees herself. The adoption of, or the ascribing to, attributes is inherently a social and socializing process due to the fact that attributes in the form of "labels" are social constructions designating social objects. "One has no identity apart from society; one has no individuality apart

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[9]"Qualities" here is used in the broad sense as it is by Kinch (1967: 232), "to include attributes that the individual might express in terms of adjectives (ambitious, intelligent) and also the roles he sees himself in (father, doctor, etc.)"

from identity" (Burke, 1945 quoted in Foote, 1951: 21).

> The way that one comes to apply these particular labels to one's self is by participating in social groups and having others apply these labels to one. In effect the others in a group are "labeling" a person in such a way as to be able to interact with him in a relative stable way. Then, in order for the person to be able to interact with these others in this particular way, he must also come to apply the same terms to himself. (Brymer, 1965: 1)

The establishment of one's own identity to oneself is as important as establishing it for others if there is to be stable interaction and a relatively orderly social life. With the establishment of identities, common-sense knowledge is developed about regularities of conduct or behavior associated with, and appropriate for, those identities, and this helps to guide or influence the behavior of that individual. Thus common meaning, stability, predictability, and regulation are given to one's behavior in everyday activities through her identities as long as she holds to them. (see Foote, 1967: 16).

Pregnancy and Self-Other Theory

All the experiences that are part (of the beautiful, bizarre, and mundane aspects) of pregnancy contribute to the real life, everyday pregnancy experience. For a woman experiencing her first pregnancy (primigravida), this distinctive experience marks a major turning point in her life when she is preparing for a completely new role, one in which she is

moving from being a wife to becoming a wife and mother. The impact of this experience will have a marked effect not only on her feelings, but upon her personal and social growth and development. Whether she understands or is for the most part completely unaware of the nature of the dramatic changes she is undergoing physically, psychologically, and socially, during the normal nine-month period of pregnancy, these changes will inevitably affect her self-concept or self-identity in some respects. As identity is never settled once and for all, and insofar as one is interested in personal identity, "...he literally has to be interested in the changes of adult life" (Strauss, 1956: 89). Pregnancy marks one of these changes in the adult life of a woman.

The discovery of conception and the ensuing nine months of pregnancy represent a major change in the adult life of a woman who is experiencing this phenomenon for the first time. "It is a transitional time in the individual's life, poised between the former, childless life and the subsequent, irreversible state of parenthood" (Colman and Colman, 1971: 170). Pregnancy not only marks the development of a fetus into a baby, but the development or transformation of a wife into a mother, a marital partner into a parent. Precipitating and creating changes (e.g. physiological) pregnancy demands adjustments; it leads to joy and possibly stress or anxiety in the challenge of entering new social roles, as does any new social role. As a phase of development in the

adult lives of women, one's first pregnancy is a "critical incident"[10] which forces pregnant women (primigravidae) to recognize that "I am not the same as I was, as I used to be" (Strauss, 1959: 93). Realizing that "I am not the same as I was" indicates a conceptual change or shift in self-concept, which connotes "...shifts in perceiving, remembering, and valuing--in short, radical changes of action and person" (Strauss, 1959: 92).

Utilizing the dual meaning of the word "terms", Strauss is suggesting that in coming to new terms a person becomes something other than he once was. Terminological shifts necessitate, but also signal new evaluations of self and others, of events, acts, and objects; and the transformation of perception is irreversible; once having changed, there is no going back. "One can look back but he can evaluate only from his new status" (Strauss, 1959: 92).

Pregnancy, as a "critical incident", constitutes a turning point, a transitional point in the everyday normal development and life experiences of women in any enduring group or social structure. It is a passage from one status to another status, from a childless position to that of a parent; but it is also a status in and of itself, --a primigravida.

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[10]"Critical incidents" as used in this paper "... constitute turning points in the (normal) development, of adult careers." (Strauss, 1959: 93) brackets and emphasis added.

As many passages of status are highly institutionalized, involving orderly sequences of step-by-step progression such as professional ranks in universities; "...so is the normal movement from bride to wife to pregnant mother to rearer of children" (Strauss, 1959: 101). Movement regularized, such as this, means that there are "predecessors and successors"; people have been there before and will follow you. This gives continuity not only to a group or organization, but to personal experience (e.g. the pregnancy experience)" (Strauss, 1959: 101, brackets added). Albeit, a certain amount of continuity is given to the pregnancy experience by those who have made the status passage to mother, and post facto explanations are available from them like, "When I was pregnant I felt that way too"; or from doctors who can tell their pregnant patient, for example, "That is normal during pregnancy" although there still remains a highly individualistic and uniquely personalized aspect to the experience of pregnancy.

While commonality will be lent to the pregnancy experience, the state of being pregnant will, for the primigravida, as compared to her non-pregnant state, bring about a disequilibrium in her internal and transactional life with "Others". As a "critical incident", one's first pregnancy, will constitute one of those points when as Strauss (1959: 101) puts it:

> ..an individual has to take stock, to re-evaluate, revise, resee, and rejudge. Although stock-taking goes on within the single individual, it is obviously both a socialized and a socializing process. Moreover the same kinds of incidents that precipitate the revision of identity are extremely likely to befall and be equally significant to other persons (example, experiencing pregnancy for the first time.) This is equivalent to saying insofar as experiences and interpretations are socially patterned, so also will be the development of personal identities.

Both the unique and the common aspects of the experience of being pregnant contribute to a woman's altered state, and "...consciousness of impending change without any knowledge of definite rules governing its direction" (Colman and Colman, 1971: 171). Her new feelings, expanding abdomen, the first stirring of baby and/or its differentiation into a separate being, all remind the primigravida that she is no longer just a wife; that she is different from what she was; that she is an expectant mother. As a woman "...needs a child to give her the identity of a mother" (Laing, 1961: 82), her self concept as a mother will not be fully developed; but on the other hand, it is quite likely that it is not the same as that of her former non-pregnant state, due to a positive pregnancy test. Nevertheless, her self-identity being in a period of transformation does not mean she is without a self-concept but rather, that self-concept will be altered from that of her non-pregnant state due to: 1) the facts of pregnancy themselves, and 2) her being labeled a pregnant woman by "others", and her acceptance

of, and designation of that "label" to herself.

In the first instance, pregnancy is a physiological condition, a biological event causing organic changes - changes and alterations of the metabolic process. "Biological changes induce changes in the self-system...through changes in the person's position in his life situations as they are induced by changes in his organism" (Cottrell, 1969: 567). Pregnancy, as a biological change, places a primigravida in a different life situation, and this situational change indicates a new status and role for the woman; subsequently, this change will induce a new perception of self--that of being pregnant.

In designating that label, of being pregnant to herself, and by telling "others" she is pregnant, she is situating herself in social relationships. When "others" responses define or label her as "pregnant", she will be situated in social activity by mutual placement by both herself and "others". The label of "pregnant" may also be designated to a woman as pregnancy advanced due to her physical appearance, enlarged abdomen, and the maternity clothes she wears. It is then, the mutual placement by both the primigravida and "others", through the designation of the pregnant label, that this identity becomes meaningful to self, and a self-identity.

Both the physical fact of pregnancy and "others" confirm and sustain the pregnant identity. Leaving aside

the obvious fact, attention must be directed to identifying those "others" whose attitudes and evaluations are most significantly related to changes in the primigravida's concepts of self. In this study, "significant" others will be taken to mean those "others" the primigravida takes into consideration, and with whom she feels psychologically identified and committed to; in Kuhn's terms "orientational other" (see Kuhn, 1964b: 18). Pregnant self-identities are viewed as a consequence of the relationships between the primigravida and the "orientation others" whom she takes into consideration, as well as the physiological fact of pregnancy itself.[11]

The primigravida's self-identity may be viewed in relation to those others to whom she is committed emotionally, psycholigically, (and physiologically). Among these "orientational others" is her fetus or unborn baby as an internal "other".

> When the baby first moved it felt like a butterfly,--sort of nice, knew someone was alive in there. It really seemed to confirm the pregnancy to me.
>
> - a primigravida respondent

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[11] The discussion of pregnant self-identity and "orientational others" is based on Kuhn's attributes of the "orientational others". (Kuhn, 1964b: 18-21).

> When it moves I know that there is actually a person inside me and it is changing its position and reacting to the environment. I refer to it as he or she, and sometimes when I lie in bed and it doesn't like the position, I tell it be quiet, like it could understand commands.
>
> - a primigravida respondent

As external others, she may view with varying degrees of importance her husband, parents, sister/brother(s), friends, in-laws, etc.

> My relatives have always seen me as a little girl; now they see me different, grown up, more of a woman since I became pregnant.
>
> - a primigravida respondent

Others who not only provide her with her general vocabulary including her most basic and crucial concepts and categories but also provide and continue to provide her with categories of self and others and with meaningful roles. Her doctor provides the initial label and category of "pregnant". Parents provide the categories of "daughter" and "pregnant daughter". Brother(s) and sister(s) provide the categories of sister and pregnant sister. Her in-laws provide category and concept of daughter-in-law; etc. The primigravida's fetus or unborn baby changes her self-concept from that of her non-pregnant state, and communicates its existence in physical ways helping to sustain her pregnant self-concept during the period of pregnancy. Husband's, parents', sister/brother(s)', friends', etc., attitudes towards her will both help to change her self-concept, and

sustain her pregnant identity.

Because pregnancy is of limited duration, approximately nine calendar months,[12] so too is the status and temporal identity of being a primigravida. Pregnancy is therefore, a period of both physical and social chronology; women are constantly entering and leaving the state of pregnancy, as well as always being at one point of time or another in the state of pregnancy. In other words, a primigravida during her third month of pregnancy is in a different phase than during her eighth or ninth month. In the period of pregnancy these phases are considered to constitute stages lasting approximately three months each, denoting the first, second, and third trimesters. Because different emotions, experiences, concerns and physiological changes have been found to coincide and be more prominent in different stages, (e.g. experiencing morning sickness and accepting the reality of conception in the first trimester, or the concern and to some degree the fear or apprehension of labour and delivery in the third trimester), it is assumed that the self-concept of primigravida will also vary with each trimester as she progresses towards becoming a mother.

Pregnancy for any primigravida is not a static or brief experience, nor a time of passive waiting, but a time

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[12] The duration of pregnancy is usually considered to be nine calendar months, 10 lunar months or 280 days; but could vary from 240 to 300 days without being considered abnormal. See Fitzpatrick et. al. (1966: 606) and The Boston Woman's Health Book Collective (1971: 165).

of active metamorphosis. While a baby is being formed physically, she is involved in re-defining and re-evaluating herself in the light of this unique new experience, and changing perceptions of herself, her new role, and others. Hence, a primigravida's self-concept or self-identity is viewed as being related to, and a consequence of, the physiological fact of pregnancy itself, and the mediation of this phenomenon in normal everyday life through those others she takes into consideration who are important to her--her "orientational others".

Taking as an implicit assumption that all identities require an other as derived from the central proposition of self-other theory: The activities of others and the realization of self are interrelated; it is asserted that a primigravida's self-identity is a function of the activity taken toward her in the form of attitudes and labels by others, and specifically her "orientation others".

As the development and continuation of the self is only actualized in relation with others, it is further asserted that those subjective self-evaulations given by a primigravida will reflect and articulate those identities most consistent with the attitudes or evaluations of her "orientational others". Those self-identities in the form of labels designating the self in terms of roles and statuses are confirmations of the self by the individual, this indicating their salience or importance for the primigravida in everyday life.

As noted earlier, pregnancy is not a static state and as individuals are always at different stages in their pregnancies, it is posited that the primigravida's self-identity is also not static. Therefore, as she is undergoing the physiological changes from conception and the realization of this fact, having her body image change, and finally preparing for delivery and birth, her self-identity will also change. This change in self-identity is a consequence of the physiological changes in conjunction with the way she views herself during the developmental process of pregnancy and, the attitudes of her "orientational others" to this process and its different phases (e.g. her enlarging body; knowing the approximate date of delivery, etc.); hence, it is the ongoing development of primigravid women's self-identities, and no the acquisition of the pregnant identity, that is our major concern.

In sum, while this study recognized the uniqueness of both the self and the pregnancy experience, its interest is not with individualized aspects of self-identities, but with commonly experienced self-identities as they evolve during the period of pregnancy.

Pregnant self-identities are viewed as a function of pregnancy itself, within a social context, requiring others to make it meaningful, and a part of everyday life.

Summary

The focus of this investigation is upon the self-identification of primigravid women, seen within the theoretical framework of Self-Other Theory. The study's major concern is to assess the impact of the first pregnancy experience upon women's self-identities as they progress through the pregnancy experience. Five general thematic areas within existing literature on pregnancy were briefly discussed: the social-medical, individual-personal adjustment, social-deviance, social population planning, and cross-cultural. In general, these studies pay little attention to pregnancy as a normal, everyday activity. We next outlined the symbolic interactionist view of society as constituted by a social framework of ongoing social activities in which human behaviour and the self as a process develop. The Meadian notion of "taking-the-role-of-the-other" was discussed as the process by which the self arises as persons learn to co-ordinate their behaviour with that of others and to take the attitude of others into their own, hence, becoming self-conscious. The central proposition of self-other theory is that the activities of others and the realization of self are interrelated. The self is defined as that group of symbols or labels a person employs when naming her own behaviour activities. Self-identity is that organization of characteristics or qualities that a person attributes to herself in the form of labels referring to statuses and roles. "Others"

are defined as those persons whose activities and attitudes an individual takes into consideration when constructing her own attitudes and activity. The "orientational other" is defined as those "other" the primigravida takes into consideration, with whom she feels psychologically identified and to whom she is committed.

The design of the study and its technical aspects are discussed in the next chapter.

CHAPTER II

DESIGN OF THE STUDY

As a prelude to the presentation and discussion of the study's results, this chapter presents all of the study's methodological and technical aspects. First, I discuss the rational for sample selection, the nature of the sample, and method of interviewing. Secondly, a general statement of the TST and Baby TST is given, followed by a discussion of other interview data, and finally, the methods used for analysis of the TST's and questionnaire data are discussed.

Selecting and Interviewing the Sample

The total sample of 56 married women[1] consists of 47 first-time pregnant women (primigravidae), 13 in their first trimester of pregnancy, 19 in their second, 15 in their third, and 9 women who were not pregnant, but who wished to become pregnant.[2] Primigravidae were chosen because their first

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[1] Non-married pregnant women were excluded to avoid adding variables not usually part of everyday pregnancy; and "illegitimate" births constitute a small percentage of all births in Canada. In 1973, 9.0% of all live births in Canada were illegitimate. "Illegitimacy" in Vital Statistics and in this study ... does not refer to births 'conceived' out of wedlock, but those in which parents report themselves as not having been married to each other at the time of birth.

[2] Of the 9 non-pregnant women, 6 wanted to become pregnant as soon as possible, 1 wanted to become pregnant within 6 months, and 2 wanted to become pregnant within the next $1\frac{1}{2}$-2 years. All non-pregnant women had never previously been pregnant.

pregnancy would be experientially new, thus making them "naive" in their interpretations of this experience as it is presently affecting them and their identity. This would also eliminate post facto explanations of the period of pregnancy. The non-pregnant women were included to compare identity changes from a non-pregnant to a pregnant state. In addition, first pregnancy was considered to be a major turning point in the life of most women as it represented the transition to parenthood. None of the women had any serious medical problems or complications requiring specialized medical care, hence all respondents were considered to be medically normal.

Criteria for respondent inclusion in the study were: 1) women who were married and pregnant for the first time, 2) women who were married and planned to become pregnant within the next 1-2 years, and 3) a willingness to participate.

In brief, our typical respondent was having (or planning to have) her first child within the typical childbearing age of Canadian women. She desired to have a mean average of 2.4 children, preferred to breast feed, and generally had no preference in her first child's sex.[3] She had married in her early 20's as do the majority of Canadian females; she was approximately 25 years of age and married to an individual older than herself, with comparatively the

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[3] 76.8% of the respondents wished to breast feed their children, and 71.4% had no preference of child's sex.

same or slightly higher education, and of the same religious background. She was white,[4] Canadian born, and basically a middle class urban inhabitant; thus, in terms of the variables considered, she was not notably atypical of the general female Canadian population.[5]

The sample for this study was obtained through the offices of Doctors' M.W. Enkin, J.D.W. Hunter, and R.T. Richards[6] at 25 Charlton Street East, Hamilton, Ontario. Since a random sampling of married women pregnant for the first time was not possible to obtain, it was decided to obtain the sample by asking primigravidae and women who had never been pregnant but who planned to become pregnant within the next 1-2 years, to come to the doctor's office to participate in the study.

A letter briefly outlining the study, and accompanying consent form, were given to each prospective respondent by either one of the doctors or the head nurse Ms. B. Smith. The consent forms to be filled in by the patient gave her name, address, phone number, signature, and date (letter and consent form appendix B). The consent forms were then left with Ms. Smith at the doctor's offices to be collected by the

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[4]All respondents were white by chance and not by intent.

[5]Sample characteristics are detailed in Appendix A.

[6]Doctor M.W. Enkin is the senior physician, and all three doctors are obstetricians and gynecologists.

interviewer. Upon collection of the consent forms, each prospective respondent was telephoned to arrange a convenient time for an appointment. Seventy women were contacted, out of which the sample of 56 women was obtained.[7] All 56 women resided in Hamilton or the surrounding area.

The data were collected by means of personal interviews conducted in the respondents' homes between June 17 and November 21, 1974. At the beginning of each interview, each respondent was asked to please keep any questions she may have about the study or the interviewing techniques to the end of the interview so as not to prejudice or bias any responses elicited. In addition, each respondent was told that upon completion of the interview if she did not wish to participate for any reason, her wish would be respected and the questionnaire torn up, completely eliminating her from the study. Not one of the respondents did not wish to participate after being interviewed.

Each interview took between 1 and 1½ hours, plus ½ to 1 hour following, to explain basically the orientation of the study and to answer individual respondents' questions. If the respondent's husband were at home, he did not sit in on the interview at the request of the interviewer, as it was felt this may have affected the responses given or interfered with the respondent's attention to the interview.

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[7] Reasons for not interviewing all 70 women were: 4 could not find the time for an interview; 2 had delivered; 3 said their husbands did not want them to participate; 2 were not home for the interview; 2 at the time of the interview said they had changed their mind; 1 could not speak English well enough to do the questionnaire.

The husbands were asked to rejoin their wives, if they wished, upon completion of the interview for the basic explanation of the interview and the study, and to ask any questions they may have had.

A TST, Baby TST, and questionnaire (which are discussed in the next section of this chapter) was administered to each respondent. The TST and the Baby TST were given to the respondent to be filled in; the TST first, the Baby TST second. Instructions for each TST were typed at the top of TST page and were read aloud to the respondent by the interviewer; if the respondent were not sure what was expected of her, the instructions were reiterated. No directions other than the instructions were given to the respondent. A time limit of 10 minutes was given for the completion of each of the TST and the Baby TST. The 10 minute time limit was used to maintain consistency between respondents and to control length of interview. After having completed each TST, respondents were asked to rank all their statements from the one they considered was most important to the least important and to evaluate each statement as either positive, negative or neutral. Upon completion of both TST's, the interviewer administered a questionnaire to the respondent with the instructions that if she did not wish to answer any question she could respond to the question with no answer.

The Interview Schedule

This section includes a general statement of the Twenty

Statements Test and the Bay Twenty Statements Test, and a discussion of other interview data. The next section presents and discusses the means by which the respondent data obtained from the utilization of these instruments in this study were analyzed.

The Twenty Statements Test

The Twenty Statements Test or TST, as it is commonly known, was developed by Manford Kuhn[8] in an attempt to transform the self-theory of symbolic interactism to empirically testable research. It was Kuhn's supposition that human behavior was not only organized and directed, but than an individual's attitudes towards him or herself caused the organization and direction (see Kuhn and McPartland, 1954). The self arises then by an individual allocating himself in a social system by internalizing (taking-on) status roles. Individuals occupy and identify themselves within a system of self-other relationships: (e.g. wife, husband, mother, etc.)

Thus a person becomes a self by becoming both self-conscious and an object to herself by designating things to herself in the form of symbols or labels through social experience and interaction. (see Mead, 1934: 140-63).

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[8]See Spitzer et al. (n.d.: 2-5) for a discussion of the development of the TST by M. Kuhn.

> A person's self is the sum-total of all he can call his. The self includes among other things, a system of ideas, attitudes, values, and commitments. The self is a person's total subjective environment; it is the distinctive centre of experience and significance. The self constitutes a person's inner world as distinguished from the outer world consisting of all other people and things. (Jersild, 1952: 8)

The TST by asking the respondent to answer the question: "Who Am I?" is an instrument for ascertaining how a person locates and appraises himself within a social system. It therefore elicits a person's own conception of her identity in a manner consistent with the theory of Symbolic Interaction which specifies that those self-definitions made by a person herself have the greatest significance.

The TST employs an open-ended format and asks the respondent to make twenty statements in response to the question "Who Am I?" thus placing the burden of identifying one's self upon the respondent. While the TST is referred to as a test, it is not a test in the common sense to measure an ability or performance but rather an instrument to investigate how respondents define themselves, locate, and evaluate themselves within social time and social space--a social system. (see Spitzer, n.d.: 1)

> The self, is essentially a social structure and it arises in social experience. Thus, there is a social process out of which selves arise and within which further differentiation, further evolution, further organization, take place. (Mead, 1934: 140 and 164)

The self is a social product and is always developing and being modified relative to the social processes in which

the individual is involved. "The problem of a changeable object of measurement is inherent in all theories of personality and personality tests. There is no reason to presume that the problem is greater in the TST than in other instruments. (Spitzer, n.d.: 60)

Some of the major assumptions upon which the TST are based are:[9]

1. The self is a set of statuses and identities, plans of action, values and definitions.
2. The self is acquired and maintained in a symbolic interaction with others, and is a reflection of the social system in which it is acquired and maintained.
3. The self, as a phenomenological identity, is relevant to all human associations.
4. The self is instrumental in the organization of social conduct.
5. The self is not unique to a given social situation.
6. The self can be articulated to others.
7. Self-statements can be systematically coded.

The Baby Twenty Statements Test

The Baby TST was developed from, and patterned after, the standard TST; but is not of primary importance in this study. The Baby TST asks the respondent to give 20 statements beginning with "My baby".[10] It is based on the supposition

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[9] TST assumptions and a discussion of each one are given in J.P. Spitzer et al. (n.d.: 8-10).

[10] Approximately 30% of the respondents verbally noted that it should be "Our baby" instead of "My baby".

that a woman's fetus or unborn baby is an "orientational other"; it is a projective instrument for obtaining how a woman locates and appraises her unborn child as a social reality. As an "orientational other", a woman's unborn child will be an other who is "significant" to her. Hence, a primigravida can not help but have thoughts, feelings, and impressions toward and about her unborn child all of which will generate a set of inferences, both present and future oriented about that child. A primigravida's pregnancy and her fetus or unborn baby are viewed as the stimulus traits leading to her impressions of her child which generate response inferences; and it is these inferences that are elicited by the Baby TST which reflect the attitudes of primigravidae towards their unborn child. "An attitude toward some state of affairs is defined as a composite of the valence (positive or negative) of all the values or goals to which that state of affairs is perceived to have positive or negative instrumentality" (McGuire, 1969: 151).

Other Interview Data

In addition to the TST and the Baby TST, two different questionnaires were used in this study to obtain respondent data. The questions covered socio-cultural areas and individual-personal areas related to both pregnancy and non-pregnancy topics. Except for questions which dealt directly with the state of being pregnant and the resulting pregnancy

experiences thereof, e.g., "Have you felt the baby move yet?" having been deleted for non-pregnant women, and the re-statement of certain questions to accommodate the respondent's status of either being pregnant or non-pregnant, the questionnaires were generally the same, other than the order of the questions (see appendix C). Because of the deletion of questions on the non-pregnant questionnaire it is 15 questions shorter. The questions were developed largely from an earlier pilot study into pregnant self-identity by the interviewer in 1971, and from reviewing previous literature on pregnancy.

Modes of Analysis

The TST statements of respondents were content analyzed for: 1. anchorage and nonachorage self-statements to obtain an index of "Social-anchorage"; 2. self-statements making reference to prengnancy and/or its outcome; and 3. self-statements making reference to spouse and parenthood statuses or roles. TST statements were coded according to the following rules: 1. Only written responses on the TST page were coded. 2. Each numbered response represented one unit for coding in each classification scheme. 3. Illegible writing was not coded. 4. Clauses joined by conjunctions "and" or "but" were coded only once according to the main idea of the sentence.[11] 5. Negative statements were coded in the

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[11]Clauses joined by conjunctions were not coded separately as approximately only 2-3% of all statements given took this form and most of these were of related ideas, e.g. "I am satisfied with my profession and current job".

same manner as positive statements.[12]

Respondents gave a mean average of 18.8 statements out of a possible maximum of 20 statements, or a total of 1,055 statements were given out of a total possible maximum of 1,120 statements. Primigravidae gave a mean of 19.0 statements with no significant difference occurring between the trimesters, and the non-pregnant women gave a mean of 17.8 statements.

Anchorage and Nonanchorage Statements

This dichotomous coding of all TST statements is used to measure respondents' self-implication of "social-anchorage" in social systems.[13] Anchorage statements are defined as those self-statements which locate a person in groups, categories and/or associations whose limits and conditions of membership are generally understood and are matters of common knowledge; e.g., "I am married". "I am pregnant", "I am a nurse". Nonanchorage statements are defined as those self-statements which refer to matters which would require elaboration or interpretation by the respondent to make them

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[12]Coding reliability for TST statements was not obtained in the conventional way by a series of judges, but rather all statements were negotiated with supervisory committee.

[13]This classification of statements is similar to Kuhn's and McPartland's (1954) consensual and nonconsensual dichotomous classification of TST statements to measure "social-anchorage", but places greater emphasis on the individual's relationships with specific others and/or the generalized others.

clear or precise; e.g., "I feel fat", "I have a bad temper", "I enjoy sewing". However, unlike many other studies, statements which convey a judgmental or evaluative quality but still allocate the respondent in a status, role, or social category, which is of common knowledge, were coded "anchorage". In other words, attention was given to the self-reference when coding and not to the evaluative quality if the self-statement located the respondent in a conventional group or category of common knowledge; e.g., "I am happy to be pregnant", "I am happily married", "I am very glad I'm having a baby". While such statements are qualified, they still locate the person in a status or position of common knowledge; e.g., married, pregnant, or going to have a baby. Thus it is only the evaluative or judgmental aspect, happy or glad, which needs clarification. For example, while one may not exactly know what is meant by "I am happily married", one does know that the individual is married which is status of common knowledge. Generally all statements which were judgmental or evaluative in nature and coded as anchorage contained "being" verbs.

The anchorage statements in this study are used as a measure of the extent of the respondent's social-anchorage, self-implication, in various social systems; that is, their "...relative anchorage in the general other of mass society" (Garretson, 1962: 113).

A social-anchorage score was computed to compare social-anchorage across the three trimesters and between the

primigravid women and the non-pregnant women. This score was obtained by taking the total number of anchorage statements as a percentage of total statements given for each trimester and the non-pregnant women. All statements coded as anchorage are listed by trimester and for non-pregnant women, and are given in Appendix D.

Reference to Pregnancy

All TST statements that made direct mention, or reference to pregnancy, or in which the respondent indicated involvement in pregnancy or its outcome, were classified as reference to pregnancy and dichotomously coded as either process or outcome. These two content categories distinguish between statements which refer to processes of pregnancy and/or thoughts and feelings about the pregnancy experience, i.e., process and statements which refer to the outcome of pregnancy and/or thoughts, feelings, and aspirations referring to things after birth. Examples of the process category are:

I am pregnant.

I think nine months is a long time to wait.

I can feel the baby moving.

I will be pleased to deliver it.

I didn't like the first three months of pregnancy.

Examples of outcome statements are:

I hope my baby is healthy.

I want to work after the baby is born.

I feel excited to think I'll soon by a Mom.

I am apprehensive about the inevitable change in life style with the arrival of the baby.

I feel we will be good parents.

The reference to pregnancy statements are used to measure change in orientation to pregnancy of primigravid women as they progress through their pregnancy careers. To measure this change, both process statements and outcome statements are taken as percentages of total reference to pregnancy statements for each trimester. Reference to pregnancy statements are also given as a percentage of total statements given for each trimester, table 5. All reference to pregnancy statements are listed by trimester and given in Appendix E.

Spouse and Parent Statements

All TST statements that made direct mention of marital status or role, or for which the respondent indicated involvement in her marital role and/or mentioned parenthood or indicated future involvement in parenthood roles for either herself or her husband, were coded as either spouse or parent statements. Spouse statements are those in which the respondent makes direct mention of marital status or role,

e.g.,

I am a wife.

_____

I am happily married.

_____

or indicates involvement in her marital role, e.g.,

I love my husband.

_____

I like to please my husband.

_____

I want to have a wonderful marriage.

_____

Also included under spouse statements are those which indicate a reference to husband by name, e.g.,

I feel very close to Paul.

_____

I love Chris.

_____

Parent statements are those in which the respondent mentions parenthood or future involvement in parenthood on the part of either herself or her husband, e.g.

I want to be a good mother.

_____

I want to stop working and be a mother.

_____

I know my husband is eager to be a daddy.

_____

The spouse and parent statements are used to obtain a measure of perceived change in self or husband from, or in the spouse role, to a parenthood role. The number of parenthood references are taken as a percentage of total

statements made within this classification scheme for each trimester to measure the change in self or husband to parenthood status, table 6. All statements coded either spouse or parent are listed by trimester and for non-pregnant women in Appendix F.

Analysis of Baby TST Statements

The Baby TST statements were checked for content and coded by trimester and for non-pregnant women into one of six categories within the Baby TST classification scheme. The categories refer to baby as: 1) Social reality, 2) Physical reality, 3) Psychological reality, 4) Environmental reality, or 5) Reference to birth, and 6) Idiocyncratic statements. Baby TST statements were coded following the same rules that were used to code TST statements given on page 37 of this paper. Respondents gave a mean of 17.9 statements out of a possible 20, or 1,008 statements out of a possible maximum of 1,120. Primigravid women gave a mean of 18.4 statements with no significant difference occurring between the trimesters, and non-pregnant women gave a mean of 15.6 statements. One non-pregnant woman became so emotional over the Baby TST that she was unable to give any responses. Excluding this woman, the mean number of statements for non-pregnant women would be 17.6.

The Baby TST classification scheme descriptions appear below:

1. Social reality statements are those which relate

baby to others and/or refer to social abilities and attributes baby will learn or will possess. Examples are: "My baby is very important to me", "My baby is going to have a really good father", "My baby will change our lives somewhat", "My baby will know his cousins", "My baby will learn to speak Italian and English", "My baby will be of help to others".

2. Physical reality includes those statements which refer to any physical characteristics attributed to the baby by a respondent. Examples are: "My baby is going to be beautiful", "My baby will be a boy", "My baby will (should) be healthy", "My baby should be strong", "My baby will have curly hair". This category does not include those statements which describe physical characteristics with reference to others, e.g., "My baby will have dark hair like his father".

3. Psychological reality includes those statements which refer to psychological, emotional, temperamental, and/or mental characteristics attributed to the baby without referring to others. Examples are: "My baby will be intelligent", "My baby will cry a lot", "My baby loves the outdoors".

4. Environmental reality includes those statements which refer to material and non-material possessions baby will have or has. Examples are: "My baby has a new crib", "My baby will have his own room", "My baby will have lots of equipment etc. as hand-me-downs from friends", "My baby will have a good education", "My baby will have a dog".

5. Reference to birth statements are those which refer to the birth of the baby. Examples are: "My baby is due in January", "My baby is coming sometime in February", "My baby will be born at St. Joseph's Hospital".

6. Idiosyncratic statements are those which could not be coded into the first 5 categories. Examples are: "My baby is having a bath", "My baby has already travelled to Vancouver", "My baby is a bit of a miracle".

The Baby TST statements are used to measure changes in primigravid women's perceptions of their babies as they progress through their pregnancy careers. To measure this change, the total number of statements coded into each category were compared across the three trimesters and between the primigravid women and the non-pregnant women.

First Five Respondent Ranked Self-Statements

The five statements ranked most important by each respondent out of the total statements given and ranked from most important to least important are given by trimester and for the non-pregnant women in Appendix G. These statements are taken as reflecting that part of self which is most important to the individuals, themselves, hence to their self-identity. The statements are used to measure the change in importance of pregnant self-identifications of primigravid women as they progress through their pregnancy careers. The number of self-statements related to pregnancy within the

first five ranked statements of each respondent were totalled by each trimester and for non-pregnant women to compare differences between each of the sub-group. The first five respondent-ranked statements also indicate that self-statements on the TST protocols are not written in order of importance to the respondent; that is, the first statement given is not always the most important to the respondent and the second statement the second most important and so on.

Other Interview Data

The questionnaire data obtained from respondents was classified generally into two areas, socio-cultural and individual-personal. The socio-cultural questions (1-14) were generally used to accumulate social and demographic data on the sample and to compare them with Canadian population statistics (see Appendix A). The remaining question (15-65 for primigravid women and 15-45 for non-pregnant women) were given to acquire data on individual-personal feelings related to personal satisfaction, interpersonal satisfaction with husband, impressions of self-change and changes in others, as well as feelings and attitudes surrounding pregnancy, or about becoming pregnant, in the case of non-pregnant women. The individual-personal data is used in relationship with TST data and to compare differences between primigravid women in each trimester of pregnancy and to compare differences between the non-pregnant and primigravidae.

Summary

This chapter began by discussing the methods used in selecting and interviewing the sample. It included a general statement of the Twenty Statements Test and the Baby Twenty Statements Test followed by a discussion of other interview data--the nature of the questionnaire. It presented the three TST coding categories, the consensual - non-consensual distinction, reference to pregnancy, spouse - parent role statements, and the Baby TST classification scheme, and the methods used for their analysis. It discussed the utilization of the first five respondent-ranked TST statements and finally the utilization of other interview data. The analyses of data are presented in the next chapter.

CHAPTER III

DATA ANALYSIS

The fact that all primigravid women in this study had been diagnosed as pregnant by their physicians, indicates that their being pregnant had received social confirmation. The positive response "yes" to question 11 of the questionnaire by all primigravid women indicates that they all acknowledge and accept the fact that they are pregnant. As all primigravid women recognized that they were pregnant, the question is then, to what extent will the fact of being pregnant both as a physiological and social event affect the self-identities of primigravid women as they progress through their pregnancy careers in normal everyday life?

As all identities require others to be substantiated and maintained, the self-identities of primigravid women are viewed as a consequence of the physiological facts of pregnancy themselves and of the attitudes taken toward her by her "orientational others" because of these facts.

The main thesis of this paper is that a woman's first pregnancy experience will affect her self-concept, hence her self-identity. Our working hypothesis is that the self-identities of primigravid women will change as they progress through the pregnancy career to its ultimate outcome.

Analysis of Respondent Data

The majority of primigravid women in the study, expressed an attitude which can best be described as one of happiness about being pregnant with the minority, approximately 11%, expressing feelings of ambivalence. None of the primigravid women reported that she was unhappy about being pregnant although a number of them were apprehensive. Examples are:

> Good really good but scared, because when you have to go up there and go through labour and all that.

> Various emotions -- very happy and very scared to an extent. Longer I'm pregnant the less I think I will be afraid of what happens to me.

> Happy, anxious about physical aspects.

Examples of responses to question 27 of the questionnaire, "How did you react when you first learned you were pregnant?" which also generally reflects attitudes about being pregnant are:

> Very excited -- I think I cried because I was so happy.

> Overjoyed, I cried because I was happy and I phoned my husband right away; then I sat down and began picking out names.

> I had a good idea when the doctor told me, but the final confirmation made me very happy -- felt so happy, felt I was going to burst.

> Oh I was delighted, absolutely ecstatic, surprised.
>
> ---
>
> Real excitement and amazement; amazed that life was there, also fear of responsibilities it is going to entail.
>
> ---
>
> I was overjoyed.
>
> ---
>
> Very excited, scared in a way at first.
>
> ---

Most women thought this was the best time for them to be pregnant or would have preferred to become pregnant sooner than they had, 29(61.7%) and 7(14.9%) respectively. 3(6.4%) did not know if this were the best time for them to be pregnant and 8(17.0%) reported they would have preferred to become pregnant later on, with reasons generally centering on financial readiness. Approximately 90% of the women reported that their husbands were the second person to know about their pregnancy and almost all women stated that their husbands were happy about their being pregnant; none said that their husbands were unhappy. A few women reported that their husbands reacted with disbelief, e.g., "He didn't believe it. He said, 'I'll believe it when I see it'"; or were somewhat ambivalent at first, e.g., "It really didn't fizz him -- he just said, 'oh' -- he wasn't really excited about it or anything. Its just starting to now". Examples of reported husbands' reactions in response to question 28 of the questionnaire "How did your husband react when he first learned you were pregnant?" are:

Shocked and relieved -- he began phoning people right away to tell people. He said, 'we would keep it a secret as long as we could'.

Ecstatic, he bought me flowers.

Very happy, I think he was more excited about it than I was.

Very happy.

Really really happy. He was glad -- he seemed to know.

Very happy -- he couldn't believe it.

He was really happy. He said, 'Oh I'm really glad'. -- hugged and kissed me.

A comparison of respondents' ratings of husbands' sensitivity and dependence upon husband (rated 1 very insensitive to 7 very sensitive) and satisfaction and happiness with present life situation (rated 1 very satisfied or happy to 5 very unsatisfied or unhappy), Table 1, shows no significant differences across the three trimesters or between the non-pregnant and the primigravid women.

Table 1

Respondents Ratings of Husband's Sensitivity, Dependence upon Husband, Satisfaction and Happiness with Life Situation, by Trimester and Non-Pregnant Sub-group*

	Trimester			Non-Pregnant
	T1 N=13	T2 N=19	T3 N=15	N=9
Husbands' sensitivity rated 1-7	6	6	7	6
Dependence upon husband rated 1-7	4	5	4	5
Satisfaction with life rated 1-5	2	2	2	1
Happiness with life rated 1-5	2	2	1	1

*Figures in the table are the medians for each sub-group.

The questionnaire data and the TST data were analyzed for differences by length of time married, religious affiliation, education, and age, and no significant differences were found to be related to any of these factors among the primigravid women. However, this comparison did reveal that of the five women in the study who showed the most ambivalence about being pregnant, four of them were among the oldest primigravid women in the study (their age range being 28-31); 3 had university educations and 1 a college education; and all 4 had professional occupations. This data while not

conclusive does suggest that for older professionally orientated primigravid women pregnancy and parenthood may be seen as a threat to their independence and/or professional role; (see Jacoby, 1969: 725). Primigravid women were also compared by type of entry into pregnancy: that is, those whose pregnancies were planned, those whose pregnancies were neither planned nor unplanned, and those whose pregnancies were not planned at this time. The comparison of TST protocols and questionnaire data by type of entry into pregnancy revealed no apparent differences except one, that of initial reaction to confirmation of pregnancy. Women who had not planned their pregnancies generally reported being surprised when they found out they were pregnant and a couple reported it as coming as a shock, e.g., "I almost fainted, I was very surprised--really happy. I didn't know what to say."; or as one woman in her second trimester reported: "Shock, found out in lawyer's office, called for results of pregnancy test because of time -- couldn't believe it. After the shock of finding out, adjusting very well, quite pleased". Among the women who had neither planned nor unplanned their pregnancies (kind-of planners) only a few reported being surprised, and none of the women who had planned pregnancies reported being surprised upon confirmation. In fact a number of the women who had planned pregnancies, as well as some of the kind-of-planners, indicated that medical confirmation was confirmation of something they already "sort-of-knew".

A comparison of responses to question 20, "What would you say are some of the unfavourable aspects of pregnancy?" while yielding a variety of answers also revealed three general differences across the three trimesters. While there were women in all trimesters who mentioned morning sickness and the mentions of this were slightly higher in the first trimester; the most noticeable differences were the mentions of having to quit work as an unfavourable aspect of pregnancy along with ambivalence about changes in life style in the first trimester. In the second trimester, women mentioned physical appearance and not being able to wear ordinary clothing as unfavourable aspects. Women in the third trimester mentioned physical discomforts and awkwardness most often as unfavourable aspects of pregnancy. In both the second and third trimesters, with slightly higher mentions in the third, women also noted not being able to participate in many physical activities as an unfavourable aspect of being pregnant. It was also noted that a number of women in the second trimester mentioned emotional changes, e.g., "Ups and downs, I cry more", "I get upset easier than before, things that didn't bother me before seem to now". In response to the same question, the non-pregnant women anticipated morning sickness and physical appearance as the most unfavourable aspects of pregnancy.

Approximately 91% of the primigravid women indicated that they were apprehensive about "pain" in labour and deliv-

ery and their primary concern about their babies was that they would be born "healthy" and "normal". The majority of non-pregnant women also indicated that they were apprehensive about labour and delivery and that their major concern about giving birth to a baby was that it would be healthy.

In sum, the primigravid women in the study were happy about being pregnant and looked forward to the arrival of their babies. There were no significant differences by trimester or between primigravid women and non-pregnant women in relation to satisfaction and happiness with present life situation or evaluations of husbands' sensitivity and rated dependence upon husbands. There was on general difference between each of the trimesters related to unfavourable aspects of pregnancy. In the first trimester, it was the idea of having to quit work which was generally considered unfavourable; in the second it was physical appearance; and in the third it was physical discomforts and awkwardness that were unfavourable aspects of pregnancy. Both primigravid women and non-pregnant women were apprehensive about labour and non-pregnant women were apprehensive about labour and delivery and concerned about their babies being born healthy. In general there were no significant differences noted between the non-pregnant and pregnant women. The lack of any noticeable differences in relation to this data between the primigravid women and the non-pregnant women is viewed as a consequence of the fact that 7(77.7%) of the non-pregnant women were not using any birth control methods as they were trying

to become pregnant as soon as possible and this desire to become pregnant is taken as an indication of their general satisfaction and contentment with their present life situations and relationships with husbands.

In the next section, changes in primigravid women's self-identities, as they progress through the pregnancy career, are discussed in relation to TST data and other interview data.

Analysis of TST Data

This section presents and discusses respondent TST data within the TST data classification schemes to show changes in primigravid women's self-identities and the influence of their "orientation others" upon their change in identity. The data is discussed under four general topic headings, social anchorage, changes in relationships with orientational others, the reality of pregnancy, and transformation of spouse to parent.

Social Anchorage

The anchorage and nonanchorage analysis of respondents' TST statement shows 1. primigravid women gave less anchorage statements than non-pregnant women and 2. the number of anchorage statements decreases from the first trimester to the third trimester of pregnancy.

Utilizing anchorage statements as a reflection of relative "social-anchorage" within social systems, indicates

that primigravid women's self-identities are less "socially-anchored" or implicated in the general other of mass society than the self-identities of the non-pregnant women. Secondly, the self-identities of primigravid women become less "socially-anchored" as they progress through the pregnancy career, from the first trimester to the third trimester. In other words, primigravid women gave fewer self-statements locating themselves in statuses, roles, and/or categories of general common knowledge than the non-pregnant women. Also anchorage statements among the primigravid women decreased from the first trimester to the third trimester; see table 2.

Table 2

Anchorage and Nonanchorage Statements, by Trimester and Non-Pregnant Sub-group

	Non-Pregnant		Trimester					
			T1		T2		T3	
	N=9		N=13		N=19		N=15	
	No.	%	No.	%	No.	%	No.	%
Anchorage	27	16.8	31	12.7	26	7.1	19	6.7
Nonanchorage	134	83.2	214	87.3	339	92.9	265	93.3
Total	161	100.0	245	100.0	365	100.0	284	100.0

The decrease in social-anchorage among primigravid women across the trimesters becomes even more apparent when achorage statements referring to pregnancy in each trimester are subtracted from the total number of anchorage statements in each trimester (10.2 in the first, 5.6 in the second, and

3.5 in the third trimester).

Albeit, while the anchorage statements decreased across the trimesters, an analysis of the references to pregnancy statements (Appendix E) given by each trimester show an increase from the first to the third trimester in self-statements related to pregnancy. Also the five self-statements ranked most important by the respondents themselves out of their total statements given (Appendix G) show that self-statements referring to pregnancy and/or its outcome, in general, increase in importance to primigravid women from the first trimester to the third trimester. Thus, while the self-identities of primigravid women decrease in terms of relative social-anchorage as compared with non-pregnant women and through the pregnancy career, their pregnancy self-identification statements increase. The increase in, and the saliency of pregnancy self-statements as shown by the first five ranked self-statements, indicates that the pregnant self-identity becomes progressively more firmly established and important to primigravid women as they move through their pregnancy careers and also, that it progressively tends to overshadow other identities, for as anchorage self-statements decrease, pregnancy related self-statements increase. The decrease in anchorage statements is also taken as an indication that certain identities not only become less salient, but that they become temporarily lost or even permanently lost in some cases, e.g., occupational identities, as women

move through their pregnancy careers.

Hence, the decrease in anchorage statements of primigravid women, as compared with non-pregnant women, is taken as an indication of a change in self-identity in primigravid women precipitated by the fact of pregnancy and their acceptance and acknowledgement of this fact. The increase in pregnancy self-statements is viewed as a consequence of the ongoing physiological events of pregnancy, possibly morning sickness, her expanding abdomen, giving up her job and/or certain activities etc. (although only maybe temporarily) and the social implications of her being pregnant, bringing about changes in social relationships with her "orientational others".

Changes in Relationships with Orientation Others

The number of primigravid women reporting changes in their relationships with husbands, and friends and relatives since becoming pregnant, increases from the first trimester to the third trimester of pregnancy; see Table 3. All primigravid women reporting changes in their relationships with their husbands considered it to be a positive one, although a few women in the latter part of the second trimester and in the third trimester also noted changes in sex life. Approximately 90% of the women who reported changes in their relationships with their husbands indicated that it had become "closer". Examples of answers to question 54 "Has your

Table 3

Changes in Primigravidae Womens' Relationships with Husbands, and Friends and Relatives, by Trimester

		Trimester					
		T1 N=13		T2 N=19		T3 N=15	
		No.	%	No.	%	No.	%
relationship with husband changed	yes	4	30.8	11	57.9	12	80.0
	no	9	69.2	7	36.8	2	13.3
	DN.*			1	5.3	1	6.6
relationship with friends & relatives changed	yes	4	30.8	12	63.2	10	66.7
	no	9	69.2	7	36.8	5	33.3

*DN. indicates don't know.

being pregnant changed your relationship with your husband in any way?" are:

> We are a lot closer, more understanding, both of us.

> I think it became a lot closer, this pregnancy is something we can share. Your sex life goes down.

> Made it a little deeper; come to feel more dependent upon him.

> He wasn't very romantic sexually before and even less now; but we are closer.

> We came together more as one and I'm including him in everything, he goes to the doctor's office and everything.

I think we've gotten closer, our bond seems to have tightened a bit; but I'm waiting to see what happens after the baby comes.

I think we are a little closer, a new shared experience.

The changes primigravid women noted in their relationships with friends and relatives since becoming pregnant were varied, but generally indicated that these people had become more concerned and/or more protective towards them, and only one woman who had conceived prior to her marriage indicated a negative change; e.g., "Some relatives sometimes by the words they use make me feel low, that I'm not to be trusted." Examples of responses to question 55 "Has your being pregnant changed your relationships with friends or relatives in any way?" follow:

Some relatives are over-protective.

They treat me different, pamper me a lot.

People at work are more interested in how I'm feeling, relatives are more concerned and protective.

My mother is treating me like a piece of bone china; my employer is also treating me very delicately.

Mainly the things we talk about, seems to evolve around children, especially with women talking about their experiences -- delivery and children.

People seem more concerned.

The reported changes in relationships with husbands, friends, and relatives, by primigravid women since they became pregnant shows that their "orientational others" have acknowledged their self-designations as pregnant and mutually situated them in everyday social activity as pregnant.[1] The primigravid women's pregnant self-identity is thus confirmed and substantiated by her "orientational others". The progressive increases across the three trimesters from the first to the third in primigravid women reporting that their relationships with husbands, friends and relatives have changed, is viewed as a result of physiological changes which accompany pregnancy. While changes in relationships occurred in the first trimester, when many of the primigravid women first announced they were pregnant, the figures in Table 3 indicate that their relationships changed most significantly during the second trimester. The fact that their relationships changed most substantially during the second trimester is seen as a consequence of primigravid women's changing body image which begins in the second trimester. Their

[1] The changes in relationships reported by the primigravid women are taken as valid as they are believed to be real by the respondents themselves. "The origin of all reality is subjective, whatever excites and stimulates our interest is real" (Schutz, 1962: 207); and "If men define situations as real they are real in their consequences" (Thomas, 1928: 572); see also McHugh (1968).

enlarging bodies physically confirm their pregnancies for their "orientational others" as well as the general other and it is the physical changes in the primigravid women's bodies that are seen as causing the major change in relationships with friends and relatives as it was when they "began to show", that most of the primigravid women reported that their friends and relatives became more concerned and protective. The changes in relationships with husbands are viewed as a consequence of the same factors and also the husband's daily involvement in his wife's pregnancy experience forcing him to realize that she is not the same as she was which will alter his behaviour toward his wife hence the couple's relationship. It is this involvement (the husband's realization that he is going to be a father, participating in choosing a name for the baby, feeling his wife's abdomen for fetal movement, attending prenatal classes with her, etc.) that is seen as bringing the primigravid women and their husbands "closer" as generally reported by the primigravid women. Also this closeness in relationship with husbands and the primigravid womens' expressed happiness and satisfaction with her present life situation as noted earlier in this report, is taken as an indication that the primigravid women in this study are happy about their being pregnant. As noted by Meyerowitz (1970: 38): "A woman accepts pregnancy well when it brings her closer to her husband".

Among the non-pregnant women, 55% thought being pregnant would change their relationships with their husbands and they generally thought it would become closer. Also 66% of them thought being pregnant would change their relationships with friends and relatives.

The most notable difference, as shown by Tables 1 and 2 among the three trimesters, occurs between the first and second trimesters. This is where the largest drop in anchorage statements among the primigravid women took place and it was also between the first and second trimesters that the greatest change in relationships with husbands, friends, and relatives took place. The reason for the most noticeable difference occurring between the first and the second trimesters, hence the greatest change in self as measured by anchorage statements, is viewed as a consequence of the physiological changes which occur in the second trimester physically confirming the primigravid women's pregnant status to both themselves and their "orientational others".

The Reality of Pregnancy

The second trimester of pregnancy is not only a time when changes in body image begin to change but also the period when fetal movement begins. All primigravid women beyond their first trimester reported that they first felt their baby move in the second trimester and that it was with the babies' first movements that they knew they were "really pregnant". It was also in the second trimester that

the primigravid women really began to start to think of their baby as a person. In response to question 49 "Do you ever think of your baby as a person?" 5(38.5%) of the women in the first trimester, 14(73.7%) of the women in the second trimester, and 14(93.35) of the women in the third states "yes". The primigravid women's recognition of their babies as persons, which occurs primarily in the second trimester and progresses into the third, is viewed as a consequence of the fetal movement that also occurs in the second trimester and continues throughout the rest of the pregnancy. As fetal movement verifies the baby's existence, primigravid women realize that there is an other inside them, thus they conceptualize this internalized other as a person and it becomes an internalized "orientational other". This is clear from answers given to questions 47 "Have you felt the baby move yet -- and how did this make your feel?" and 48, "What were your thoughts about when you first felt the baby move?" which follow:

> Strange, well relieved because I knew it was there; that I really was pregnant and it was alive.

> It was hard to believe that there was something in you moving, then you think it's your baby, it's great; and to know they're alive and well. That it's almost kind of weird, that I am really pregnant, it brings it home.

> I didn't know what it was at first, I really didn't know it was the baby. I thought I had things crawling all over inside me.

> Oh I almost went nuts, it really hit me that I was pregnant. I wanted my husband to touch my stomach.

> Weird, excited, made me feel happy that I could finally relate to it in there; I could sort of see little arms and legs in there going. That there was a person in there because at first I guess you really don't think of it as human, then you realize when it moves there's really someone in there.

> Very happy about it; I can't really express it. Amazed that something can actually grow inside you, happy that it is moving and growing.

> Very excited, that for me was proof positive that there was something there; I was pregnant. Indicated the baby was there, it went very quickly from the intellectual idea of a fetus to a fact that someone was there.

The primigravid women's changing concepts of their fetus or baby to that of a person across the trimesters was assumed to be reflected in their Baby TST statements. The analysis of the Baby TST statements, however, revealed no significant differences in the orientation of these statements between trimesters or generally between the non-pregnant and primigravid women.

While no differences were found to exist within the Baby TST classification system, the dichotomous coding of Baby TST statements into either present or future oriented statements did reveal a difference; Table 4. The increase in statements made in the present tense by primigravid women in the first trimester of pregnancy as compared with the

Table 4

Present and Future Orientated Baby TST Statements, by Trimester and Non-Pregnant Sub-group.

	Non-Pregnant		Trimester					
			T1		T2		T3	
	N=9		N=13		N=19		N=15	
	No.	%	No.	%	No.	%	No.	%
Future orientated statements	123	86.0	182	74.3	235	67.9	165	60.2
Present orientated statements	20	14.0	63	25.7	111	32.1	109	39.8
Total	143	100.0	245	100.0	346	100.0	274	100.0

number given by non-pregnant women, is seen as a consequence of the state of being pregnant itself placing the fact that one is going to have a baby into more of an immediate or present reality. The increase in present tense statements from the first to the third trimester is seen as a reflection of the primigravid women's growing awareness of their babies as internalized others as their pregnancies progressed. The babies' movements and physical growth, resulting in the primigravid women's perceptions of their babies as persons and their changing body images, progressively situates the babies in more of an immediate or present situation in the primigravid women's consciousness through the pregnancy career.

Returning to the self TST, the increase of self-statements referring to pregnancy from the first to the third

trimester indicates that as primigravid women progress through the pregnancy career, their orientation in and to pregnancy changes; Table 5.

Table 5

Reference to Pregnancy Statements, by Trimester

	Trimester					
	T1 N=13		T2 n=19		T3 N=15	
	No.	%	No.	%	No.	%
Process Statements	13	61.9	38	53.5	24	35.8
Outcome Statements	9	42.9	33	46.5	43	64.2
Total	22	100.0	71	100.0	67	100.0
pct.of total TST statements	22	9.0	71	19.5	67	23.6
Total TST statements	245		365		284	

The increase of total self-statements referring to pregnancy of total TST statements from the first to the third trimester and the change in orientation of reference to pregnancy statements from process to outcome, indicates that as primigravid women move through the pregnancy career they progressively become more pregnancy orientated and secondly, their perceptions related to the pregnancy experience change. First, the progressive increase in reference to pregnancy statements indicates an increasing awareness of pregnancy in primigravid women from the first to the third trimester. Hence, this data is viewed as indicating a change

in primigravid women's self-identities across the trimesters and as a consequence of the changes in their self-identities brought about by physiological facts of pregnancy and the defining responses of their "orientational others" because or these facts. Secondly, the change in reference to pregnancy statements from process to outcome by primigravid women indicates that their attention shifts and they progressively become more preoccupied with the outcome of pregnancy and things after delivery (e.g., having a healthy child, slimming down after pregnancy, wanting to be a good mother, etc.) than with things related to being pregnant (e.g., stating that one is pregnant, sensing bodily changes due to pregnancy, buying maternity clothes,etc.). The outcome statements themselves (Appendix E) did not reveal any significant difference in mentions of labour and delivery from the first to the third trimester.

The change in reference to pregnancy statements across the trimesters and from process to outcome by primigravid women as they move through the pregnancy career, is viewed as a consequence of the same factors which caused the change in the Baby TST statements; the women's changing body images and their every increasing awareness of their babies as internalized others and also, their other "orientational others" who substantiate their identities for them. Hence, the reference to pregnancy statements and the Baby TST statements are seen as mutually supporting. This data is further supported by answers given to question 46 "At this

particular stage of the baby's life inside you, do you find yourself thinking about the baby a great deal, somewhat or hardly at all?" 5(38.5%) primigravid women in the first trimester, 15(79.0) in the second, and 13(86.7) in the third reported that they thought about their babies a "great deal". The data obtained from this question is also seen as supporting those findings which indicate that the most significant change in primigravid women across the three trimesters occurs in the second trimester when the baby begins to move and the primigravid women begin to think of their babies as persons and themselves as "really pregnant".

Transformation of Spouse to Parent

The spouse/parent data (Table 6) reveals that there is only a moderate change or shift from spouse to parent-related statements by primigravid women across the trimesters. Taking parent statements as percentage of total TST statements in each trimester and for non-pregnant women shows a negligible increase of 1.2% between the non-pregnant women and the third trimester in the number of parent-related statements. This data indicates that as primigravid women move through the pregnancy career their perceptions of their own and their husband's identities as spouses are not substantially altered or changed. These data lead us to suggest that the transition in identity of the primigravida as wife, to wife-mother and of the husband, to husband-father, might

Table 6

Spouse and Parent Statements,
by Trimester and Non-Pregnant Sub-group

	Non-Pregnant		Trimester					
	N=9		N=13		N=19		N=15	
	No.	%	No.	%	No.	%	No.	%
Spouse statements	18	85.7	20	76.9	23	69.7	1	66.7
Parent statements	3	14.3	6	23.1	10	30.3	9	33.3
Total	21	100.0	26	100.0	33	100.0	27	100.0
Parent total of Baby TST	3	2.1	6	2.5	10	2.9	9	3.3
Total Baby TST State.	143		245		346		274	

well be more abrupt than many had thought. The lack of the primigravida to utilize the pregnancy period to re-define herself as mother and her husband as father to any great extent is viewed as a consequence of the lack of any realistic training for parenthood and/or the absence of guidelines for this new role during this anticipatory stage. There remains, then, the potential for considerable crisis in the identity change at birth itself.

CHAPTER IV

CONCLUSIONS

In the previous chapter we looked at identity changes in primigravid women thematically. We described the changes in social anchorage across the course of pregnancy; noted changing relationships with "orientational others", with the husband becoming closer to the primigravid women. We saw the utilization of physiological and social cues in constructing the identity of pregnancy, with the unborn baby becoming an internalized "orientational other"; and finally, noted that the term of pregnancy is not really utilized as a period to re-define spouse roles to spouse-parent roles.

In conclusion, we turn now to a brief overview of the course of pregnancy in terms of these themes. The focus here is on the temporal sequence of changes in identity.

The first trimester of pregnancy provides entry into the pregnancy career. As women do not, immediately upon conception know that they are pregnant, the first couple of months allows suspicions to form, based on physiological clues e.g., absence of menstruation. Based on these suspicions a woman may come to "sort-of-know" that she is pregnant, but it is upon the doctor's medical confirmation that the physiological fact acquires social meaning for the primigravida, she has been labelled pregnant. By applying

this label to herself to advise her husband of the doctor's diagnosis, and with his acceptance of this knowledge, he helps to socially validate her new identity and status.

The social-anchorage and the change in relationship data as well as the reference to pregnancy and other interview data indicated that while women in the first trimester had undergone a change in self-identity, they were not substantially changed from the non-pregnant women. Hence, it is concluded that the first trimester of pregnancy for primigravid women is not a period of major identity change but rather a period when they acknowledge and adjust to this new status and begin to have it socially validated.

The pregnant identity became "real" for primigravid women in the second trimester when their babies began to confirm their presence by moving or "kicking". It is in this trimester that the fetus or unborn baby becomes a person, an internalized "orientational other" to the primigravid women and when their physical appearance validates their pregnant status to others. With the outward physical signs of pregnancy apparent, others and especially her "orientational others" change their behaviour towards her, reaffirming her pregnant identity in social activity.

All data generally showed that the largest change occurring across the career of pregnancy takes place during the second trimester. The social-anchorage data showed that the largest drop in primigravid women's implication in social

systems occurred in the second trimester indicating that this period is when they really identified themselves as pregnant. The reference to pregnancy data indicated that their orientation in and to pregnancy had changed and that this change had been precipitated by her relationships changing with her "orientational others". Her relationship with her husband became "closer" and friends and relatives showed more concern in this trimester as compared with the first. In general, it was in the second trimester that the greatest change in both the primigravid women and their relationships with "orientational others" took place. The second trimester is thus seen as the major period within the pregnancy career when her life situation changes the most because of the physiological events of pregnancy and because of the changes these events bring about in social activity with her "orientational" others.

In the third trimester, primigravid women had become well established in the pregnancy identity, while the data indicated that changes had taken place in their relationships with their "orientational others" and that they identified themselves as pregnant to a greater extent than did the women in the second trimester of pregnancy, it also indicated that these changes were not nearly so significant as those occurring between the first and second trimesters.

While the social-anchorage data indicated that they were the least implicated in the general other of mass society,

the reference to pregnancy data indicated that they were the most implicated in the process of pregnancy. Their relationships with their "orientational others" had changed the most as compared with primigravidae in the other two trimesters. In short, both the primigravidae and their "orientational others" recognized the reality of the biological dominance of their identity. They were generally attending or had attended prenatal classes, were tired of the physical discomforts accompanying the latter months of pregnancy and anticipating the completion of the pregnancy career.

In sum, this study had focussed on the pregnant identities of first-time pregnant women and provided data which substantiates the thesis of this paper: that the first pregnancy experience will affect a woman's self-identity. The change in identity occurred when the physiological fact of pregnancy was socially labelled and recognized by both the primigravid women and their "orientational others". While the pregnancy identity is cognitively recognized by the primigravidae and their "orientational others", it is with the differentiation of their unborn babies into persons as internalized "orientational others" and their changing body images that this pregnant identity is effectively internalized by the primigravidae and with this change in image it is effectively recognized by her "orientational others". Hence, it is the physiological events of pregnancy and the mediation of these facts through "orientational others" that the

pregnant identities of first-time pregnant women acquire meaning in the social activity of normal everyday life.

Implications

The nature of the pregnant self-identity as shown in this study is one of biological dominance. Thus, it is suggested that future studies dealing with identity changes within pregnancy may add to the area of pregnancy research by investigating changes in pregnant self-identities of primigravidae longitudinally, and by utilizing a sequence of time periods other than, or in addition to the usual three trimesters. Breaking down the normal nine months of pregnancy into shorter time periods than the conventional trimesters would allow one, to assess and measure changes in identity more accurately as they occur in relationship to both the ongoing physiological changes and the mediation of these changes through "others" in the normal everyday life of the primigravida. A larger sample is required for this.

Secondly, while the TST is viewed as a useful instrument to assess and locate a person's own self-identity or self-concept of herself, when it is viewed as a product of social interaction between the person and others, it still has inherent difficulties. The most obvious difficulties with the TST are considered to be: 1) that it may not reflect the self-statement as the respondent intended it;

2) the responses may not offer the complete self-identity of the respondent; and 3) a subject may have difficulty expressing herself in a written format. Thus, it is suggested that other interview data (e.g., an open-ended questionnaire) be used as well as the TST to allow a respondent to express herself orally as well as in writing. The other interview data can then be used to supplement the TST data to obtain a more complete, accurate, and definitive assessment of the individual(s) and the subject area concerned than might be obtained by the TST itself.

It is further suggested that by utilizing or coding those self-statements which convey a judgmental or evaluative quality in addition to those which contain no such qualifiers ("consensual" statements in Kuhn's terms) to obtain a measure of "social-anchorage" may approximate more closely how a person locates herself in various social systems or the general other of mass society, than by excluding such statements. For as noted earlier in this paper, while the statement may convey a judgmental or evaluative quality e.g., good, poor, etc., it still locates a respondent in a status, role, or social category which is of common knowledge. Thus, it is not the social position of the person which is in doubt or ambiguous, but only the qualifying word. It is also believed, judging from the responses obtained from the modified form of the TST ("I") as used in this study, that while this modified form seems to allow "more openness" or

freedom for subject's responses, it does not elicit as many specific identities or "social-anchorage" statements from respondents as would the standard TST beginning with "I am".

Finally, as the data in this study indicate, primigravidae generally do not appear to utilize the period of pregnancy to re-define themselves as mothers or their husbands as fathers. The lack of any significant change on the part of primigravidae in their conceptions of themselves or their husbands toward parenthood roles during pregnancy is seen as increasing the potential for crisis in the identities of new parents with the birth of their child. Because of the general asbence of either formal or informal preparation for parenthood and definitive guidelines for parenthood roles in our society; it is suggested that health care professionals could possibly contribute substantially to lessening this potential for crisis in many expectant parents during the period of pregnancy, possibly through prenatal classes. By exploring and dealing with feelings, attitudes, and possible fears or anxieties of expectant parents toward their future roles as parents, and when many will be searching for suggestions for their new roles, may help them prepare for parenthood and make their transition easier and less of a potential crisis for many couples. This is not to suggest that the responsibility of helping people prepare for parenthood is or should be solely that of the health care professionals.

In sum, it is hoped that the findings of this study will help to provide the beginnings, or at least, a base line to help guide future research into as yet a virtually unexplored area, the study of pregnant self-identity in normal everyday life.

Appendix A

Sample Characteristics

The sample, while not selected randomly, does represent a variety of social characteristics and demographic factors. The mean age of respondents was 25.1 years; for primigravidae 24.9 years, for non-pregnant women 25.4 years.[1] The mean age of primigravid women by trimester was 24.8 years for the first; 24.8 years for the second, and 25.3 years for the third. The mean duration of marriage for all respondents was 3.0 years, and the mean age at time of marriage was 22.1 years.[2]

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[1] Age range of sample was 18-32 years, with a median age of 25 years, 1973 Statistics Canada data show that of all first child births in Canada, 41.9% of them were to women aged 20-24; 27.3% to women aged 25-29; and 37.6% to women aged 23-27; Statistics Canada (1974a: 17 and 1975: 70). It should be noted that while "...women in their 20's were the most reproductive, as might be expected; on the average, for every 1,000 women between the ages of 20 and 25, 135 infants were born during that year (1971) or, expressed another way, about one woman out of seven in that age group gave birth to a live-born infant. For the third consecutive year, women in the age group 25-29 had a higher rate (142) than those in their early 20's." Based on Table 5.41, "Age Specific Fertility Rate and Gross Reproductive Rate per 1,000 women, 1926-1971." Statistics Canada (1973: 197), statistics excluded Newfoundland and included both legitimate and illegitimate parentage.

[2] Respondent husbands had a mean age of 25.0 years at the time of marriage; with the primigravid women's husbands mean age being 24.3 years and the non-pregnant women's husbands mean age being 25.0 years at the time of marriage.

Primigravid women in the first trimester had been married a mean of 3.4 years with a mean age of 21.5 years at time of marriage. In the second trimester mean time married was 3.5 years and mean age of marriage was 21.2 years, and in the third trimester the mean time married was 2.7 years with the mean age of marriage being 22.6 years. The mean time married for all primigravid women was 3.1 years and mean age of marriage 21.7 years. Non-pregnant women had been married a mean of 2.1 years and had a mean age of 23.1 years at the time of marriage.[3] In terms of education,[4] 8(14.3%) of the respondents had some high school education, 27(48.2%) had completed high school, and 21(37.5%) had post secondary education.

Among the primigravidae, 4(30.8%) in the first trimester, 9(47.4%) in the second trimester, and 8(53.3%) in the third trimester had completed high school, 3(23.1%) in the first trimester, 1(5.3%) in the second trimester, and 3(20.0%)

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[3] 1971 Census data, "Distribution of persons ever-married, by sex and age at first marriage" show 47.7% of females marry between 20-24 and 31.3% between 25-29; Statistics Canada (1974b).

[4] Educational figures indicate last educational institution successfully completed, but do not reflect last year of school completed (e.g. one year college beyond high school; or specialized training, e.g. hairdresser, teachers' college, etc.) and or advanced degrees beyond the B.A. level, (e.g. M.A., law school, etc.) Post-secondary education includes both college (non-degree granting) and university, and high school education indicates completion of grade 12 and/or 13.

[5] Among respondents' husbands, 38.2% had high school educations, 10.9% had college educations, 25.5% had university education, 25.5% had some high school education; and 36.4% of the husbands had post secondary educations.

in the third trimester had college educations; 4(30.7%) in the first trimester, 5(26.3%) in the second trimester and 3(20.0%) in the third trimester had university educations, and 2(15.4%) in the first trimester, 4(21.0%) in the second, and 1(6.6%) in the third trimester had some high school education. Of all primigravid women 21(44.7%) had completed high school, 7(14.9%) had college educations, 12(25.5%) had university educations and 7(14.9%) had some high school. Within the non-pregnant group of women, 6(66.6%) had completed high school with 11.1% or 1 person having a college education, one person having completed university, and one person having had some high school education.[6] The median education level for each of the trimesters and the non-pregnant groups was high school. The total sample was white by accident not intent; 84.5% were urban dwellers;[7] and all women planned to have their babies in a hospital.[8]

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[6]Canadian census data indicates that the majority of Canadians between the ages of 20-34 have at least a high school education as do the sample respondents, and that males have a slightly higher educational level as do the respondents' husbands. In general, the eud ational data of the sample indicates that the respondents (and their husbands) have a slightly higher educational level than that reported in the 1971 census data. Statistics Canada (1974c: table 5-1 and table on inside cover).

[7]In 1971, 76.1% of the Canadian population lived in urban communities, Statistics Canada (1973).

[8]From 1970-1973, 99.6% of all births in Canada occurred in hospitals; there were none within this 3 year period. The in-hospitals birth rate for Ontario in 1973, was 99.8%. Statistics Canada (1975).

In terms of social characteristics, the respondents represented varied ethnic backgrounds, predominately English and European.[9] In terms of religious affiliation, 20(35.7%) of the respondents were Protestant, 20(35.7%) were Roman Catholic, 6(10.7%) were Jewish, 4(7.1%) of other religious denominations (e.g. Greek Orthodox), and 4(10.7%) of the respondents gave no religious denomination. In the first trimester, 4(30.8%) were Protestant, 4(38.5%) were Roman Catholic, 3(23.1%) were Jewish, 1(7.6%) gave no religious affiliation. In the second trimester, 8(42.1%) were Protestant, 4(21.1%) were Roman Catholic, 1(5.2%) was Jewish, 3(15.8%) gave other religious denominations, and 3(15.8%) gave no religious affiliation. In the third trimester, 6(40.0%) were Protestant, 4(40.0%) were Roman Catholic, 1(6.7%) was Jewish, and 2(13.3%) gave no religious affiliation. Among the non-pregnant group, 2(22.2%) were Protestant, 4(55.5%) were Roman Catholic, 1(11.1%) was Jewish, and 1(11.1%) gave other religious affiliation. Of those respondents reporting a religious denomination, 40(71.4%) had married a person of the same faith.[10] All respondents'

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[9]Canadian census data show that the ethnic background of 47.9% of the Canadian population is that of the British Isles, 30.8% is of French background and 18.2% is of European background. Statistics Canada (1973: 187).

[10]Almost 3 out of every 4 respondents gave as their religious denomination Roman Catholic or Protestant. In the 1971 census of Canada 3 out of every 4 people reported their denomination as either Roman Catholic, United or Anglican. Those people of Jewish, Roman Catholic, Greek Orthodox and United religious denomination married in 1971, 71.0% each married a member of her/his own denomination. Statistics Canada (1973: 189 and 201).

husbands were employed and 33(58.9%) of all respondents were employed,[11] with 9(69.2%) in the first trimester, 12(63.2%) in the second, 6(40.0%) in the third trimester, and 6(66.6%) in the non-pregnant group employed. Respondents, in general, held jobs of less occupational prestige than those of their husbands, and 23(41.1%) of the respondents were homemakers. The sample ranged between lower middle working class and upper middle class, with the majority of the sample tending to be white-collar middle class families.[12]

A total of 25(74.5%) of the primigravid women planned to attend prenatal classes with their husbands and a total of 10(21.3%) were presently attending or had attended with their husbands.[13] 9(100.0%) of the first trimester women

---

[11] Two respondents who work part time, one in the first and one in the second trimester, were classified as employed, as were two respondents who were full time students, one being in the non-pregnant group and one in the first trimester of pregnancy.

[12] Evaluation of respondents' social class is based upon the respondents and their husbands, educations, occupations, and residential-home environment as observed by the interviewer.

[13] The high rate of attendance and planned attendance for pre-natal classes is considered to be a function of Doctors' M. Enkin, J. Hunter, and R. Richards strong orientation to "Psychoprophylactic Method of Childbirth" as a practical training course for Childbirth. This Method "purposes that adequately prepared women can participate lucidly, cooperatively, and with dignity and gratification in the childbirth experience". Dr. Enkin was the first physician to introduce this Method to Hamilton in 1965. It is because of the orientation of these doctors to this Method that many of their patients have chosen them as their obstetricians. See E.D. Bing, et al., (1961).

planned to attend with their husbands, in the second trimester, 15(78.9%) planned to attend, and 2(10.5%) were or had attended with their husbands, and in the third trimester 12(80.0%) had attended and 2(13.3%) planned to attend with their husbands. 8(88.8%) of the non-pregnant women planned to attend prenatal classes when they became pregnant, and of these women, 3 or 37.5% said they would not like their husbands to attend with them. In terms of preference of method of child feeding, 43(76.8%) of the respondents desired to breast feed, while 7(12.5%) preferred to bottle feed, 2(3.6%) preferred to breast feed and bottle feed and 4(7.1%) were undecided upon which method to use. Among the primigravid women 38(80.9%) preferred to breast feed, 10(76.9%) in the first trimester, 14(73.7%) in the second trimester, and 14(93.3%) in the third trimester, 2(15.4%) in the first trimester and 3(15.8%) in the second trimester, 1(7.6%) in the first trimester and 1(5.3%) in the third trimester were undecided, and the two women who were going to both breast and bottle feed, one was in the second trimester and the other in the third trimester. Among the non-pregnant women, 5(55.5%) thought they would prefer to breast feed while 2(22.2%) thought they would prefer to bottle feed and 2 were undecided.

Prior to conception, a mean average of 85.1% of the primigravid women had been using birth control methods, and of these women 65.0% had been using the pill. 63.8% of the primigravid women stated that their pregnancies were planned,

while 19.1% stated that their pregnancies were unplanned, and 17.0% said their pregnancies were neither planned nor unplanned.[14] Among the non-pregnant women, 77.7% were not using any form of birth control as they wished to become pregnant as soon as possible. In expressed preference of first child's sex, 66.0% of the primigravid women gave no preference, 21.3% preferred boys, 10.63% preferred girls, and one woman wanted both a boy and a girl as she was going to have twins. Among the non-pregnant women, 33.3% expressed no preference in their first child's sex, 55.5% preferred boys and 11.1% preferred girls.

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[14] In response to question 31 on the questionnaire (Appendix C) "Did you, in fact, plan to have this baby at this time?" 57.4% of the primigravid women stated yes, and 42.6% stated no.

Table 7

Sample Characteristics*
by Trimester and Non-pregnant Sub-group

	Trimester					
	T1 N=13		T2 N=19		T3 N=15	
Mean Age	24.8 yrs.		24.7 yrs.		25.2 yrs.	
Mean Time Married	3.4 yrs.		3.5 yrs.		2.7 yrs.	
Mean Age When Married	21.5 yrs.		21.2 yrs.		22.6 yrs.	
Mean Time Pregnant	2.8 mos.		5.4 mos.		8.2 mos.	
Education	N	N pct.	N	N pct.	N	N pct.
some high school	2	15.4	4	21.0	1	6.6
high school	4	30.8	9	47.4	8	53.3
college	3	23.1	1	5.3	3	20.0
University	4	30.7	5	26.3	3	20.0
TOTAL	13	100.0	19	100.0	15	100.0
Religion						
Protestant	4	30.8	3	42.1	6	40.0
Catholic	5	38.5	4	21.1	6	40.0
Jewish	3	23.1	1	5.2	1	6.7
Other			3	15.8		
None	1	7.6	3	15.8	2	13.3
TOTAL	13	100.0	19	100.0	15	100.0
Employed	9	69.3	12	63.2	6	40.0
Non-employed	4	30.7	7	36.8	9	60.0
TOTAL	13	100.0	19	100.0	15	100.0

* Sample characteristics continued on next page.

Sample Characteristics by Trimester and Non-pregnant Sub-group

	Non-Preg. N=9		Total Trimesters N=47		Total Sample N=56	
Mean Age	25.4 yrs.		24.9 yrs.		25.1 yrs.	
Mean Time Married	2.3 yrs.		3.1 yrs.		3.0 yrs.	
Mean Age When Married	23.1 yrs.		21.7 yrs.		22.1 yrs.	
Mean Time Pregnant			5.6 mos.			
Education	N	N pct.	N	N pct.	N	N pct.
some high school	1	11.1	7	14.9	8	14.3
high school	6	66.6	21	44.7	27	48.2
college	1	11.1	7	14.9	8	14.3
University	1	11.1	12	25.5	13	23.2
TOTAL	9	100.0	47	100.0	56	100.0
Religion						
Protestant	2	22.2	18	38.8	20	35.7
Catholic	5	55.5	15	31.9	20	25.7
Jewish	1	11.1	5	10.6	6	10.7
Other	1	11.1	3	6.4	4	7.1
None	-	-	5	12.8	6	10.7
TOTAL	9	100.0	47	100.0	56	100.0
Employed	6	66.6	27	57.4	33	58.9
Non-Employed	3	33.3	20	42.5	23	41.1
TOTAL	9	100.0	47	100.0	56	100.0

Appendix B

This appendix contains the letter given to prospective respondents and the consent-to-be-interviewed form.

McMASTER UNIVERSITY
HAMILTON, ONTARIO, CANADA
L8S 4M4
DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

Mr. John T. Lambert B.A., and Dr. Richard Brymer of the Department of Sociology are conducting a survey concerning the attitudes of expectant mothers toward their first pregnancy, and how these attitudes change through the course of pregnancy. We are also particularly concerned with any changes which the pregnancy has brought about in your life style. It is hoped that this study will be useful to obstetricians and their care of patients, as well as future mothers themselves.

We have therefore asked Dr. Enkin if he would circulate this letter, requesting your consent to an interview of approximately one hour. These interviews will be arranged at your convenience, and all material will be kept strictly confidential. The questions are simple, and mostly involve the expectant mother's opinions and ideas about her pregnancy. If you would be willing to participate in this study, please fill out the attached sheet, and leave it with the nurse. One of the interviewers will then call you and arrange an interview time that is convenient. He will also provide any further information you may want about the survey. Dr. Enkin has approved the study, and will be involved with us in analyzing the data.

When the study is completed, and the interviews are analyzed, a brochure of the findings will be forwarded to you by Dr. Enkin's office. We look forward to your cooperation and help; and want to express our appreciation in aiding us in completing this study.

John T. Lambert

Richard A. Brymer

NAME: .....

ADDRESS: .....

PHONE: .....

I give my permission to be called by Mr. John T. Lambert about an interview.

Signature: .....

Date: .....

Appendix C

This appendix contains the Twenty Statements Test, the Baby Twenty Statements Test, the Primigravida questionnaire, and the Non-pregnant questionnaire.

Twenty Statements Test

There are twenty numbered blanks on the page below. Please write twenty statements beginning with the word "I" in the blanks. Just give twenty different statements beginning with "I". Answer as if you were giving the answers to yourself, not to someone else. Write the answers in the order they occur to you. Don't worry about logic or importance.

1. "I_____."
2. "I_____."
3. "I_____."
4. "I_____."
5. "I_____."
6. "I_____."
7. "I_____."
8. "I_____."
9. "I_____."
10. "I_____."
11. "I_____."
12. "I_____."
13. "I_____."
14. "I_____."
15. "I_____."
16. "I_____."
17. "I_____."
18. "I_____."
19. "I_____."
20. "I_____."

Baby Twenty Statements Test

There are twenty numbered blanks on the page below. Please write twenty answers to the simple statement "My baby" in the blanks. Just give twenty different answers to the statement "My baby." Answer as if you were giving the answers to yourself, not to someone else. Write the answers in the order they occur to you. Don't worry about logic or importance.

1. "My baby_____."
2. "My baby_____."
3. "My baby_____."
4. "My baby_____."
5. "My baby_____."
6. "My baby_____."
7. "My baby_____."
8. "My baby_____."
9. "My baby_____."
10. "My baby_____."
11. "My baby_____."
12. "My baby_____."
13. "My baby_____."
14. "My baby_____."
15. "My baby_____."
16. "My baby_____."
17. "My baby_____."
18. "My baby_____."
19. "My baby_____."
20. "My baby_____."

Primigravida Questionnaire

1. How long have you been married? Years ____ Months _____

2. Age _____ years

3. How much education have you had? (code highest level obtained)

   1) some high school
   2) high school grade 12 ___ 13 ___
   3) completed high school plus non college
   4) some college
   5) college (non-degree granting)
   6) some university
   7) university
   8) university plus (M.A., Ph.D., M.D., LLB, etc.)

4. Religion

   1) Protestant _____
   2) Catholic _____
   3) Jewish _____
   4) Other (specify) _____
   5) None

5. Husband's Religion (code as above)

   Same _____
   Other (specify) _____

6. Are your presently employed? Yes ____ No _____

7. What is your occupation? _____

8. Husband's occupation? _____

9. Husband's age _____ years

10. Husband's education

    1) some high school
    2) high school grade 12 ____ 13 ____
    3) completed high school plus non college
    4) some college
    5) college (non-degree granting)
    6) some university
    7) university
    8) university plus (M.A., Ph.D., M.D., LLB., etc.)

11. Are you pregnant now? 1) Yes ____ 2) No____

12. Is this your first (1st) pregnancy? Yes ____ 2) No____

13. How long have you been pregnant? ____ months

14. Before becoming pregnant did you use any form of birth control?

    1) Yes ____ which method _____

    2) No ____

    3) N.A. ___

15. 1) Was your pregnancy planned at this time? _____

    2) Was your pregnancy neither planned nor unplanned? _____

    3) Was your pregnancy not planned at this time? _____

16. How would you rate your husband's sensitivity toward you? (Circle one)

    insensitive 1 2 3 4 5 6 7 very sensitive

17. How dependent would you say you are on your husband? (Circle one)

    not dependent 1 2 3 4 5 6 7 very dependent

18. How many children would you like to have? ____

19. How do you feel about being pregnant?

_____

_____

20. What would you say are some of the unfavourable aspects of pregnancy?

_____

_____

21. What would you say are some of the favourable aspects of pregnancy?

_____

_____

22. In general how would you describe your life these days? Would you say you are mainly happy or mainly unhappy?

1) Very happy ____
2) Happy ____
3) Neither happy nor unhappy ____
4) Unhappy ____
5) Very unhappy ____
6) Don't know ____
7) N.A. ____

23. In general would you say you are mainly satisfied or dissatisfied with your life these days?

1) Very satisfied ____
2) Satisfied ____
3) Neither satisfied nor dissatisfied ____
4) Dissatisfied ____
5) Very dissatisfied ____
6) Don't know ____
7) N.A. ____

24. Would you prefer to have a boy or girl?

1) boy ____
2) girl ____
3) It doesn't matter ____
4) Haven't thought about it ____
5) Don't know ____
6) N.A. ____

25. Have you chosen a name for your baby yet? Yes ____ No ____

26. In general, who is helping you the most during your pregnancy?

1) Relationship ____
2) Don't know ____
3) N.A. ____

27. How did you react when you first learned you were pregnant?

_____

_____

28. How did your husband react when he first learned you were pregnant?

_____

_____

29. I have a list of people and I would like you to tell me which people you told first, second, etc.; and how they felt when they heard you were pregnant...were they generally happy or unhappy about it? Starting with yourself, how did you feel?

Order Told	Relationship	very happy	happy	indiff-erent	unhappy	very unhappy	don't know	N.A.
...1)	self	____	____	____	____	____	____	____
...2)	husband	____	____	____	____	____	____	____
...3)	your mother	____	____	____	____	____	____	____
...4)	your father	____	____	____	____	____	____	____
...5)	husband's mother	____	____	____	____	____	____	____
...6)	husband's father	____	____	____	____	____	____	____
...7)	some other person (specify)	____	____	____	____	____	____	____

30. Does this seem to be the best time for this pregnancy, or would you have preferred to have had a baby sooner or later?

1) This is the best time ____. Why?

2) Would have preferred sooner ____. Why?

3) Would have preferred later ____. Why?

4) Don't know____.

5) N.A. ____.

31. Did you, in fact, plan to have this baby at this time?

1) Yes ____ 2) No ____

32. Some women experience at some time during pregnancy changing feelings about their baby, one moment they are pleased, the next they find themselves wishing they were not pregnant. Have you ever felt like that?

1) Yes ____
2) No ____
3) Don't know ____
4) N.A. ____

33. If yes, can you recall if it happened

1) a great deal ____
2) somewhat ____
3) or hardly at all ____

34. Did you ever seriously think of not having the baby?

1) Yes ____
2) No ____
3) Don't know ____
4) N.A. ____

35. Did you, or have you experienced any unpleasant symptoms during your pregnancy?

1) Yes ____
2) No ____
3) Don't know ____
4) N.A. ____

If yes, specify what type or kinds _____

_____ and

when during pregnancy _____.

36. Would you say the first few months of pregnancy have been (or were) difficult for you?

1) Very difficult ____
2) Somewhat difficult ____
3) Hardly at all difficult ____
4) Not at all difficult ____
5) Don't know ____
6) N.A. ____

37. What things made them difficult (or non-difficult) for you?

_____

_____

38. What concerns you most about the birth of your baby (and what has given you this concern)?

1) No concern ____

2) Concern(s) _____

_____

39. What has given you this (these) concern(s)?

_____

_____

40. Is there anything about giving birth to which you are looking forward?

1) Yes ____ Specify _____

2) No ____

3) Don't know ____

4) N.A. ____

41. Is there anything about giving birth to which you are not looking forward?

1) Yes ____ Specify _____

2) No ____

3) Don't know ____

4) N.A. ____

42. Some women find themselves thinking about what the baby will be like after birth, while others are content to wait and see. Do you find yourself thinking ahead or are you content to wait and see?

1) I think ahead about the baby a great deal. ____

2) I think ahead about the baby somewhat. ____

3) I hardly think ahead about the baby at all. ____

4) I'm content to wait and see. ____

5) I haven't thought ahead about the baby at all. ____

6) Don't know. ____

7) N.A. ____

43. What do you think it will be like to be a mother?

_____

_____

44. What do you expect being the mother of your baby will do for you?

_____

_____

45. Do you have any concerns for or about your expected child?

1) Yes ____ Specify _____

_____

2) No ____

3) Don't know ____

4) N.A. ____

46. At this particular stage of the baby's life inside you, do you find yourself thinking about the baby?

1) A great deal ____ Specify thoughts _____

_____

2) Somewhat ____ Specify thoughts _____

_____

3) Hardly at all ____ Specify _____

_____

4) Not at all ____

5) Don't know ____

6) N.A. ____

47. Have you felt the baby move yet?

1) Yes ____

2) No ____

3) Not sure, but think so ____

4) If yes, what month of pregnancy _____

and how did this make you feel? _____

_____

48. (If the previous answer was yes) What were your thoughts about when you first felt the baby move?

_____

_____

_____

49. Do you ever find yourself thinking of your baby as a person?

1) Yes ____ In what way(s) _____

_____

2) Specify in which month of pregnancy _____

3) No ____

4) Don't know ____

5) N.A. ____

50. It is usually left to an expectant mother to choose whether she wishes to bottle feed or breast feed her baby. Have you given this choice any thought and decided which you are going to do?

1) Yes ____

2) Undecided ____

3) Bottle feed ____

4) Breast feed ____

5) Both bottle and breast feed ____

6) No ____

7) N.A. ____

51. (If yes and decided) Why did you decide to use that particular method?

_____

_____

52. Who or what influenced you most in your decision on method of feeding?

1) husband ____

2) doctor ____

3) relative (specify) _____

4) friend ____

5) other (specify) _____

Why? _____

_____

53. In general, how would you describe your life these days? Would you say you are mainly happy or mainly unhappy?

_____

_____

54. Has your being pregnant changed your relationship with your husband in any way?

1) Yes ____ How? _____

_____

2) When did you first notice this change, what month of pregnancy? _____

3) No ____

4) Don't know ____

5) N.A. ____

55. Has your being pregnant changed your relationship with friends or relatives in any way?

1) Yes _____ How? _____

_____

2) When did you first notice this change, what month of pregnancy? _____

3) No ____

4) Don't know ____

5) N.A. ____

56. In general, would you say you are mainly satisfied with your life these days?

1) Yes ____

2) No ____

3) Don't know ____

4) N.A. ____

If answered yes or no explain. _____

_____

_____

57. Since you have become pregnant have you, or do you feel you have changed in any way(s) other than physically?

1) Yes ____ How? _____

_____

_____

2) No ____

3) Not sure ____

4) Don't know ____

5) N.A. ____

58. Since you have become pregnant have you noticed any changes in your husband?

1) Yes ____

2) No ____

3) Not sure ____

4) Don't know ____

5) N.A. ____

59. (If yes to above question) In which way(s) do you feel your husband has changed?

_____

_____

_____

60. Has this change affected you in any way?

1) Yes ____ How? _____

_____

_____

2) No ____

3) Not sure ____

4) Don't know ____

5) N.A. ____

61. Are you attending, or do you plan to attend prenatal classes?

1) Attending ____

2) Planning to attend ____

3) Not planning to attend ____

4) Have attended ____

5) Not sure ____

6) Don't know ____

7) N.A. ____

62. (If 1, 2, 3, or 4 of the above) What are your reason(s) for attending, planning to attend, or not attending prenatal classes?

_____

_____

63. (If attending or planning to attend) Is your husband planning to attend prenatal classes with you?

1) Yes ____

2) No ____

3) Not sure ____

4) Don't know ____

5) N.A. ____

64. (If yes or no) What is the reason(s) for his attending (or not attending) prenatal classes with you?

_____

_____

_____

65. Since you have become pregnant have you had any new or additional economic concerns?

1) Yes ____ Specify _____

_____

2) No ____

3) Don't know ____

4) N.A. ____

Non-pregnant Questionnaire

1. How long have you been married? Years ____ Months ____

2. Age ____ years

3. How much education have you had? (code highest level obtained)

   1) some high school
   2) high school grade 12 ____ 13 ____
   3) completed high school plus non college
   4) some college
   5) college (non-degree granting)
   6) some university
   7) university
   8) university plus (M.A., Ph.D., M.D., LLB, etc.)

4. Religion

   1) Protestant ____
   2) Catholic ____
   3) Jewish ____
   4) Other (specify) _____
   5) None

5. Husband's Religion (code as above)

   Same _____
   Other (specify) _____

6. Are you presently employed? Yes ____ No ____

7. What is your occupation? _____

8. Husband's occupation? _____

9. Husband's age ____ years

10. Husband's education

    1) some high school
    2) high school grade 12 ____ 13 ____
    3) completed high school plus non college
    4) some college
    5) college (non-degree granting)
    6) some university
    7) university
    8) university plus (M.A., Ph.D., M.D., LLB., etc.)

11. When and if you become pregnant, will it be your first (1st) pregnancy?

    (1) Yes ____ (2) No ____

12. Are you presently using some form of birth control?

1) Yes ____ Which method? _____

2) No ____ Why? _____

_____

3) N.A. _____

13. When would you like to become pregnant?

1) as soon as possible ____

2) within the next six months ____

3) within the next year ____

4) within the next two years ____

5) in three years or longer (specify) ____

6) don't know ____

7) N.A. ____

Why at this time _____

_____

_____

14. At what age do you think is a good time for a woman to have her first child?

1) under 21	____	(5) 27-29	____
2) 21-23	____	(6) over 30	____
3) 23-25	____	(7) don't know	____
4) 25-27	____	(8) N.A.	____

Why at this age? _____

_____

_____

15. How would you rate your husband's sensitivity toward you? (Circle one)

insensitive 1 2 3 4 5 6 7 very sensitive

16. How dependent would you say you are on your husband? (Circle one)

not dependent 1 2 3 4 5 6 7 very dependent

17. How many children would you like to have? ____

18. How do you feel about the possibility of becoming pregnant?

_____

_____

19. What would you say are some of the unfavourable aspects of pregnancy?

_____

_____

20. What would you say are some of the favourable aspects of pregnancy?

_____

_____

21. In general how would you describe your life these days? Would you say you are mainly happy or mainly unhappy?

1) very happy ____

2) happy ____

3) neither happy nor unhappy ____

4) unhappy ____

5) very unhappy ____

6) don't know ____

7) N.A. ____

22. In general would you say you are mainly satisfied or dissatisfied with your life these days?

1) very satisfied ____

2) satisfied ____

3) neither satisfied nor dissatisfied ____

4) dissatisfied ____

5) very dissatisfied ____

6) don't know ____

7) N.A. ____

23. When you have a baby, would you prefer to have a boy or girl?

1) boy ____

2) girl ____

3) it doesn't matter ____

4) haven't thought about it ____

5) don't know ____

6) N.A. ____

24. What concerns you most about giving birth to a baby?

1) No Concern ____

2) Concern(s) _____

_____

25. What has given you this (these) concern(s)?

_____

_____

26. Is there anything about giving birth to which you are looking forward?

1) yes ____ specify _____

2) no ____

3) don't know ____

4) N.A. ____

27. Is there anything about giving birth to which you are not looking forward?

    1) yes ____ specify _____

    2) no ____

    3) don't know ____

    4) N.A. ____

28. What do you think it will be like to be a mother?

_____

_____

29. What do you expect being the mother of your own baby will do for you?

_____

_____

30. Do you have any concerns for or about a child you may have?

    1) yes ____ specify _____

    _____

    2) no ____

    3) don't know ____

    4) N.A. ____

31. It is usually left to an expectant mother to choose whether she wishes to bottle feed or breast feed her baby. Have you ever thought about this matter, and which method would you prefer to use?

    1) yes ____

    2) undecided ____

    3) bottle feed ____

    4) breast feed ____

    5) both bottle and breast feed ____

6) no ____

7) N.A. ____

32. (If yes and decided) Why do you prefer to use that particular method?

_____

_____

33. Who or what influenced you most in this preference on method of feeding?

_____

Why? _____

_____

34. In general, how would you describe your life these days? Would you say you are mainly happy or mainly unhappy?

_____

_____

35. Do you think being pregnant would change your relationship with your husband in any way?

1) Yes ____ How? _____

_____

2) no ____

3) don't know ____

4) N.A. ____

36. Do you think being pregnant will change your relationship with friends in any way?

1) yes ____ How? _____

_____

2) no ____

3) don't know ____

4) N.A. ____

37. In general, would you say you are mainly satisfied with your life these days?

1) yes ____

2) no ____

3) don't know ____

4) N.A. ____

If answered yes or no, explain. _____

_____

_____

38. When and if you become pregnant, do you think you will change in any way(s) other than physically?

1) yes ____ How? _____

_____

_____

2) no ____

3) not sure ____

4) don't know ____

5) N.A. ____

39. When and if you become pregnant do you think your husband will change in any way(s)?

1) yes ____

2) no ____

3) not sure ____

4) don't know ____

5) N.A. ____

40. (If yes to above question) In which way(s) do you think your husband will change?

_____

_____

41. When and if you become pregnant, do you plan to attend prenatal classes?

    1) planning to attend ___

    2) not planning to attend ____

    3) not sure ____

    4) don't know ____

    5) N.A. ____

42. (If (1) or (2) of the above) What are your reason(s) for planning to attend, (or not attending) prenatal classes?

_____

_____

_____

43. (If planning to attend) Would you like your husband to attend with you?

    1) yes ____

    2) no ____

    3) not sure ____

    4) don't know ____

    5) N.A. ____

44. (If yes or no) Why (or why wouldn't you) like your husband to attend prenatal class with you?

_____

_____

_____

45. When and if you become pregnant will you have any new or additional economic concerns?

    1) yes ____ specify _____

    2) no ____

    3) don't know ____

    4) N.A. ____

Appendix D

Anchorage Statements

This appendix contains a list of those statements from respondent TST interview schedules which were classified as anchorage statements. They are answers to the "I" self-identification question for the sample of this study. Each statement is taken from the TST schedule as it was recorded. Statements are grouped by trimester and for non-pregnant women.

Ist Trimester

I enjoy my marriage.
I am thirty years old.
I am pregnant.
I sense many bodily changes now that I'm pregnant.
I am moving July 26 to a home.
I am expecting my first child.
I am a nurse.
I have two sisters and a brother.
I am a working wife.
I tried to become pregnant for over one year.
I am also very happy to be pregnant.
I am currently learning to play tennis.
I am female.
I am twenty-three years old.
I am a registered nurse.
I am married.
I have no children.
I was born in Oshawa.

1st Trimester

I now live in Hamilton.
I am now pregnant.
I am fair, have blond hair and blue eyes.
I am happily married.
I am a legal secretary.
I like living in Hamilton.
I work.
I like being married.
I am happily married.
I am twenty-nine years old.
I teach a course at Mohawk College.
I am a nurse.
I am pregnant

2nd Trimester

I am pregnant.
I am a woman.
I am Jewish.
I am twenty-five.
I have 7 sisters and three brothers.
I have understanding parents.
I am very glad I am having a baby.
I am working as a therapist.
I play tennis and golf.
I like my job - hairdressing.
I am glad I am pregnant.
I am glad we moved to Canada from the States.
I am six months pregnant.
I am twenty-eight years old.
I am working part-time in my husband's office.
I taught Home Economics for five years.
I take ceramic lessons every two weeks.
I teach creative stitchery at night school.

2nd Trimester

I am excited about having a baby.
I am pregnant.
I work for a bank.
I am going to have a baby.
I am pregnant.
I got a new maternity dress.
I at this present moment, am trying to be a good wife.
I am happy we are going to be parents.
I live in Binbrook.

3rd Trimester

I love being pregnant.
I love being married.
I am pregnant.
I am a teacher - librarian.
I am thirty-two years old.
I am having my first baby.
I am happy to be pregnant.
I am pregnant.
I am a wife.
I am expecting in August.
I am thirty years old.
I am expecting a baby very shortly.
I am happily married.
I am also a keen sailor.
I enjoy being pregnant.
I am a happily married woman.
I am twenty-two years old.
I have a mother, father and sister.
I have a great husband.
I am very happy about my pregnancy.

Non-pregnant

I am twenty-one years old.

Non-pregnant

I have been married 6 months.
I work in the retail business.
I am new in Hamilton, and therefore lost at times.
I am twenty-seven years old.
I live in Stoney Creek.
I am a nurse.
I work in a hospital.
I am of Lithuanian and Polish background.
I like working in labour and delivery.
I like living in Canada.
I am a nurse.
I work at St. Joseph's Hospital.
I am working in labour and delivery.
I am the wife of a University student.
I live with my husband.
I was born in Ireland.
I am a skier in the winter.
I am going to university.
I am twenty-two.
I am the middle child in my family.
I am a Catholic.
I am married.
I am Italian.
I am twenty-seven years old.
I am twenty-two years old.
I am married to an Italian.

Appendix E

Reference to Pregnancy Statements

This appendix contains a list of those statements classified as reference to pregnancy statements and coded either as process or outcome. They are answers to the "I" self-identification question for the sample of this study. Each statement is taken from the TST interview schedule as it was recorded.

Statements are grouped by trimester, and the sign (P or O) after each statement indicates how it was coded, P for process statements and O for outcome statements.

Ist Trimester

I'm looking forward to having this baby.	O
I and my husband are excited about this event.	P
I and my husband are ready to accept the challenge.	O
I anticipate a change of the style we live in.	O
I am eager to see the outcome of nine months.	O
I reserve the judgment of my handling of small children until the prof is here.	O
I am pregnant.	P
I look forward to a return to work after the baby.	O
I sense many bodily changes now that I'm pregnant.	P
I am sometimes anxious about this new experience.	P
I hope for a normal, healthy baby.	O
I am expecting my first child.	P
I tried to become pregnant for over one year.	P
I am also very happy to be pregnant.	P

1st Trimester

I wonder a great deal about the pregnancy.	P
I hope I am a good mother.	O
I am now pregnant.	P
I must start reading some baby books.	P
I wish people would stop congratulating me.	P
I wonder if being a mother is instinctive.	O
I am pregnant.	P
I am pregnant.	P

2nd Trimester

I am pregnant.	P
I want a child.	O
I am very glad I am having a baby.	P
I feel my image changing.	P,
I would like to have a baby girl.	O
I worry a lot about my coming baby.	P
I am glad I am pregnant.	P
I hope to be a good mother.	O
I hope it doesn't affect the baby.	P
I am glad I'm not too far along.	P
I didn't like the first three months of my pregnancy.	P
I don't like that nauseated feeling.	P
I am six months pregnant.	P
I am very happy and excited about it.	P
I am working very hard to get ready for the baby.	P
I plan to take our baby on trips.	O
I want this baby.	O
I have nobody to babysit.	O
I know I will lose my freedom.	O
I know my husband is delighted.	P
I am looking forward to having this baby.	O
I am excited about having a baby.	P
I am sometimes frightened.	P

2nd Trimester

I want to keep my shape after the baby.	O
I am pregnant.	P
I am looking forward to being a mother.	O
I feel I would make a good mother.	O
I feel very attractive in my pregnancy.	P
I think giving birth is going to be a great experience.	P
I feel we will be good parents.	O
I wish that the doctor had an exact date.	P
I hope it's a boy.	
I want a boy and girl if possible.	O
I want my babies to be healthy.	O
I hope I don't get really big while pregnant.	P
I hope I'm not too bored at home before the babies come.	P
I hope my babies are both healthy.	O
I hope I'm not too sick anymore.	P
I hope Dr. Hunter can deliver the babies.	P
I am curious re--boy or girl.	O
I am going to have a baby.	O
I need new clothes now that my body is changing.	P
I find the thought of raising a child somewhat scary at times.	O
~~I hope to continue painting full time after my~~ pregnancy is over.	O
I don't know a thing about caring for babies.	O
I wish I knew if a child would interfere bodily with my painting.	P
I think too much about painting and my future child.	P
I am pregnant.	P
I am excited about it.	P
I am scared.	P
I am going to have a son.	O
I got a new maternity dress.	P
I hope my baby is healthy.	O

2nd Trimester

I hope my baby is normal.	O
I hope it is a boy.	O
I don't really care what it is as long as it's healthy.	O
I was very nervous about becoming pregnant.	P
I feel quite different about this now.	P
I had mixed feelings about not having twins.	P
I think I feel ready in myself to have a child.	O
I felt like two in the third month.	P
I wanted to keep it a secret at first.	P
I am glad to see that my husband is excited about the baby.	P
I enjoy dancing and if it's a girl, I hope she will also enjoy it.	O
I hope to bring up a child with good common sense.	O
I think my husband and I have a lot of the same qualities to bring up a child.	O
I will try to be a good mother to my child.	O
I want to work after the baby is born.	O
I love to live with my husband and share my experience with him.	P
I am happy we are going to be parents.	O
I think it's time I saw about a maternity wardrobe.	P

3rd Trimester

I love being pregnant.	P
I can't wait until the baby is born.	O
I am pregnant.	P
I wish the baby was born.	O
I hope everything goes all right with the birth.	P
I wonder will it be a girl or boy.	O
I can feel the baby kicking.	P
I wonder what weight it will be.	O
I wonder will it have lots of hair.	O
I think David wants a boy.	O
I know his Mom and Dad do.	O

3rd Trimester

I am looking forward to our baby coming.	O
I can hardly wait.	P
I miss being able to get loose physically with my husband.	P
I am tired of people telling me how fat I look.	P
I can hardly wait to lose all this weight.	O
I am looking forward to showing off our baby.	O
I am looking forward to going out for walks with my husband and our baby.	O
I can't wait to have the baby.	O
I have to find out about the stroller.	O
I want to be a good mother.	O
I plan to nurse my baby.	O
I will call my son Daniel.	O
I will call my daughter Rachael.	O
I wish my baby would come.	O
I pray for a healthy baby.	O
I am having my first baby.	O
I love my baby.	P
I am happy to be pregnant.	P
I am happy that my baby is almost due.	O
I think nine months is a long time to wait.	P
I hope that my husband and I will be good parents.	O
I feel excited to think I'll soon be a Mom.	O
I want to really slim down again.	O
I look forward to being able to move about easily.	O
I am hoping that I'll be able to breast feed.	O
I am looking forward to taking the baby out for walks.	O
I think it'll be fun to be a mommy.	O
I hope and pray that my baby is healthy.	O
I know that my husband is eager to be a daddy.	O
I wonder if our life style will change drastically.	O
I can hardly wait to hold and see our baby.	O
I am pregnant.	P

3rd Trimester

I can't believe I only have one month left.	P
I wonder if it's a girl or boy.	O
I can feel the baby moving.	P
I am expecting in August.	O
I want to work two days a week later after the baby.	O
I am expecting a baby very shortly.	O
I will be very pleased to deliver it.	P
I do not intend to be a full time mother.	O
I am apprehensive about the inevitable change in life style with the arrival of the baby.	O
I enjoy being pregnant.	P
I wish I were in the hospital now.	P
I'd like to have a boy one day a girl the next.	O
I am nervous about going into the hospital.	P
I wish Archie would stop moving.	P
I should buy some more diapers soon.	O
I am becoming more and more eager to have my baby.	O
I am gaining too much weight.	P
I am feeling more uncomfortable as time passes.	P
I hope I will know what to do when I bring the baby home.	O
I hope David can help me during my labour.	P
I am frightened at the thought of labour.	P
I am very happy about my pregnancy.	P
I don't care if the child is a male or female.	O
I am pregnant.	P

Appendix F

Spouse and Parent Statements

This appendix contains a list of those statements coded spouse and parent. They are answers to the "I" self-identification question for the sample of this study. Each statement is taken from the TST interview schedule as it was recorded.

Statements are grouped by trimester and for non-pregnant women. The sign (S and P) after each statement indicates how it was coded, S for spouse statements, and P for parent statements.

Ist Trimester

I like having my husband around me.	S
I and my husband are excited about this event.	S
I and my husband are ready to accept the challenge.	P
I and my husband have expanded upon our own identities.	S
I respect the position I and my husband hold together with each other.	S
I and my husband have felt that enough time has past to learn somewhat of each others characteristics.	S
I hope that my husband has a job by the time the baby is born.	S
I wish my husband the best of luck with his Ph.D.thesis.	S
I love my husband.	S
I have to buy my husband a birthday cake.	S
I will call my husband sometime today.	S
I want to stop working and be a mother.	P
I want to give up all responsibilities as a working wife.	S

1st Trimester

I want to be needed by someone other than my husband.	P
I feel I would be a good mother.	P
I want my husband to have more responsibilities.	S
I want to please my husband.	S
I love my husband.	S
I wish my husband never had to work.	S
I hope I am a good mother.	P
I am married.	S
I usually talk a lot though only to my husband.	S
I wonder if being a mother is instinctive.	P
I am happily married.	S
I like being married.	S
I am happily married.	S

2nd Trimester

I love my husband.	S
I was married on Dec. 1.	S
I was 20 when I got married.	S
I have an understanding husband.	S
I like to go out dancing with my husband.	S
I got angry at my husband yesterday.	S
I am very much in love with my husband.	S
I hope to be a good mother.	P
I am working part-time in my husband's office.	S
I am presently making trousers for my husband.	S
I love to do things with Ted.	S
I am looking forward to being a mother.	P
I feel I would make a good mother.	P
I am confident my husband is happy.	S
I feel badly my husband is out of the room.	S
I love my husband.	S
I feel we will be good parents.	P
I can show my husband how much I love him.	S

2nd Trimester

I wonder if my husband will be home early.	S
I love Chris.	S
I find the thought of raising a child somewhat scary at times.	P
I am glad to see that my husband is excited about the baby.	P
I believe he went along with my wishes.	S
I think my husband and I have a lot of the same qualities to bring up a child.	P
I hope to bring up a child with good common sense.	P
I at the present moment, am trying to be a good wife.	S
I will try to satisfy my husband the best I can.	S
I will try to be a good mother to my child.	P
I wonder what my husband thinks of me.	S
I love to live with my husband and share my experience.	S
I love my husband.	S
I am happy we are going to be parents.	P
I am glad Bill enjoys the pastorate.	S

3rd Trimester

I love my husband.	S
I love being married.	S
I don't like when my husband comes home late from work.	S
I love my husband.	S
I hope David is alright on the ladder by himself.	S
I hope David finishes the window before it rains.	S
I think David wants a boy.	P
I know his Mom and Dad do.	P
I love my husband.	S
I miss being able to get loose physically with my husband.	S
I'm looking forward to going out on walks with my husband and the baby.	P
I can't wait till my husband comes home.	S
I want to be a good mother.	P
I hope that my husband and I will be good parents.	P

3rd Trimester

I feel excited to think I will soon be a Mom.	P
I can hardly wait to see my husband after work.	S
I think it'll be fun to be a mommy.	P
I know that my husband is eager to be a daddy.	P
I am a wife.	S
I want my husband to be a participant in this study.	S
I am happily married.	S
I do not intend to be a full time mother.	P
I think my husband likes his new job.	S
I hope John will want to go out tonight.	S
I am a married woman.	S
I hope David can help me during labour.	S
I have a great husband.	S

Non-Pregnant

I have been married six months.	S
I am thinking of starting a family with my husband soon.	P
I came to Canada because I love my husband.	S
I want to have a wonderful marriage.	S
I want to understand my husband always.	S
I would like to be a nice mother.	P
I wish Pat and I could get really married.	S
I want to be happy forever with Pat.	S
I am so afraid of losing him (Pat).	S
I love Pat more than myself.	S
I am the wife of a University student.	S
I live with my husband.	S
I would like to start having a family soon.	P
I married my Canadian husband two years ago.	S
I am very happy since my marriage.	S
I am married.	S
I love my husband.	S
I like taking walks and going on hikes with my husband.	S

Non-Pregnant

I feel very close to Paul.	S
I like to please my husband.	S
I am married to an Italian.	S

Appendix G

First Five Respondent Ranked Self-Statements

This appendix contains a list of the five statements ranked most important by each respondent of their total statements given and ranked from most important to least important. They are answers to the "I" self-identification question for the sample of this study. Each statement is taken from the TST interview schedule as it was recorded. Statements are grouped by trimester and for non-pregnant women and given by respondent number in order of importance 1-5 as ranked by each respondent. The number following each statement indicates its order of placement on the TST interview schedule, and the sign (+, -, o) indicates the respondents evaluation of that statement. The + indicates a positive statement, - a negative statement, and o a neutral statement, neither positive nor negative.

Ranked TST Statements

Ist Trimester

Respondent

(12)	1.	I'm looking forward to having this baby.	14+
	2.	I like having my husband around me.	13+
	3.	I worry all the time about my younger sister.	15+
	4.	I worry all the time about Fred.	17+
	5.	I enjoy my marriage.	3+
(23)	1.	I and my husband are excited about this event.	8+
	2.	I and my husband are ready to accept the challenge.	9+
	3.	I and my husband have felt that enough time has passed to learn each other's characteristics.	11+
	4.	I and my husband have expanded upon our own identities.	10+
	5.	I respect the position I and my husband hold together with each other.	14+
(25)	1.	I wish my husband the best of luck with his Ph.D.	13+
	2.	I enjoy my job and profession.	3+
	3.	I love my husband.	14+
	4.	I look forward to a return to work after the baby.	4+
	5.	I am generally happy with my life.	5+
(31)	1.	I am expecting my first child.	3+
	2.	I am moving July 26 to a new home.	2+
	3.	I am quite busy packing.	3+
	4.	I have to buy my husband a birthday cake.	8+
	5.	I hope to get the day off I need for moving.	13+

Ist Trimester

Respondent

(33)	1.	I am a working wife.	1+
	2.	I tried to become pregnant for over a year.	2+
	3.	I want to give up all responsibilities as a working wife.	4+
	4.	I want to be needed by someone other than my husband.	5+
	5.	I love children.	6+
(35)	1.	I am also very happy to be pregnant.	2+
	2.	I am satisfied with my job and profession.	1+
	3.	I am looking forward to my husband finishing school.	18+
	4.	I wonder a great deal about the pregnancy.	19+
	5.	I particularly enjoy being with people.	10+
(37)	1.	I love my husband.	1+
	2.	I miss my mother.	5-
	3.	I worry about finances.	4-
	4.	I don't know how to decorate my baby's room.	3o
	5.	I hope I'm a good mother.	5+
(39)	1.	I am a female.	1+
	2.	I am married.	4+
	3.	I am a happy person most of the time.	13+
	4.	I enjoy people.	10+
	5.	I am now pregnant.	12+
(40)	1.	I wish I had more time to do things.	1o
	2.	I am not a very patient person.	12-
	3.	I hope work isn't hectic tomorrow.	19-
	4.	I like reasonable people.	6+
	5.	I hope we will get to the cottage this weekend.	20+

Ist Trimester

Respondent

(41)	1.	I am happily married.	1+
	2.	I would like to have children.	6+
	3.	I am too emotional.	20+
	4.	I enjoy travelling.	18+
	5.	I enjoy getting out in the fresh air.	14+
(48)	1.	I like being married.	15+
	2.	I have two dogs both female.	10o
	3.	I like puppies.	2+
	4.	I like nice things.	11+
	5.	I like having friends over.	13+
(50)	1.	I am happily married.	1+
	2.	I am pregnant.	12+
	3.	I enjoy life.	2+
	4.	I am generally a happy person.	14+
	5.	I am easily upset.	5-
(56)	1.	I am pregnant.	1+
	2.	I am feeling o.k.	2o
	3.	I drink a lot of milk.	12o
	4.	I gain a lot of weight.	6+
	5.	I don't have any pains.	3o

2nd Trimester

(4)	1.	I am a woman.	2+
	2.	I am pregnant.	1+
	3.	I feel well adjusted.	14+
	4.	I want a child.	7+
	5.	I like the way I live.	9+

2nd Trimester

Respondent

(11)	1.	I am very glad I am having a baby.	19+
	2.	I have understanding parents.	8o
	3.	I have an understanding husband.	9+
	4.	I was married on Dec. 1.	2+
	5.	I was 20 when I was married.	3+
(13)	1.	I look forward to September.	12+
	2.	I feel my image changing.	13+
	3.	I'm wondering about our next move.	4+
	4.	I am usually full of energy.	1+
	5.	I have and enjoy a sense of humour.	14+
(15)	1.	I would like to have a baby girl.	7+
	2.	I quit smoking.	1+
	3.	I would like to go for a vacation.	8+
	4.	I would like to win the lottery.	18o
	5.	I like my job - hairdressing.	3+
(17)	1.	I am very much in love with my husband.	1+
	2.	I am glad I'm pregnant.	4+
	3.	I hope to be a good mother.	5+
	4.	I like to keep active.	2+
	5.	I enjoy being with people.	3+
(19)	1.	I am very happy and excited about it.	3+
	2.	I love to entertain.	8+
	3.	I am working part-time in my husband's office.	5+
	4.	I teach creative stitching at night school.	16+
	5.	I sew a great deal.	11+

2nd Trimester

Respondent

(24)	1.	I expect many changes to occur soon.	1o
	2.	I know I will lose my freedom.	2-
	3.	I will also lose financial independence.	8-
	4.	I know I need more challenge.	11o
	5.	I want this baby.	16+
(29)	1.	I believe in God.	20+
	2.	I believe in the right to life.	19+
	3.	I wish there was peace on earth.	18+
	4.	I love to do things with Ted.	14+
	5.	I am excited about having a baby.	4+
(30)	1.	I love my husband.	16+
	2.	I am happy.	2+
	3.	I am pregnant.	1+
	4.	I am looking forward to being a mother.	8+
	5.	I feel I would be a good mother.	9+
(34)	1.	I can show my husband how much I love him.	3+
	2.	I have no complaints about myself.	6+
	3.	I feel that right not I am the happiest.	1+
	4.	I hope its a boy.	20+
	5.	I can hardly wait till December.	9+
(38)	1.	I hope my babies are both alright.	12+
	2.	I hope Dr. Hunter can deliver the babies.	16+
	3.	I will be glad to quit work.	1+
	4.	I want my babies to be healthy.	3+
	5.	I hope we can get a house soon.	4+

2nd Trimester

Respondent

(43)	1.	I'm feeling very conspicuous.	9-
	2.	I find this rather strange.	2-
	3.	I don't find this very easy.	3+
	4.	I feel like one of my kids right now.	11o
	5.	I'm finally finished.	5o
(45)	1.	I love Taffy--my dog.	8+
	2.	I enjoy being with people.	7+
	3.	I am tired tonight.	1-
	4.	I feel better than usual today.	2+
	5.	I should take the dog to the vet.	18+
(47)	1.	I love Chris.	9+
	2.	I want to be happy in my life.	13+
	3.	I am going to have a baby.	3+
	4.	I would like to travel soon.	5+
	5.	I am looking for a topic to do my thesis on.	1o
(49)	1.	I want to be an excellent painter.	9+
	2.	I think too much about my painting and future child.	13+
	3.	I need time and solitude for my work.	10+
	4.	I wish I knew if a child interferes bodily with my painting.	11-
	5.	I can't find enough time to think about my painting.	4-
(54)	1.	I am scared.	3+
	2.	I am fascinated.	9+
	3.	I am pregnant.	1+
	4.	I am going to have a son.	8+
	5.	I hope it is a boy.	19+

2nd Trimester

Respondent

(57)	1.	I think I feel ready in myself to have a child.	4+
	2.	I feel quite different about this now.	2+
	3.	I was very nervous about becoming pregnant.	1+
	4.	I had mixed feelings about not having twins.	3-
	5.	I feel content and ready to have a family.	19+
(58)	1.	I love to live with my husband and share my experience with him.	19+
	2.	I at this present moment, am trying to be a good wife.	1+
	3.	I will try to satisfy my husband the best I can.	2+
	4.	I will try to be a good mother to my child.	3+
	5.	I am happy with myself for what I have accomplished so far.	11+
(59)	1.	I love my husband.	1+
	2.	I am happy we are going to be parents.	2+
	3.	I enjoy our friends.	5+
	4.	I hope our church people like us as well a year from now.	15o
	5.	I am glad Bill enjoys the pastorate.	7+

3rd Trimester

(2)	1.	I love my husband.	1+
	2.	I love being married.	5+
	3.	I can't wait till the baby is born.	7+
	4.	I love being pregnant.	4+
	5.	I like children.	19+

3rd Trimester

Respondent

(3)	1.	I love my husband.	2+
	2.	I hope everything goes alright at birth.	5+
	3.	I am pregnant.	1+
	4.	I hope David is alright on the ladder by himself.	9+
	5.	I think David wants a boy.	19o
(6)	1.	I love my husband.	9+
	2.	I am very happy.	1+
	3.	I am looking forward to our baby coming.	8+
	4.	I can hardly wait.	10+
	5.	I miss being able to get loose physically with my husband.	13+
(7)	1.	I hope we get the car fixed fast.	15+
	2.	I can't wait to have the baby.	16+
	3.	I hope the kids are behaving.	6+
	4.	I have to get a present for Jane.	14+
	5.	I have to buy something for my brother.	17+
(9)	1.	I am happy to be pregnant.	20+
	2.	I love my baby.	19+
	3.	I want to be a good mother.	5+
	4.	I plan to nurse my baby.	6+
	5.	I hope my parents are happy.	10+
(10)	1.	I hope and pray that my baby is healthy.	16+
	2.	I am happy that my baby is almost due.	1+
	3.	I can hardly wait to see and hold my baby.	20+
	4.	I think it will be fun to be a mommy.	15+
	5.	I hope that my husband and I will be good parents.	3+

3rd Trimester

Respondent

(21)	1.	I am pregnant.	1+
	2.	I am a wife.	3+
	3.	I am hot.	2-
	4.	I wish it was cooler.	5+
	5.	I can feel the baby move.	16+
(27)	1.	I wish I could live this past year over again.	18-
	2.	I am expecting in August.	1+
	3.	I would like to be able to buy a super house.	2+
	4.	I want peace in the world.	6+
	5.	I wish it were the end of August already.	11+
(28)	1.	I am happily married.	4+
	2.	I am expecting a baby very shortly.	2+
	3.	I am apprehensive about the inevitable change in life style with the arrival of the baby.	3-
	4.	I will be very pleased to deliver it.	3o
	5.	I do not intend to be a full time mother.	7o
(42)	1.	I lost my watch.	1+
	2.	I took a bath and washed my hair.	8+
	3.	I saw an accident.	14+
	4.	I finished the ironing.	4+
	5.	I came over some papers today.	6o
(44)	1.	I enjoy being pregnant.	1+
	2.	I am happy to be living near home.	2+
	3.	I'd like to have a boy one day, a girl the next.	6+
	4.	I miss my old friends.	7+
	5.	I am nervous about going to the hospital.	10-

3rd Trimester

Respondent

(51)	1.	I am becoming more and more eager to have my baby.	2+
	2.	I hope I will know what to do when I bring the baby home.	10-
	3.	I hope I am able to cope with everything.	13-
	4.	I hope David can help me during my labour.	18+
	5.	I am frightened at the thought of labour.	19-
(52)	1.	I am very happy.	1+
	2.	I am very fond of pets.	10+
	3.	I am very happy about my pregnancy.	11+
	4.	I am crocheting a baby outfit for my girlfriend.	7+
	5.	I have a mother, father and sister.	5+
(53)	1.	I have a doctor's appointment Friday.	6+
	2.	I have yet to do my exercises today.	9+
	3.	I must begin dinner at 4:30p.m.	3o
	4.	I have to go into Hamilton tomorrow.	5+
	5.	I must pick up a card and cake for tomorrow.	7+
(55)	1.	I want to get some more reading done.	11+
	2.	I don't like shopping for Christmas.	2+
	3.	I have some ironing to do.	8o
	4.	I want to read the Spec. if I have time.	7+
	5.	I hate doing dishes.	4+

Non-Pregnant

(1)	1.	I have been married 6 months.	2+
	2.	I enjoy my job and thus am not ready to start a family.	8+
	3.	I love children.	6+
	4.	I am 21 years old.	1+
	5.	I work in the retail business.	3+

Non-Pregnant

Respondent

(5)	1.	I am thinking of starting a family with my husband soon.	8+
	2.	I am a nurse.	3+
	3.	I am content with my work.	5+
	4.	I work in a hospital.	4+
	5.	I like working in labour and delivery.	9+
(14)	1.	I would like to be very intelligent.	1+
	2.	I came to Canada because I love my husband.	2+
	3.	I want to understand my husband always.	18+
	4.	I want to have a wonderful marriage.	8+
	5.	I need much love.	6+
(16)	1.	I wish I could have a child.	3-
	2.	I am so afraid of losing him (Pat).	5+
	3.	I want to be happy forever with Pat.	5+
	4.	I love privacy.	
	5.	I hope we get the place we looked at recently.	7+
(20)	1.	I am very happy since my marriage.	20+
	2.	I like living in Canada.	1+
	3.	I live with my husband.	6+
	4.	I would like to start having a family soon.	
	5.	I hope some day to become a Canadian citizen.	8+
(26)	1.	I am almost a qualified pre-school teacher.	2+
	2.	I am happy.	10+
	3.	I love my family.	20+
	4.	I love my husband.	19+
	5.	I am hot.	5o

Non-Pregnant

Respondent

(32)	1.	I feel very close to Paul.	16+
	2.	I'm determined to do things well.	15+
	3.	I feel good about the friends we have.	18+
	4.	I like to please other people.	19o
	5.	I enjoy giving help to others and helping out.	20+
(36)	1.	I want to continue my life.	20+
	2.	I like to please my husband.	10+
	3.	I want to watch my family grow.	17+
	4.	I want to feel new life.	16+
	5.	I want my family to be warm.	15+
(46)	1.	I want children very much.	2+
	2.	I am married to an Italian.	3+
	3.	I would like to buy a house.	5+
	4.	I have a mother who is ill.	6+
	5.	I wonder how my mother is.	19o

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