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Reported Feelings of Third Trimester Nulliparous Women with a History of an Involuntary Fetal Death Experience

by

(C) Doris Bodnar

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

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Abstract

The purpose of this study was to explore and describe the feelings of women towards aspects of their pregnancies, unborn children, and maternal selves following past involuntary fetal death experiences. Four women who had experienced miscarriages in the past and two women who had experienced the stillbirth of their children in the past and who were subsequently pregnant were studied.

Interviews were conducted to collect data. Data were collected in the third trimester of the women's childbearing experiences. On the average, three private interviews were conducted with each woman. The interviews were tape recorded and the transcriptions of the recordings comprised the raw data for content analysis.

Two main categories of maternal feelings were inductively established from examinations of the women's verbalizations about their pregnancies, unborn children, and maternal selves: pleasurable and unpleasurable. Pleasurable feelings were those responses that a woman experienced when she attained an object which she desired or when she perceived an object which she desired as attainable. Three types of pleasurable feelings were inductively established from the data: happiness, love, and relief. Unpleasurable feelings were those responses that a woman experienced when she did not attain an object which she desired or when she perceived an object which

she desired as unattainable. Four types of unpleasurable feelings were inductively established from the data: fear, sadness, anger, and guilt.

The women reported having feelings in relation to aspects of their pregnancies, unborn children, and maternal selves. Aspects of their pregnancies were the women's references to aspects of their past, present, and future pregnancies, including their labour and deliveries. Aspects of their unborn children were the women's references to aspects of their past, present, and future unborn children's health, growth, personality, movement, biological functioning, and bodily structural characteristics. Aspects of their maternal selves were the women's references to aspects of themselves as past, present, and future childbearers and childrearers.

In this study, unpleasurable feelings were the most frequently reported type of maternal feelings. Although some women reported having feelings of sadness, anger, and guilt, most of the women reported having feelings of fear which related to aspects of their present pregnancies, present unborn children, and present and future maternal selves.

The women also reported having pleasurable feelings during their present childbearing experiences. More of the women in this study reported having feelings of love with regard to aspects of their present unborn children, and their past and future maternal selves, while fewer women reported having feelings of relief with regard to aspects of their past and

present pregnancy, and their past maternal selves. The women reported three factors that affected their maternal feelings during their present childbearing experiences: their level of knowledge, the responses of others, and their post involuntary fetal death experiences.

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I INTRODUCTION

The belief that preparation for motherhood is important for a pregnant woman's continued emotional growth has received increasing attention in the literature. Based on the research literature, Peterson (1981) concluded that "the way in which a woman prepares for motherhood influences her confidence and ability to mother" (p.4). Rossi (1973) provides two reasons why women in today's western society may have difficulty in preparing for motherhood: 1) a paucity of preparation — a majority of women approach childbearing with no previous child care experience beyond sporadic baby-sitting and perhaps a course in child psychology, and 2) a lack of realistic training for motherhood during the childbearing period. Gladieux (1978) believes there is one more reason why today's women may have difficulty in preparing for motherhood: isolation of the modern nuclear family from the extended family. Because of such reasons, it is becoming increasingly important to ensure that women of the western society receive the preparation for motherhood that they require.

Different aspects of a childbearing woman's preparation for motherhood have been studied (Arbeit, 1976; Chodorow, 1978; Flapan, 1969; Grossman, 1980; Lederman, 1984; Leifer, 1980; Rich, 1979; Rubin 1967; Shereshefsky & Yarrow, 1973). Most researchers have, however, focused on women undergoing a normal childbearing experience. No research could be found which described a childbearing woman's, and specifically a third trimester nulliparous woman's, preparation for motherhood following an involuntary fetal death experience.

Background of the Problem

In the 1930's and 1940's, when views of women were more obviously stereotyped than they are today, childbearing was viewed mainly as a rewarding and fulfilling experience. Deutsch (1945) described childbearing as the fulfilment of a woman's deepest yearning, and perceived pregnancy to be a calm, dream-like period during which a woman gave up all other demands and pressures and devoted herself to the forthcoming child. By the 1960's, society's views about women were changing. In 1961, Bibring conducted a study and found that many women had doubts about motherhood; the prior idealization of women's preparation for motherhood during childbearing has dissipated. Preparation for motherhood was conceptualized by Bibring as a time of reawakening of old feelings. Resolution of these feelings was viewed as a means of readying oneself for the demands of the future. Today, many authors still share Bibring's view with regard to women's preparation for motherhood (Ballou, 1978; Lederman, 1984; Offerman-Zukerberg, 1980; Raphael-Leff, 1980; Rubin, 1975; Wolkind, 1981). In western society, childbearing women are seen as needing time to prepare for motherhood. Preparation for motherhood is being recognized as an important indicator of a woman's ability to identify with the motherhood role (Lederman, 1984), and society is promoting this preparation in the childbearing period.

Today, there is some controversy about whether women with a history of an involuntary fetal death experience differ in their preparation for motherhood from women who have not had an involuntary fetal death experience. Giles (1970), Johnson (1972), Kowalski and Bowes (1976),

Seitz and Warrick (1974), and Peppers and Knapp (1980) concur that a woman perceives an involuntary fetal death as a loss, and that grief feelings result. The impact of these grief feelings on a woman's subsequent preparation for motherhood is, however, unknown. Rubin (1967), Vestal and McKenzie (1983), Cranley (1978), Highley (1967), Klaus and Kennell (1982), Raphael and Leff (1980), and Lederman (1984) believe that the reviewing or resolving of such grief feelings during childbearing acts as a catalyst to prepare for motherhood. However, Lewis (1979) argues that grief feelings about a loss are inhibited during the childbearing period, and preparation for motherhood continues uninterrupted by grief feelings.

Statement of the Problem

According to Caplan (1959), a childbearing woman develops feelings towards aspects of her unborn child, pregnancy, and maternal self. Leifer (1980), Ballou (1975), Arbeit (1975), Lederman (1984), Breen (1975), and Shereshefsky and Yarrow (1973) view women's feelings towards some or all of these aspects as important contributors to a woman's preparation for motherhood. Lewis (1980), Friedman and Gradstein (1982), Vestal and McKenzie (1983), and Penticuff (1982) are of the opinion that the difficulties experienced by women, when preparing for motherhood following an involuntary fetal death experience, are compounded by society's lack of knowledge and understanding about their feelings towards aspects of their pregnancies, maternal selves, and unborn children.

Following an involuntary fetal death experience, a woman may be uncertain of her ability to sustain her subsequent pregnancy to term. She

may therefore have difficulty developing positive feelings or any feelings at all towards her pregnancy (Galloway, 1976; Penticuff, 1982; Warrick, 1974). The fear that she may be unable to carry her pregnancy to a successful outcome may hinder her preparation for motherhood. She may feel too threatened by the potential loss of her present unborn child to contemplate her future role as a mother.

According to Penticuff (1982), and Friedman and Gradstein (1982), a woman who had developed feelings towards her fetus who subsequently died may not experience feelings towards her next child and may feel powerless to rectify the situation. Rubin (1975) states that a woman may not know that her grief feelings about her past fetal loss may be reviewed by her or may continue to have an impact during a subsequent childbearing experience. She may feel guilty for dwelling on her past involuntary fetal loss and for not developing feelings towards her present unborn child.

Today, due to advances in medical knowledge and technology, an increasing number of women are able to carry their fetuses to term following a previous involuntary fetal death. Preparation for motherhood may be important for this growing group of women because: 1) adaptation to pregnancy has been shown to be a positive indicator of healthy mother-child interactions (Ballou, 1975; Breen, 1975), 2) anticipatory preparation for the motherhood role assists in the taking on of this role postpartally (Breen, 1975; Lederman, 1984), and 3) a woman needs to identify her present unborn child as separate from the child she lost in the past (Lewis, 1979). Breen (1975) found that women's adaptation to pregnancy correlated highly with their adaptation to their postpartum situation. Ballou (1975) found that a woman, who adapted to her pregnancy

by gaining a sense of herself as a mother, a sense of her own mother, and a sense of her unborn child, exhibited a high level of adjustment at six weeks postpartum.

According to Breen (1975), anticipatory anxiety about their future childbearing and childrearing roles assists women in rehearsing and therefore in adapting to such roles. Recently, Lederman (1984) reported that women, who envisioned themselves as mothers and anticipated and accepted future life changes, progressed further in closing the gap between being a woman-without-child to being a woman-with-child than women who did not envision themselves as mothers or accept future life changes.

Cain and Cain (1964), and Poznanski (1972) state that, following the death of a child, a woman, who does not identify her subsequent child as separate from the child who died, may view the child as a replacement for the dead child. Robson and Moss (1970), Arbeit (1976), Cranley (1981), Leifer (1980), and Caplan (1959) point out that the development of maternal feelings towards the unborn child is important since this influences the development of maternal feelings towards the child postnatally.

It is important for women to prepare for motherhood but little is known about such preparation in the case of women with a history of a fetal loss. Considering that an increasing number of such women are able to carry their subsequent fetuses to term, it is important to examine women's preparation for motherhood following past involuntary fetal death experiences, their feelings during their subsequent pregnancies, and the factors that may affect their feelings. By providing a report of these women's feelings towards their pregnancies, maternal selves, and unborn children, and the factors that may affect those feelings, this study seeks

to increase nurses' understanding of these women and how their nursing care may be improved.

Guiding Research Questions

Several questions with regard to pregnant women with a history of past involuntary fetal losses guided the formulation of the research questions to be answered in this study. They were as follows:

1. How are a woman's feelings towards her unborn child influenced by her perception of her husband's feelings?
2. How does a woman's motivation to assume the role of mother affect the feelings she reports having towards her unborn child?
3. Will a woman who experienced an involuntary fetal death during the first half of her past pregnancy report having similar feelings towards her unborn child as a woman who experienced an involuntary fetal death during the last half of her past pregnancy? If not, in what way(s) are they different?
4. Will a woman's reported feelings towards her unborn child differ with the length of time which has elapsed since her past involuntary fetal death experience? If so, how?
5. Does a woman's reported feelings towards her unborn child change once the week of gestation during which her fetus died in the past has passed? If so, how?
6. Will a woman who perceives her unborn child as a real person, separate from herself, differ in the feelings she reports

having towards her child from a woman who does not perceive her unborn child as a real person, separate from herself? If so, how?

Research Questions

1. What feelings do third trimester nulliparous women report having towards aspects of their pregnancies, unborn children, and maternal selves following past involuntary fetal death experiences.
2. What reported factors affect the feelings of third trimester nulliparous women with regard to aspects of their pregnancies, unborn children, and maternal selves following past involuntary fetal death experiences?

Definitions

1. Feelings: responses to subjective valuation processes through which a person attaches acceptance or rejection of the emotional content being processed.
2. Third trimester nulliparous woman: a female in her thirty-second week of pregnancy or beyond who has not produced a viable child (Benson, 1978).
3. Unborn child: a child that has not been born alive or that is presently in utero.
4. Maternal self: a woman's references to herself as a past,

present, and future childbearer and childrearer.

5. Involuntary fetal death: the cessation of fetal life prior to or during the delivery of a fetus which was not a result of a decision made by anyone, including the childbearing woman, to terminate that fetal life.

Assumptions

1. An involuntary fetal death experience constitutes a loss.
2. Role preparation is an indicator of role identification.
3. A woman's verbal reports of her feelings towards aspects of her pregnancy, unborn child, and maternal self reflect her actual feelings.
4. A woman's report of her feelings towards aspects of her pregnancy, unborn child, and maternal self is limited to a woman's awareness of her feelings and to her ability to label these feelings.

Purpose of the Study

The purpose of this study was to increase existing knowledge and understanding about third trimester nulliparous women's feelings towards aspects of their pregnancies, unborn children, and maternal selves following past involuntary fetal death experiences, and the factors that may affect these women's feelings.

Significance of the Study for Nursing

A woman, who has experienced an involuntary fetal death and subsequently becomes pregnant, usually attends prenatal clinics regularly and undergoes numerous assessments designed to ensure the safe delivery of her child. Nurses in prenatal clinics, therefore, have numerous opportunities to assist such a woman. According to Warrick (1974), nurses who work with high-risk pregnant women are responsible for the provision of knowledgeable physical care, health information, and emotional support. During "the stressful period of childbearing, the nurse may contribute significantly to the outcome of the pregnancy and to the mother's growth" (p.358).

Some researchers have designed intervention programs to assist nurses in promoting a woman's emotional growth during a high-risk pregnancy. Intervention programs such as those proposed by Carter-Jessop (1981) and Malnory (1982) are, however, based on the assumption that a woman who has experienced a fetal loss does not differ in her psychological preparation for motherhood from a woman who has not experienced a fetal loss. Thus, an universal assessment tool is used. Carter-Jessop's program encourages nurses to focus exclusively on a woman's feelings towards her unborn child. This may imply to a woman that her feelings of grief for her past involuntary fetal loss are not normal or expected. Thus, such a program may leave women feeling increasingly guilty about the different way in which they are preparing themselves psychologically for motherhood.

Malnory's (1982) program consists of nursing interventions that encourage women, during a normal childbearing experience following the

stillbirth of a child, to conform to behaviours expected of women during a normal childbearing experience. The interventions include encouraging a woman to name her unborn child, to discuss methods of feeding her child, and to stress the normalcy of the child. However, evidence is beginning to indicate that women, during a subsequent childbearing experience following the loss of a fetus, fear that they will not become mothers (Penticuff, 1982; Warrick, 1974) and that the nursing interventions proposed by Malnory may add to the women's anxieties during their subsequent childbearing experiences.

To promote the emotional growth of pregnant women with a history of a fetal loss, a nurse needs to be knowledgeable about the feelings such women have towards aspects of their pregnancies, unborn children, and maternal selves, and the factors which may affect these feelings. This study seeks to increase nurses' knowledge in this area, and to help nurses gain insight into the emotional needs of these women during the latter stage of the childbearing period and the kind of nursing interventions which might promote optimal emotional growth.

Summary

Preparation for motherhood is recognized as an important indicator of women's identification with motherhood. Following involuntary fetal death experiences, childbearing women may or may not have difficulty preparing for motherhood. By describing the reports of third trimester nulliparous women with regard to their feelings towards aspects of their pregnancies, unborn children, and maternal selves following past

involuntary fetal death experiences, and the factors which may affect these feelings, this study seeks to increase nurses' understanding of these women and how their nursing care may be improved.

II CONCEPTUAL FRAMEWORK

The conceptual framework of the proposed study is based on role theory and the concepts of feelings, loss, and grief. The framework focuses on role preparation, a concept of role theory. Role preparation is defined by Rossi (1973) and Burr (1972) as the learning of a role prior to its enactment.

Preparation for motherhood is a significant aspect of a developmental stage of a woman's life, that of motherhood (Breen, 1975). Erikson (1963) and Duvall (1977) postulate that successful development is dependent on the meeting of the tasks of each developmental stage in a sequential order. In preparing for motherhood, by reviewing and or resolving feelings from a past developmental stage, such as the childbearing stage, a woman is able to leave that stage and progress to the next stage of development, which, in this example, is the childrearing stage. Although a woman may begin to prepare for motherhood prior to the childbearing phase of her life, her preparation increases when she realizes that she will be a mother in the near future.

Preparation for motherhood is defined by Deutsch (1945) as a woman's psychological and physical preparation for a relationship with her child. While a childbearing woman prepares for a relationship with her child, she is in transition between being a woman-without-child to being a woman-with-child. Most women develop pleasurable feelings towards aspects of their pregnancies, unborn children, and maternal selves during the childbearing stage. A woman's anxiety towards aspects of her pregnancy during her third trimester of pregnancy assists her in making the

transition between being a woman-without-child to being a woman-with-child. Anticipated anxiety towards aspects of her unborn child and maternal self may also be indicators of a woman's adaptive preparation for motherhood (Lederman, 1984).

A woman develops feelings towards aspects of her pregnancy, unborn child, and maternal self by interpreting her responses to the related stimuli. A woman's responses are expressed by her physiological manifestations and behaviours which Langer (1967) refers to as "objective public data". In order to interpret her responses towards aspects of her pregnancy, unborn child, and maternal self, a woman must engage in conscious mental activity. One result of this mental activity is what Langer (1967) calls "subjective private data" or feelings. Brenner (1967) refers to two categories of a person's feelings: pleasurable and unpleasurable. According to Brenner, a feeling is always accompanied by an idea; pleasurable feelings with the idea of gratification and unpleasurable feelings with the idea of danger. A childbearing woman's feelings towards aspects of her pregnancy, unborn child, and maternal self may be affected by a number of factors, such as the woman's desire for the pregnancy and the motherhood role, the woman's degree of physical discomfort during pregnancy, the time at which the woman perceives her fetus as a real person separate from her, the woman's perception of her husband's feelings towards the unborn child, a past involuntary fetal death experience, and other factors which the woman states affect her feelings.

Prior to being interviewed in the proposed study, some women may have already interpreted their reactions towards aspects of their pregnancies, unborn children, and maternal selves. They may, therefore, be

able to readily report their feelings. However, some women may not have consciously interpreted their reactions. Consequently, they may not be able to label their feelings.

Following an involuntary fetal loss experience, a woman's psychological preparation for motherhood during a subsequent childbearing experience may take on a form different from that of a woman who has not experienced a fetal loss. Loss, defined as "any situation, either actual or potential, in which a valued object is rendered inaccessible to an individual" (Schmidt & Hatton, 1972,p.26), results in a complex combination of numerous emotions known as grief (Carlson, 1978). Since grief work, the psychological work required to adjust to a loss (Carlson, 1978), may take from months to years for a person to complete (Engel, 1964), a woman may report having feelings of grief for her past fetal loss during a subsequent childbearing experience. A woman develops grief feelings regarding her past fetal loss by interpreting her reactions to stimuli which relate to her past involuntary fetal loss. A woman who reports having grief feelings for her past involuntary fetal loss during a subsequent childbearing experience is either reviewing or continuing with her grief work.

A woman who has interpreted her reactions to her past involuntary fetal loss will likely have feelings of grief. She may review these feelings during her subsequent childbearing experience. This review may assist her in resolving her ambivalent feelings towards aspects of her present pregnancy. Her maternal self may be strengthened. According to Rubin (1975), a woman's review of her grief feelings may also act as a catalyst for the gaining, by her, of a sense of her unborn child. If

all of this is true, a woman, who reviews her feelings of grief during a subsequent childbearing experience, may be enabling herself to prepare for motherhood (Vestal & McKenzie, 1983).

A woman, who has not interpreted her reactions to her past involuntary fetal loss prior to her subsequent childbearing experience, may begin her interpretations during the childbearing experience. Such a childbearing woman may develop feelings towards aspects of her pregnancy, unborn child, and maternal self, if she arrives at some resolution of her grief feelings before the end of her pregnancy (Seitz & Warrick, 1974). She will then likely prepare for motherhood. For some women, the nine months of pregnancy may not be long enough to complete all aspects of their preparation for motherhood. For these women, their preparation for motherhood may be incomplete at the time of childbirth.

A woman, who continues to interpret her reactions to her past involuntary fetal loss throughout her subsequent childbearing experience, may not resolve her grief feelings before the end of her pregnancy. Such a woman may not progress beyond developing neutral and/or unpleasurable feelings towards aspects of her pregnancy, unborn child, and maternal self. A woman, who continues her grief work throughout a subsequent childbearing experience, may hinder her preparation for motherhood (Dunlop, 1979; Vestal & McKenzie, 1983).

A woman who develops pathological grief feelings may become obsessed with the interpretation of her reactions towards her past involuntary fetal loss and vice versa. In turn, a woman's pathological grief feelings towards her past involuntary fetal loss may be projected onto aspects of the pregnancy, unborn child, or maternal self. Such a

projection of feelings may be indicative of an emotional state which is adverse to a childbearing woman's psychological preparation for motherhood.

A woman's preparation for motherhood may be affected, not only by her feelings regarding a past involuntary fetal loss, but also, by her perception that her present childbearing experience is threatened. Her perception that her pregnancy is threatened may hinder her from developing pleasurable feelings towards aspects of her pregnancy. Also, a woman who feels secure about her pregnancy, but lacks evidence and/or confidence that her unborn child is healthy, may find it difficult to develop pleasurable feelings towards aspects of her unborn child. She may then not enjoy her role as a pregnant woman, and may not develop pleasurable feelings towards her reproductive role until she has evidence in the form of a live healthy child that she can function as a normal female. Furthermore, her fears about childbirth and childrearing may be intensified by her fear that her child may not be healthy. She may then not prepare for motherhood or develop negative views of herself as a mother. However, when a woman perceives that her unborn child is healthy, she may develop confidence in her mothering skills and begin to prepare for her future child.

Summary

A childbearing woman usually develops a balance of pleasurable and unpleasurable feelings towards aspects of her pregnancy, unborn child, and maternal self. A past involuntary fetal death experience may affect this balance in such a way that a woman's preparation for motherhood is either facilitated or hindered.

III REVIEW OF THE LITERATURE

In this section, literature concerning the topic of the study is reviewed in two parts: preparation for motherhood during normal childbearing experiences, and preparation for motherhood following involuntary fetal death experiences. Literature relevant to the first part is presented in terms of the dimensions of preparation for motherhood and the feelings associated with preparation for motherhood.

Preparation for Motherhood During Normal Childbearing Experiences

The developmental state of parenthood is viewed differently by researchers. Deutsch (1945) and Bibring (1961) conceptualize parenthood as a "normal crisis". Rossi (1973) argues that viewing parenthood as a "normal crisis" is a contradiction. "There is an uncomfortable incongruity in speaking of any crisis as normal" (p.433). According to Rossi, a more "fruitful" way of viewing parenthood is as a developmental stage. Tanner (1969), Colman and Colman (1973), Rubin (1975), and Clark and DAffonso (1976) also view parenthood as a developmental stage. Cohen (1979) describes the period of preparation for motherhood as a time during which personal growth or maladjustment is possible.

During the period of preparation for parenthood, a parent begins to take on the role of parent. Rossi (1973) describes four stages which are evident in the taking on of any role: 1) the anticipatory stage, 2) the honeymoon stage, 3) the plateau stage, and 4) the disengagement or termination stage. Childbearing women are in the anticipatory stage of

parenthood. During this stage, they receive training for carrying out the role of mother. Merton, Fiske, and Kendall (1956) refer to this stage as a time of anticipatory socialization, "when a person learns the norms of a role before being in a social situation to actively behave in the role" (p.265). Minimal to high amounts of training are required. According to Burr (1972), a high amount of anticipatory socialization assists a person in making role transitions. A woman's transition from being a woman-without-child to being a woman-with-child may be facilitated by a high amount of anticipatory socialization.

Dimensions of Preparation for Motherhood

Preparation for motherhood consists of two dimensions: physical preparation and psychological preparation (Ballou, 1978; Clark & DAffonso, 1976; Deutsch, 1945; Josten, 1982; Lederman, 1984; Leifer, 1980; Offerman-Zuckerberg, 1980; Rubin, 1975; Wolkind, 1981). As early as 1959, Caplan recognized the physical dimension of a woman's preparation for motherhood. Recently, Cranley (1981), Tanner (1969), Leifer (1980), and Rubin (1975) labelled a woman's acts of physical preparation for motherhood vis-a-vis her child as her "nesting behaviours".

Deutsch (1945) describes the psychological dimension of a woman's preparation for motherhood as a woman's emotional readying for a relationship with her child. Ballou (1978) believes a woman prepares for a relationship with her child by gaining a sense of her own mother, a sense of herself as a mother, and a sense of her child. According to Ballou, a woman may deal with these three aspects of her preparation for motherhood

intermittently or simultaneously during the childbearing period. According to Caplan (1959), a woman's preparation for motherhood involves the development of feelings towards aspects of her pregnancy, child, and maternal self. Deutsch, Josten (1982), Leifer (1980), Lederman (1984), Wolkind (1981), Clark and DAffonso (1976), Arbeit (1976), Colman and Colman (1973), and Ballou concur that a combination of the aspects stated by Caplan constitute the subject matter of a woman's preparation for motherhood.

The general psychological experience of childbearing assists a woman in the development of her feelings towards aspects of her unborn child. Authors refer to the pregnant woman as "intrapsychic", as having an "altered state of consciousness" (Colman & Colman, 1973), as "introverted" (Benedek, 1949, 1970), and as "turned inwards" (Caplan, 1959). Deutsch (1945), and Offerman-Zuckerberg (1980) add that childbearing is a time when a woman experiences a loosening of defenses and a time during which unconscious material is apt to emerge. The intrapsychic experience of childbearing increases during the last trimester of childbearing since this is the period when a woman is likely to be less active due to her growing physical discomfort (Rubin, 1975).

According to Benedek (1949), during the latter part of the childbearing experience, a woman's psychological preparation for motherhood occurs in two phases: 1) the storing of emotional energy, and 2) the activation of loving and giving. When a woman is not able to store her emotional energy during childbearing, she may not be able to progress to the second phase of her psychological preparation for motherhood - the stage of activation of loving and giving towards her unborn child. Ballou

(1978) refers to the gaining, by a woman, of an increased "sense of her child" during childbearing and points out that, toward the end of the third trimester of childbearing, this "increased sense of her child culminates in a readiness and eagerness to have and hold her baby" (p.90).

The literature states that a component of a woman's psychological preparation for motherhood is the development of the maternal self. Arbeit (1975) and Leifer (1975) describe several women's feelings of pride, pleasure, happiness, and contentment with regard to their ability to conceive. While the majority of the women in Arbeit's study enjoyed being pregnant and willingly gave of themselves physically and emotionally, a few of them did not enjoy being pregnant or giving of themselves during pregnancy. In Shereshefsky and Yarrow's (1973) study, the women who visualized themselves as mothers prior to their pregnancies enjoyed their pregnancies and felt confident about their future motherhood roles while the women who had not and did not visualize themselves as mothers were troubled emotionally throughout their pregnancies and felt insecure about taking on their future motherhood roles.

In her study, Ballou (1978) found that one woman did not gain a sense of herself as a mother during her pregnancy. Another woman was initially ambivalent about the motherhood role but experienced a sense of herself as a mother in the second trimester, only to have a renewed ambivalence about herself as a mother in her third trimester of pregnancy. According to Ballou, a woman who is gaining a sense of herself as a mother is also gaining a sense of herself as competent and powerful. A factor, which assists a woman in continuing to gain a sense of herself as a mother postpartally, is the visible well-being of her child.

In her study, Leifer (1975) found that the experiencing of somatic symptoms by women during early pregnancy contributed to their increased preoccupation with themselves. She also found that, by the third trimester of pregnancy, most women were increasingly preoccupied with their children and prepared for them in a physical manner. According to Leifer, this physical type of preparation "helped to further the development of the maternal bond and the psychological preparedness for motherhood" (p.74). Leifer also found that the women were distressed by their "increased emotional lability" in their third trimester (p.74), and had an increased need for attention and care during their pregnancies. Benedek (1979) termed this need as a need to be mothered during pregnancy.

Lederman (1984) viewed a woman's preparation for motherhood as involving four dimensions: 1) a woman's envisioning herself as a mother, 2) a woman's desire for characteristics indicative of a mother, 3) a woman's anticipation of future life changes, and 4) a woman's development of confidence in her maternal skills. Regarding the first dimension, five women in Lederman's study "projected" themselves in the mothering role. They daydreamed and fantasized about their future roles. Five other women, interviewed by Lederman, did not picture themselves as mothers. Lederman suggests that their fears about their future motherhood roles may have inhibited them from envisioning themselves as mothers. Lederman concluded that identification of the motherhood role begins in pregnancy.

The second dimension of preparation for motherhood, according to Lederman (1984), is a woman's desire for characteristics indicative of a mother. The characteristics that most of the women in Lederman's study desired for themselves as mothers were "availability, warmth, loving,

communicability" (p.42).

With regard to the third dimension of a woman's preparation for motherhood, a woman's anticipation of future life changes, Lederman (1984) found that most of the women in her study not only were anticipating but were accepting of future life changes such as added responsibility and reduced freedom. However, anticipated life changes continued to threaten two women in her study, Lederman cautions that ambivalence to life changes cannot be equated to degree of readiness to nurture a forthcoming child. This perceived ambivalence may be due to varying "propensities of abstract thinking" (1984, p.45). Lederman concluded that a woman's anticipation of changes in her life may be an indicator of a woman's attempt to crystallize her motherhood role.

The fourth dimension of a woman's preparation for motherhood, according to Lederman (1984), is a woman's development of confidence in her maternal skills. Lederman included a woman's perception of her future child in this last dimension of a woman's preparation for motherhood. While most of the women in her study felt confident about their maternal skills, three women expressed their fear of failure in the mothering role. Several women feared that their children would be born with anomalies and they were not confident that their children would thrive outside the womb. Although maternal fears about an unborn child's potential anomalies are acknowledged as normal during a childbearing experience (Gillman, 1968; Sherwen, 1981), in Lederman's study, the fear of anomalies was associated with concern about maternal adequacy. One woman in Lederman's study not only focused on the anticipated anomalies of her future child, but also envisioned it as a school-aged child. Caplan (1959) expresses concern

about a woman who thinks of her future child as an older child, since she feels that they may leave the mother unprepared for the reality of caring for a small infant. Lederman, Breen (1975), and Ballou (1978) concur that a woman's ability to think of herself as a mother depends on her life experiences. Those women in their studies who were nurtured and had good role models were able to identify with the motherhood role.

Feelings Associated with Preparation for Motherhood

Although both humans and other animals are capable of emoting, only humans are capable of feeling. Emoting is an organism's behavioural or physiological response to either external or internal stimuli (Gaylin, 1979; Gottshalk, 1974; Plutchik, 1980). Unlike other animals, humans have the intellectual ability to interpret their responses (Langer, 1967). Feelings are the result of a human being's interpretation of his/her responses to a stimulus. Therefore a woman develops feelings towards aspects of her pregnancy, unborn child, and maternal self by interpreting her responses to her unborn child.

A woman's feelings towards her pregnancy do not remain the same throughout her pregnancy. Several authors (Bibring, 1959; Caplan, 1959; Clark & DAffonso, 1976; Doty, 1967; Nash, 1973; Zemlick, 1953) state that a woman's feelings of ambivalence, common in the early part of pregnancy, subsides and disappears as the pregnancy progresses, and then returns at the end of the pregnancy. In their studies, Shereshefsky and Yarrow (1973), Lederman (1984), and Breen (1975) observed this progression of women's feelings of ambivalence.

Shereshefsky and Yarrow (1973) studied 60 primiparous women's adaptation to their pregnancies at three months and seven months gestation. They found that the women's feelings towards their pregnancies changed from those of ambivalence, to those of excitement, and then back to those of ambivalence. They interpreted the women's feelings of ambivalence towards their pregnancies in the third trimester as their readiness to separate from their unborn children and to care for their children, and as an indicator of a "favourable adaptation to pregnancy" (p.85).

Breen (1975) compared a group of 55 nulliparous women and a group of 22 non-childbearing women. Five assessment tools were utilized: 1) the Kelly Repertory Grid technique, 2) a drawing completion test, 3) the Thematic Apperception Test (TAT), 4) a Depression Score (PITT scale), and 5) an exploratory interview. Similar to Shereshefsky and Yarrow (1973), in her study, Breen found that the women's feelings towards their pregnancies changed from those of ambivalence, to those of a positive nature, and then back to those of ambivalence. Breen concluded that this progression of women's feelings was a reflection of the women's acceptance of their pregnancies.

According to Breen (1975), physical discomfort affects how a woman responds to her pregnancy. She states that what she terms as "somatic symptomotology of pregnancy", which includes maternal feelings of ambivalence towards a pregnancy, is greater in the early stages of pregnancy. As somatic symptoms decrease in the second trimester, positive feelings towards a pregnancy develop. In the third trimester, when symptoms again return, ambivalent feelings redevelop. Lederman (1984) concurs with Breen that physical discomfort during a pregnancy is an

indicator of a woman's level of acceptance of her pregnancy.

Lederman (1984) interviewed 32 married nulliparous women on three occasions during their third trimester of pregnancy. She utilized the following assessment tools: 1) three semi-structured interview schedules, 2) diaries and dream records, 3) an Events of Labour Scale, and 4) the State-Trait Anxiety Inventory (STAI). Rating scales were developed and used to quantify the data obtained from the interviews, the diaries, and the dream records. The psychological variables that were induced from this data were evaluated on a 5 point scale. According to Lederman, frequent physical discomfort during a pregnancy not only indicates poor maternal acceptance of the pregnancy but also is a sign of maternal conflict regarding biological functioning, mothering ability, and childrearing responsibilities. Lederman interprets the occurrence of a feeling of ambivalence in the third trimester of a pregnancy as normal and indicative of acceptance of the pregnancy. According to Lederman, the woman with such a feeling is closing the gap between being a woman-without-child to being a woman-with-child.

Lederman (1984) did not report on the validity of her data collection tools, with the exception of the interview schedules. Several nurses and psychologists reviewed the three interview schedules. Lederman did not state that these people were knowledgeable in the field of study nor did she report on the percentage of agreement between these people and the investigator with regard to the relevance of the items in the interview schedules. Lederman and a research assistant attained a 93% agreement in the categorization of the psychological variables. Although the validity and the reliability of Lederman's data collection tools were not assessed

rigorously, there is literature that support Lederman's findings.

A review of the literature indicates that a woman's feelings towards her unborn child may be affected by a host of factors including: 1) the woman's perception of her fetus as a real person, separate from her; 2) the woman's perception of her husband's feelings towards the unborn child; 3) the woman's desire for the motherhood role; and 4) the woman's past involuntary fetal death experience. A discussion of the first four factors follows. The fourth factor, a woman's past involuntary fetal death experience, is discussed in the next section of the literature review.

Early in the childbearing experience, a woman usually perceives her unborn child as a part of her. As she progresses through the childbearing experience and noticeable signs of her child's presence are felt and seen, a woman usually begins to perceive her fetus as an unborn child, separate from her (Clark & DAffonso, 1976; Colman & Colman, 1973; Klaus & Kennel, 1982; Kleinman, 1977; Rubin, 1975; Tanner, 1969; Taylor & Hall, 1979). When a woman continues throughout her pregnancy to perceive her fetus as a part of her, her feelings during the childbearing experience remain focused on herself. She does not develop feelings towards her unborn child as a separate entity.

According to Ballou's (1978), and Leifer's (1980) findings, a woman who initially perceives her fetus as a part of her, but has difficulty doing so, may report having negative feelings towards that part of herself. When such a woman then begins to perceive her fetus as separate from her, there is the chance that she will transfer such negative feelings to her unborn child. Ballou interviewed 12 women and found that, during the first trimester of their pregnancies, 4 of them had difficulty

identifying their unborn children as a part of them. Following quickening, one of these women began to perceive her unborn child as a separate part of her. She then began to report having positive feelings towards her unborn child. However, two women who initially perceived their fetuses as being a part of them, but had difficulty doing so, reported having negative feelings towards that part of them. They continued to have such feelings when they subsequently perceived their fetuses as being separate from them. Both of these women reported having feelings of anger towards their unborn children whom they imagined to be either "retarded" or "deformed" (p.90). Ballou's findings must, however, be interpreted in light of the fact that the validity or the reliability of the three structured interview schedules utilized to collect data on women's feelings towards their unborn children were not established. Interrater reliability of the coding of the data obtained during the interviews was also not established.

Leifer (1980) developed an instrument entitled, "Attachment to the Baby Checklist", to collect data regarding women's feelings towards their unborn children. The "Attachment to the Baby Checklist" measured the frequency with which women had feelings which were either positive, negative, or neutral towards their unborn children. Apart from gathering information about women's feelings, the "Attachment to the Baby Checklist" inquired into women's responses to their unborn children, such as whether women talked affectionately to their unborn children, named their unborn children, and prepared for their babies by buying clothes and furniture. From the data collected through the structured interviews and the attachment instrument, Leifer classified a woman as either: 1) minimally attached to her unborn child, 2) moderately attached to her unborn child,

or 3) highly attached to her unborn child. Five of the 19 women in Leifer's study were classified as minimally attached to their unborn children. This group of women reported having negative reactions and feelings towards aspects of their unborn children. They perceived their fetuses as intrusions throughout their childbearing experiences. They had difficulty identifying their fetuses as a part of them.

Leifer (1980) did not establish the validity or reliability of her instrument. Furthermore, her interviewers were not required to exhibit any amount of reliability in their coding of data regarding women's feelings. However, Leifer obtained an interrater agreement of 80% in the classification of a woman as either minimally, moderately, or highly attached to her unborn child. Therefore, Leifer's finding, that a woman who has difficulty identifying her fetus as a part of her may report having negative feelings towards her unborn child, may or may not be confirmed in a more rigorously conducted study.

It is thought that a woman will report having negative or neutral feelings towards her unborn child when she perceives it as separate from her but not as a person (Arbeit, 1976; Caplan, 1959). In 1959, Caplan interviewed a woman who reported having feelings of annoyance towards her unborn child whom she perceived as separate from her and whom she referred to as "the thing". According to Caplan, a woman who has negative feelings towards her fetus most frequently reports those feelings following movements of her fetus. In her descriptive study of 30 women, Arbeit described a woman who did not report having any feelings, either prior to or following quickening, towards her fetus. This woman perceived her fetus as an "embryonic form", separate from her but a nonperson (p.58). This

woman did not respond to her unborn child in a way that the other women in the study responded to their unborn children. The woman did not fantasize about her unborn child having the power of thought and speech, nor did she fantasize about the pattern of her unborn child's activity in the womb. She did not attempt to affect her unborn child's activity in the womb by talking to her unborn child, playing music to soothe her unborn child, or stroking her stomach.

According to the literature, a woman, who perceives her fetus as not only separate from her but also as a real person, may develop positive feelings towards aspects of her unborn child. In Leifer's (1980) study of 19 childbearing women, 14 women perceived their fetuses as separate from them and as real persons. These women reported having positive feelings and responses towards their unborn children. Since seven of these women reported having positive feelings towards their unborn children prior to quickening, Leifer believed that they were highly attached to their unborn children. These women also had a sense of responsibility towards their unborn children. According to Leifer, this was indicative of the presence of maternal feelings of protectiveness. The remaining seven women reported having positive feelings towards their unborn children following quickening. Leifer, therefore, believed that this latter group of women were moderately attached to their unborn children. Leifer defines attachment as "a woman's development of affective ties to her fetus" (p.76).

Utilizing a structured interview with open-ended questions, Lumley (1980) obtained descriptions from 30 Australian women of their feelings towards their unborn children. Nine women in her study or 30% of

the sample perceived their fetuses as separate from them and as real persons. They reported having feelings of love towards their unborn children in the first trimester of their childbearing experience. Lumley found that these nine women were more likely than other women in her study to have certain responses to their unborn children. These responses were to stroke and talk to their unborn children, and to prepare for their children by buying furniture and clothes. An additional 10 women or 33% of the sample perceived their fetuses as separate from them and as real persons. However, they reported having positive feelings towards their unborn children following quickening. By the last trimester of their childbearing experiences, the majority of the women in Lumley's study, 28 women or 92% of the sample, perceived their fetuses as separate from them and as real persons, and reported having positive feelings towards their unborn children. Two women, who did not perceive their fetuses as real people, reported that they did not have any feelings towards their unborn children.

Neither Leifer nor Lumley established the validity or reliability of their research instruments, or the interrater reliability of their interviewers' coding of data. Therefore, the finding of both of these researchers, that a woman who perceives her fetus as a real person and separate from her has positive feelings towards her unborn child, must be held in question.

An unanswered question is whether or not a woman's feelings towards an unborn child is affected in a positive way by her perception of her husband as having positive feelings towards their unborn child. Rubin (1975) discusses a woman's need to have her pregnancy and her unborn child

accepted by the "significant other" in her life (p.147). Lederman (1984) found that 5 out of 32 women in her study perceived their husbands as having positive feelings towards their unborn children. These women reported having positive feelings towards their unborn children. Only two women who were dealing with conflicts involving their careers were described as not being influenced by their perception of their husbands as having positive feelings towards their unborn children. The structured interview schedules with which Lederman obtained data regarding the women's feelings were not assessed for their validity or reliability. Interrater reliability of the coding of the reported feelings was not discussed by Lederman. In addition to these deficits, the absence of other research findings supporting Lederman's finding leads one to conclude that a woman's feelings towards her unborn child may or may not be affected in a positive way by her perception of her husband as having positive feelings towards their unborn child.

It is also thought that a woman's feelings towards her unborn child may or may not be affected by her perception of her husband as having neutral or negative feelings towards their unborn child. A woman may conclude that what she perceives to be negative feelings on the part of her husband towards their unborn child represents not only a rejection of their unborn child but of her (Richardson, 1981). According to Richardson, there are two systems of relationships: supportive and differential. "Within the supportive system, the pregnant woman is the recipient of the nurturing and caring of others" (p.173). Two women, in Richardson's study of 14 women, experienced a disintegration of their marital relationship when they perceived their husbands as not being supportive. These two women

perceived their husbands as having neutral feelings towards their unborn children. Richardson found that three women reported having positive feelings towards their unborn children, when they perceived their husbands as having neutral or negative feelings towards their unborn children. According to Richardson, these latter women perceived their husbands as part of their differential system of relationships. "Within the differential system the woman helps important others to organize for the addition of the expected baby to the family system" (p.173). From her study, Richardson concluded that a woman who perceives her husband as part of her supportive system of relationships may be affected by her husband's feelings towards their unborn child, while a woman who perceived her husband as part of her differential system of relationships may not be affected by her husband's feelings towards their unborn child. Since Richardson ascertained that her interview schedule had face validity, and obtained an interrater agreement of 94% for the coding of her data, her conclusions have some credibility.

A woman's motivation for motherhood may also affect her feelings towards her unborn child. Rabin (1965) describes four types of motivation for parenthood: altruistic, in which there is an unselfish motivation for parenthood with affection and concern for children; fatalistic, in which a person is seen as being brought into the world to procreate and perpetuate the species; narcissistic, in which there is the expectation that children will reflect glory on the parent, thus proving his masculinity or her femininity; and instrumental, in which the child is viewed as useful in achieving parental goals beyond those of a narcissistic nature, such as preserving a marriage.

Leifer (1980), by using Rabin's (1965) second, third, and fourth types of motivation and one other type, evolved three categories that describe a woman's motivation for motherhood: 1) growth motivated, 2) security motivated, and 3) negatively motivated. Through the analysis of interview data, Leifer classified 6 out of 19 women in her study as growth motivated, that is, they had planned their pregnancies, and "desired to provide nurturance to their child and add fulfillment to an already satisfying life" (p.68). Seven women, who had also planned their pregnancy, were classified as security motivated in that they desired a child to compensate for boredom, loneliness, or an unsatisfying marital relationship. The six remaining women were classified as negatively motivated. Four of these women had unplanned pregnancies and all six women viewed motherhood negatively. The women who were growth motivated reported having positive feelings towards their unborn children prior to quickening, while the women who were security motivated reported having positive feelings towards their unborn children following quickening. Leifer concluded that a direct correlation exists between women's negative motivation for motherhood and the absence of feeling or negative feelings of women towards their unborn children. Leifer's findings and conclusion must be considered in light of the fact that the interview schedules by which data were collected were not assessed for their validity or reliability. Leifer did, however, obtain an interrater agreement of 80% in her classification of women as growth motivated, security motivated, or negatively motivated for motherhood.

Arbeit's (1976) study of 30 women produced findings which were similar to those of Leifer (1980). One woman who seemed to be growth

motivated towards motherhood, in the way described by Leifer, reported having positive feelings towards her unborn child prior to quickening and two women who seemed to be security motivated, in the way described by Leifer, reported having ambivalent feelings towards their unborn children throughout their childbearing experience. These findings provide limited support for Leifer's finding, since the validity and reliability of the study interview schedule and the interrater reliability of the coding of data were not assessed.

There is a lack of consistency in the literature with regard to the way in which a woman's reported feeling of anxiety towards her unborn child are interpreted. When the women, in their studies, reported having feelings of anxiety towards their unborn children, Lumley (1980) and Leifer (1980) interpreted those feelings as positive maternal feelings. Leifer found that the 19 women in her study reflected three patterns of anxiety in relation to their unborn children and themselves. Five women who were minimally attached to their unborn children tended to focus their anxiety on themselves, while seven women who were moderately attached to their unborn children reported being anxious about themselves and their unborn children. The remaining six women who were classified as highly attached to their unborn children reported that they focused their anxiety on their unborn children. From these findings, Leifer concluded that "anxiety directed towards the fetus appears to be a reflection of the development of a maternal bond, while anxiety directed towards the self appears to have regressive overtones" (p.73). Leifer's conclusions must be assessed taking into consideration the fact that the validity and reliability of her interview schedules were not established. However, 80% of the time, Leifer

and her interviewers agreed with regard to their classification of women along the dimensions of attachment and patterns of anxiety. Similarly, Lumley found that 28 out of the 30 women in her sample had feelings of anxiety about their unborn children. Lumley interpreted the women's reported anxieties directed towards their unborn children as an indicator of positive maternal feelings, since these women also reported having positive feelings towards their fetuses' movements. According to Lumley, these women were attached or had "bonded" to their fetuses (p.1069). Lumley's interview schedule was not assessed for its validity or reliability, and the women were classified as having feelings of anxiety towards their unborn children without any demonstration of the reliability of this classification, thereby leaving Lumley's findings open to question.

Ballou (1978) found that 2 out of the 12 women she interviewed had feelings of anxiety towards their unborn children. Ballou believed that this anxiety was an indicator of the women's negative feelings towards their unborn children. Ballou may have interpreted these women's feelings of anxiety differently from Leifer (1980) and Lumley (1980) since these women were, according to her, "extremely anxious" about their unborn children (p.45). Since Ballou did not address either the validity or reliability of her interview schedules and since Lumley's findings support Leifer's findings, it is more likely that a woman's reported feeling of anxiety towards her unborn child is an indicator of a positive rather than a negative maternal feeling.

Some researchers have attempted to provide evidence for the existence of a positive correlation between women's feelings towards their children or maternal selves prenatally and their feelings towards their

children and maternal selves postnatally. In their study of postpartal women, Robson and Moss (1970) found that 7 of the 54 women in their study, who had had positive feelings towards their unborn children, reported having positive feelings towards these same children at three months postpartum. However, their findings may be suspect due to the retrospective nature of their study, and the lack of establishment of the validity and reliability of the interview schedule utilized to collect data on women's feelings towards their unborn children.

Breen (1975) found that some women, who were well adjusted postpartally, had expressed feelings of anxiety during the latter part of their pregnancies. These women had been anxious about their childbirth and childrearing. According to Janis (1968), anticipatory anxiety is adaptive. Janis found that patients who demonstrated anxiety prior to their surgery tolerated pain well and recovered rapidly from their surgical interventions. Breen concurs with Janis that the "work of worry" prepares a woman for her new role of motherhood.

In her study, Leifer (1980) found that 3 out of 19 women had ambivalent feelings towards their unborn children and positive feelings towards these same children at two months postpartum. While Leifer did not assess the reliability or validity of her interview schedules, she did obtain an interrater agreement of 80% in her classification of women's feelings. Leifer's findings were similar to those of Ballou reported in 1978. Ballou found that 2 out of 19 women, who reported having negative feelings towards their unborn children, developed positive feelings towards these children by the third month postpartum. One woman in Ballou's study reported that she had not developed any feelings towards her child by the

third month postpartum. Ballou did not establish the validity or reliability of her interview schedule nor did she describe, in her report, the establishment of interrater reliability of the coding of her data.

Preparation for Motherhood Following Involuntary Fetal Death Experiences

Motherhood is a life event that constitutes a maturational crisis in a woman's life. When a pregnant woman has an involuntary fetal death experience, a situational crisis is superimposed on the existing maturational crisis. In the past, authors believed that a woman who had an involuntary fetal death experience early in her childbearing period did not experience a sense of loss. Simon, Rothman, Goff, Senturis, (1979), Saylor (1977), Johnson (1972), and Speck (1978) thought that such a woman may not have had time to come to value her unborn child. However, in 1980, Lumley found that 30% of the 30 women in her study imparted values on their unborn children early in their childbearing experiences. According to Parkes (1972), loss is a "post hoc attribute". A woman who placed a value on her unborn child prior to its death may continue to do so following its death. Other researchers believe that, although a woman may not perceive that she has lost a child, she may perceive that she has lost a pregnancy or a part of herself (Klaus & Kennel, 1982; Lewis, 1979; Penticuff, 1982; Warrick, 1974). Regardless of what type of loss an involuntary fetal death experience constitutes for a woman, there is overwhelming evidence in the present literature that a sense of loss is experienced by the woman. Also,

initial evidence indicates that the loss of an unborn child may threaten a woman's preparation for motherhood in a subsequent childbearing experience.

This section of the literature review primarily focuses on a woman's grief reaction to an involuntary fetal loss experience (Beard, 1978; Breuer, 1976; Bruce, 1962; Corney & Horton, 1974; Cullberg, 1972; Dunlop, 1979; Jensen & Zahourek, 1972; Johnson, 1972; Kowalski & Bowes, 1976; Peppers & Knapp, 1980; Quirk, 1979; Rowe, Clyman, Green, Mikkelsen, Height, & Ataide, 1978; Saylor, 1977; Schiller, 1970; Seibal & Graves, 1980; Warren, 1977; Warrick, 1974; Wolff, Neilson, & Schiller, 1970). Carlson (1978), Benoleil (1971), Engel (1964), and Peretz (1970) describe a grief response following the loss of or in anticipation of the loss of a valued object as a total organismic response which includes the thoughts, feelings, and behaviours of the bereaved person.

A review of the literature indicates that a woman's preparation for motherhood following an involuntary fetal death experience may be affected by three factors: 1) the presence of grief feelings, 2) the inhibition of grief feelings, and 3) the perception that the childbearing experience is threatened. Grief feelings are a series of subjective reactions which occur following the loss of or in anticipation of the loss of a valued object (Smith, 1972).

Preliminary reports in the literature indicate that a woman who has not resolved her grief feelings about her involuntary fetal loss prior to a subsequent childbearing experience may arrive at some degree of resolution of her grief feelings during her subsequent childbearing experience (Klaus & Kennell, 1982; Vestal & McKenzie, 1983). Although Vestal and McKenzie (1983) asserted such conclusions in their study report,

they did not provide the necessary evidence for their conclusions. In their report, Klaus and Kennell (1982) provided data, collected from women who had an involuntary fetal death experience, to support such conclusions. Klaus and Kennell found that some women who had not fully resolved their feelings about their previous involuntary fetal losses were able to continue with the resolution process during their subsequent childbearing experiences. Vestal and McKenzie, and Klaus and Kennell concur that some level of resolution of grief feelings about a previous involuntary fetal loss accelerates the development of a woman's positive feelings towards her subsequent pregnancy and/or child. According to Engel (1964), persons who arrive at some resolution of their grief feelings can detach themselves from the objects of their losses (Engel). He states that detachment from a past love object is necessary before a person can accept a new love object and that it facilitates a person's acceptance of a new love object.

A woman who has resolved her grief feelings towards her previous involuntary fetal loss may review these feelings during her subsequent childbearing experience. According to Rubin (1967), every childbearing woman engages in grief work which she defines as a "letting-go of a former identity in some role that is incompatible with the assumption of a new role" (p.243). When a childbearing woman is "letting go" of a former identity in a role such as career woman, new bride, or first time mother, she reviews her feelings towards that role. Rubin further states that the development of a woman's positive feelings towards aspects of herself as a future mother accelerates following the review of her feelings towards a former role of which she is "letting go". Therefore, a woman who has experienced an involuntary fetal death may engage in grief work whereby she

reviews her feelings towards her loss during her subsequent childbearing experience.

A woman, who is resolving or reviewing her grief feelings following an involuntary fetal death experience, may express grief feelings such as apathy, calmness, anger, guilt, depression, and sadness (Beard, 1978; Breuer, 1976; Bruce, 1962; Corney & Horton, 1974; Dunlop, 1979; Jensen & Zahourek, 1972; Johnson, 1972; Peppers & Knapp, 1980; Quirk, 1979; Rowe et al, 1978; Saylor, 1977; Seibal & Graves, 1980; Warrick, 1974; Wolff et al, 1970). Apathy and calmness are most frequently observed immediately following a fetal loss (Giles, 1970; Kowalski & Bowes, 1976; Speck, 1978; Warren, 1977).

Several authors have stated that a woman does not experience a feeling of loss when her fetus dies. Bourne (1968), Lewis (1976), and Dunlop (1979) believe that, since the unborn child did not exist outside the womb, it was a nonperson. According to these authors, the death of a nonperson is not perceived as a loss. The majority of the authors in the literature, however, indicate that, although a woman may not experience an involuntary fetal death as a loss of a person, she may perceive it as a loss of a pregnancy or a loss of a part of herself. Although the type of loss an involuntary fetal death constitutes for a woman is not always specified in the literature, there is an abundance of information to indicate that a woman does experience a feeling of loss when her unborn child dies.

Giles (1970) and Rowe et al. (1978) believe that an involuntary fetal death late in a woman's pregnancy is viewed as a loss by a woman and that her grief feelings are similar to those of a woman following the death

of a live child. Because of this basic belief, Giles and Rowe et al. did not separate, in their data analyses, women who had experienced a stillbirth from those who had experienced a neonatal death. Giles studied 21 women who had experienced a neonatal death within 24 hours of their deliveries and 19 who had had a stillbirth. He found that 50% of these women had feelings of guilt and 22.5% had feelings of sadness. Giles' study must be reviewed in light of the fact that the reliability and validity of the structured interview schedules utilized to collect information on women's feelings, and the reliability of the classification of those feelings were not assessed. Furthermore, 7 women were unmarried, and 10 women had experienced more than one previous involuntary fetal death. In grouping women who had experienced one involuntary fetal death with women who had experienced several involuntary fetal deaths, Giles assumed that these two groups of women would not differ significantly in their feelings of grief. Other authors in the literature (Grimm, 1962; Lichel-Wolfromm, 1968) have provided evidence that women who have experienced several involuntary fetal deaths differ psychologically from women who have experienced one involuntary fetal death. Due to the fact that these two groups of women have been found by some researchers to be psychologically different, one could conclude that they may or may not react to a subsequent involuntary death of a fetus with similar feelings of grief.

According to Grimm (1962), a woman who has had several involuntary fetal death experiences differs psychologically from a woman who has not experienced an involuntary fetal death. Grimm found that the 70 women in her study, who had had several involuntary fetal death

experiences, differed significantly from the 35 women in her study who had no history of an involuntary or voluntary fetal death experience, in their abilities to plan and anticipate situations and to control their emotions, specifically their feelings of hostility, dependency, and guilt. Grimm gathered her data using the Thematic Apperception Test (TAT), the Wechsler Bellevue Test, and the Rorschach Test. Although Grimm made no attempts to ascertain the validity or reliability of the three test measures that she utilized to collect her data, other authors have substantiated their reliability and validity (Rapaport, 1968; Ray, 1974; Wildman & Wildman, 1975).

Michel-Wolfromm (1968) studied 60 women who had had several involuntary fetal death experiences and found that 72% of the women were neurotic and had conflicting attitudes towards motherhood. Although Michel-Wolfromm classified these women as neurotic after reviewing their case records, the reliability and validity of her data collection method and the reliability of her classification of the women as neurotic were not discussed. Chao's (1977) case study demonstrated that a woman's uncertainty about her ability to carry her pregnancy to term following several involuntary fetal death experiences prevents her from psychologically preparing for motherhood during subsequent childbearing experiences.

In this study, Giles (1970) assumed that the women of his sample who were unmarried would not differ in their grief feelings towards their unborn children from women who were married. Other researchers, such as Rowe et al. (1978), and Peppers and Knapp (1980), excluded women who were not married from their studies since they assumed that an unmarried woman's

feelings of grief may differ from a married woman's feelings of grief. This assumption may be justified since Williams and Nikolaisen (1982) found that, in their sample of 37 women, the 8 unmarried women's feelings of grief differed significantly from the 29 married women's feelings of grief following the sudden death of their unborn infants.

Like Giles (1970), Rowe et al. (1978) made some assumptions about the three groups of women in their study. They assumed that the 26 women in their study, consisting of 7 women who had had a stillborn baby, 10 who had had a baby that had died within the first six months of life, and 9 who had given birth to a congenitally deformed child, would report similar feelings of grief following their losses. Six of the women reported an absence of grief feelings following their losses. These women had either a surviving twin from their fetal death experiences or had had subsequent childbearing experiences within five months of their fetal losses. One of these six women had had a stillborn baby and reported withholding her grief feelings until several months after her subsequent child was born. Also during her subsequent pregnancy, she purposefully psychologically distanced herself from her unborn child and blamed herself for the loss of her previous unborn child. Rowe et al.'s findings must be assessed in light of the fact that the telephone interview schedules utilized to collect data on women's feelings of grief, 10 to 22 months following the loss experiences, were not assessed for their validity or reliability and the reliability of the coding of the data was not assessed.

When a woman gives birth to a defective child, Solnit and Stark (1961) state that the woman feels that she has failed in her reproductive role. They also point out that the woman needs to mourn the loss of her

expected normal child. Following the birth of a defective child, a woman may or may not interact with her child. When the defective child subsequently dies, a woman's previous experiences with such a child during his/her short life and the circumstances of the child's death may affect her feelings of grief. A woman, who limits her interaction with such a child following it's birth, may have increased feelings of guilt when her child subsequently dies. Drotar et al.'s (1975) study suggests that the sequence of parental reactions to the birth of a baby with a defect differs from that which takes place following the death of such a child. Parental reactions at the time of the birth of the defective child may affect parental feelings of grief when the child dies. Women, who experienced strong feelings of ambivalence and anger at the time of the birth of their children, may experience guilt at the time of the death of their children. Because of Drotar et al.'s, and Solnit and Stark's findings, Kennell, Slyter, and Klaus (1970) came to the conclusion that a woman's feelings of grief following the death of a defective child may differ from those of a woman following the death of a normal child. This conclusion led [illegible] et al. to exclude women whose infants were born with a [illegible] and subsequently died from their study of women who had experienced the death of a child.

Some authors put forth the idea that only a woman who has suffered an involuntary fetal death late, as opposed to early, in her pregnancy experiences it as a loss (Beard, 1978; Bourne, 1968; Dunlop, 1979; Lewis, 1976). Consequently, researchers began to study a woman's grief feelings following a stillbirth. In 1962, Bruce found that all of the 25 women in her sample commonly expressed having feelings of guilt and

anger one to two weeks following their stillbirth experiences. Bruce's findings have to be evaluated taking into account that the interview schedule utilized in her study was not assessed for its validity or reliability. Also, the reliability of her coding of the data was not assessed.

In her study, Wolff et al. (1970) found that one half of their sample of 50 women had feelings of anger and one third had feelings of guilt two to four days following their stillbirth experiences. Two of the women reported having feelings of depression one to three years following their losses. Wolff et al.'s findings must be considered in light of the fact that 60% of the women in their study were unmarried or separated from their spouses, and 34% had experienced a prior involuntary fetal loss. Furthermore, Wolff et al. did not discuss the validity or reliability of the interview schedule utilized in their study. Wolff et al. found that one half of their sample of women who had experienced a fetal loss chose to become pregnant again. However, there is a dearth of descriptive studies reported in the literature with regard to the grief feelings reported by such women during a subsequent childbearing experience.

The idea that an involuntary fetal death which occurred early in the pregnancy could constitute a loss for a woman was not supported until recently. Seibal and Graves (1980) collected data on 94 women who had experienced a miscarriage in the first trimester of their pregnancies, utilizing a self-administered questionnaire and a Multiple Affect Adjective Checklist with a five point rating scale. They found that 54% of the women in their study were depressed, 42% expressed feelings of anger, and 25% expressed feelings of guilt. Seibal and Graves concluded that feelings of

guilt occur when a woman views herself as a failure in her reproductive role. Information regarding the week of gestation during which the miscarriages occurred was not provided in the study. Also, several types of women who, in the literature, are suspected to differ in their feelings following their involuntary fetal death experiences were included in Seibal and Graves' study. These types of women included: women who were married (70% of their sample), women who had experienced several miscarriages (18%), and women who had been diagnosed as having psychiatric problems (6.4%). Due to their inclusion of these types of women who had experienced a loss and the fact that the validity and reliability of their questionnaire were not reported, the findings of Seibal and Graves are open to question.

In 1980, Peppers and Knapp set out to test the hypothesis that women who had experienced fetal or infant deaths early in their perinatal period would not differ in their grief scores from women who had experienced fetal or infant deaths late in their perinatal period. They collected data through the use of an interview schedule and a grief score instrument. The grief score instrument included six variables studied by Kennel et al. in 1970: sadness, loss of appetite, inability to sleep, irritability, preoccupation, and inability to return to normal activity. It also included nine other variables: difficulty in concentration, anger, guilt, failure to accept reality, time confusion, exhaustion, lack of strength, depression, and repetitive dreams of the lost child. Each of the 15 variables that comprised Peppers and Knapp's grief score instrument were measured using a nine point scale. Peppers and Knapp found that the 65 women in their study who had experienced a miscarriage, a stillbirth, or an

infant death, did not differ in their grief feelings, specifically in their feelings of anger, guilt, depression, and sadness. However, they did not state how many women experienced the different types of fetal or infant deaths. This study was retrospective in design. The women's grief feelings were measured on an average of eight years following a loss. Given these limitations and the fact that Peppers and Knapp did not assess the reliability and validity of their grief score instrument, their conclusion, that women do not differ in their feelings of grief following a miscarriage, a stillbirth, and a neonatal death, must be accepted cautiously.

The literature indicates that a woman's feelings of grief are extensive when her infant dies suddenly. Mandell and Wolfe (1975) found that the 41 women in their study reported having feelings of failure, guilt, self-blame, and condemnation following the sudden death of their infants. These women questioned their mothering ability following the unexpected loss of their children. Williams and Nickolaisen (1982) found that the 37 women in their study who had experienced the sudden death of their infants scored higher in the area of "experienced feelings" (such as emptiness and anger) than in the area of "expressed feelings". They obtained data on women's "experienced feelings" and expressed feelings" by means of a questionnaire whereby women rated their feelings along a Likert-type scale. Williams and Nickolaisen's finding is, however, difficult to interpret since they did not define their terms, "experienced" and "expressed". This study's finding appears suspect, since its central terms were not defined, the reliability of the instrument which was used was not assessed, and only the content validity of the instrument was

assessed.

Some authors point out that, when the expression of a woman's grief feelings about a past fetal loss is inhibited during a subsequent childbearing experience, the woman's preparation for her child may be affected and she may experience pathological grief feelings in the postnatal period (Corney & Horton, 1974; Lewis & Page, 1978; Rowe et al., 1978; Stach, 1980). Lewis (1979) states that, following an involuntary fetal death experience and during the subsequent pregnancy, a childbearing woman has "conflicting and paradoxical needs to think and feel intensely both about the new life and the past death" (p.27). Lewis further states that the woman "opts for her live unborn baby" (p.27).

The belief that a woman's preparation for motherhood is not influenced by a previous fetal loss was not supported in a study conducted by Lewis and Page (1978), and Rowe et al. (1978). In their case study, Lewis and Page described a woman who became pregnant within three months of her involuntary fetal loss. During her subsequent childbearing experience, the woman inhibited the expression of her unresolved grief feelings about her past stillbirth and then projected these feelings, in the form of intense anticipatory grief feelings, onto her unborn child. Rowe et al. studied 26 women of whom 7 had had a stillborn baby, 10 had had a baby that had died within the first six months of life, and 9 had given birth to a congenitally deformed child. Six of the women had not expressed their grief feelings. One of these women who had had a stillborn baby purposefully psychologically distanced herself from her subsequent child during her pregnancy "in case anything happens to him" (p.167). She also inhibited the expression of her unresolved grief feelings until several

months after her subsequent child was born. All six of the women who had not expressed their grief feelings had either a surviving twin from their fetal death experiences or a subsequent childbearing experience within five months of their fetal losses.

Stach (1980), and Corney and Horton (1974) believe that a woman who experiences an involuntary fetal loss early in her pregnancy may be at risk of inhibiting her grief feelings. Stach (1980) lists several factors which may contribute to a woman's inhibition of her grief feelings following an involuntary fetal death early in her pregnancy: 1) the loss may be unrecognized by others; 2) the woman may not have resolved her ambivalent feelings towards her fetus which are typical in the early part of pregnancy; 3) there is no tangible person to grieve over, since the fetus is rarely seen following a miscarriage; and 4) early in pregnancy, the fetus is rarely viewed as separate from the woman herself. The woman who experiences a fetal loss at this time grieves for the loss of "an integral part of herself" (p.99). Stach described four women who inhibited their grief feelings following their miscarriages. One inhibited her grief feelings for 4 months, 2 for 10 years, and 1 for 20 years. The last woman inhibited her grief feelings during her subsequent childbearing experience but was able to express those feelings immediately following her second child's birth. Stach, however, did not report the week of gestation during which the women had had their miscarriages.

In a case study of a woman following the involuntary death of her fetus at four and a half months gestation, Corney and Horton (1974) found that the woman inhibited her unresolved grief feelings during her subsequent childbearing and childrearing experiences. This inhibition of

grief feelings resulted in the distortion of her grief feelings. The woman was extremely depressed but remained unaware of the cause of her depression until she began to receive psychiatric treatment. This woman seemed to exhibit what Lindemann (1944) and Averill (1968) term a distorted pathological grief reaction caused by the inhibition of grief feelings at the time of a loss or shortly following a loss. Considering the fact that Stach (1980) and Corney and Horton (1974) did not report the validity and reliability of their data collection method, it would seem that their findings may or may not be supported by more rigorously conducted research.

Some authors state that a woman's preparation for motherhood may be altered by her perception that her childbearing experience is threatened (Penticuff, 1982; Seitz & Warrick, 1974; Snyder, 1979). Penticuff (1982) states that a woman, who perceives her childbearing experience as threatened from its inception, lacks in confidence that her pregnancy will progress normally. Her uncertainty about her pregnancy and her reproductive ability (Warrick, 1974) may result in a non resolution of the normal feelings of ambivalence which women are thought to experience regarding their pregnancies (Penticuff, 1982).

Following an involuntary fetal loss, a childbearing woman, who has not resolved her ambivalent feelings towards her loss, may be threatened by signs such as quickening which indicate the reality of her child. She may then suppress her feelings about her pregnancy and unborn child. Furthermore, this woman may not develop feelings of pride about her reproductive self (Penticuff, 1982). Galloway (1976), however, believes that, following an involuntary fetal death experience, a woman desires and searches for evidence regarding the state of her unborn child's health.

Quickening, according to Galloway, provides a woman with the needed proof that her child is "real" and "alive". Such a perception may result in maternal feelings of joy about the unborn child.

The literature presently indicates that a woman, who has experienced a fetal loss, continues to be anxious during her subsequent childbearing experience until she reaches the time period at which she lost her previous child. Josten (1982) refers to this time as the woman's "critical period" (p.114). Phillips (1980) related her experience of miscarrying her first child at 12 weeks gestation. She described herself as being anxious during her subsequent childbearing experience until the twelfth week of gestation, her critical period. Seitz and Warrick (1974), and Dunlop (1979) studied pregnant women who had suffered intrauterine deaths, stillbirths, or neonatal deaths. They concur with Phillips that these women are anxious until they have passed their critical periods. Friedman and Gradstein (1982) described 1 of the 75 women in their study as "emotionally frozen" throughout her subsequent childbearing experience following a stillbirth. This woman was unable to develop any feelings in relation to her pregnancy, unborn child, and maternal self.

Both Warrick (1974) and Galloway (1976) concur that, following the critical period, a woman has fears and concerns about the normalcy of her unborn child. The medical procedures that are undertaken to insure the safety of the unborn child may heighten a woman's fears and anxieties about her unborn child. According to Penticuff (1982), a woman, who has passed her critical period but still lacks confirmation that her unborn child is healthy, may find it difficult to develop positive feelings towards her unborn child. She may believe that the health of her unborn child cannot

be adequately confirmed. Her fear of the unborn child's normalcy may become so great that she may begin to grieve for the anticipated loss of her child prior to its birth (Galloway, 1976).

Summary

A woman, during a normal childbearing experience, prepares for motherhood by developing feelings towards her pregnancy, unborn child, and maternal self. Her feelings towards her pregnancy are usually those of ambivalence, followed by those of excitement, and a return to those of ambivalence in the third trimester of pregnancy. Most women find quickening to be a catalyst that promotes the development of their positive feelings towards their unborn children and helps them to develop a sense of themselves as reproductive females and as future mothers. According to the present literature, a childbearing woman's preparation for motherhood is facilitated by the development of a balance between positive feelings and feelings of anxiety towards her pregnancy, unborn child, and maternal self.

Preparation for motherhood may be difficult for women to undertake following an involuntary fetal death experience, if they have not resolved their grief feelings related to this past involuntary fetal loss experience prior to their present childbearing experiences. The resolution or review by a woman of her grief feelings about a past involuntary fetal loss acts as a catalyst to prepare for motherhood. However, the inhibition by a woman of her grief feelings about a past involuntary fetal loss may result in an unpreparedness for motherhood, or it may result in an adverse preparedness for motherhood.

Some authors believe that a woman's preparation for motherhood is unrelated to her grief feelings about her past involuntary fetal loss, but that the preparation may be altered by a woman's perception that her childbearing experience is threatened. No research could be found which described a childbearing woman's, and specifically a third trimester nulliparous woman's, preparation for motherhood, following past involuntary fetal death experiences, and the factors that may affect this preparation.

IV METHODOLOGY

An exploratory descriptive study of third trimester nulliparous women's reported feelings towards aspects of their pregnancies, unborn children, and maternal selves following past involuntary fetal death experiences and the factors that may affect these feelings was carried out. Six women were interviewed utilizing an interview guide. The data collected during the interviews were subjected to content analysis. The women's verbal responses were segmented into analytic units according to the designated unit of analysis and the categories of analysis that were inductively developed from the data.

Subjects

The study sample consisted of the first six childbearing women who agreed to participate in the study and who met the following established criteria for inclusion of subjects in the study: 1) the women had experienced involuntary rather than voluntary fetal death experiences, 2) the women were in the latter part of their third trimester of their pregnancies (32 weeks gestation or more), 3) the women did not have an infrequently diagnosed obstetrical condition (e.g., carrying more than one child, carrying a defective child, or having had more than one involuntary fetal death experience), 4) the women were married or living common-law (either relationship having been established prior to their involuntary fetal death experiences), 5) the women were over 18 years of age, 6) the women did not have viable children, and 6) the women were able to converse

in the English language.

The six women who participated in the study ranged in age from 20 to 29 years, were married, and had been married prior to their involuntary fetal death experiences. Four of them had high school education; two of them had additional education. Half of the women in the study were working and the other half were not working when they became pregnant. Of the three women who were working, two had to stop working due to complications with their pregnancies. The third woman worked until her eighth month of pregnancy. Four of the women had experienced an involuntary fetal death, in the form of a miscarriage, in the second trimester of their previous pregnancies; two of the women had experienced it, in the form of a stillbirth, in the third trimester. The range of time between the women's past involuntary fetal death experiences and their subsequent childbearing experiences was two and a half months to a year and a half, the average time being 10 months. When the interviews began, the women were between their 34th and 39th week of gestation.

Setting

The study was conducted in a high risk prenatal clinic of a large urban hospital. In this clinic, women are medically supervised on a weekly or more frequent basis, during the third trimester of their pregnancies. The clinic consists of a waiting room for the patients, a nurses' station, an ultrasound assessment room, three examination rooms, and a combined coffee room and interview room.

Five of the interviews were conducted in the combined coffee room

and interview room which contained a desk and five chairs. Nine interviews took place in the subjects' homes at the kitchen table. Two interviews took place in an antepartum ward and the delivery ward of the hospital by the woman's bed.

Ethical Considerations

The research proposal was subjected to faculty ethical review and review by the ethics committee of the hospital in which the study was conducted, and permission to conduct the study was obtained. After a written consent was obtained from both a woman's general physician and clinic physician which indicated that the research was free to interview the woman for the purpose of the proposed study (see Appendix A), the investigator contacted the woman in question by telephone to inform her about the purpose and conduct of the study and to elicit her participation. A written informed consent was obtained from all subjects at the time of the first interview (see Appendix B). Permission was obtained to tape record the interviews. The tapes were erased upon completion of the study.

Although the investigator was prepared to respect a woman's wish not to discuss certain aspects of her past and present maternal experiences, all the subjects discussed their experiences without reservation. The subjects were assured that the information they provided would be treated confidentially and that they could withdraw from the study at any time without fear of jeopardizing their medical care.

Procedure

Data were collected over a five month period of time. The following procedure was used to obtain subjects for the study. Twice a week or more frequently a list of women attending the high risk prenatal clinic was [illegible]ed and the medical records of the women attending the clinic were reviewed to determine which women met the criteria for inclusion of subjects in the study. Informed written consents from the appropriate physicians were obtained to interview the first six women who met the criteria for selection of subjects. The investigator then contacted each eligible woman by telephone to inform her of the purpose and conduct of the study and to elicit her participation. The woman was informed that she would be interviewed on three separate occasions and that each interview would be conducted after her clinic appointment, thereby adding an estimated one hour to her clinic appointment time.

Nine women who met the study's criteria for selection of subjects were contacted by the investigator. Two of them refused to participate, and one accepted but was not able to participate in the study because she delivered prematurely at 32 weeks gestation. Of the two women who refused to participate in the study, one stated that her schedule did not allow her to remain at the clinic longer than her usual appointment time. When the investigator attempted to explore the possibility of interviewing her in her home outside of the city, she stated that she would prefer not to participate since most of her free time was presently devoted to her husband who was presently home after a long absence away from home due to his work. The other woman did not offer the investigator any reason for

her refusal.

Although three separate interviews, one week apart, following a woman's clinic appointment were to be conducted, four women were interviewed on three or more occasions and two women were interviewed on two occasions. The two latter women were interviewed twice because of time constraints. They were within two weeks of their delivery times. For one half of the women, three interviews were sufficient for the exploration of their feelings. One woman, who illustrated her feelings by talking about her life experiences, required four interviews for a full exploration of her feelings. The length of the interviews ranged from one hour to one hour and forty minutes. The duration of the interviews varied because of such factors as the woman's fatigue and her need to have a longer or shorter period of time to report her feelings.

Thirty per cent of the interviews were conducted in privacy in a combined coffee room and interview room in the clinic. The other interviews were conducted elsewhere for various reasons. Two women, in the latter part of their third trimester of pregnancy, were experiencing the normal physical discomforts of childbearing and preferred to be and were interviewed in privacy in their own homes. One woman who lived outside of the city extended her clinic appointment time to accommodate the first interview. Although she was very willing to participate in the study, she could not make similar arrangements for the second and third interviews. They were thus conducted in her home. The initial interview with one woman was conducted in her home, while the second and third interviews were conducted in privacy in the hospital. On the afternoon that the first interview was planned, this woman became nauseated following her ultrasound

test. The interview was postponed and conducted in her home. During the subsequent week, the woman was hospitalized for medical supervision of her hypertension, gestational diabetes, and the high probability of an early delivery. The second interview was conducted on an antepartum ward. The woman was discharged the following week and the last interview was to take place in the antenatal clinic. However, following her clinic appointment, the woman was admitted to the labour and delivery ward of the hospital. Thus, the last interview took place following her admission to the ward before her labour began.

Interview

The investigator initially set out to explore women's feelings towards aspects of their unborn children, and the interview guide was designed with that in mind (see Appendix C). However, when the women also focused on aspects of their pregnancies and maternal selves, these topics were pursued at the time that the women introduced them into the conversation.

Specific topics that were to be covered during the interviews were listed in the left hand column of the interview guide. The right hand column contained the questions which could be asked related to the topics. Two persons, knowledgeable in the area of maternal-child nursing, were used to establish the content validity of the interview guide. Each person in separate consultation with the investigator agreed that 100% of the topics and questions in the interview guide were not only relevant to the study but that they encompassed all the different topics within the study's

area of focus.

Although the interview guide contained the questions which could be asked related to the specific topics, the timing and wording of the questions varied according to a woman's responses to previous questions. The investigator utilized restatement promoting techniques to assist women in elaborating on their reported feelings. Women who could not label their feelings were assisted through the use of focused questions. If, by the third interview, a woman had not mentioned her feelings about her past involuntary fetal death experience, the investigator had planned to introduce the topic. However, this step was unnecessary, since all of the women spontaneously talked about their past involuntary fetal death experiences within the first few minutes of the initial interview.

At the end of the third interview, the investigator asked the women to comment about the effect, if any, that the interviews had had upon their feelings towards their unborn children, to assess the effect, if any, that the interviews had had upon their feelings towards their unborn children. Inherent in the method of data collection was the possibility that the interviews would alter the women's feelings. Half of the women were asked to comment verbally, since they were within days of delivering their children; the other half were asked to send their written comments to the investigator in the addressed, stamped envelopes which were provided. All of these women forwarded their written comments.

Although the interview settings did vary, the investigator attempted to arrange the setting such that the investigator and subject sat at an angle and in close proximity to each other. The investigator believed that the angular seating arrangement and the close proximity, not

only facilitated the tape recording of the interviews, but put the women at ease.

Data Analysis

A modification of Glaser and Strauss' (1967) constant comparison method of content analysis was utilized to analyse the data collected during the 17 interview sessions which were conducted. The women's verbal responses pertaining to their feelings were carefully examined to establish inductively generated categories from the data.

Unit of Analysis

The women's verbal responses were segmented into analytic units and distributed over categories and subcategories of maternal feelings and aspects of the pregnancy, unborn child, and maternal self. A unit of measure for the responses of the women consisted of a verbalization which either implicitly or explicitly referred to a woman's maternal feeling in relation to an aspect of the pregnancy, unborn child, or maternal self. A unit was a statement, statements, a question, a word, or words directed by the woman to the interviewer or spontaneously directed by the woman to herself or her unborn child. An unit ended and a new one began when there was a change in either the woman's reference to a maternal feeling or an aspect of her pregnancy, unborn child, or maternal self.

Categories of Analysis

There were two major categories of analysis: maternal feelings,

and aspects of the unborn child, pregnancy, and maternal self.

Maternal Feelings

Maternal Feelings. Maternal feelings are responses that a childbearing woman experiences when she attains or does not attain an object which she desires or when she perceives an object which she desires as attainable or unattainable. There are two types of maternal feelings: pleasurable and unpleasurable.

Pleasurable feelings are responses that a woman experiences when she attains an object which she desires or when she perceives an object which she desires as attainable. There are three types of pleasurable feelings: happiness, love, and relief.

Happiness is the feeling that a woman experiences when she perceives that an event is proceeding or will proceed favorably and that a desired object has been attained or is attainable. This type of feeling includes feelings such as those of excitement, hope, and joy. (e.g., "I was really excited when I first felt it kick".)

Love is a nurturant feeling a woman experiences towards an object that she desires which she perceives that she has attained or might attain. This type of feeling includes feelings such as those of pride and protectiveness. (e.g., "I yearn to hold the baby, that kind of love".)

Relief is the feeling that a woman experiences when she perceives that she has been released from a burden and has

attained an object which she desires. (e.g., "At least you know if you weren't going to carry it you weren't going to carry it, it's a relief".)

Unpleasurable feelings are responses that a woman experiences when she does not attain an object which she desires or when she perceives an object which she desires as unattainable. There are four types of unpleasurable feelings: fear, sadness, anger, and guilt.

Fear is the feeling that a woman experiences when she perceives that danger is imminent and that an event may not proceed as desired. This type of feeling includes feelings such as those of being worried and anxious. (e.g., "At the beginning of the pregnancy I was scared that the same thing was going to happen again".)

Sadness is the feeling that a woman experiences when she longs for an object that has been rendered unattainable. This type of feeling includes feelings such as those of being depressed and disappointed. (e.g., "When I was home by myself, I'd think, 'I could have our baby here with us'".)

Anger is the feeling that a woman experiences when she perceives that she has been thwarted from attaining an object she desires and realizes that it is unattainable. This type of feeling includes feelings such as those of annoyance and frustration. (e.g., "I think, why, why did this child have to die!")

Guilt is the feeling that a woman experiences when she perceives that she is responsible for an unfavourable event related to an object of desire. (e.g., "I have these horrible thoughts that losing the pregnancy was my fault".)

Aspects of the Unborn Child, Pregnancy, and Maternal Self

Aspects of the Pregnancy. The aspects of the pregnancy are a woman's references to aspects of her past, present, and future pregnancy, including her labour and delivery.

Past pregnancy refers to a woman's references to her first pregnancy that resulted in an involuntary termination of the pregnancy. (e.g., "It (labour and delivery) wasn't the way I had planned it, it's just - wasn't the way I wanted it".)

Present pregnancy refers to a woman's references to her present pregnancy. (e.g., "I'm really happy about this pregnancy".)

Future pregnancy refers to a woman's references to a subsequent pregnancy following her present pregnancy. (e.g., "I'm afraid that when I get pregnant again the same thing is going to happen".)

Aspects of the Unborn Child. The aspects of the child are a woman's references to aspects of her past, present, and future child's health, growth, personality, movement, biological functioning, and bodily structural characteristics.

Past unborn child refers to a woman's references to the fetus

she carried during her past pregnancy that died. (e.g., "I still love Jamie".)

Present unborn child refers to a woman's references to the fetus she is presently carrying. (e.g., "I get angry because it doesn't co-operate".)

Future unborn child refers to a woman's references to her present fetus when it is born. (e.g., "You think of the bad things, I don't know why. I'm afraid that I'm going to have a severely handicapped child".)

Aspects of the Maternal Self. The aspects of the maternal self are a woman's references to aspects of herself as a past, present, and future childbearer and childrearer.

Past maternal self refers to a woman's references to herself prior to her present pregnancy. (e.g., "I sit there and think and wonder if I had held her, if that would have helped make it easier, I don't know".)

Present maternal self refers to a woman's references to herself during her present pregnancy. (e.g., "I'm enjoying taking care of it and nourishing it".)

Future maternal self refers to a woman's references to herself following her present pregnancy. (e.g., "I'm really looking forward to, when it's really little, holding it".)

Coding Reliability

In order to establish interrater reliability of the coding of the data, one to two weeks following the initial coding of the data, 10

randomly selected, unmarked pages of transcript were recoded by the investigator. The second coding of the data was compared to the original coding of the same data. The investigator categorized 108 out of the 112 units of analysis in the same categories on the second coding. Utilizing Rubin and Erickson's (1978) formula for calculating the reliability of coding qualitative data, a 98% agreement between the first and second coding was found. Interrater reliability of the coding of the data using the same formula was established in the following way. A person, knowledgeable in the field of maternal child nursing and trained in the categorization system, was asked to code 10 randomly selected pages of transcript according to the defined unit of analysis and categories of analysis. One hundred and three analytic units were demarcated on the pages. Prior to any discussion between the investigator and the knowledgeable person an interrater reliability of 72% was established. Following discussion 92% agreement between the investigator and rate was obtained in the coding of the data.

Limitation

The use of a small convenience sample negates generalization of the study findings to other third trimester nulliparous women who have had previous involuntary fetal death experiences.

Summary

Six third trimester nulliparous women who were willing to

participate in the study and met the study criteria for selection of subjects were interviewed on an average of three times utilizing an interview guide. The interviews were conducted in three settings: a high risk antenatal clinic, the subjects' homes, and two hospital wards. The women's verbal responses pertaining to their feelings were carefully examined for themes until categories and subcategories were established from the data. Two major categories of women's responses were established: maternal feelings and aspects of the pregnancy, unborn child, and maternal self. The women's verbal responses were separated into analytic units and distributed over the established categories and subcategories. The content validity of the interview guide was established as well as the reliability of the coding of the data.

V PRESENTATION OF THE FINDINGS

While preparing for motherhood during a childbearing experience following an involuntary fetal loss experience, a woman may report having maternal feelings. Maternal feelings, for the purpose of this study, were defined as responses that a childbearer experiences when she attains or does not attain an object which she desires or when she perceives an object which she desires as attainable or unattainable. The six women who participated in this study reported having two types of maternal feelings: pleasurable and unpleasurable. Their feelings were related to aspects of their pregnancies, unborn children, and maternal selves, and seemed to be affected by three factors: their past involuntary fetal loss experiences, the responses of significant others, and their level of knowledge.

Pleasurable Feelings

Pleasurable feelings, for the purpose of this study, were defined as responses that a woman experiences when she attains an object which she desires, or when she perceives an object which she desires as attainable. Three types of pleasurable feelings were reported by the women who participated in the study: happiness, love, and relief. These feelings were related to aspects of a woman's pregnancy, unborn child, and maternal self.

Happiness

The first type of pleasurable feeling reported by the women was the feeling of happiness. A feeling of happiness was defined as the feeling that a woman experiences when she perceives that an event is proceeding or will proceed favourably and that a desired object has been attained or is attainable. There were three types of feelings that were noted as indices of happiness: excitement, hope, and joy. The women reported having feelings of happiness in relation to aspects of their present pregnancies; past, present and future unborn children; and past, present, and future maternal selves.

Aspects of the Pregnancy

The aspects of the pregnancy are to a woman's references to aspects of her past, present, and future pregnancy, including her labour and delivery. The women reported having feelings of happiness only in relation to aspects of their present pregnancies.

Present pregnancy. Present pregnancy refers to a woman's references to her present childbearing experience. Five women reported having feelings of happiness in relation to their present pregnancies. One woman stated that her feeling of happiness was related to the fact that she was having fewer physical discomforts during her present pregnancy than during her past pregnancy. She said that her feeling of happiness towards her present pregnancy had increased because she was not suffering the physical discomforts of pregnancy. Another woman reported that she had had a feeling of happiness at the beginning of her pregnancy, but that this

feeling had dissipated when her abdomen had not grown as she thought it should. Two women who did not perceive their unborn children as [redacted] reported that the spontaneous movements of their unborn children reinforced the pleasurable feelings of happiness and excitement which they were feeling in relation to their present pregnancies.

Two factors, which the women stated affected their feelings of happiness related to their present pregnancies, were the responses of other people and their past involuntary fetal death experiences. One woman said that her feeling of excitement about her pregnancy had increased when she perceived that her husband had changed from being a "bystander" and watching the pregnancy, to being an "involved participant". According to this woman, the transition occurred when her husband observed the visualization of their unborn child on the ultrasound screen. Two women found that their past involuntary fetal death experiences affected their feelings. One woman stated that the fact that she had lost a pregnancy in the past increased her feeling of happiness towards her present pregnancy. The other woman was happy that her pregnancy was progressing well. She said that her feeling of happiness had increased when she passed the point at which she had lost her previous pregnancy.

Aspects of the Unborn Child

The aspects of the unborn child are to a woman's references to aspects of her past, present, and future unborn child's health, growth, personality, movement, biological functioning, and bodily structural characteristics. The women reported having feelings of happiness in relation to aspects of their past, present, and future unborn children.

Past unborn child. Past unborn child refers to a woman's references to the fetus she carried during her past pregnancy that died. Only one woman in the study reported having a feeling of happiness in relation to her past unborn child. This woman had experienced a stillbirth but had perceived her baby as a real person prior to it's death. She said that she had known that her baby was real because of its movements and the information she had gathered from such tests as the ultrasound.

Present unborn child. Present unborn child refers to a woman's references to the fetus she is presently carrying. All six women reported having feelings of happiness towards aspects of their present unborn children. They referred to different aspects of their children, such as their children's bodily structural characteristics, movements, health, and personalities.

With regard to their present unborn children's bodily structural characteristics, four women reported having feelings of happiness in relation to specific external and internal parts of their children's bodies, such as their children's appendages, extremities, and internal organs. One fact that affected all of the women's feelings of happiness in relation to their children was their higher level of knowledge resulting from the information acquired through tests, such as the ultrasound. In speaking about her feeling of happiness, one woman said, "We were able to see the head, and a little ear sticking out, and the fist sitting there and the spine. It makes you happy for the baby because you know it's growing and healthy inside of you". Another factor that women identified as affecting their feelings of happiness, through helping them to envision their babies' characteristics, was their babies' movements. One woman

exemplified this when she stated, "It makes me laugh when I feel it's little foot actually pushing my hand".

The women also thought of their unborn children's total bodily structure, and their thoughts resulted in feelings of happiness. One of the five women who reported having a feeling of happiness in relation to the total bodily structure of her child stated, "I think of the whole baby inside of me, being pink from head to toe and plump like in the television commercials". The other women stated that, although seeing and touching their stomachs, and thus, their babies, made them feel happy, their happiness was related to the fact that the whole baby was present inside of them. They stated that this thought conveyed to them that their babies were healthy and growing. For one woman, it indicated that her child was viable.

Five women reported having feelings of happiness in relation to their present unborn children's first and subsequent movements, such as their kicking and hiccoughing. They stated that their children's movements indicated to them that their children were healthy. All six women reported having feelings of happiness with regard to the responsive movements of their babies. They thought that their babies responded to noises from such things as the typewriter, the television, and the sewing machine, by moving. They also thought that their babies responded by moving when the women changed their position to reduce their babies' activity. Three of the women also thought that their babies responded to their physical touch by moving. Two of these women referred to the time, during which their infants responded to them, as an interactive time between themselves and their babies. They reported "playing games" with their babies. They

thought that their babies were communicating with them by reacting to their physical touch by moving.

The women, who perceived that their present unborn children were real, stated that this perception helped them to develop feelings of happiness in relation to their present unborn children. All the women stated that the baby's first movement made the baby more real. One woman illustrated this when she stated, "It makes it more real when it moves and you're happy for it because you know it's there". According to the women, their hearing the baby's heart beat and seeing the baby on the ultrasound made their baby more real and increased their feelings of happiness towards it.

One of the women reported that her present unborn child was "real" but not a "person". She referred to her child as a "detached thing". She said that it would become a person "once it is born and the umbilical cord is cut". She went on and said, "Maybe if I thought of it as separate, I would have more feelings of happiness towards it. I don't know". In her last trimester of pregnancy, she reported that she thought of her child as a person. She also reported having a feeling of happiness in relation to her child.

Four women, who reported that their present unborn children became a person when they began to "show" and they had a physical sign of its presence, referred to their children as babies or as human beings. These women also stated that their children became more of a person when they felt them move. One woman said, "It was a person when I started to show but, then, when the baby moved, it became even more real. It was great to feel that first movement. I sat there and laughed. I was so

happy that the baby was in there and alive". By the last two weeks of their pregnancies, all but one of the women perceived that their present unborn children were persons and they reported having feelings of happiness related to this fact.

Another aspect of their present unborn children with regard to which two women related their feelings of happiness was their present unborn children's personalities. They described their children as having minds of their own and talked about their children's likes, dislikes, and feelings. They also referred to their children as individuals rather than as persons. They said that, to them, a person was someone unknown to them, while an individual was a close friend, someone that they knew and liked. These women's feelings of happiness were also related to their perception that their children were individuals.

Future unborn child. Future unborn child refers to a woman's references to the present fetus when it is born. Apart from having feelings of happiness in relation to their past and present unborn children, the women also reported having feelings of happiness in relation to their future unborn children. Five of the six women reported having feelings of happiness in relation to their children's future bodily structural characteristics. Three women reported having feelings of happiness with regard to their children's external bodily structural characteristics, such as their children's eyes, hair, and facial features. One of these women said; "I think of it as already born and I can picture it with blue eyes and blonde hair". Four women reported envisioning their future unborn children in their cribs.

Aspects of the Maternal Self

The aspects of the maternal self are to a woman's references to aspects of herself as a past, present, and future childbearer and childrearer. The women reported having feelings of happiness only in relation to aspects of their past, present, and future maternal selves.

Past maternal self. Past maternal self refers to a woman's references to herself prior to her present pregnancy. All the women reported having feelings of happiness in relation to their past maternal selves. Three women felt happy about their past maternal selves because they had grown personally as a result of their past involuntary fetal death experiences. With regard to her past miscarriage, one women stated, "I came through that experience a stronger person. I'm not as sure that things will go as I plan, but I'm able to handle disappointments better because I prepare myself for what may go wrong". Another woman's occupation had enabled her to interact with other women who had experienced fetal losses. She said that she felt better about herself as a "person" and as a "professional" because she had been able to share her experience and empathize with these women.

The women reported that their feelings of happiness in relation to their past maternal selves had been affected by the responses of their husbands. One woman perceived that her husband's supportive actions following their fetal loss experience had demonstrated his concern for her. She said, "Whatever I wanted to do was fine with him. When we went out and I said I wanted to go home, we went. I stayed home for a week and he did everything around the house. I didn't have to ask him to do it". She reported that her husband's actions had made her feel happy about herself.

Similarly, another woman reported that she thought that her doctor had conveyed that he was concerned about her child and her when he had identified that her past unborn child's safety was being threatened and had transferred her to the nearest high risk antenatal hospital ward. With regard to her doctor's concern, she stated, "It made me feel good about myself even after we had lost the baby because I knew that he (her doctor) had done everything he could have for this baby".

Present maternal self. Present maternal self refers to a woman's references to herself during her present pregnancy. All the women stated that they enjoyed having their babies growing inside of them. One woman reported that she was particularly happy when her baby moved. She said, "When the baby has the hiccoughs, I can feel the adrenaline going and it makes me laugh. It makes me feel good inside". Another woman enjoyed the thought that something was dependent on her. Four women reported that their feelings of happiness increased when they discovered that they could affect their unborn children's behaviour in the womb. They thought that their voices, touches, and movements caused their unborn children to be comforted in some way, by being soothed, relaxed, and appeased. One woman stated, "It's as if there is a communication network between the two of you". Another woman said, "It's as if I'm already a mother." One woman said that she "adjusted for her baby" and that the baby made adjustments for her. She explained, "When I'm tired, it's as if it knows. It will go to sleep rather than be active that night".

Although all the women were happy about their present maternal selves, most of them delayed the task of physically preparing for their children. All but one of the women, who had had miscarriages in the past,

waited until their 32nd to 34th week of gestation before preparing their babies' rooms and clothes. One woman stated, "You have such a long time to wait, so you don't get ready until you have to". The two women, who had experienced the stillbirth of their children in the past, began to prepare their children's rooms at approximately one month prior to the gestational age at which they had lost their babies in the past. One woman stated, "It makes me feel good to go into the baby's room and know everything's all ready for the baby. We (she and her husband) go in there five, six times a day just to look. It has made me a lot happier since the room has been ready. It makes it more real".

A factor that affected two women's feelings of happiness in relation to their present maternal selves was their husbands' and doctors' responses. These women said that their husbands' made them feel happy about themselves when they conveyed their support and concern by accompanying them on their prenatal appointments. One woman stated that she appreciated her husband's emotional support but that she had not expected such a response to this pregnancy, since she was usually the stronger of the two of them. She said, "He really helps me deal with what is happening to me in this pregnancy. I'm surprised he is stronger in this than I am. In most things I'm stronger than he is but, with this, he's holding up very well". The other woman, who had had a stillborn child in the past, reported being affected by her husband's concern for her physical self. She stated, "When I feel something, he asks me, 'Does it hurt' or 'You in pain' type of thing and that makes me feel good that he asks how I am feeling".

According to all the women in the study, their feelings of

happiness in relation to their present maternal selves were increased by their doctors' responses to them. They indicated that their doctors' verbal and non verbal behaviours conveyed concern, care, reassurance, and friendliness. One woman stated, "She (the doctor) gave me her phone number so I could phone her at night. I always thought doctors worked only during the day and when she said, 'If you have problems phone me at home,' that made me feel more like a real person instead of just a patient". Another woman reported that her feeling of happiness in relation to her present maternal self was affected by her doctor's interest "in all my feelings instead of 'I feel sick' or 'I feel healthy'".

Future maternal self. Future maternal self refers to a woman's references to herself following her present pregnancy. Although all the women were happy that they were going to be mothers and have a baby in the future, two women could not elaborate on their feelings of happiness any more than stating that they were happy that the baby would "carry on" for the both of them. The other four women were happy that they were going to be able to "watch their babies grow". They were eager to "teach it" and to "help form it".

Love

The second type of pleasurable feeling reported by the women was the feeling of love. A feeling of love was defined as, "a nurturant feeling a woman experiences towards an object that she desires which she perceives that she has attained or might attain". The women did not report having feelings of love towards aspects of their past, present, or future

pregnancies, or their future children, but they did report having feelings of love towards aspects of their past and present unborn children and past, present, and future maternal selves. There were two types of feelings that were noted as indices of love: pride and protectiveness.

Aspects of the Pregnancy

None of the women reported having feelings of love in relation to aspects of their past, present, or future pregnancies.

Aspects of the Unborn Child

The aspects of the unborn child are to a woman's references to aspects of her past, present, and future unborn child's health, growth, personality, movement, biological functioning, and bodily structural characteristics. The women reported having feelings of love only towards aspects of their past and present unborn children.

Past unborn child. Past unborn child refers to a woman's references to the fetus she carried during her past pregnancy that died. Only one woman reported having a feeling of love towards her past unborn child. She stated "I love it. It was real. It was alive inside of me". This woman's baby had been stillborn at 32 weeks gestation. She had seen the baby on the ultrasound, had felt it move, and had heard its heart beating. She had perceived that her baby was alive and real prior to its stillbirth.

Present unborn child. Present unborn child refers to a woman's references to the fetus she is presently carrying. The women more commonly reported having feelings of love towards their present unborn children than

their past unborn children. One woman reported that she experienced a feeling of love in the last trimester of pregnancy when she began to think of her child as "an innocent little child already born". She explained that she had "always had an affection for this baby, but not a deep emotional love - like in love with this baby". She also reported that her feeling of love for her baby was transient, and that, when she experienced her feeling of love, she was surprised to find herself rubbing her stomach. Three other women reported having feelings of love towards their children for some time during their present childbearing experiences. One woman stated that touching her stomach was her way of caressing the baby and that, when she did so, she had "a warm feeling towards her baby". One woman stated that this baby "wouldn't be loved any more or any less once it was here". She compared her feeling of love for her present unborn child to her feeling of love for her past unborn child and concluded that, even though she still loved her past child, she loved her present child more.

Three [redacted]ported having a feeling of protectiveness, a type of feeling of lov[redacted]ne woman said that she ate food that would not harm her unborn child. A factor that affected this woman's feeling of protectiveness was her knowledge that, during her past pregnancy, her unborn child might have been affected by her consumption of salted and non-nutritious foods. Another woman reported having protective feelings towards " 'this thing' that others refer to as a 'baby' ". According to this woman, she began to feel protective when she realized that her unborn baby was totally defenseless. The third woman reported, during the second interview, that she had just recently experienced a feeling of protectiveness towards her unborn child. During the time interval between

the first and second interviews, an event had occurred that had made her realize that she had a feeling of protectiveness towards her child. She had been ice-skating, when someone had bumped into her. She said that she had become angry at the intruder. This "stimulus event", as the woman referred to it, caused her to review her past experiences in search of other occasions when she had felt protective towards her child. She recalled that she had protected her unborn child from coming into physical contact with a shopping cart.

Aspects of the Maternal Self

The aspects of the maternal self are a woman's references to herself as a past, present, and future childbearer and childrearer. The women reported having feelings of love towards aspects of their past, present, and future maternal selves.

Past maternal self. Past maternal self refers to a woman's references to herself prior to her present pregnancy. In relation to their past maternal selves, five of the six women stated that, in the past, they had anticipated that childrearing would be a positive experience. One woman reported having a feeling of pride, a type of feeling of love, towards her past maternal self. Her feeling of pride was related to her ability not only to produce a child but to give birth to a child.

Present maternal self. Present maternal self refers to a woman's references to herself during her present pregnancy. A feeling of pride with regard to their present maternal selves was reported by two women. One of them said, "It proves my womanhood". The other one stated, "I'm the only one who can bring a child into the relationship". One woman reported

having feelings of love towards her present maternal self. She said that, when she touched her stomach, she was not only caressing the baby but caressing herself. She reported that the caressing made her feel good and that she then had warm loving feelings towards herself.

Future maternal self. Future maternal self refers to a woman's references to herself following her present pregnancy. Four women reported having feelings of love towards their future maternal selves. They longed to be mothers and to be able to hold and take care of their children.

Relief

The third type of pleasurable feeling reported by the women was the feeling that a woman experiences when she perceives that she has been released from a burden and has attained an object which she desires. The women reported having such feelings of relief in relation to aspects of their past and present pregnancies, past and present unborn children, and past maternal selves.

Aspects of the Pregnancy

The aspects of the pregnancy are a woman's references to aspects of her past, present, and future pregnancy, including her labour and delivery. The women reported having feelings of relief only with regard to aspects of their past and present pregnancies.

Past pregnancy. Past pregnancy refers to a woman's references to her first pregnancy that result in an involuntary termination of the pregnancy. Of the two women who reported having had feelings of relief

with regard to their past pregnancies, one woman's feeling had been related to the fact that the pain of the "Braxton-Hicks contractions" had stopped. Both women stated that their feelings of relief had been related to the fact that the status of their pregnancies had become apparent. One woman stated that, throughout her past pregnancy, she had had this "terrible feeling" that something was going to go wrong, while the other woman said that she thought that her past pregnancy had been threatened because of the fact that she had been bleeding. Both of these women reported that they had felt a sense of relief upon termination of their pregnancies due to a miscarriage.

Present pregnancy. Present pregnancy refers to a woman's references to her present childbearing experience. Of the two women who reported having feelings of relief in regard to their present pregnancies, one woman experienced her feeling of relief during the ninth week of her pregnancy. At that time she was bleeding vaginally and was hospitalized, but was able to return home. With regard to this threatened loss of her present pregnancy, she stated, "I was relieved to be home and still be pregnant". The other woman stated that her feeling of relief had increased at the 18th week of her pregnancy, 4 weeks following the time that she had experienced her past involuntary fetal death. When asked by the investigator why she had felt more relieved at the 18th week of her pregnancy, she explained that she had added four weeks or what she referred to as a "buffer zone" to the week of gestation that she had lost her previous unborn child. She had felt relieved at the 18th week of her pregnancy because she had not lost her pregnancy.

Aspects of the Unborn Child

The aspects of the child are a woman's references to aspects of her past, present, and future unborn child's health, growth, personality, movement, biological functioning, and bodily structural characteristics. The women reported having feelings of relief only in relation to aspects of their past and present unborn children.

Past unborn child. Past unborn child refers to a woman's references to the fetus she carried during her past pregnancy that died. The women's feelings of relief in relation to aspects of their past unborn children had been related to the fact that the unknown status of their unborn children had been settled. One woman stated, in relation to her fetus that had died, "You knew then you weren't going to lose it four weeks down the road". Three women reported that they had felt a sense of relief upon the death of their past unborn children since they had felt that there must have been something wrong with their past unborn children. The women's feelings of relief had been heightened by the knowledge they had gained through interacting with their doctors. One woman said that she had experienced a sense of relief, when her doctor told her that her baby's lungs probably would not have been fully developed. Another woman's feeling of relief had been related to the fact that she had not known the sex of the baby that she had miscarried. This woman stated that, had she known the sex of her past unborn child, she would have thought that she had lost a baby rather than a pregnancy. She had felt a sense of relief when her doctor had not been able to give her information about the sex of her past unborn child.

Present unborn child. Present unborn child refers to a woman's

references to the fetus she is presently carrying. Only one woman reported having feelings of relief with regard to aspects of her present unborn child. This woman had experienced the stillbirth of her past child. She reported that she had experienced feelings of relief when she had passed the "period" at which she had lost her past unborn child. Her feelings of relief had also been related to the fact that, due to the knowledge she had gained through interacting with her doctor, she knew that her present unborn child was growing and "healthy". This was of particular importance to this woman since her past unborn child had been diagnosed as being intrauterine growth retarded.

Aspects of the Maternal Self

The aspects of the maternal self are a woman's references to aspects of herself as a past, present, and future childbearer and childrearer. The women reported having feelings of relief only in relation to aspects of their past maternal selves.

Past maternal self. Past maternal self refers to a woman's references to herself prior to her present pregnancy. Of the three women who reported having had feelings of relief related to their past maternal selves, two women had felt relieved that their physical selves had not been harmed during their past involuntary fetal loss experiences. One of these women who had been admitted to the intensive care unit following the stillbirth of her child stated, "I was relieved when I woke up and realized that I was still alive".

Unpleasurable Feelings

Unpleasurable feelings, for the purpose of this study, were defined as responses that a woman experiences when she does not attain an object she desires or when she perceives an object which she desires as unattainable. Four types of unpleasurable feelings were reported by the women who participated in the study: fear, sadness, anger, and guilt.

Fear

Fear refers to the feeling that a woman experiences when she perceives that danger is imminent and that an event may not proceed as desired. The women reported having feelings of fear in relation to aspects of their past, present, and future pregnancies; past, present, and future unborn children; and past, present, and future maternal selves. There were two types of feelings that were noted as indices of fear: apprehensiveness and anxiousness.

Aspects of the Pregnancy

The aspects of the pregnancy are a woman's references to aspects of her past, present, and future pregnancy, including her labour and delivery. The women reported having feelings of fear in relation to aspects of their past, present, and future pregnancies.

Past pregnancy. Past pregnancy refers to a woman's references to her first pregnancy that resulted in an involuntary termination of the pregnancy. Two women reported that they had felt fearful in relation to

their past pregnancies when they had experienced warning signs that their pregnancies were in danger, such as the loss of a few pounds, a decrease in breast tenderness, and vaginal bleeding. Both of these women related that they had expected to lose their pregnancies. One woman reported that her feeling of fear had not been affected by the reassurance of her doctor, since she still perceived that her pregnancy was threatened because she continued to have vaginal bleeding. She said, "He (her doctor) was checking my cervix and it was closed, even two days prior to the miscarriage but still I was bleeding. I knew there was definitely something wrong". One woman reported that she had been affected by her concern about how others seemed to be responding to the loss of her pregnancy. She said, "I was afraid for everyone else and how they would handle it".

Present pregnancy. Present pregnancy refers to a woman's references to her present childbearing experience. All the women reported having feelings of fear in relation to aspects of their present pregnancies. The common theme throughout their discussions was that they expected that something would go wrong with their present pregnancies. These women stated that their feelings of fear were greater because they had had past involuntary fetal death experiences. One woman stated that her feeling of fear had increased by 100%.

An activity that all the women undertook, as a result of their fear that something could go wrong, was to monitor the signs that had indicated to them, in the past, that their pregnancies were in danger. Three women, who had had a miscarriage in the past, monitored such signs as sore breasts, weight gain, increase in blood pressure, and vaginal

bleeding. One woman reported that she checked daily for signs that she was still pregnant. She stated, "I'd take a shower and I'd make sure my breasts were still tender and as long as they were I still had a week before everything sort of quit". Two women, who had had stillborn children in the past, monitored such signs as the extent of their physical discomfort, size of their abdomens, and amount of movement and growth of their unborn children.

The women reported that one particular time period during their present pregnancies was associated with more intense feelings of fear than any other time period. This time period differed with the type of past involuntary fetal death the women had experienced. Four of the women, who had experienced a miscarriage in the past, reported that their feelings of fear were intense until four weeks past the period when they had lost their past unborn children. One of these women stated, "I mean I was still holding my breath". All four women stated that their feelings of fear were greatly reduced following this period, but they were never absent. Two of the women, who had experienced the stillbirth of their children in the past, reported having increased feelings of fear in relation to their present pregnancies until they had passed the exact time period at which they had lost their previous pregnancies. One woman stated, "Thirty-six weeks (the time at which she had experienced her past fetal loss) gave me a bad feeling". These two women stated that their feelings of fear were directed towards their present unborn children rather than their present pregnancies once they had passed the time at which they had lost their children in the past.

The perception that their present pregnancies were threatened

increased two women's feelings of fear in relation to their present pregnancies. One woman was frightened when she was hospitalized at 14 weeks gestation with hypertension and, again, at 32 weeks gestation for diabetes. The other woman stated that the onset of vaginal bleeding during the eighth and ninth week of her pregnancy frightened her as she thought that she was going to lose the pregnancy. She stated, "I figured if something was going to go wrong, let it go wrong now. So I was worried and scared."

All the women reported that their feelings of fear in relation to their present pregnancies were affected by two factors: the responses of their husbands and their doctors, and their level of knowledge about their pregnancies. These women stated that their perception that their husbands had feelings of fear in relation to their pregnancies increased their feelings of fear. All but one of these women found that their husbands were supportive during their present pregnancies. The women stated that the knowledge they gained by interacting with their doctors and other members of the medical profession decreased their feelings of fear in relation to aspects of their present pregnancies. This type of support, which the doctors had given, was mentioned more frequently by the women who had experienced the stillbirth of their children in the past than by the women who had experienced a miscarriage in the past. The women reported having increased contact with their doctors prior to and at the point in time at which they had experienced their past involuntary fetal death. One of these women stated, "Everytime I noticed anything different I'd always go to the doctor and talk to her and she would make me feel less afraid that I would not lose this pregnancy".

Future pregnancy. Future pregnancy refers to a woman's references to a subsequent pregnancy following her present pregnancy. Past involuntary fetal death experiences comprised a factor that three women stated increased their feelings of fear in relation to their future pregnancies. One woman reported that in her subsequent pregnancy she would "be afraid that the same thing may happen again".

Aspects of the Unborn Child

The aspects of the unborn child are a woman's references to aspects of her past, present, and future unborn child's health, growth, personality, movement, biological functioning, and bodily structural characteristics. The women reported having feelings of fear in relation to aspects of their past, present, and future unborn children.

Past unborn child. Past unborn child refers to a woman's references to the fetus she carried during her past pregnancy that died. Three women reported having had feelings of fear in relation to their past unborn children. One woman reported that her feeling of fear had occurred prior to the stillbirth of her child. A friend had asked her if she had thought about the possibility that her child may die. The woman reported that she had then begun to fear that she might lose her child, but that the support of her husband had reduced her feeling of fear. Two women stated that their feelings of fear had occurred just prior to their fetal death experiences, when signs, such as the absence of a fetal heart beat and the reduced movement of their fetuses, had indicated to them that the "progress" of their pregnancies was in question.

Present unborn child. Present unborn child refers to a woman's references to the fetus she is presently carrying. All but one woman

reported having increased feelings of fear when they could not feel their present unborn children's movements. The one woman, who did not report having a feeling of fear in relation to her present unborn child, thought of her child as real but not as a person. She said, "Between four and eight months you don't really want to think of it". The five remaining women frequently monitored their children's spontaneous movements. One woman, who had had a miscarriage in the past, charted the frequency of her child's spontaneous movements daily. Another woman called her doctor when she perceived that her child's movements were decreasing. The number of calls she made to the doctor increased when she reached the time period at which she had [illegible] past stillborn child.

The women feared that [illegible] unborn children were not going to be healthy. Their feelings of fear centered around the particular sign that had indicated to them that their past unborn children were not healthy. Also, the women watched for a decrease in frequency and strength of their children's spontaneous movements and the absence of such movements. One woman concluded that her present unborn child was healthy when she was able to assess its health status through feeling its movements, listening to its heart beat, and watching it on the ultrasound. One woman, whose past unborn child had been diagnosed as being intrauterine growth retarded, reported that she felt fearful when certain signs of fetal growth were not evident or absent. One woman feared that her present unborn child would be a replacement for the one she had lost in the past. This woman had experienced this feeling of fear prior to and during her present pregnancy. She stated, "My brother has a little girl. She's really a cute kid, but they don't pay any attention to her. My mother has

had to raise her since she was a baby. When she was first born, I thought they were like that because they were getting over losing their first baby. It had died at about four months of crib death. I thought a lot about, 'Was this child going to be a replacement for the one I lost or was it going to be a different child?'".

All but one woman in this study stated that their past involuntary fetal death experiences increased their feelings of fear in relation to their present unborn children. Three women, who had experienced miscarriages in the past, reported that they had feelings of fear for their present unborn children until four weeks past the point in time at which they had lost their past unborn children. Two women, who had experienced the stillbirth of their past unborn children, reported that their feelings of fear related to aspects of their present unborn children intensified prior to and at the point in time at which they had lost their past unborn children. Both of these groups of women stated that their feelings of fear decreased markedly following their respective critical periods.

Three women stated that the responses of their husbands had been helpful in reducing their feelings of fear in relation to aspects of their present unborn children. Two of these women also reported that the concern and caring manner of their doctors had had a similar effect. One woman's feelings of fear in relation to her present unborn child increased when a close friend delivered a baby with a deformity. The one woman, who was hospitalized during her childbearing experience, stated that her feeling of fear in relation to her present unborn child's welfare increased during her hospitalization.

Future unborn child. Future unborn child is a woman's references to her present fetus when it is born. One woman who had experienced the stillbirth of her child in the past was afraid that her present child would not cry at birth. She said, "I'm waiting for it to cry, that the main thing because last time there was no cry". Of the two women who had experienced miscarriages in the past and who reported having feelings of fear in relation to their children in the future, one envisioned her child and feared that it would "not be healthy or born with all its parts". The other woman feared that her baby would have blonde hair. She explained, "I think they are so fragile and I'm afraid of them and if they have dark hair I'm not afraid of them. They look so much more like an adult".

Aspects of the Maternal Self

The aspects of the maternal self are a woman's references to aspects of herself as a past, present, and future childbearer and childrearer. The women reported having feelings of fear in relation to aspects of their past, present, and future maternal selves.

Past maternal self. Past maternal self refers to a woman's references to herself prior to her present pregnancy. Three women, who had experienced miscarriages in the past, reported having had feelings of fear in relation to their past maternal self. They related their feelings of fear to the fact that they had questioned their ability to successfully progress through any pregnancy. One woman said that she had asked herself, "You lost this one. Is this going to be a routine thing that you can't carry a pregnancy to term?". Another woman said that, throughout her adult life, she had feared that she would not be able to carry a child to term.

Her fears had been realized when she miscarried her first child.

One woman who had had a past stillborn child stated that she had feared for her physical self in the past. When she had delivered her past stillborn child, she had been afraid that she was going to die. Her fear had been precipitated by the fact that she had been admitted to the intensive care unit following her delivery.

Present maternal self. Present maternal self refers to a woman's references to her present childbearing experience. The women's feelings of fear about their present maternal selves arose from their concern that they would be unable to handle another fetal loss experience. Four women, who had experienced miscarriages in the past, stated that their feelings of fear in relation to their present maternal selves lasted until four weeks past the point in time at which they had lost their past unborn children. Two women, who had experienced the stillbirth of their children in the past, continued to report having feelings of fear throughout their present childbearing experiences. One woman, who had been very ill following the stillbirth of her child, reported that she and her husband were afraid for her physical self during her present childbearing experience. She said, "I was worried about what could happen to me and he was even more worried about me". The women reported that their feelings of fear in relation to their present maternal selves were increased by their perception that their husbands would have difficulty in handling a subsequent fetal loss.

The fear that they might harm their present unborn children by their physical selves or their emotional selves comprised two women's fears related to their maternal selves. The experiencing of several complications in pregnancy, such as hypertension and diabetes, increased

one woman's feeling of fear in relation to her present physical self. She stated, "I'm afraid that I might harm the baby. This is not the greatest environment. I just hope I'm not doing too much damage". This woman stated that her knowledge with regard to high risk pregnancies and its possible effects on the developing fetus increased her feeling of fear in relation to her present maternal self. The other woman feared that her negative feelings could be perceived by the baby and thus harm it. She stated, "You really have to control your emotions during pregnancy for the baby's sakes as far as I'm concerned". This woman's perception and related feeling of fear that she was damaging her present unborn child when she lost control of her emotions was, according to her, supported by the beliefs of her friends and her doctor's statements, such as, "It's not good for the baby for you to get upset".

Future maternal self. Future maternal self refers to a woman's references to herself following her present pregnancy. The women reported that their feelings of fear with regard to their maternal selves in the future were related to their lack of confidence in themselves as future mothers and their ability to adapt to future life changes. For two women, their feelings of fear related to the fact that they felt that they would not be confident in their future roles as mothers. One woman stated, "I feel too immature to have a baby, I only feel 15 myself". Another woman said, "I'm afraid I won't know what to do. I've never been a mother before".

The question of whether they wanted to or could adapt to the required future life changes was the focus of two women's reports of their feelings of fear. One woman said, "When it comes out, I lose my

independence". Another woman admitted that she had not thought about her future maternal self until recently, when the safety of her unborn child had been assured. She stated, "I want to know how it's going to change our lives but up until now I haven't thought about it. I can't imagine the change in our lives".

Sadness

The second type of unpleasurable feeling reported by the women was the feeling of sadness. Sadness was defined as the feeling that a woman experiences when she longs for an object that has been rendered unattainable. The women reported having feelings of sadness in relation to aspects of their past and present pregnancies, past unborn children, and past and future maternal selves.

Aspects of the Pregnancy

The aspects of the pregnancy are a woman's references to aspects of her past, present, and future pregnancy, including her labour and delivery. The women reported having feelings of sadness only in relation to aspects of their past and present pregnancies.

Past pregnancy. Past pregnancy refers to a woman's references to her first pregnancy that resulted in an involuntary termination of the pregnancy. All of the woman reported that they had had feelings of sadness in relation to their past pregnancies. However, the women's feelings of sadness had focused on different aspects of their past pregnancies depending on whether they had experienced a miscarriage or a stillbirth.

Four women who had had a miscarriage reported that they had had feelings of sadness and a sense of loss immediately following their fetal loss experiences, when they had returned home in a non-pregnant state. They reported that their feelings of sadness, at that point in time, had intensified when they saw a baby on television or when they saw their friends' children. One of the women, who had had a miscarriage, however, reported more frequently than the other three women who had had a miscarriage that she had had feelings of sadness. When this woman had told her husband that she wanted to talk about her past pregnancy, her husband had responded by telling her "to put it behind her". This woman stated that her husband had been supportive of her feelings at this time. However, her frequent references to her requests to her husband to talk about her past pregnancy and his refusal to do so seemed to indicate that the woman may actually not have found her husband to be supportive.

The feeling of sadness reported by two women, who had experienced the stillbirth of their children, had been related to the progress of their past pregnancies and their past labour and deliveries. One of these women related her feeling of sadness to the fact that she had experienced several symptoms during her past pregnancy, such as being tired, retaining fluid, and gaining weight. The other woman stated that she had experienced a feeling of sadness in relation to the fact that her placenta had failed to grow during her past pregnancy. Both women's feelings of sadness related to the fact that their past pregnancies had not progressed as they had expected.

Present Pregnancy. Present pregnancy refers to a woman's references to her present childbearing experience. Only one woman reported

having a feeling of sadness in relation to her present pregnancy. She related her feeling of sadness to her perception that her pregnancy was not progressing normally. She stated that she had begun to wonder about the progress of her pregnancy when she developed hypertension at 16 weeks gestation and gestational diabetes at 34 weeks gestation. She reported that her feeling of sadness had increased when these two signs that her present pregnancy was not progressing normally were confirmed by her doctor. This woman also reported that her feeling of sadness had increased as a result of the knowledge she gained through her experiences as a nurse.

Aspects of the Unborn Child

The aspects of the unborn child are a woman's references to aspects of her past, present, and future unborn child's health, growth, personality, movement, biological functioning and bodily structural characteristics. The women reported having feelings of sadness only in relation to aspects of their past unborn children.

Past unborn child. Past unborn child refers to a woman's references to the fetus she carried during her past pregnancy. While one woman who had experienced a miscarriage in her previous childbearing experience referred only once to her feeling of sadness in relation to her past unborn child, two women who had experienced the stillbirth of their children reported their feelings of sadness in relation to their past unborn children on 12 or more occasions during the three interviews. Both of these women reported that their past unborn children had been real to them. They referred to losing "a baby", "our son", and "our daughter". One woman stated, "It felt like losing a child at the age of two". This

same woman perceived that her husband had not felt the loss in the way that she had, since she had felt the baby moving and growing inside of her for eight months. One of these women had been ill after the loss of her past unborn child and had not seen her stillborn child. However, her husband had seen their dead child. The other woman and her husband had been able to see their stillborn child. The woman who had not seen her child talked about wanting and longing to have her past unborn child. She longed to hold it. She had experienced and was still experiencing a feeling of emptiness. She stated that her feeling of emptiness had decreased when her friend had let her hold her baby.

Aspects of the Maternal Self

The aspects of the maternal self are a woman's references to aspects of herself as a past, present, and future childbearer. The women reported having feelings of sadness only in relation to aspects of their past and future maternal selves.

Past maternal self. Past maternal self refers to a woman's references to herself prior to her present pregnancy. Feelings of sadness related to their past maternal selves were reported by three women. Two of these women had had stillborn children in the past. Both of them talked about wanting to care for and hold their past unborn children. The one woman who had seen her baby explained that, at the time of delivery, the nurse had asked her if she would like to hold her stillborn baby. She said that she had not had a chance to reply as her husband had quickly replied, "No". She stated, "I often think about not holding her and wonder if I would have been able to accept the whole thing better had I been able to

hold her".

Future maternal self. Future maternal self refers to a woman's references to herself following her present pregnancy. Only one woman reported having feelings of sadness in relation to her future maternal self. This woman who had experienced a miscarriage in the past thought of her present unborn child as a "detached thing" that was a part of her. She longed to be separated from it and to be herself. She stated, "I just cannot wait until it's born and I can be myself again".

Anger

The third type of unpleasurable feeling reported by the women was the feeling of anger. Anger was defined as the feeling that a woman experiences when she perceives that she has been thwarted from attaining an object she desires and realizes that it is unattainable. The women reported having feelings of anger in relation to aspects of their past and present pregnancies and present unborn children, and past and present maternal selves. There were two other types of feelings that were noted as indices of anger: frustration and annoyance.

Aspects of the Pregnancy

The aspects of the pregnancy are a woman's references to aspects of her past, present, and future pregnancy. The women reported having feelings of anger only in relation to aspects of their past and present pregnancies.

Past pregnancy. Past pregnancy refers to a woman's references to

her first pregnancy that resulted in an involuntary termination of the pregnancy. All the women reported having and having had feelings of anger with regard to their past pregnancies. The women stated that their feelings of anger had been most frequently affected by the responses of significant others, such as their mothers, other childbearing women, and members of the medical profession. One woman had become angry at her mother when she had informed her that the bleeding she was experiencing might be an indication that she was losing her pregnancy. Another woman's feeling of anger had been provoked by the presence of the childbearing women were in the hospital at the time that she had her stillborn child. She stated that she had also been angry because she had not been allowed to continued with her past pregnancy.

Two women reported that their feelings of anger were mainly related to responses made by members of the medical profession. Both of these women had had stillborn children. One of them stated that her feeling of anger was related to the kind of medical care she had received from the doctor. She said that her doctor had not ever taken her unborn child's heart rate during her past pregnancy. These two women also reported having feelings of anger in relation to their past labour and deliveries. One of them referred to her "useless pains of labour" following her miscarriage. The other woman, who had been aware that her past unborn child was dead prior to delivery, stated that her feeling of anger had peaked when, "They (the doctors) wouldn't take the baby by Caesarian section. I could not understand why they were letting me go through with a natural birth for nothing." This woman also reported that her feeling of anger was related to the fact that the nurses had taken too

long to wash and transfer her to the postpartum ward following her delivery.

Present pregnancy. Present pregnancy refers to a woman's references to her present childbearing experience. Only one woman reported having a feeling of frustration, an index of the feeling of anger, in relation to her present pregnancy. This woman had had a stillborn child in the past at 36 weeks gestation. She explained that her feeling of frustration was related to the fact that she was unsure if her pregnancy would progress any further. She said, "In the last two to three weeks, I've gone through a lot of frustration". She did not know if the doctors would allow her to continue with her pregnancy or if they would terminate it. She believed that her pregnancy would be terminated because her child's life would be endangered if she continued with her pregnancy. This woman based her belief on her suspicion that her child was not getting enough nourishment from the placenta and, therefore, not growing adequately. She had used the information she had gathered from her physical examinations and the results of her tests, such as the ultrasound, to arrive at her fear and belief. This woman reported that her feeling of frustration had decreased when her doctor had informed her that, although her unborn child was small and his movements were less extensive, there were no signs to indicate that the pregnancy would be terminated prematurely. She also had felt reassured when her doctor had told her that the reduction in her unborn child's movement was a result of the fetus' positioning and not something which would necessitate the termination of her pregnancy. This woman believed that her past pregnancy had terminated when her child's movements had decreased.

Aspects of the Unborn Child

The aspects of the unborn child are a woman's references to aspects of her past, present, and future unborn child's health, growth, personality, movement, biological functioning, and bodily structural characteristics. The women in this study reported having feelings of anger only towards aspects of their present unborn children.

Present unborn child. Present unborn child refers to a woman's references to the fetus she is presently carrying. The woman reported having feelings of annoyance and frustration, indices of the feeling of anger, more frequently than feelings of actual anger.

The women's feelings of annoyance and frustration were related to the lack of or the abundance of fetal movement. Two women reported that their feelings of annoyance were caused by the excessive movements of their present unborn children. One woman explained, "I really get annoyed when it does the flips constantly. It's not natural but I blame the baby for making me feel that way". For three women, their feelings of frustration were related to the fact that their present unborn children would not move when they were encouraging their husbands to feel their abdomens.

One woman stated that she had a feeling of anger in relation to her present unborn child. She blamed it for being in an unfavourable position for delivery, the breech position. She said that her feeling of anger increased when she thought of her present unborn child as a "mini adult with a mind of it's own". The factor that she stated affected her feeling of anger was the responses of others. Her friends had told her to will the baby to turn. She said, "That's when I was angry at it because I thought of it as a mini adult, I guess, somebody with a mind of its own,

and that it wasn't turning because it just didn't feel like turning. Then one day I realized, 'this baby isn't an adult'. But you know, because you talk to it and because other people talk to it, like people kept saying, 'tell the baby to turn' and I kept telling it to turn, I started believing them that if I told it to turn it would, and then I thought, 'you disobedient kid'". This woman stated that her feeling of anger related to her present unborn child subsided when she thought of her unborn child as a "baby" and not a "mini adult".

Aspects of the Maternal Self

The aspects of the maternal self are a woman's references to aspects of herself as a past, present, and future childbearer and childrearer. The women reported having feelings of anger only in relation to aspects of their past and present maternal selves.

Past maternal self. Past maternal self refers to a woman's references to herself prior to her present pregnancy. Four women reported having feelings of frustration in relation to giving of themselves in the past. These women stated that their feelings of frustration were affected by the responses of others. One woman felt frustrated because she had given of her maternal self in the past and was not a mother, while other childbearing women whom she perceived had not given of themselves were mothers. Another woman felt frustrated with her past maternal self because she perceived that she had been unsympathetic towards other women whom she had talked to following their involuntary fetal death experiences.

Present maternal self. Present maternal self refers to a woman's references to herself during her present pregnancy. The woman reported

having feelings of frustration in relation to giving of their physical selves. They were frustrated with the restrictions they were experiencing in the carrying out of their activities, such as their housework and their work outside of their homes. The two women, who had experienced the stillbirth of their children in the past, felt frustrated that they were so emotional during their present childbearing experiences. Two women attempted to control their emotions during their present childbearing experiences because they feared that their feelings would be perceived by their present unborn children. They stated that this belief was supported by their friends and their doctors. When their attempts to control their emotions failed, these women became frustrated with themselves.

One woman was frustrated with herself for perceiving that her present unborn child was a part of her. She also reported that she was frustrated that she was not exhibiting the same types of emotions towards her present unborn child that she felt she had exhibited towards her past unborn child. She related her feelings of frustration to the fact that she did not demonstrate or feel the same amount of "affection" towards her present unborn child as she had towards her past unborn child.

Guilt

Guilt was defined as the feeling that a woman experiences when she perceives that she is responsible for an unfavourable event related to an object of desire. The women reported having feelings of guilt only in relation to aspects of their past and present maternal selves.

Aspects of the Maternal Self

The aspects of the maternal self are a woman's references to aspects of herself as a past, present, and future childbearer and childrearer. The women reported having feelings of guilt only in relation to aspects of their past and present maternal selves.

Past maternal self. Past maternal self refers to a woman's references to herself prior to her present pregnancy. Two women, who had experienced the stillbirth of their children in the past, reported having feelings of guilt in relation to their past maternal selves. One woman reported that her feeling of guilt was related to the fact that she had eaten salted foods which she now perceived were detrimental to the progress of her past pregnancy. She attributed the ominous symptoms of her past pregnancy to her inadequate diet, and reported that she felt guilty that her behaviour may have caused the death of her child. The other woman stated that her feeling of guilt related to not noticing that her past unborn child's fetal movements had decreased prior to its delivery. The factor that affected this last woman's feeling of guilt was her level of knowledge. When the medical staff had told her that it was important that she feel her fetus' 'strong' movements, she became aware that what she had been feeling and reporting were her fetus' 'weak' movements. She stated that this increased knowledge about the importance of noticing a decrease in the strength of fetal movements increased her feeling of guilt about her past maternal self.

Present maternal self. Present maternal self refers to a woman's references to herself during her present pregnancy. Only one woman reported having a feeling of guilt in relation to her present maternal

self. This woman felt guilty because she was smoking during her present pregnancy. She wondered if her present unborn child was not rotating out of the breech position because it was "retaliating" against her for smoking.

Summary

In summary, following involuntary fetal death experiences, third trimester nulliparous women reported having pleasurable feelings and unpleasurable feelings in relation to aspects of their pregnancies, unborn children, and maternal selves. Although the women reported having feelings of happiness, one type of pleasurable feeling, in relation to aspects of their present pregnancies; past, present, and future unborn children; and past, present, and future maternal selves, most of their feelings of happiness were expressed in relation to aspects of their present unborn children and their present maternal selves. The women reported having feelings of love, another type of pleasurable feeling, towards aspects of their past and present unborn children and their past, present, and future maternal selves. The majority of the women reported having feelings of relief, another type of pleasurable feeling, in relation to aspects of their past and present pregnancies, past and present unborn children, and past maternal selves.

The unpleasurable feeling of fear was the most frequently reported of all the maternal feelings. The women reported having feelings of fear in relation to the past, present, and future aspects of their pregnancies, unborn children, and maternal selves. The women reported

having feelings of sadness, another type of unpleasurable feeling, in relation to their past and present pregnancies, past unborn children, and past and future maternal selves. The women reported having feelings of anger in relation to their past and present pregnancies, present unborn children, and past and present maternal selves. Another type of unpleasurable feeling, guilt, was reported by few women. These women related their feelings of guilt in relation to their past and present maternal selves.

VI DISCUSSION OF THE FINDINGS

In this study, the women's maternal feelings and factors that affect those feelings were found to be similar and different, in some ways, to those that have been cited in the literature with regard to women's maternal feelings during normal childbearing experiences and during high-risk childbearing experiences. The similarities that were noted suggested that there are maternal feelings which are commonly experienced by all women regardless of their maternal histories; whereas, the differences that were noted suggest that there are maternal feelings which are experienced in an unique way by women who have had past involuntary fetal death experiences.

The findings of this study seem to suggest that childbearing women who have had past involuntary fetal death experiences may mother their unborn children in ways similar to that of women undergoing normal childbearing experiences. In this study, some of the women who had experienced miscarriages in the past and who had had stillborn children in the past participated in mothering activities with their present unborn children which were similar to those in which women engage during normal childbearing. Regardless of their past experiences, it seemed that some of the women in this study were eager to mother and relate to their unborn children.

Some of the women in this study who mothered their babies referred to their babies as individuals rather than "persons" which, according to the literature, is the common term utilized by women during normal childbearing experiences. These women were quite adamant that the

term, "persons", did not adequately describe their concept of their babies while the term, "individuals", did. It may be that the women referred to in the literature utilized a different term than the women in this study or it may be that previous researchers have provided women with the term, "person", to which they could relate their feelings. Since the term, "individual", seemed to be of some importance to these women following an involuntary fetal death experience, it would be important to ascertain its exact meaning and significance to women.

Most of the women in this study were eager, as Galloway (1976) thought that high risk women would be, to have proof that their unborn children were real. Their children's first movement, signified to these women, as it has been known to do for women during normal childbearing experiences, that their unborn children were healthy. They anxiously waited for it and, when it occurred, they reported having increased pleasurable feelings of excitement and happiness in relation to their pregnancies and their unborn children.

In the literature concerning women during normal childbearing experiences, women's perceptions that their unborn children are responsive to their physical selves is viewed as an indicator that the women are developing pleasurable maternal feelings. While this belief was supported by the findings of this study, some of the women, unlike women during normal childbearing experiences, perceived that their babies were not only responsive to their physical selves but also to their emotional selves. When their attempts to control their unpleasurable feelings during their childbearing experiences failed, these women developed unpleasurable feelings towards aspects of their maternal selves.

This study's findings suggest that women, following an involuntary fetal loss, may be similar to women during normal childbearing experiences in that their perceptions of the responsiveness of their babies to their physical selves seems to promote the development of pleasurable maternal feelings. However, these women, following an involuntary fetal loss, may be different from women during normal childbearing experiences in that their perceptions of the responsiveness of their babies to their emotional selves seems to promote the development of unpleasurable maternal feelings. These women's perceptions that their unborn children were responsive to their physical selves may have been due to the responses of others or the frequent observations of their babies during such tests as the ultrasound. It is, however, unknown what could account for these women's perceptions that their unborn children were responsive to their emotional selves. Since these women seem to develop unpleasurable maternal feelings when they perceive that their unborn children are responsive to their emotional selves, it may be important to explore why these women have such perceptions.

Although the literature states that women develop more negative maternal feelings towards their unborn children if the length of time that has elapsed between the past and subsequent childbearing experiences is less than five months, the findings of this study did not provide additional evidence for such a notion. Two women, who had their present childbearing experiences within 8 to 15 months of their past childbearing experiences, did not report having feelings of love towards their present unborn children, while four women, who had their present childbearing experiences within two and a half to eight months, did report having

feelings of love towards their present unborn children. According to these findings, the length of time between women's past and subsequent childbearing experiences may not be a reliable indicator of the type of maternal feelings women will experience during their subsequent childbearing experiences.

The women reported three factors that affected their maternal feelings during their present childbearing experiences: their level of knowledge, the responses of others, and their past involuntary fetal death experiences. With regard to the first factor, a general belief is expressed in the literature that women's negative feelings are reduced when their level of knowledge is raised. This belief was not entirely supported by this study's findings. The women stated that, when their level of knowledge was raised, their pleasurable feelings occasionally increased in intensity. However, they reported that their new level of "knowledge" also resulted in an increase of their unpleasurable feelings. This latter situation usually occurred when information imparted through tests or by the medical staff was not fully explained, and thus was misinterpreted by the women. This misinterpretation resulted in an increased feeling of fear. Also, the women's ability to receive information was affected by the time at which the information was imparted, and the women's perception of the presence or absence of their 'critical sign', the symptom that was present prior to their past involuntary fetal loss experiences. The women's maternal feelings were affected differently when information was imparted following, rather than prior to, the critical period plus the "buffer zone" in the case of women who had had miscarriages in the past, and following, rather than prior to, the critical period in the case of

women who had had stillborn children in the past. Also, when women perceived that their 'critical sign' was reoccurring in their present childbearing experiences, their maternal feelings were affected. When information was imparted prior to the critical times and when women perceived that their 'critical sign' was reoccurring, the women's unpleasurable feelings of fear were not reduced. However, when information was imparted following the critical times and when women perceived that their 'critical sign' was not reoccurring, the women's feelings of fear were reduced. These findings suggest that a woman's new level of "knowledge" may not result in an increase of pleasurable feelings, unless the woman not only has an understanding of the information being imparted, and perceives that her 'critical sign' is absent but is given that information at a time that is favourable to her accepting it. Information doesn't amount to knowledge for these women unless it can be readily received and understood.

In regard to the second factor that women stated as affecting their feelings, the responses of others, the literature regarding women during normal childbearing experiences states that women are affected mainly by their husbands' responses to them. The responses of the women in this study suggest that these women's maternal feelings were affected mainly by the responses of members of the medical profession, their husbands, and other people. The women consistently reported that the responses of these people increased their unpleasurable and pleasurable feelings. When the women perceived that either their husbands or doctors were supportive, their pleasurable feelings related to their maternal selves increased. The difference that the women reported between the

responses of their husbands and doctors was that there was more of a mutuality of feeling between themselves and their husbands. When the woman perceived that their husbands had feelings of fear, their own feelings of fear also increased. Some of the women reported that their unpleasurable maternal feelings were increased by the responses of members of the medical profession whom they perceived to have mismanaged their past pregnancies or labour and deliveries. Since women during normal childbearing experiences do not have the same type of involvement with members of the medical profession as women with high risk pregnancies, it may be understandable that they may differ from the women in this study in terms of the effect that they perceive members of the medical profession have on them.

Although the third factor, past involuntary fetal death experience, did affect women's maternal feelings, it did not do so in exactly the way that the literature indicates. According to the literature, women, who have had stillborn children in the past, have feelings of fear during their subsequent childbearing experiences until the time period at which their past children died. The women in this study, who had experienced a stillbirth in the past and who had passed the week of gestation at which they had lost their stillborn children, reported not only a reduction in their feelings of fear but also an increase in their pleasurable feelings in relation to their present unborn children. Also, contrary to the literature on high risk women, these women did not withhold their pleasurable feelings throughout their present childbearing experiences. Some of these women indicated that there was an interrelationship between their pleasurable and unpleasurable feelings towards their present unborn children, that is, their feelings of fear

increased concomitantly with their feelings of love.

In the literature, childbearing women are described as having an increased number of unpleasurable feelings prior to and an increased number of pleasurable feelings following the time at which they had their miscarriages in the past. However, no mention is made of women adding four weeks or a "buffer zone" to the time at which they had experienced their past involuntary fetal death. In this study, the women, who had experienced miscarriages in the past, reported having unpleasurable maternal feelings until the end of their "buffer zones". This finding adds another dimension to what Cohen (1979) refers to as "maladjustment to pregnancy". He states that a woman demonstrates her maladjustment to pregnancy when she does not show signs of pleasurable maternal feelings in relation to her present unborn child following what he and others have termed as "her critical period", that is, the time at which she experienced her past involuntary fetal death. Cohen's concept of maladjustment to pregnancy may have to be reassessed, if other researchers also find that women add a "buffer zone" to their critical periods. "Maladjustment" may then have to be redefined as the absence of pleasurable maternal feelings following the critical period and a buffer time period.

In the way that Rubin (1975) has described, the majority of the women in this study reviewed and seemed to be trying to resolve their grief feelings in relation to their past involuntary fetal losses. Two women, who had had miscarriages in the past, in reviewing their grief feelings towards their losses, expressed feelings of fear and anger and no feelings of sadness or guilt; whereas, two women, who had experienced stillborn children in the past, in reviewing their feelings of grief expressed

feelings of sadness and anger. The "grief work" of these women may have been an indicator that they were trying to adapt to motherhood following an involuntary fetal death experience.

Two of the women in this study seemed to be having difficulty preparing for motherhood during their present childbearing experiences. One of them did not perceive her unborn child as a "person" and the other one perceived her unborn child only as a part of her. Although these women reported having feelings of happiness towards "the detached thing" or "that part of me", they did not report having feelings of love for their unborn children. Breen (1975) would state that these women did not obtain a sense of their unborn children during their pregnancies, while Lederman (1984) would refer to the "large gap" that existed between these women being a woman-without-child and being a woman-with-child.

Several factors may have affected these women's ability to prepare for motherhood. Some of these factors may affect women during normal childbearing experiences and others may affect women following involuntary fetal death experiences. The two women stated that they may not have developed feelings of love in relation to their unborn children because they perceived that the child was either not a person or a part of them. Similarly, in the literature, women during normal childbearing experienced, who perceived that their unborn children were a part of themselves or perceived that their unborn children were not real persons, are reported as not developing pleasurable feelings of love towards their unborn children.

According to the literature, a woman's maternal feelings during normal childbearing experiences may be affected by her motivation to become

a mother. The two women who had difficulty preparing for motherhood may be referred to as "security motivated", a term utilized by Leifer (1975). They wanted children in order to perpetuate themselves. These women, as with the normal childbearing women Leifer studied, reported having fewer of, what Leifer called "maternal attachment behaviours". They reported having no pleasurable feelings of love. These women may also have been affected by their past involuntary fetal death experiences. Both of these women perceived that their present childbearing experiences were threatened. One woman's perception was heightened by her symptoms of pregnancy and the other by her perception that her pregnancy might not progress normally. This finding supports the beliefs of Penticuff (1982), Seitz and Warrick (1974), and Snyder (1979) that women's feelings may be affected by their perception that their childbearing experiences are threatened. These women may also have had unresolved feelings related to their past involuntary fetal losses. This interpretation is supported by the fact that one woman reported having feelings of frustration when she attempted to resolve the fact that she had lost a "pregnancy" or "a baby", while the other women feared that her present unborn child might become a replacement for the one she had lost in the past.

The women reported that being interviewed had no effect on the maternal feelings they reported having during their present childbearing experiences. According to these women, the interviews were simply a means by which they could verbalize to the investigator what feelings they were experiencing. Two women stated that they became more aware of their feelings because they were talking more about them during the interview sessions. One woman, who believed that feelings are in one's unconscious

mind wrote that the interviews assisted her "in making her feelings surface to her conscious mind". However, she indicated that this awareness process did not cause her to change her maternal feelings. The one woman who was interviewed prior to, at the time of, and following her critical period stated, "talking to someone helped me deal with the loss a bit better". She went on to say that being interviewed did not change her maternal feelings. In summary, being interviewed seems to have had no effect on the maternal feelings women reported having following an involuntary fetal death experience.

VII SUMMARY, CONCLUSIONS, AND IMPLICATIONS FOR NURSING RESEARCH

This chapter includes the summary, conclusions, and the implications for nursing that have evolved from this exploratory descriptive study of nulliparous women's feelings towards aspects of their pregnancies, unborn children, and maternal selves following past involuntary fetal death experiences.

Summary

The purpose of this study was to explore and describe the feelings of women towards aspects of their pregnancies, unborn children, and maternal selves following past involuntary fetal death experiences. Four women who had experienced miscarriages in the past and two women who had experienced the stillbirth of their children in the past and who were subsequently pregnant were studied.

Interviews were conducted to collect data. Data were collected in the third trimester of the women's childbearing experiences. On the average, three private interviews were conducted with each woman. The interviews were tape recorded and the transcriptions of the recordings comprised the raw data for content analysis.

Two main categories of maternal feelings were inductively established from examinations of the women's verbalizations about their pregnancies, unborn children, and maternal selves: pleasurable and unpleasurable. Pleasurable feelings were those responses that a woman experienced when she attained an object which she desired or when she

perceived an object which she desired as attainable. Unpleasurable feelings were those responses that a woman experienced when she did not attain an object which she desired or when she perceived an object which she desired as unattainable.

Three types of pleasurable feelings were inductively established from the data: happiness, love, and relief. Happiness was the feeling that a woman experienced when she perceived that an event was proceeding or would proceed favourably and that a desired object had been attained or was attainable. The nurturant feeling a woman experienced towards an object that she desired which she perceived that she had attained or might attain was termed a feeling of love. The feeling that a woman experienced when she perceived that she had been released from a burden and had attained an object which she desired was defined as a feeling of relief.

Four types of unpleasurable feelings were inductively established from the data: fear, sadness, anger, and guilt. Fear was the feeling that a woman experienced when she perceived that danger was imminent and that an event might not proceed as desired. Sadness was the feeling that a woman experienced when she longed for an object that had been rendered unattainable. When a woman perceived that she had been thwarted from attaining an object she desired and realized that it was unattainable, she experienced what was termed as a feeling of anger. The feeling that a woman experienced when she perceived that she was responsible for an unfavourable event related to an object of desire was defined as guilt.

The women reported having feelings in relation to aspects of their pregnancies, unborn children, and maternal selves. Aspects of their

pregnancies were the women's references to aspects of their past, present, and future pregnancies, including their labour and deliveries. Aspects of their unborn children were the women's references to aspects of their past, present, and future unborn children's health, growth, movement, biological functioning, and bodily structural characteristics. Aspects of their maternal selves were the women's references to aspects of themselves as past, present, and future childbearers and childrearers.

In this study, unpleasurable feelings were the most frequently reported type of maternal feelings. Although some women reported having feelings of sadness, anger, and guilt, most of the women reported having feelings of fear which related to aspects of their present pregnancies, present unborn children, and present and future maternal selves. The women, who had experienced the stillbirth of their children in the past, reported having feelings of sadness and guilt more often then women, who had had miscarriages in the past.

The women also reported having pleasurable feelings during their present childbearing experiences. Of the pleasurable feelings, the feeling of happiness was the most prevalent. The women's feelings of happiness were primarily related to aspects of their past, present, and future maternal selves and their present unborn children. None of the women had feelings of happiness in relation to aspects of their past and future pregnancies. The women's feelings of happiness with regard to aspects of the unborn children focused mainly on the children's movement, health, personality, and bodily structural characteristics. More of the women in this study reported having feelings of love with regard to aspects of their present unborn children, and their past and future maternal selves, while

fewer women reported having feelings of relief with regard to aspects of their past and present pregnancy, and their past maternal selves.

The women reported three factors that affected their maternal feelings during their present childbearing experiences: their level of knowledge, the responses of others, and their past involuntary fetal death experiences. The fact that women received new information did not result in an increase in their pleasurable feelings unless the women not only had an understanding of the information being imparted, and perceived that the critical signs pertaining to them were absent but were also given the information at a time that was favourable to their accepting it. The women reported that the responses of members of the medical profession, their husbands, and other people increased their unpleasurable and pleasurable feelings. The women in this study, who had experienced a stillbirth in the past and who has passed the week of gestation at which they had lost their stillborn children, reported not only a reduction in their feelings of fear but also an increase in their pleasurable feeling in relation to their present unborn children. The women, who had experienced miscarriages in the past, reported having unpleasurable maternal feelings until four weeks passed the time at which they had their miscarriages in the past, or what they referred to as their "buffer zone".

Conclusions

Contrary to what the literature indicates, the women in this study who had had an involuntary fetal death experience reported having pleasurable maternal feelings. These maternal feelings were similar to the

feelings described in the literature in regard to women having normal childbearing experiences. This finding suggests that there are maternal feelings which are commonly experienced by all woman regardless of their maternal histories.

From this study it is inconclusive if the women's motivation for motherhood or their perception that their present unborn children were real persons, separate from them affected their maternal feelings. The minority of the women differed in their motivation for motherhood also differed in their perceptions of their unborn children. Due to the presence of both these factors with both of these women, it was not possible to ascertain which factor, if any, had an affect on decreasing the women's unpleasurable maternal feelings and increasing their pleasurable maternal feelings. However, one of the study's findings does suggest that the women's maternal feelings were not affected in any particular way by the length of time which had elapsed between the past and present childbearing experiences. This finding may have occurred because other factors were affecting the women's maternal feelings or it may suggest that, contrary to the present literature, the time between childbearing experiences does not affect women's maternal feelings in any particular way.

Another study finding suggests that women's maternal feelings change once the week of gestation during which the unborn child died has passed. Contrary to what the literature indicates, the women who had had stillborn children in the past did not withhold their pleasurable feelings until their present children were born. They began to report having pleasurable feelings following their unborn children's first movements. They also stated that their pleasurable feelings increased once they had

passed the week of gestation at which they had lost their previous children. Also, contrary to the literature, the women, who had had miscarriages in the past, did not withhold their pleasurable feelings until the time at which their fetuses died in the past, which has been referred to as their "critical period" in the literature. They withheld their pleasurable feelings until four weeks past their critical period, or what some of the women in this study referred to as their "buffer zone".

The women, who had experienced an involuntary fetal loss during the first half of their past pregnancies, differed in their maternal feelings from the women, who had experienced an involuntary fetal death during the last half of their past pregnancies. The women, who had experienced fetal losses during the last half of their past pregnancies, reported having more unpleasurable feelings of sadness and guilt and more pleasurable feelings of love than women who had experienced fetal losses during the first half of their past pregnancies. This finding with reference to the time of the past loss and it's potential effect on women's maternal feelings during subsequent childbearing experiences is inconclusive.

As expected, the women's feelings were affected by their husband's perceptions. However, what was not anticipated was that the women's feelings would be similarly affected by the responses of members of the medical profession. It may be that the supportive responses of members of the medical profession to women during their involuntary fetal death experiences and during subsequent childbearing experiences are as effective in increasing women's pleasurable feelings as the supportive responses of their husbands.

The majority of the women in this study reported having pleasurable feelings which were similar to those reported in the literature in relation to women preparing for motherhood during normal childbearing experiences. It may be speculated that the women in the study were demonstrating a preparedness for motherhood. A minority of the women in this study may be seen as being unprepared for motherhood, since they did not report having the same types of pleasurable feelings as the other women in this study. It is inconclusive if these women's feelings were affected by factors that may affect women during normal childbearing experiences or if they were also affected by their past involuntary fetal death experiences.

Implications for Nursing Research

The need for further research to explore and describe women's maternal feelings following their involuntary fetal death experiences is evident from the discussion of this study's findings. Although this study provides a beginning description of women's maternal feelings following an involuntary fetal death experience, a study in which a larger sample of women are interviewed may provide the necessary evidence with regard to answering the question of whether or not women with similar maternal histories report having similar maternal feelings. The interviewing of not only a larger sample but a random sample of women would also permit one to generalize with regard to the study findings to other women who have had involuntary fetal death experiences. Another advantage of interviewing a larger sample of women is that descriptive data on women who have

experienced all types of involuntary fetal death experiences, such as those who have had past intrauterine death experiences, may be obtained. Some of the tentative findings of this study, such as women adding a "buffer zone" to their critical period, and the effect of length of time between the past and subsequent childbearing experiences on women's maternal feelings, may be verified or disputed by further research with a larger sample of women.

A longitudinal study of women during the first, second, and third trimester of their pregnancies following their involuntary fetal death experiences would assist in the documentation of the progression of these women's maternal feelings. Such a study may permit one to explore and describe the interrelationship between the review or resolution of women's grief feelings, and the development of their maternal feelings during their subsequent childbearing experiences. This research may also enable one to assess whether or not a fetal death constitutes a loss for a woman. If it does, criteria may be established for assessing the type of loss a fetal death constitutes. Also, women's maternal feelings during their subsequent childbearing experiences may be compared to the type of loss the death constitutes for the women. Furthermore, criteria to assess the type of grief work women engage in during their childbearing experiences following an involuntary fetal death experience may be established. The type of grief work women engage in may be compared to the maternal feelings they report having, and therefore a clearer indication of the effect of women's feelings of grief on their maternal feelings may be attained.

In a comparative study, during pregnancy, of women who have had a normal childbearing experience and women who have had an involuntary fetal death experience, the similarities and the differences between these two

groups of women may be explored. Speculations that were made earlier about the similarities and the differences between these two groups of women may then be confirmed or not. Regardless of the results, our body of knowledge about women's maternal feelings following an involuntary fetal death experience would be increased. The caregivers, educators, researchers and, in turn, the women may benefit from this knowledge. If the findings of this study are affirmed by further research implications for nursing caregivers and nursing educators would be far reaching.

Caregivers attending to women during childbearing experiences following an involuntary fetal death experience may find that these women's unpleasurable feelings will increase when they have an inadequate level of knowledge in relation to their pregnancies and their unborn children. By assessing the woman's level of knowledge and by providing her with accurate information caregivers may be able to reduce a woman's unpleasurable maternal feelings. When information is imparted, it is important not only to provide accurate information but also to provide an explanation of the significance of this information and to ascertain what the woman has understood. Clarification of the information provided by the caregivers may help reduce the chance of the woman misunderstanding and increase the chance of the woman developing pleasurable feelings.

Caregivers, who invite women to verbalize their feelings, during their subsequent childbearing experiences and especially at their critical periods, may assist them to review or resolve their grief feelings in relation to their past fetal losses and thereby assist them in the development of pleasurable feelings in relation to their present childbearing experiences. Caregivers may also play a role in reassuring

women that they may be experiencing unpleasurable and pleasurable maternal feelings following their involuntary fetal losses, and that these feelings may be expected. Support from caregivers may therefore assist these women in decreasing their unpleasurable maternal feelings.

Nursing educators have a role in educating caregivers about the pleasurable and unpleasurable maternal feelings women may have following an involuntary fetal death experience and their potential ability to affect those maternal feelings. Nursing students, as well as other members of the medical profession, would benefit by being informed that some similarities and differences may exist between women's maternal feelings during a normal childbearing experience and women's feelings following an involuntary fetal death experience.

Each and every one of the potential benefits discussed above await substantiation in fact through future research.

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APPENDICES

Appendix A: Consent Form for Physicians

Investigator: Doris Bodnar
Master of Nursing Candidate
University of Alberta, Edmonton

Telephone: 434-4338

I understand that the study in question is an investigation about the feelings a woman may have towards her unborn baby following a past involuntary fetal death. I further understand the following:

1. Informed consents will be sought from each subject.
2. The investigator will conduct three private weekly interviews, after a woman's clinic appointments, during the third trimester of a woman's pregnancy.
3. If, by the third interview, a woman has not mentioned her feelings about her past involuntary fetal death experience, the investigator will introduce the topic. If the woman is reluctant to discuss the topic, it will not be pursued.
4. Information about a woman's obstetrical history will be obtained from her file at the Royal Alexandra Hospital High-Risk Prenatal Clinic.
5. All data will be kept confidential with respect to individual participants and names will not appear in the study report or in subsequent publications.
6. The investigator is not a member of the hospital staff and at no time will individual comments of the subjects be identified and presented to hospital personnel.

I have been given the opportunity to ask Doris Bodnar questions about the study and they have been answered to my satisfaction.

I consent to my patient being interviewed by Doris Bodnar for the purpose of her study.

Signature of the Physician	Signature of the Investigator
_____	_____
Date:	Signature of the Witness
_____	_____

Appendix B: Consent Form for Subjects

Investigator: Doris Bodnar
Master of Nursing Candidate
University of Alberta, Edmonton

Telephone: 434-4338

I understand that the study in question is about the feelings women have during the last weeks of pregnancy. I further understand the following:

1. The investigator will interview me privately after my clinic appointments, on three weekly occasions, and the interviews will be tape-recorded. The interview tapes will be transcribed, that is, their content will be recorded on paper and retained. The tapes will be erased following completion of the study.
2. Information about my obstetrical history will be obtained from my medical file.
3. All the data I supply and information from my obstetrical history will be kept confidential and my name will not appear in the study report or in subsequent research publications.
4. The investigator is not a member of the hospital staff and at no time will my individual comments be identified and presented to hospital personnel.
5. The investigator has obtained my physician's approval for me to participate in the study.
6. If at any time after I become involved in the study, I wish to withdraw or do not wish to answer certain questions, I understand that I am free to do so and that my refusal will not affect the care I receive.

I have been given the opportunity to ask Doris Bodnar questions about the study and my questions have been answered to my satisfaction.

Signature of the Subject _____

Signature of the Investigator _____

Date: _____

Signature of the Witness _____

Appendix C - Interview Guide

The topics contained in this interview guide will be pursued during three interviews conducted one week apart. Although the topics appear in a certain order in the interview guide, when a woman introduces a topic that is listed in the left hand column, or any other topic that relates to this study's research questions, that topic will be pursued at that time. The exact wording of the questions, however, will depend on the woman's responses to the previous questions.

Topic of discussion	Questions and example probes
(Introduction to the first interview)	- As I mentioned earlier, I am interested in finding out about women's feelings during the last weeks of pregnancy. I would appreciate it if you would tell me about some of your experiences and feelings.
(Term woman utilizes when referring to her unborn child)	- (Unless stated in her response to her previous statement). As you know, I am a nurse and I am familiar with the term fetus, but I am interested in knowing what name you use when you refer to your fetus.

Woman's Feelings towards her unborn child

1. Would you describe to me what you are feeling or not feeling towards your (I will utilize the name fetus, unborn child, or baby - depending on what term the woman utilizes) at the present time?

(For each feeling the mother mentions)

2. Could you tell me more about your feeling of _____? Have you felt this way towards your (fetus, baby, etc.) from the beginning of your pregnancy? (If no) Could you tell me when and in what way your feelings towards your (fetus, baby, etc.) have changed?

Critical period

3. Why do you think your feelings towards your (fetus, baby, etc.) changed?

Unborn baby as part or separate from her

4. When you think about your (fetus, baby, etc.), do you think of him or her as a part of you or do you think of him or her as separate from you? (If she answers separate). When did you start thinking of (fetus, baby, etc.) as separate from you?

Unborn baby seen as a real person

5. Do you think of your (fetus, baby, etc.) as a real person? When did you start thinking of your (fetus, baby, etc.) as a real person?

(If the woman is unable to label her feelings, I will ask her what her reactions are to stimulus from her unborn baby)

6. When your (fetus, baby, etc.) kicks, how do you feel?

7. Do you touch your stomach? If so, when? What are your feelings when you are (poking, stroking, or touching) your stomach?

Her perception of her husband's feelings about their unborn baby

8. What feelings did your husband have about the (fetus, baby, etc.) at the beginning of the pregnancy? How do you think your husband feels now about the (fetus, baby, etc.)? (If his feelings have changed) When did his feelings about the (fetus,

baby, etc.) change? Why do you think his feelings about the (fetus, baby, etc.) changed?

9. How do you feel about the present feelings your husband has towards the (fetus, baby, etc.)?

Motivation for motherhood

10. Up until now we have been discussing the present, could we go back a little and talk about your decision to have a baby? Could you tell me what made you decide to have a baby?

Past involuntary fetal death

11. I understand that you have lost a (fetus, baby, etc.) in the past. Now when you think about the (fetus, baby, etc.) you lost, what feelings do you have?

12. Could you tell me more about these feelings?

13. Do you think about the (fetus, baby, etc.) you lost? When do you find yourself thinking about it? What do you think about?

14. Do you think that losing your (fetus, baby, etc.) has affected how you feel towards your present (fetus, baby, etc.)? If so, how do you think it has affected how you feel towards your (fetus, baby, etc.)?

(Introduction to the second and third interview)

15. Is there anything we discussed during the previous interview that you would like to ask me about or discuss now?

16. After reviewing my notes from our last discussion, I found that there were some things you said which I would like you to tell me more about today.