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Shifting Focus: A Videographic Inquiry of Hope and Unplanned Pregnancy

by

J. Lauren Johnson

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Abstract

What happens when women, so long the subjects of art rather than the authors, turn the camera on ourselves? This question informed the basis of my dissertation research on women's experiences of hope and unplanned pregnancy. In a medium-sized Western Canadian city, I engaged in a videographic inquiry (an arts-based qualitative research study) to address the following questions: (a) how is unplanned pregnancy described by women who have lived through it? (b) what role does hope play in the mothers' unplanned pregnancies? and (c) what might helping professionals do to help women facing an unplanned pregnancy? When asked to create short videos about their unplanned pregnancy experiences, the co-participants in this study created stories that had been entirely unexpected; although a great deal of the literature on unplanned pregnancy in the fields of health and psychology tells a story of woe and misfortune, we performed our stories as love stories, comedies, and fairy tales. Given the great disconnect between what has been written about unplanned mothers and the tales we told about ourselves, I explored this chasm from a feminist perspective. Using narrative, discourse, and film analyses, I address the contrast between the grand narrative told about us in the literature on unplanned pregnancy and the narrative of resistance that we told about ourselves through the audio-visual medium of video. In this dissertation, I discuss my understandings gathered through this research experience and invite a feminist, and indeed feminine, revision of the grand narrative on unplanned pregnancy. In doing so, I hope that this dissertation may illuminate the disconnect between the lived experience, the performance of our lived experience, and the grand narrative of

unplanned motherhood, and serve as the impetus to author a new story—our own story—of hope

and resilience in the face of unplanned pregnancy.

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Chapter 1. Beginning to Shift the Focus: An Introduction

The Turning Point

It began as a typical Sunday in late September. The leaves had turned from green into a brilliant array of yellows, browns, and oranges. Fall has always been my favourite time of year. It is the time when the air turns crisp, but before it gets cold. It is the season of crisp, sweet apples, the smell of cinnamon and nutmeg, and the pairing of orange and brown.

This particular Sunday, I wondered what to do with myself on this rare day off. I was ready for a day to myself. Rather, I was desperate for one. I had been particularly tired lately, on top of everything—perhaps the stress was getting to me. Perhaps taking some time off over the summer wasn't quite enough to stave off the burnout I felt creeping into my body last year. "I can't burn-out now," I thought to myself more out of desire than conviction. "The year has only just begun!"

After spending a leisurely morning at home, I figured I may as well spend some time at the mall. Though malls are not my favourite destination, once in a while I find myself gravitating towards them for the sheer joy of people-watching. The moment the sliding glass doors opened I could smell the freshly baking cinnamon buns from the food court, hear the dull distant bustle of a large number of people going about their business. The air seemed to hum with energy–the excitement of a good deal, of teenagers happily spending a lazy afternoon with friends, of fluorescent lights, and an old heating system.

I treated myself to a big, fancy latte from a premium coffee shop, telling myself "I deserve this after the week I've had!" as I raised it to my lips. The nauseating sweetness of the drink made me feel ill, and after a moment's hesitation (because I deserve this!), I opted to abandon it prematurely. What a waste of $5 and perfectly good caffeine.

Ignoring my churning stomach, I made my way to the mall's discount department store. I perused the grocery aisle and passed up on pudding mixes and packages of cookies. I admired, but did not feel tempted to buy, the decorative pillows on display. I found myself wandering through the pharmacy aisles and, passing through the family planning section, picked up a home pregnancy test. This was not an uncommon occurrence. After all, I grew up in Saskatchewan—the teen pregnancy capital of Canada—where sexual education starting in grade school taught me with great certainty that intercourse leads without exception first to pregnancy and then immediately to a horrible death from STIs like HIV/AIDS. Although I realized even at the time that this was largely a scare tactic, it left an indelible mark on my impressionable young mind. Ever since, I had taken pregnancy tests quite frequently just to make sure that, if I were indeed pregnant, I would at least catch the illness early, hopefully before death was certain.

I returned home and took the pregnancy test. Washing my hands, I casually looked over at the test on the counter beside me just in time to see a faint blue "+" impress itself into the test window. My eyes grew wider as the colour of

the "+" darkened and I made the grave realization what that meant. Surprising myself, I laughed out loud. I caught my maniacal expression in the mirror—red-faced, laughing, shocked. As my laughter subsided—quite quickly, I must say—I heard a voice that may or may not have been mine utter the phrase, "Oh . . . my . . . f***ing . . . God." And with that, in a single little moment standing in my bathroom on an autumn afternoon, my life was forever changed.
   This was not a Sunday I would soon forget.

Knocked up. With child. In the family way. There are many ways to describe this phenomenon of unplanned pregnancy with which I was suddenly, shockingly, intimately familiar. As I would learn over the coming months and years, having an unplanned pregnancy proved to be a significant event in my up-until-then rather insulated life. It was a turning point, a major plot point in my storied existence. It turned me from a graduate student focused solely on my academic and career prospects into a mother as well. My life and my experience were broadened, deepened, and irreversibly altered.

At the time of my discovery of that pale blue "+" on the pregnancy test, I had just begun the second year of coursework in my doctoral degree in counseling psychology. I had ended my on-again, off-again relationship with the man whom I often felt was at once the love of my life and the bane of my existence. I was 25 years old, living alone in a new city, and I was truly on my own. With a background in film and video, I was beginning to form the basis of my hope-focused dissertation research proposal, which would involve high school students making short videos about their sense of hope while I studied if and how that creative process altered their relationship with hope. Becoming unexpectedly pregnant altered the trajectory of every path I was on at that time. It was this experience, this feminine phenomenon of unplanned pregnancy, that convinced me to switch the focus of my proposed dissertation research.

> *I am unsure how to say exactly what I want to say. I do not even know where to begin. How am I going to tell my supervisor that I am pregnant? How do I say*

that the only way I can reconcile my desire to finish school and my desire to bear this child is to turn the focus of my research on my pregnancy? How do I feel about making it public that I considered having an abortion?

Early on in my pregnancy, I timidly sent an e-mail to my supervisor asking if she was pro-choice. For some reason that is how I needed to begin the process of shifting my dissertation research towards unplanned pregnancy. Her answer was equal parts measured and soothing. Later on, she confided to me that although she was unsure where that question was coming from she believed it must have been important. It was.

"I am pregnant. It's unplanned. And I want my dissertation to be about this, because I have never felt my sense of hope so challenged in my life."

She supported my decision to change my research topic. It was then that I began designing my dissertation research: an arts-based videographic inquiry on women's experiences of hope during unplanned pregnancy. I turned my video camera on myself, and requested that other mothers do the same, to explore this phenomenon in a deep, personal, and meaningful way. I began shifting focus: from student to scholar, from woman to mother, from fear to hope.

Purpose of the Study: Research Focus

Upon discovering my status as a woman with an unplanned pregnancy, I turned to the literature on unplanned pregnancy in the hopes of discovering helpful information about how women have coped with this phenomenon in the past. Unfortunately, the literature I came across was greatly disheartening. Rather than finding much to hope for, I found much to fear. Unplanned pregnancy was associated with mental illness (Eastwood, Phung, & Barnett, 2011; Rudnicki, Graham, Habboushe, & Ross, 2001; Sayil, Gure, & Ucanok, 2007), victimhood (e.g., Coker, 2007), negative long-term consequences for the children (e.g., Crosby, DiClemente, Wingood, Rose, & Lang, 2003;

Hayatbakhsh et al., 2011; Hirst, Walker, Yawno, & Palliser, 2009), and maternal poverty (e.g., Sharan, Kaplan, Sulkes, & Merlob, 2003). However, anecdotal evidence—such as my own life trajectory, as well as the stories of several women I knew who had unplanned pregnancies—suggested that this doom-and-gloom literature did not tell the whole story. What stories, then, was this literature missing? It occurred to me that missing from this literature were women's stories about ourselves and our stories of hope.

Given the context that contributed to this research, it is appropriate now to address what this research is about. The topic of inquiry I delved into involves two separate but related areas: (a) unplanned pregnancy as described by women who have lived through it, and (b) the experiences of hope for these women throughout their pregnancy process. These two topics informed the purpose of the study, which then, in turn, determined the research questions.

The existing literature on unplanned pregnancy has largely focused on justifying prevention programs and setting policy, which is a topic I will address in greater detail in the literature review. My aim in the present research is to move away from that focus and inquire into the human, feminine accounts of unplanned pregnancy, looking into the past through my co-participants' retrospective accounts of their unplanned pregnancies, the present through my own reflexive experience, and the future with suggestions on how to help women who face unplanned pregnancy. As such, there are three main questions that provide the focus for the present study: (a) how is unplanned pregnancy described by women who have lived through it? (b) what role does hope play in the mothers' unplanned pregnancies? and (c) what might helping professionals do to help mothers

during their unplanned pregnancy? What follows is an overview of the remainder of this document, which might help guide the reader through this dissertation.

Overview

In the following chapters I provide a rationale for the research I conducted on unplanned pregnancy and describe the process and concluding interpretations derived from this work. In Chapter 2 I begin by identifying a gap in the literature that I intend to address with the current study, and introduce the notion of a "grand narrative" (Clandinin & Connelly, 2000, p. xxv) of risk and fear in unplanned pregnancy. I offer an interpretive composite grand narrative based on the majority of the literature I encountered. In a later chapter, I respond to this grand narrative with a hopeful "narrative of resistance" (Gray, 2009, p. 651), defined by Gray (2009) as a personal narrative that provides "social and political critiques of oppressive social structures" (p. 651), and in this case is presented as a resistance to, and critique of, the grand narrative as derived from the literature.

After establishing my rationale for this study, I follow Creswell's (1998) concept of the philosophical assumptions behind research design, as well as Crotty's (1998) idea of recursive, broad-to-specific research design, to provide an outline in Chapter 3 of the epistemology, axiology, and theoretical perspective that guide the theory behind the research. I describe the methodology used, introducing to the reader what may be described as an original feminist research method (Reinharz, 1992) that I call videographic inquiry. This methodology, best summarized as falling into the category of arts-based qualitative methodologies, involves using ongoing conversations and the process of creative video production with co-participants to gather information about our

experiences of hope and unplanned pregnancy. I then use analytic methods related to discourse, narrative, and film analysis to make meaning out of the gathered information.

Having described the research process, I then outline in Chapter 4 the threads of meaning I interpreted from the gathered information, referencing still frames from our videos to illustrate some of my interpretations. I then return to the concepts of the grand narrative and the narrative of resistance, offering an alternative narrative of resistance that stands in contrast to the grand narrative presented in Chapter 2. This alternative narrative is intended as a feminist, hopeful resistance to the fearful grand narrative as represented in the literature. I then conclude this document in Chapter 5 with a presentation of suggestions for helping professionals working with unplanned mothers, outline some benefits and challenges of working with videographic inquiry, and conclude with some potential ideas for future research in the area of unplanned pregnancy.

In the end, my intention is to have developed a research document that honours the experiences of the women who participated in the study; offers hope, comfort, and guidance to women who experience unplanned pregnancy in the future; provides some guidance for helping professionals working with unplanned mothers; and fills a gap in the body of literature regarding unplanned pregnancy in which there is virtually no discussion connecting hope with unplanned pregnancy.

A Word on Language

Before I delve directly into the body of this document, I feel compelled to address the issue of language. As I engaged in the writing process, the question of terminology and language usage continued to pop up. Do I claim to be a feminist researcher, or feminist-informed? Do I refer to film or video or both in relation to the creative works

produced during videographic inquiry? How shall I refer to the women who participated in this research process with me: as participants, co-participants, or co-researchers? These are some of the questions that arose as I began writing that warrant further discussion.

Feminist versus feminist-informed. Throughout the writing process I struggled with how to identify myself in relation to feminism. As will be explored in more detail in Chapter 3, I consider myself a feminist personally, but I worried that my academic background in feminist research methods might be insufficient to claim that I am indeed a feminist researcher. However, feminist psychologist Bernice Lott defined feminist research as different than other types of research "in its choice of problems and ultimate objectives" (1981, p. 9), in which case I could make the argument that my research is indeed feminist. For example, my decision to focus on women's experiences of hope during unplanned pregnancy speaks to women's resiliency, rather than much of the previous research that focused on risks and negative outcomes and almost seemed to find unplanned mothers at fault for all manner of potential negative outcomes. Further, research design choices such as integrating my story of unplanned pregnancy into the research alongside other women's stories speaks to the feminist research value of promoting equality between researchers and participants. While engaging in this project I have learned that although my knowledge of feminism might be limited in comparison to more experienced feminist scholars, I nonetheless believe the research I conducted is feminist research in scope and practice and that I can legitimately claim that I am a feminist researcher. The connection between feminism and the current research is explored in more detail in Chapter 3.

Film versus video. Another issue that came up repeatedly throughout the writing process was my apparent use of film and video as interchangeable terms. I struggled with this because these media are related but different, as painting is related to, but different from, drawing. Although the process of making a film or a video might be quite similar, there are obvious technical differences (e.g., the creation of filmed images is a chemical process but in video it is a digital one). Further, the technical differences between these media might lead to a different relationship with the artist. For example, I fondly recall immersing my hands in a chemical bath while hand-processing a roll of 16mm film in a concrete darkroom many years ago, feeling the film strips ripple between my fingers in the chemical bath and later holding them up to the light to see how the frames appeared like magic before me. On the other hand, I never actually touch the videotape I work with (fingerprints on the videotape surface might interfere with playback), and my relationship with video is perpetually mediated by a computer through which I engage in the video editing process. Indeed, these are not interchangeable media.

As such, I have made efforts throughout the dissertation to refer exclusively to video rather than film as it relates to the creative work of the research participants. In doing so, I have used terms such as video-making rather than filmmaking to describe the creative work the co-participants and I did together. I used digital video in this project because it (a) is much easier to learn to work with than film, (b) is inexpensive (e.g., $6.00 per 60-minute mini-DV tape vs. $100.00+ per ten minutes of 16mm processed film stock), (c) requires equipment that is easy to use and easily accessible (video camcorder vs. an 8mm or 16mm handheld film camera), and (d) employs a digital format that easily transfers to computers for editing (film must first be transferred to video for computer

editing). Though the legitimacy of the word video-making is questionable, it is the only accurate way to describe what we did and the medium we used, and as such I chose to use the term video throughout this document.

Video, in many ways, was used as an alternate or adjunct language in this research process. The use of video as a medium was used in nearly every aspect of this dissertation, from the earliest stages of development through dissemination of the completed project. As such, it may be helpful for the reader to refer to this language for clarification and added contextual understanding. At the end of this document are two videos included as appendices: Appendix D is the short video I produced as part of my own reflexive participation in this research, while Appendix E is the short documentary I produced to summarize the research process and conclusions. The reader is encouraged to review these videos early on in the process of reading this document, and may return to these videos throughout to gain a greater multimedia/multilingual understanding of this research.

Co-participants. Another point of linguistic contention was what word to use to refer to the women who participated in the study. I wanted to use a term that honoured their generous participation and the amount of time and effort they put into this co-constructed research project, so referring to them as passive subjects did not seem to fit. Further, I wanted to claim my relationship with them as one of the women who participated in the research, as one who stood beside them in the research process, so adding the prefix "co-" made sense to me. At the same time, I struggled with the term "co-researcher" to describe the research participants I work with because I felt that the title of researcher belongs to someone who engaged in the design of the research project

and/or the writing of the final document(s), and this did not describe the women in my study. Finally, I concluded that the term *co-participants* was appropriate. We all participated in the research together, and we all engaged in at least some level of making sense of the gathered information (e.g., we participated in a focus group 6 months after completion of our videos during which we screened all the videos and reflected upon them together). However, I felt that it would be dishonest to give all of us the same title (i.e., co-researcher or co-participant) because I felt the need to claim and acknowledge the power that I inherently held as the researcher. I designed the study, conducted the study, led the discussions we had in pairs and as a group, and wrote the research document; clearly, I had much more say in the research product than the other women and I felt it necessary to claim that. As such, I settled on the term co-participants to describe the women who participated in this research along with me, and I refer to myself by the term lead researcher, as I believe it conveys the responsibility and power I held in my role in relation to the other women while implying that I was not the sole contributor.

Voice and Hope: The Meaning of Shifting Focus

In the introduction to her foundational text *Feminist Methods in Social Research*, Shulamit Reinharz (1992) stated that many feminists believe "'finding one's voice' is a crucial process of [feminist] research and writing" (p. 16). Indeed, any time I have engaged in the process of academic writing the foremost challenge has always been that of initially positioning myself in the writing and finding my creative voice. Until I find the story thread that allows me to tie together all the disparate ideas that must be pulled together in a unified whole for a large document such as a thesis or dissertation, I feel stalled, incapable of moving forward.

Stuck. Completely and utterly at a loss for which step to take next, what move to make, which direction to turn.

I have been here before, this place of stomach-turning indecision. Two years ago I stood in the middle of a grand intersection, looking down the black tendrils of pavement stretching off into the unseen horizon that were the various routes to my future. Which one would I take? I could not be sure where any of them were going. All I knew was that I had to pick a path, make a move, and follow it.

Now, 2 years on, I feel that familiar and awful feeling again, as though the soles of my shoes have melted to the hot asphalt and any efforts I make to move forward are prevented. I have this wealth of information before me, collected after hours upon hours of conversations and creative efforts and soul-searching, gut-spilling research. Now how do I proceed?

Delving into the vast sea of methodology literature helps, and also does not. I am torn in many different directions at once, sometimes compelled down one road only to find myself blocked, then turning around and taking another road then discovering that where it leads is no place I want to be. I seek out structured, clearly delineated methods, then reject them when I find a step that does not fit with my data or the theoretical orientation of my work. I paw through more diffuse descriptions of analytical methods, only to be frustrated by a lack of understanding of what, exactly, an author did, and how she came to her conclusions. And so I stagnate. (Personal journal entry, August 28, 2009)

I encountered a number of moments of stuck-ness throughout the writing process, and what often ended those difficult moments was a creative realization. For example, one period of stuck-ness ended upon finding the narrative thread that would tie this dissertation together: shifting focus. This phrase can be interpreted in several ways: it may refer to my personal journey of shifting focus from my original dissertation topic to this one, or shifting my focus from being only career/academically oriented to being that and family-oriented. It may refer to the purpose of this dissertation, in shifting focus away from the fear-inducing, hope-challenging grand narrative as presented in the literature and towards a more hopeful narrative of resistance that revolves around women's capacity to cope with challenging situations. It may even refer to the act of video-making, the act of literally shifting the focus on a lens, or shifting the subjective focus of video production by putting a woman behind the camera to tell her own story in

her own way. I believe it means all these things at once, and each of these things at different times.

For me, the phrase shifting focus and what it entails—the visual image that it brings to mind, what it represents as a concept—are an ideal fit for this research. This phrase represents a shift, a movement, a change from one frame/perspective to something different: it is connected with the methodology I used, my intention for this research to represent an alternative, feminist perspective on unplanned pregnancy, and the journey that the co-participants and I embarked upon when we became unplanned mothers. In some significant ways, we shifted our focus from fear to hope. It is my hope and my intention that this research might help other women facing unplanned pregnancy with fear and trepidation shift their focus to hope.

Chapter 2. Narratives, Grand and Otherwise, of Unplanned Pregnancy: **A Literature Review**

Introduction

Room spinning. Heart racing. Knuckles turning white as I clutch the edge of the sink like a life preserver. This cannot be happening.

"You are pregnant?" my critical voice hissed venomously in my mind's ear. "Single–alone–and pregnant." I found my wild eyes staring back at me in the mirror and I forced myself to catch my breath. "You are one of those*?"*

It was a Sunday afternoon when I discovered the pale blue "+" sign on the home pregnancy test. Being a good psychologist-in-training, I figured I knew when to ask for help. So, as the sun rose the next day on a crisp autumn Monday, I walked to the nearest community-based maternal and child health office for a free pregnancy test and an hour of reproductive counseling. I wound my way through downtown for half an hour, my feet beating out a steady rhythm on the sidewalk as my thoughts tumbled aimlessly through my mind. All the odds were stacked against me being pregnant. By my calculation, the two forms of birth control I had used should have made it statistically impossible. So: if this, then what? Nothing would make sense.

I became keenly aware of my own sense of fear as I made my way into the lobby of the quiet downtown building that housed my destination. I feared for my future. I feared being judged. Standing motionlessly in the elevator while it moved my passive body through space to the third floor office, it occurred to me that my fear was really my own self-judgment.

"How could you have been so stupid, so irresponsible?" hissed the antagonist inside my head.

"No," another voice countered firmly, "you cannot think like that–you did everything you could to prevent this situation. You used protection, followed directions, played it safe. It still happened. There are no guarantees in life. It is not about 'what you should have done' but rather, 'what to do now?'" I liked this voice much better.

Hesitantly, I entered the small office space and looked around, noticing immediately the presence of a good-looking young man. This stopped me in my tracks: I was momentarily paralyzed with embarrassment.

"What would he think of you, single and pregnant? Nobody will want you now," chimed in the antagonist. I felt tears welling up in the back of my eyes; "as though crying will make him think more of you," she went on, sensing my vulnerability and going in for the kill. Her attack disarmed me of any response other than a nearly imperceptible shake of my head. Something within me still resisted her cruelty, but this part of me was losing, was maybe even being lost.

I forced back the tears that threatened to spill over just as a friendly woman greeted me with a clipboard. She guided me into a waiting room for my pregnancy test and had me fill in some paperwork.

Sitting back comfortably against the high back of the couch in the counselling room, I determined that peeing on a stick two days in a row was among the least dignified things I have ever had to do. If so, perhaps I have led a charmed life. The friendly woman disrupted my thoughts as she entered the room with a small test strip, pointing out that I was definitely pregnant. "We were expecting this. Home pregnancy tests are almost never false positives," she assured me. I did not feel assured.

"So, what now?" I asked. I wanted to know about my options, which according to the health centre's literature and website (both of which I researched the night before) were adoption, abortion, and parenting. I felt very much on the fence between parenting and abortion; for whatever reason, I sensed from the beginning that carrying a fetus to term and then putting the baby up for adoption was something I could not see myself doing. If I was going to have it, it would be mine. If I was not going to have it, I wanted to pretend it never happened, and that meant getting it out of my life as quickly and painlessly as possible: no pregnancy, no birth, just life as it always was.

I felt deeply undecided, and the more I tried to think about it rationally the less it seemed to make sense. If this, then what? I knew from the moment I first saw that pale blue "+" that my first thought was, "how do I make this work?" rather than "how can I make this go away?" Sitting in this counselling room the next day, something within me still drew me towards parenting. Then again, every rational thought in my head told me to abort. What was I supposed to do when what made sense was not what felt right?

The friendly lady counselled me as best she could, making her pro-choice position very clear from the beginning. As a counsellor myself I knew she could not tell me which decision to make, though a part of me wished she would just tell me what to do so I would not have to live with making the decision myself. She told me that it was less about choosing the option that would make me happy because such an option might not exist, but rather it was about choosing the option that I could best live with. I knew she was right–it was a very difficult decision I faced, and either choice had its own short- and long-term consequences, many of which I could not even begin to imagine.

"Does abortion hurt?" I inquired queasily.

"Compared to labour?" she countered. We both smiled, but I felt hurt by that remark. It did not help me to point out that abortion was the easier option. I was not looking for easier. *I was looking for what* felt right. *I was looking for so much more–there was so much to talk about, to consider, about my hopes and my future and my life goals and how having or not having this baby would affect them. There was a strange disconnect between the logical arguments of my mind that pushed me towards abortion and the felt experience of my body that insisted this baby was mine. No matter how rational the arguments, the logic of words could not compete with the compelling influence of what felt right in my body.*

Our time ran out, and I requested one of the health centre's decision-making workbooks that I had read about on their website. The friendly counsellor gave me a handful of paperwork, including the workbook, and wished me well. I hoped that the workbook would provide more answers than our hour of

counselling had. I felt more uneasy now than ever. Quite unfairly, I had to leave straight from that session to co-facilitate a group counselling session for people living with cancer. From unexpected life, to unexpected death. Nothing made sense, and nothing was fair.

Blotting the remaining tears from my eyes, I escaped through the elevator and relinquished myself to the knowledge that today was going to be a very emotional day.

Before being faced with my own unplanned pregnancy, I had a very specific idea about what kind of women found themselves unexpectedly pregnant. Descriptors such as "irresponsible," "uneducated," and "ignorant" might have come to mind for me. Perhaps "poor," "single," and "young" would have as well. I would have judged. I would have pitied. And yet, when it happened to me, I did not feel that these words described me nor my situation. Further, although I did not feel I deserved either judgment or pity for being in the situation I was, I had a tremendous fear about receiving judgment and pity from others. Where did these preconceived ideas about unplanned pregnancy come from, and why did they play such a significant role in my struggle to come to terms with my experience? As I would soon discover, the answer to these questions lay where researchers such as myself often find them: in the literature.

The Grand Narrative

Clandinin and Connelly (2000) defined a grand narrative as a story scripted by some authority—whether it is an academic, a policy-maker, or the apparent consensus of a majority of people—that becomes "so pervasive, so taken for granted, as the only valid story" (p. xxv) that it becomes a socially constructed truth. As I turned to my first foray into the literature on unplanned pregnancy to explore what researchers, academics, and policy-makers have concluded about this particular feminine experience, I learned more about how seemingly pervasive negative depictions of unplanned motherhood were. It

occurred to me that what I read could be construed as a grand narrative of unplanned motherhood. The socially constructed narratives given through the literature on unplanned pregnancies and the women who have them significantly coloured my experience and understanding of this phenomenon. It struck me that even before I physically read any of the literature, I already felt a sense of what the studies likely said about unplanned pregnancy and unplanned motherhood, because the stories suggested by the literature had become the socially constructed truth–the taken-for-granted, the known, the apparent consensus of a majority of people–regarding this phenomenon. I experienced shame, guilt, and fear that stemmed from both my preconception of the kind of woman who finds herself unexpectedly pregnant as well as my fear of others' similar preconceptions. These preconceptions carried within myself and others must have come from somewhere; I believe, and I will argue here, that they came from the grand narrative of unplanned pregnancy as suggested by the majority of research literature on the subject.

Risk factors. Being in the midst of an academic career, the very surprising and disconcerting discovery of my pregnancy compelled me to scour the literature regarding my new and terrifying experience. I hoped to see what others had written about it and determine what I might expect from this experience. Perhaps one might say I was looking for the academic equivalent of *What To Expect When You Were Not Expecting to be Expecting*. Were my fears and apprehensions normal? What did others go through— how did they think, feel, and react? Where was the hope in this experience? I wanted to become familiar with other women's experiences with unplanned pregnancy; the challenges, the ambivalence, and the triumphs (assuming [hoping!] that there were indeed

triumphs). My plunge into the depths of this research, however, was sorely disappointing.

At first, I felt somewhat buoyed by my initial explorations in the literature. As much as I sometimes felt as though I was the only woman in the world facing an unplanned pregnancy, I discovered that the phenomenon is far from extraordinary. Unplanned pregnancy appears to be quite common, with the most recent population-based survey data showing that it accounted for approximately 49% of all pregnancies in the United States (Finer & Zolna, 2011). In Canada, information on unplanned pregnancies is not collected, so national statistics were difficult to obtain (Canadian Federation for Sexual Health, 2007). Needless to say, the experience of unplanned pregnancy was not unique to me alone. Also, knowing from anecdotal evidence the prevalence of unplanned pregnancy—even among my married friends and family members—helped normalize this experience for me and gave me some comfort. Not only was I not alone, but this was actually a common occurrence.

Unfortunately, aside from the information I found on prevalence rates, the vast majority of other research I came across did not remotely address the information I desperately needed at the time. Rather than describing women's experiences of unplanned pregnancy, the literature almost exclusively focused upon its risks. Although there were examples of more hopeful literature that is addressed later in this chapter, the vast majority of what I encountered proved deeply discouraging for me to read, as I outline below. Sorting through the literature, I grew pale as I discovered all the ills that might face me as I entered the statistically unfortunate class of unplanned mothers.

According to the literature, one such ill I might encounter as an unplanned mother was one that inspired a great deal of fear within me: mental illness. In a longitudinal study of mood states and parental attitudes in planned versus unplanned pregnancy, Grussu, Quatraro, and Nasta (2005) recruited women from an Italian hospital's prenatal classes and found that "in the ninth month of pregnancy, and at 1, 6 and 12 months after birth, women with unplanned pregnancies demonstrate greater mood disturbances than women with planned pregnancies" (p. 111). These mood disturbances included symptoms of depression, anxiety, and anger/hostility. Further, Rudnicki et al. (2001) also found a link between prenatal depression and unplanned motherhood in their study on social support, coping, and depression among urban non-Caucasian women.

Other researchers found a link between postpartum depression and unplanned motherhood. True-Soderstrom, Buckwalter, and Kerfoot (1983) determined in a comprehensive literature review on postpartum depression that numerous studies on "unplanned and/or undesired" (p. 111) pregnancies concluded that these pregnancies were significantly associated with postpartum depression. Eastwood et al. (2011) concluded that unplanned pregnancy was a socio-demographic factor associated with clinical levels of postnatal depression among mothers, along with several other factors including (a) being an immigrant, (b) having financial difficulties, (c) living in the suburbs for less than 1 year, (d) choosing not to breastfeed, and (e) poor maternal health.

Warner, Appleby, Whitton, and Faragher (1996) also verified a link between postnatal depression and unplanned pregnancy in mothers tested 6-8 weeks after delivery. Warner et al. concluded that unplanned pregnancy was one of four factors associated with postnatal depression, along with not breast-feeding, unemployment in the mother, and

unemployment of the head of the household (which, in this study, referred to the mother's male partner). Further, Sayil et al.'s (2007) sample of 200 Turkish women included both planned and unplanned pregnancies of mothers who had been working full-time at the time of conception. Women with unplanned pregnancies were found to have greater rates of depression 6-8 months after the birth of their child compared with planned mothers. As such, it seemed the literature suggested that depression was associated with unplanned pregnancy both before and after the birth of the child. I acknowledge that these studies were correlational by design and as such cannot determine causation between unplanned pregnancy and these negative outcomes (and, indeed, I suspect a double-blind, control-group study on unplanned pregnancy would be both unethical and operationally impossible). However, even with this understanding, it was difficult to view these findings as an unplanned mother without a growing sense of fear for myself and my future child.

Another study suggested that, if I had been partnered during my unplanned pregnancy, I might have been at higher risk for physical intimate-partner abuse (Coker, 2007). Coker noted in her review of the literature on intimate partner violence (IPV) that "IPV was associated with having an unplanned pregnancy or an induced abortion in the majority (13 out of 16) of studies addressing this sexual health outcome" (p. 170). The results of this study linked unplanned pregnancy with victimhood, which is a conclusion supported by the data but that also might contribute to unexpected mothers being pitied. I also noted that this study, like many I encountered that explored the phenomenon of unplanned pregnancy, tended to use the terms *unplanned* and *unwanted* interchangeably,

even though these two words have very different meanings and are likely associated with very different lived experiences of women.

When taken as a gestalt, unplanned mothers are represented by this literature as being psychiatrically unsound from the beginning, and then decompensating further after the child was born. As an unplanned mother, fear grew within me as I contemplated how this might come to bear on my child and me. Could I expect to encounter postpartum depression because my pregnancy was not planned? Would people see me as psychologically unfit because I managed to get myself into this predicament? Indeed, reading this literature did not bring hopeful news.

Thinking of the children. Having educated myself on the potential consequences for mothers of having an unplanned pregnancy by reviewing the corresponding literature, I became curious about the effects it might have on the child. I was hopeful that perhaps the children of unplanned pregnancies fared better than their mothers. Sadly, research studies in the literature suggested that this was not so. Geller (2004) noted that "despite the availability of safe and effective contraceptive methods, for a variety of reasons, unplanned pregnancies do occur" (p. 190), leading to potentially stressful pregnancies. This heightened maternal stress can then affect the developing fetus in significant ways, leading to developmental issues ranging from reduced school performance in childhood to "severe neuropathology including intellectual impairment and cerebral palsy" (Hirst et al., 2009, p. 363). Reading this article inspired me to investigate prenatal yoga classes in my city to help keep my stress level in check, given the potentially dire consequences of being pregnant and stressed.

In a random sampling study of pregnant women delivering in a non-profit hospital in Southern Spain, Delgado-Rodriguez, Gomez-Olmedo, Bueno-Cavanillas, and Galvez-Vargas (1997) found that unplanned pregnancy was a risk factor for inadequate use of prenatal care. In a review of the existing literature the authors noted that "several benefits are attributable to prenatal care, and it is widely recommended for every pregnant woman" (p. 834). Unfortunately, these authors concluded that women with unplanned pregnancies tended to be at greater risk, compared to those with planned pregnancies, of inadequately accessing this recommended service.

Children born from unplanned pregnancies have been found to have a greater risk of being born with a low birth weight (Crosby et al., 2003), contributing to potentially life-long health issues for the child. Unplanned mothers were likely to have poor attachment patterns with their fetus and child (Condon & Corkindale, 1997), a finding that takes on more significance when considered with the finding that unplanned mothers were at greater risk for abusing and neglecting their child (Zuravin, 1987). Ultimately, one longitudinal study showed that there were long-term consequences of unplanned pregnancy regarding problem behaviours and substance use in unplanned children 14 years after birth (Hayatbakhsh et al., 2011). However, Hayatbakhsh et al. did acknowledge that there might be confounding variables in their study such as socio-demographic maternal factors and issues of maternal mental health and substance use during pregnancy.

My heart grew heavy as I read these studies, and on more than one occasion I would lower the paper in hand and gaze, unseeing, out of my office window. What did this mean for my future and the future of my child? Taken together, these studies implied

that as an unplanned mother, my child and I might not only be negatively affected during the pregnancy, but could be at risk for possibly lifelong physical and interpersonal deficiencies. What kind of future was that?

Mother demographics. So far, the outlook on my and my child's well-being was not too promising according to the existing literature. Yet, what did all this say about me as a person? That is, how might an individual describe this group of women that I joined by becoming unexpectedly pregnant? Demographically, unexpected mothers are more likely to be younger than our planned mother counterparts; for instance, Grussu et al. (2005) found that the unplanned mothers in their sample were more often in the 16-25 years age group and the planned mothers group was most populated by women in the 36-45 age range. Bouchard (2005) found that her sample of unplanned mothers were typically younger, less educated, in a less stable relationship, more neurotic, depressed, stressed, and less securely attached than those with planned pregnancies. Looking specifically at the literature on single women with unplanned pregnancies, I discovered that this subgroup of women (of which I am a member) was more frequently populated by immigrants, the unemployed, women with low incomes, and women generally considered at high risk of their children suffering increased mortality, morbidity, and social problems (Sharan et al., 2003).

The condition of having an unplanned pregnancy was described in much of the literature as the reason for, and efficacy measure of, sexual education programs for youth (Allen, 2005; Burgess, Dziegielewski, & Green, 2005; Huszti, Hoff, & Johnson, 2003; Obstfeld & Meyers, 1984; Out & Lafreniere, 2001). Unplanned pregnancy was described as (a) a social ill that affects society at the macro and micro levels (Hughes & Staren-

Doby, 2003), (b) a sexuality-related disorder (Obstfeld & Meyers), and (c) an undesirable outcome of sexuality on par with contracting AIDS (Becker, Rankin, & Rickel, 1998). Indeed, the literature seemed to confirm the scare tactics used by my health classes in grade 5, where sex inevitably led to negative outcomes–the essential logic being "if sex, then no future." I feel I must counter this fearful logic with a different axiom, derived from the great Cicerian quote: "*Dum spiro, spero* [while I breathe, I hope]." Where there is hope, there is a life and a future worth living. Unfortunately, the literature I had encountered had not exactly been hope-promoting.

Though the literature was profoundly discouraging, I took comfort in knowing that it just did not seem to fit at all with my experience, nor the experiences of the countless women I knew who also had unplanned pregnancies. After all, I am a responsible adult woman with a wonderful family. I am of European descent, third-generation Canadian, middle-class, well-educated with (dare I say) excellent career prospects, financially secure, and single by choice. Like many women I have spoken with about unplanned pregnancy since first discovering my pregnancy, I do not fit the narrow definition of unexpected motherhood painted in much of the literature. This led me to wonder: is the problem with me, or is the literature on unplanned pregnancy incomplete?

Piecing it together. Based on my foray into the literature on unplanned pregnancy, a clear and distressing account of this fairly common phenomenon can be determined. Using this literature as the basis for the pervasive, taken-for-granted, and supposedly valid grand narrative of unplanned pregnancy as perpetuated by this field of research, a story emerges about the women who carry these pregnancies and the children

they bear; a story that negatively contributes to the socially constructed truth of who women are and what we and our children experience. Piecing these elements together, I describe the grand narrative of unplanned pregnancy as follows:

> *I am young, and I am not ready for this. I only moved to this country with my family a few years ago, when I was still a child, and now I am stuck with this tragedy. My boyfriend said he loved me, and we did not use condoms because we thought we would be okay. I mean, it is hard to get pregnant, is it not? I guess not. He left as soon as he heard the news. I am pregnant, I am alone, and I do not know what to do.*
>
> *I work for minimum wage–partly because of my age, partly because I do not have a college degree, and partly because of the colour of my skin. I do not have any benefits. How am I going to take the time off work to go to prenatal appointments? How am I going to afford all this medical care? My mother talks about babies like they are a miracle, but this feels like anything but. I wish this stupid thing would just go away.*
>
> *I have been really depressed about this. I mean, sometimes I get depressed anyway, when life gets really hard, but this is the worst thing that has ever happened to me. I do not know how to cope with this. My mother said she could help take care of it after the baby is born, but I do not even want anything to do with it. I can hardly take care of myself, how can I take care of a baby?*
>
> *When the baby was born and the doctor handed it to me, I did not know how to feel. I was relieved, maybe, and happy that it was okay, but I did not really love it. I did not really want it. When I took it home for the first time, I just handed it off to my mother and went to my room to sleep. I have never been so depressed in my life. Sometimes, especially late at night when the baby is crying, I fantasize about hurting it. I do not know what is wrong with me. I guess I am just a really bad mom.*

It is understandable, given the literature and the grand narrative, why my first emotional reactions to my unplanned pregnancy were guilt and shame. I sensed a deep fear of what others would think of me; of how friends and family might react. I feared that they might think I was irresponsible for not taking the proper precautions and letting it happen in the first place. I feared that they would assume I would not love my child. I feared above all else that they would think I would be a terrible mother. Statistically speaking—according to the literature—would they not be right to think so?

Troubling the Literature: A Feminist Researcher's Resistance

Here I must address an issue that has been writhing in the back of my mind since the moment I began encountering the literature on unplanned pregnancy. Every time I read a study that threatened my sense of hope about my possible future as an unplanned mother, a voice of resistance would rise up within me and counter the conclusions of these studies. This voice of resistance railed against some of the writings I encountered, as it compared my own lived experience to the very different phenomenon they described. This voice found reasons to object, to counter, and to assail. This compulsion to resist the grand narrative of unplanned pregnancy brings to mind the concept of "narratives of resistance", a critique of oppressive social structures—such as the taken-for-granted authority of the grand narrative—through personal narrative. Indeed, it seemed the more I came to understand the grand narrative of unplanned pregnancy, the more I found myself finding ways to counter it with my own personal narrative of resistance. Although I recognize that part of my reaction to these writings was related to how personally I took them (and as an unplanned mother nothing could be more personal than writings about me and my child), I do believe that many of the points raised by this voice of resistance were noteworthy. As such, in this section I will give voice to this internal critic and point out some of the more compelling reasons I found myself resisting the literature I encountered.

Work and motherhood. One of the issues that kept coming up was the relationship between work and motherhood and how this did not appear to be addressed in the studies I read. For example, in Sayil et al.'s (2007) study, the authors focused on women who had become pregnant while working full-time, and then compared planned

versus unplanned mothers and the impacts of their pregnancies on their mood state.

Given the demographics of the women interviewed, I wondered if working full-time at

the time of conception might have been a confounding variable in the study. For

instance, a working woman with a planned pregnancy might be more likely to be

prepared financially, and in her career development, to remove herself from the

workforce and have a child, compared with women whose pregnancies might have come

at a less opportune time. I was tempted to speculate that the postnatal depression

experienced in greater numbers by unplanned mothers could be affected by a sense of

reluctance to leave the workforce at the time that they did. If this is the case, then

perhaps the perceived negative impact of not planning the pregnancy had more to do with

the impact on the mother's work and career goals and her financial resources rather than

the fact that the pregnancy was unplanned.

Further, while reading Warner et al.'s (1996) article, I observed two things: first,

my impulse to cringe somewhat at the reference to male partners as the heads of the

household; and second, I was quick to notice that unplanned pregnancy was the factor

with the weakest association with postnatal depression. Meanwhile, maternal

unemployment had the strongest association. I found it quite curious that the women in

this study appeared more detrimentally affected by not having a job to return to upon

completion of their maternity leave than whether their pregnancies were planned. Of

course, this association is just that—an association, not causation—and therefore no

causal conclusions can be made from this data. Still, it certainly piqued my interest that

attention is focused on unplanned pregnancy and social policy geared towards its

prevention when some of the research on postnatal depression points to issues around maternal employment and socio-economic status.

Finally, in Delgado-Rodriguez et al.'s (1997) study, the authors concluded that unplanned pregnancy was a major determinant of poor prenatal care. Interestingly, however, the authors found statistically significant connections between inadequate prenatal care and several other factors, most notably women being described as housewives, being in the lowest two categories of socio-economic class studied, and having low education. For some independent variables studied, women who did not work outside the home, had low levels of education, and were among the poorest studied were even more at risk of inadequately using prenatal care than women with unplanned pregnancies. However, these significant additional factors were not the focus of the study and did not make it into the title of their article "Unplanned Pregnancy as a Major Determinant in Inadequate Use of Prenatal Care."

The feminist within me wants to interpret this trend as fitting with the social construction of the importance of childbearing to womanhood: that we collectively attend to a woman's relationship with her pregnancy and motherhood as a factor in depression more than a woman's relationship with her work, education, socio-economic status, or other less uniquely feminine factors. Meanwhile, these various factors are often intimately related for many women, with childbearing, work, education, and socio-economic status mutually affecting each other in significant ways. As such, it seems inappropriate not to address the interconnection between these various factors, and it strikes me as a significant oversight to apparently let the importance of a woman's

relationship with her work, education, and socio-economic status be overshadowed by her relationship with her pregnancy.

Terminology

As described above, some of the literature has neglected to separate two confounding factors: a woman's relationship with her work, and a woman's relationship with her pregnancy. Another way that the literature has potentially confounded the data, and therefore led to conclusions that I believe might not be as well-supported as first thought, is the use of interchangeable terminologies. For instance, some authors (e.g., Hayatbakhsh et al., 2011; True-Soderstrom et al., 1983) appeared to confound the data in what I found to be a methodological issue that seemed common in this area of research. Some researchers used the terms *unplanned*, *undesired*, and/or *unwanted* interchangeably; I believe the terminology becomes confused and the conclusions that can be drawn from the data become unsound. I would argue that an unplanned pregnancy would be experienced quite differently from an undesired one. Although these two terms might occur together, they are still separate terms with very different meanings. The methodological issue of combining these two very different phenomena and treating them as interchangeable confounds the data and muddies the results. Moreover, by presenting these different lived stories as the same, the authors potentially contribute more negative lived experiences to the grand narrative of unplanned pregnancy than is necessary or appropriate.

Grussu et al. (2005) similarly commented on this terminological issue. These authors suggested that researchers working in the field of unplanned pregnancy use terms such as unplanned or mistimed to refer to women who intended to have children, but not

necessarily at the time they got pregnant. Meanwhile, terms such as unwanted and undesired might more accurately describe women who never intended to have children and found themselves unexpectedly pregnant. I support the authors' contention and believe it to be of utmost importance in ensuring that when unplanned or mistimed pregnancies are studied, they should not be studied along with the altogether different experience of unwanted or undesired pregnancies.

A Space for Hope

I do believe that important, meaningful research has been and is currently being conducted on unplanned pregnancy, its antecedents and risks, and what might be done at the policy level to help women be in a better position to plan pregnancies. I do believe it is important to understand some of the risk factors associated with unplanned pregnancy. At the same time, as an unplanned mother, I struggled to connect personally with the literature that focused so intensely on risk. If 49% of all pregnancies are unplanned (Finer & Zolna, 2011), how could the consequences of this condition be so dire when there is no evidence of society collapsing around us? I do not doubt that many women struggle with unplanned pregnancy and absolutely do suffer ill consequences from it, but I find myself asking of the literature, "And what else?" I have read about much to fear, but nothing to inspire hope. I am reminded now of Jevne's (1991) proclamation that "If fear gets the upper hand, hope diminishes. *Hope is a crucial antidote to fear*" (p. 149). This statement buoyed my sinking heart as I read these dire statistics on unplanned pregnancy. My own experience has taught me that fear is by no means inevitable, nor exclusive, and that fear does not have to eclipse the hope in the situation. So, where are

these unplanned mothers who hope, and where is the hope for these mothers? If so much is at-risk according to the reviewed literature, what is "at-hope"?

Why hope? My connection with unplanned pregnancy has been clearly delineated, but my interest in the role of hope in this whole process might not yet be as obvious. Accordingly, I must address the question: why the interest in hope?

I begin with my own experience. After my counselling session at the maternal and child health centre, I dedicated an evening to filling out the decision-making workbook I received. In one part, I was asked to fill out the pros and cons of my various options. After filling out this form, I then re-read my responses a few days later, and this gave me some important insights into my decision-making experience. First of all, I realized that based solely on my responses to these workbook questions, and the questions raised by my counsellor during the counselling session, the logical choice seemed to be abortion. It appeared to be the easier option, I imagined it having fewer negative long-term consequences, and it would cost me a lot less physical pain and financial burden. Then again, as much as I imagined more negative consequences to parenting than abortion, the positive consequences of parenting were much more appealing than the ones for abortion. It occurred to me that the positive consequences of abortion appeared related to the alleviation of my fears, such as my fear of not finishing school or fear for my financial future. Meanwhile, the positive aspects of parenting might be seen as relating to positive expectations for my future–that is, they shimmered with hope (i.e., completing a life goal of having children, allowing me to grow as a person by becoming a mother, etc.). Interestingly, in completing this paperwork it

occurred to me that the rational argument favoured abortion, and yet this did not make

my decision any easier. In fact, it seemed to make it harder. Why was this?

Trying to answer this question, it seemed a significant factor was not being

addressed by the questions raised in the workbook and the counselling session. It

occurred to me that all the questions I had been instructed to ponder lacked

dimensionality. They lacked holism. They were altogether too rational. They asked me

to focus on pros and cons, to imagine best- and worst-case scenarios for each option, to

think about the impact of each option on my present situation. Though they were

important to consider, I felt as though I was comparison shopping for a new car rather

than making a life-altering decision. They did not tap into what seemed more relevant to

me–what felt right, what I hoped for, and what brought more meaning to my life. What

had been missing amidst all these discussions was hope.

Subsequently, I had a phone conversation with my mother:

> *Mom: I do not envy you, my sweet. You have a tough decision ahead.*
> *Me: I wish this would all just go away! Sometimes I wish I could just miscarry so*
> *I would not have to make the decision myself. The other night I lay in bed*
> *and tensed every muscle in my body, trying to push it out of me.*
> *Mom: I do not think it quite works like that.*
> *Me: I know. I felt so stupid afterwards, like that is how 14-year-old me would*
> *deal with this, not 25-five-year-old me.*
> *Mom: What does [the father] want to do?*
> *Me: He wants me to abort, but he said that it is ultimately my decision so he will*
> *support me either way. I do not know. (Pause). The other day I went to the*
> *Cross [Cancer Institute] to lead a support group, and on my way there this*
> *decision was really weighing heavy on my mind. As I was walking up to the*
> *front of the building, I looked up at its red brick facade and it struck me–*
> *every day, even right now, in this building people's lives are changing*
> *forever. People are getting their diagnoses, people are dying, people are*
> *finding out their cancer is in remission, people are grieving. It made me*
> *realize that unexpected life is not the worst thing that can happen, you*
> *know?*

Mom: Yes! To think of the people in there who would give anything to be in your
*   position. Pregnancy is a sign of health, it is not an illness. Like you said, it*
*   is life.*
Me: Yeah, what is that phrase of yours? About the plans?
Mom: (laughing) Oh, yes–we make plans and God laughs.
Me: (laughs) Life happens, I guess.
Mom: Yes it does, life happens.

What is hope? I set about scouring the literature for hope as it related to

unplanned pregnancy. In so doing, I looked not only for the word *hope*, but also for

positive outcomes in relation to unplanned pregnancy, as I interpret positive outcomes as

hope-promoting for mothers facing unplanned pregnancy. Before searching for hope in

relation to pregnancy, however, I thought it might be helpful to first discern what I mean

when I use the word hope. As I could not find any specific literature on the meaning of

hope in relation to unplanned pregnancy, I turned to an exploration of hope in the fields

of healthcare and educational research to inform the following discussion. Though the

definitions provided might not be specifically related to the topic of unplanned

pregnancy, the meanings of hope that they propose appear to bear relevance to, and

inform, my topic.

Previous researchers in the field of hope studies have come up with some useful

definitions for this nebulous word that often means different things to different people.

Some have defined it in relation to what it is not, comparing it to people's use of related

words such as wishing and optimism (Bruininks & Malle, 2005). These authors have

concluded that hope is indeed a unique concept that is associated with an expectation of

attaining a personally meaningful positive outcome despite facing challenges and

uncertainty. As such, a person's hope carries with it a sense of personal investment and

active commitment towards a preferred outcome.

Others have sought to distinguish the meaning of hope by examining its various grammatical usages (i.e., hope as a noun, a verb, or an adjective) and how these variations affect the perceived meaning of the word (Eliott & Olver, 2002, 2007; Farran, Herth, & Popovich, 1995). In this respect, depending on how it is used, hope may be an external, independent entity (i.e., there is no hope) or an internal resource (i.e., I still have my hope). Conversely, it can be an action that is imbued by the actor with personally relevant meaning and a sense of personal agency (i.e., I hope I will get through this). Eliott and Olver (2002) suggested that "the multiple employment of *hope* suggests that the term cannot be defined simply as an entity to be operationalized and measured but can accommodate a plethora of meanings" (p. 187), calling attention to the multidimensionality of this word for which an easy definition is elusive.

Despite the many definitions that exist for hope in the literature, one has particularly stood out for me. Dufault and Martocchio (1985) offered a foundational, inductively derived research definition of hope in nursing research that continues to be employed. They defined hope as a "*multidimensional* dynamic life force characterized by a *confident* yet *uncertain* expectation of achieving a future *good* which, to the hoping person, is *realistically* possible and *personally significant*" (p. 380). They described two spheres of hope—generalized and specific—and six dimensions: affective, cognitive, behavioural, affiliative, temporal, and contextual. This model of hope stood out to me as specifically relevant to my experience because of its multidimensionality; its holistic perspective that takes into account feelings, rationality, and relationships, among others. It was this multidimensionality, and this definition of hope, that reminded me of what I had been missing in my decision-making experience.

My experience of unplanned pregnancy both threatened my sense of hope and gave me entirely new things for which to hope. My sense of hope was lost, found, broadened, created, and recreated. It was a dynamic and ever-present force, a presence that was in brief periods felt only through its marked absence. As such, I have been most interested in hope as a concept that affects those things intimately tied with becoming (or choosing not to become) a mother: an individual's perceived future and sense of self. In this regard, the field of hope research has provided some rich descriptions of the word that fit with my experience.

Hope is described as an orientation to life (Jevne, 2005) and an ability to envision a future in which one wishes to participate (Edey & Jevne, 2003). M. B. Smith (1983) described hope as a conviction that a good future is possible, and McGee (1984) suggested that it is a desire for, and expectation of, some future good. In her review of the literature concerning the meaning of hope, Stephenson (1991) concluded her analysis by defining hope as "a process of anticipation that involves the interaction of thinking, acting, feeling and relating, and is directed toward a future fulfillment that is personally meaningful" (p. 1459). In fact, in reviewing the literature on hope I have found that it is very difficult to find a definition of hope that does not address the future. Even research on hope that stemmed from elderly palliative care patients address the future, as the main concern of these research participants was to live with hope—to have some future, no matter the length—despite impending death (Duggleby & Wright, 2005). Surely, if hope can be expressed and a future worth living envisioned despite grave physical discomfort, a woman facing an unplanned pregnancy can hope for a meaningful future for herself and her child.

Meanwhile, research on the connection between hope and a sense of identity is only more recently coming to the fore. In conducting an interdisciplinary, somewhat historical literature review on hope, Eliott (2005) concluded that, "hope does seem to be part of who we deem ourselves to be" (p. 38), seeing it reflected in stories from the divine to the medical as well as throughout various disciplines of research. As we hope for an imagined future, a personally meaningful life in which we want to participate, we are reflected in our hopes; the lives we live and the futures we boldly strive towards are our hopes reflected in ourselves.

Larsen and Stege (2012) also found a connection between hope and sense of self, noting that counselling interventions that provided "opportunities to reflect on self enhanced a sense of hope" (p. 49). They went on to state that this "provided both the foundation and the momentum for moving forward in a hopeful way" (p. 49). This connection between hope and sense of self struck me as relevant to my research, as in my experience hope and sense of self seemed correlated (i.e., the less stable my sense of self was, the less hopeful I felt, and greater hope was associated with a more stable sense of who I was and/or would be as a mother). I experienced my transition from my pre-pregnancy self to my post-pregnancy self as a tumultuous, hope-threatening, and yet also hopeful time, as my senses of hope and self shifted, disappeared, and reappeared in new forms.

Pregnancy and hope. Outfitted with a sense of what hope is, I began to look for instances of hope in connection with unplanned pregnancy in the literature**.** I used academic search engines such as Academic Search Premier and PsychInfo, the free access search engine Google Scholar, and manually scanned through the Hope Lit

database operated by the Hope Foundation of Alberta**.** Although I found the literature base for the risks of unplanned pregnancy to be robust, I encountered a smaller base of hopeful pregnancy/motherhood literature**.** Thankfully, what I discovered in my perusal of this small yet meaningful field of literature was not as dire as the picture painted in the literature I had previously encountered**.** There was, indeed, some evidence to suggest that the grand narrative perpetuated in the majority of the research I read previously was perhaps not the only story.

Reviewing the literature on hope proved a much more uplifting experience than my encounter with the literature on unplanned pregnancy. Although I have not yet discovered any studies in which hope and unplanned pregnancy were specifically addressed, there is some evidence that hope is related to feminist practice and women's experiences. For instance, Sympson and Elder (2000) drew distinct connections between feminist therapy and hope theory, and Simpson (2002) linked hope with feminist care practices in nursing. Bandali (2003) noted the interconnectedness between the concept of hope and feminist thinking, linking this to decision-making about birthing options for women. Thio and Elliott (2005) found a negative correlation between hope and postpartum depression, and Allchin-Petardi (1999) discovered hope was a prevalent experience among women with children. Further, Desmond (1992) found that the goal-directed, future-oriented nature of hope was a protective factor against negative outcomes of teen pregnancy such as poverty. In her study of pregnant and non-pregnant adolescent girls, Connelly (1998) noted that "contrary to the common notion that adolescent pregnancy is a doomed, hopeless situation, pregnancy may carry with it an opportunity

and reason to be hopeful about the future" (p. 205). Nowhere in this literature did the researchers pathologize unplanned pregnancies or the women who experienced them.

Indeed, some literature even suggested that there were some things to be hopeful about in an unplanned pregnancy. For instance, one study found that couples with unplanned pregnancies experienced higher levels of relationship functioning—measured by such factors as relationship satisfaction and frequency of conjugal conflict—after the birth of the child rather than before, a trend that was reversed for couples with planned pregnancies (Bouchard, Boudreau, & Hebert, 2006). It appeared that for these couples, the birth of an unplanned child resulted in a smoother transition to parenthood than that experienced by their planned pregnancy counterparts.

Another study (Arai, 2003) was based on qualitative interviews with young mothers and a network of teenage pregnancy local co-ordinators who implemented public policy on teen pregnancy at the community level. In this study it was determined that some of the problematization and pathologizing of unplanned pregnancy was not in accord with the actual experiences of women living through it. Most interestingly to me, this same study found that young mothers' low expectations for their own futures were more closely related to having unplanned pregnancies than having poor sexual health knowledge. That is, the adolescent girls in this study appeared to be let down by a lack of hope for their futures, and this lack of hope contributed to their higher-risk sexual behaviours and a desire to become mothers at a younger age.

Another study suggested that when social background and nuptial status of the mother were taken into account, the effects of planned versus unplanned pregnancies were negligible on the child (Fergusson & Horwood, 1983), suggesting that perhaps the

planned status of the pregnancy was not what ultimately mattered for the child's well-being. Lachance-Grzela and Bouchard (2009) reached a similar conclusion in their study examining the effects of marital status and pregnancy planning on parents' well-being. These authors noted that pregnancy planning appeared to make a difference for married couples but not cohabiting couples, and the latter were more likely to have unplanned pregnancies than their married counterparts. Finally, another study found that most women who have had an unplanned pregnancy described their lives as unchanged or even improved as a result (Hilliard, Shank, & Redman, 1982), implying that the doom-and-gloom outlook on unplanned pregnancy that is perpetuated throughout most of the literature is perhaps unrealistic if not altogether false for most women. I was deeply comforted to know that I was not the only woman for whom the grand narrative as described earlier apparently did not fit.

As a woman and psychologist, particularly one most interested in working with adolescent girls and young women, I found the disconnect between my own experience of unplanned pregnancy and the picture of that experience as portrayed in the literature disturbing. As a psychologist who, given the rates of unplanned pregnancy, is likely to encounter clients living through it, I am struck by the need for research and resulting counselling implications that are derived from the women who experience this phenomenon. Importantly, as a woman with an unplanned pregnancy I am dismayed to find such a notable silence in place of the voices of the women being studied, labelled, and held responsible for the broad social ills associated with unplanned pregnancy. Meanwhile, the voices of researchers and policy-makers seem to speak so loudly about (and supposedly for) us. If I may use my position of privilege as a researcher and

academic to speak on behalf of unplanned mothers, I feel almost betrayed by the absence

of our own voices and our own words in the majority of the literature I encountered. I

believe we must speak, we must be heard, and have our stories—the stories we ourselves

tell about our experiences—included.

The uplifting, women-friendly, non-judgmental nature of the hope research,

combined with my personal revelation that counselling that included a focus on hope

might have proved more helpful to me than the cognitive model I encountered, convinced

me that my research study would need to look at this thing called hope. Bringing hope

into focus helped me see my situation in a whole new light—as a multidimensional and

altogether messy experience that could not be dealt with through reasoning alone—and

allowed me to consider those questions I wish had been asked of me by the maternal and

child health centre. After two weeks of agonizing over what to do, under the influence of

hope I was finally able to make a decision about what option to pursue with my

unplanned pregnancy: I chose to keep the pregnancy and parent my child.

Reason for this Research

During this process of becoming a mother, a psychologist, an academic, a

researcher, and indeed of becoming and being all these things at once, it struck me as

abundantly clear that there is a gap in the existing literature that might be associated with

failing unplanned mothers. I would like to see this gap filled with hope-focused, feminist

research that might provide some important and much-needed information about the other

side—the narrative of resistance to the grand narrative—of unplanned pregnancy. This

new research might allow women experiencing unplanned pregnancies to understand that

there are meaningful futures in which they may engage despite—and maybe even

because of—their unplanned pregnancies. In filling this gap, such research might help shed light on the experiences of those unplanned mothers who do hope, who do not give in to fear, and who want their voices heard by other women who might not even know that they can choose to hope.

In my own small effort to contribute to this narrative of resistance that counters the grand narrative, I chose to dedicate my dissertation research to the hopeful side of unplanned pregnancy. As I will explain in greater detail in the next chapter, I chose to shift perspectives, change the lens, shift the focus, and turn to the women who have had unplanned pregnancies and ask them to share their stories. From the stories that they told to me, and that I shared with them and we created together, emerged a very different phenomenon than the unplanned pregnancy that I found portrayed in much of the literature. Ours was a phenomenon of hope and resilience, rather than the risk and fear found in the literature had primed me to expect. Our stories became the basis of my dissertation research on women's experiences of hope in unplanned pregnancy, and they began to reveal answers to the question I posed earlier in this chapter regarding the grand narrative suggested by the literature I reviewed: and what else?

Chapter 3. Method as Gesamtkunstwerk: The Total
Artwork of Videographic Inquiry

Introduction

 "I am in film!" I exclaimed, throwing my books down in exasperation. "Film! What does German expressionist painting or art nouveau architecture have to do with film? This is ridiculous!"

 I have to smile to myself at this recollection, thinking back now on the sincere frustration I felt when forced to take a course examining the blurred boundaries between the fine arts in my first year of film school. At the age of 18, with no background in or knowledge of the fine arts besides my relatively newly formed love for film, thinking about film as one point in a complex sociogram of the arts was exasperating, because it meant I would have to learn about all the arts to understand mine better. It meant appreciating the role that other fine arts played in the development and history of film, how film has subsequently influenced the other arts, and even how film has played a role in the creation of new art forms such as video art installations and new media. I was frustrated, but I was embarking on a journey that would inform my understanding of, and work in, the field of film, which continues to influence my personal and professional life many years later.

 Wilhelm Wagner coined the term *Gesamtkunstwerk*, German for "total artwork," to describe the confluence of all the fine arts into one unified piece of work (Domling, 1994). It has become "a topical code word for artistic longings that attempt to transcend the limits of art and the artwork, as traditionally understood" (p. 3). As an 18-year-old film student, this concept seemed foreign and meaningless, and yet it returns to my consciousness now as an apt descriptor for the methodological work I attempt to do as a psychologist and academic. Since the beginning of my graduate training I have been

building an academic career out of blending apparently disparate elements into unified

wholes; the creative process of video-making used as psychotherapy (Johnson &

Alderson, 2008) during my Master's studies, and now the production of creative videos

as part of an arts-based videographic inquiry in my doctoral dissertation. Although the

frustration I felt back then sometimes still rears its ugly head, I view the convergence of

complementary methods as essential to my work in psychology research and practice: it

is the frustration and the beauty of a psychological Gesamtkunstwerk.

There is a hopeful convergence of various disciplines in the field of psychology

that has paved the way for more holistic approaches, not just to the research topics

explored, but also to the ways in which we investigate those topics. Considering my

research topic, the gaps in the literature on unplanned pregnancy that currently exist, and

my previous experience with film and video, it strikes me as relevant to approach this

study by blurring the boundaries between differing and complementary forms of research.

In so doing, I continue the pioneering work of other qualitative researchers who have

expanded the perspective on what constitutes legitimate research and have broken down

what might be called arbitrary separations amongst qualitative methodologies. Inspired

by the integrative aspects of Gesamtkunstwerk, and educated by the work of pioneering

qualitative researchers that have come before, that is precisely what I hoped to do when I

began my dissertation research on women's accounts of unplanned pregnancy.

Videographic Inquiry: A Methodological Gesamtkunstwerk

The questions posed in my study regarding how women recount their unplanned

pregnancies, what role hope played in these experiences, and how helping professionals

might best facilitate the experience of unplanned pregnancy, were not best served by

traditional research methods. Traditional definitions of legitimate research stress rationality, control, predictability, and falsification (Brooks & Hesse-Biber, 2007). Instead, this study required a methodology that was holistic, that honoured women's experience and knowledge, and proceeded in the interest of the generous co-participants who were willing to share their truths. Further, inspired and informed by other researchers practicing in the area of arts-based qualitative research, it seemed appropriate to bring myself into the research not just as a co-participant sharing my own story of unplanned pregnancy, but also to design my study to reflect who I am through the media with which I work. As such, I concluded that this particular study would benefit from a methodology that departs from tradition and is tailored specifically to the epistemology, axiology, and theoretical perspectives of the research itself.

As such, I used a methodology I referred to as *videographic inquiry*. It is a form of reflexive arts-based research that is informed by feminist practices in psychology, research, and filmmaking. More specifically, it is an arts-based method of inquiry that involves co-participants, including lead researchers, creating video projects about their life experiences.

Separate Artworks: The Methodological Context of Videographic Inquiry

Although videographic inquiry is very much a product of who I am as a female scholar and filmmaker, it is intimately related to other forms of qualitative research that have informed my perception of what constitutes valuable research. In a discussion about the concept of Gesamtkunstwerk, Levinson (1984) described hybrid art forms as "primarily a historical thing, as is, in a way, being a biological hybrid. An art form is a hybrid one in virtue of its development and origin, in virtue of its emergence out of a

field of previously existing artistic activities and concerns" (p. 6). As Levinson suggested, and as my education in Gesamtkunstwerk has previously informed me, an individual can only understand his or her own artistic medium by learning the artistic media of others who came before. Similarly, in order to understand videographic inquiry, it must be properly situated in some historical and methodological context. As such, it will be helpful to outline some relevant advances in: (a) arts-based research, (b) visual ethnography, and (c) autoethnography and narrative inquiry. These methodological approaches not only informed my own work, but have paved the way for Gesamtkunstwerk, arts-based, and/or otherwise ground-breaking qualitative research.

Arts-Based Research Methods

I begin my discussion of the methodological context surrounding videographic inquiry with arts-based methods because these two approaches are so closely aligned. Indeed, one could say that videographic inquiry is a form of arts-based research, using video as its medium of choice. Arts-based research is a relative newcomer to the field of qualitative methodologies. Barone and Eisner defined it as "the presence of certain aesthetic qualities or design elements that infuse the inquiry and its writing" (1997, p. 73). It is a form of inquiry in which artistry and creativity are used at one or more stages of the research process to investigate a given phenomenon. In videographic inquiry the artistic medium of video production is used in numerous stages of the research process, including information gathering, meaning making with the research material, and information sharing, and provided a unique forum through which I engaged in reflexivity beyond the written word.

At this juncture, it may be helpful to elucidate what I mean by the term *reflexivity*, as this is a word that I repeatedly encountered in my readings on qualitative methodology and it is one that I use in this document. Macbeth (2001) pointed out that the common usage of the terms means "turning back upon itself" (p. 36), and in the context of qualitative research this entails a researcher examining topics such as place, biography, self, and others to contextualize the research endeavour and, particularly, analytic practices. Macbeth linked this turn towards reflexive practice in qualitative research to "critical theory, standpoint theory, textual deconstruction, and sociologies and anthropologies of knowledge, power, and agency" (p. 36), all of which are related to a postmodern trend in social science research. He further asserted that the practice of reflexivity stems from the crisis of representation, which was a period in social science research in which researchers questioned their authority to speak for/represent their subjects and tried to find ways to cast away the illusion of researcher neutrality and include voice—their own and their participants'—in the research (Fine, Weis, Weseen, & Wong, 2000). Fine et al. (2000) saw the reflexive turn as a positive outcome of the crisis of representation. I believe that my research fits into this category of reflexive practices, as I have attempted to own my authorial voice as the lead researcher and also provide a forum for the co-participants' words to be spoken aloud in their own voices (quite literally, in the case of the audio-visual component).

Shaun McNiff (2008), a creative arts therapist and scholar, noted that his experience with arts-based research taught him that "the images and processes of artistic creation are always at least one step ahead of the reflecting mind" (p. 27). This suggested that the information gleaned from such research is qualitatively different and provides a

different perspective than that provided through traditional research. This is part of the strength of arts-based research. Its focus on integrationism (between methods, disciplines, and fields) and holism (being interested in more than what people think but also what they feel, how they express themselves, etc.) appealed to me as one familiar with the concept of Gesamtkunstwerk, and struck me as relevant for my own research.

Although arts-based research is a relative newcomer to the field of qualitative research, interest and scholarship in the field is growing quickly. Recently, a number of foundational handbooks (e.g., Cahnmann-Taylor & Siegesmund, 2007; Knowles & Cole, 2008; Leavy, 2009; Sullivan, 2005) have been published that introduce various arts-based methodologies and explore the methodological, theoretical, and ethical issues that arise from their use. Clearly, this approach to qualitative research is on the rise and might be poised to become a larger player in the qualitative research oeuvre in coming years.

Visual Ethnography

Due to its audio-visual format videographic inquiry is also related to visual ethnography and its rich history. Despite the long-standing supremacy of text and the written word over other forms of representation in academia, visual media have played a significant part in the historical development of ethnographic research. Margaret Mead described the introduction of visual media such as still and moving film and video into the practice of ethnography as akin to the introduction of the telescope into the practice of astronomy (Mead, 1973). De Brigard (1973) began his chapter on the history of ethnographic film by noting that "ethnographic films have been produced ever since the technological inventions of nineteenth-century industrial society made possible the visual recording of encounters with other societies" (p. 13). Visual recorded media have a long

history in social research; however, to this day—a century after its inception into social science research—visual forms of representation continue to struggle at the margins of what is considered legitimate research.

A review of visual forms of representation in social science research reveals two perspectives on how visual data might be used. The traditional stance, championed by scholars such as Mead (1973) and Hockings (1973), suggested that visual data can and ought to be used to record objectively cultural information, thereby allowing researchers to analyze the data endlessly to a level of minute detail with which the recording of field notes cannot compare. A more contemporary stance, championed by such pioneering ethnographers as Pink (2007), insisted that video can be used reflexively "as a medium through which ethnographic knowledge is created" (p. 96). Videographic inquiry aligns with the latter approach, viewing visual media as a method of discovery rather than documentation (Adelman, 1998); a rich source of co-constructed information on human experience, deep and engaging participant involvement, participant empowerment (Didkowsky, Ungar, & Liebenberg, 2010; Packard, 2008), and therapeutic value (Johnson & Alderson, 2008) for the researcher, the co-participants, and readers/audiences alike.

Autoethnography and Narrative Inquiry

Finally, I feel it is necessary to turn to autoethnography and narrative inquiry in my discussion of the methodological context surrounding videographic inquiry, as these methodologies have also paved the way for the development of my chosen methods. Autoethnography was defined as "an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural" (Ellis & Bochner, 2000, p. 739). Given this definition, the connection between

autoethnography and narrative inquiry (Clandinin & Connelly, 2000) is apparent: the latter views human experience as storied and understands "narrative as both phenomenon under study and method of study" (p. 3). In both styles of inquiry, personal narrative—the stories we tell about ourselves, the stories through which we construct our worlds—holds a distinct place of honour. Additionally, both approaches involve reflexivity. Ellis and Bochner (2000) stated that in reflexive autoethnography "authors use their own experiences in the culture reflexively to bend back on self and look more deeply at self-other interactions" (p. 740), apparently responding to the call of feminist researchers to start from personal experience (D. Smith, 1979). The connection between autoethnography, narrative inquiry, and videographic inquiry is clear: video is an audio-visual storytelling medium through which personal narrative might be expressed, and it demonstrates reflexivity through the researcher's first person video-making throughout the research process.

The connection between my chosen methodology and narrative inquiry became most clear as I began the task of analyzing the information I had gathered during the research process. Narrative inquiry was, indeed, associated with my methodology from early on, in the sense that I have long agreed with the premise that experience is storied, and further, that the process of creative video production has clear narrative elements. However, narrative inquiry was most influential in helping me understand what to do with the information I had gathered. I address the influence of narrative inquiry on my analytic methods in greater detail later in this chapter. Briefly, narrative inquiry allowed me to view the information gathered through a lens of holistic understanding, providing guidance on how to approach storied information in a way that honours the storyteller

and yet allows for interpretation of meaning from the story. Indeed, narrative inquiry provided the perspective to allow me to understand that there was a grand narrative in the literature review that might require a feminist response in the form of a research-derived narrative of resistance. In this respect, narrative inquiry was a significant influence on the development of my chosen methodology and indeed the entire format of my dissertation.

The connection between videographic inquiry, autoethnography, and narrative inquiry is deepened further when one considers that the latter two methodologies are not strictly bound to the form of writing. Many autoethnographers explore their stories and connect them to their culture or community through creative, artistic media. For instance, Denzin (2003) and Schneider (2005) advocated the use of performance and theatre in their autoethnographic work, and Hermann (2005) and Holbrook (2003) used photography in theirs. Narrative researchers have also reached beyond the written word in their research endeavours, developing visual narrative inquiries (Bach, 2007), using combinations of art and narrative inquiries (Elliot, 2011), and employing narrative inquiry along with many other artistic media in dissertation research (e.g., Fish, 2007; Khorrami, 2008; Warson, 2009). Indeed, narrative inquiry has been referred to as a form of arts-based research (de Mello, 2007; Leavy, 2009), and videographic inquiry may also be added to this category.

What I see as a particular strength of my medium of choice (video) is its accessibility. Video is a creative medium that can be endlessly manipulated and bent to the will of its maker through digital video editing, and it can include elements of virtually all other art forms including photography, writing, music, and digital images of any other

art form imaginable (e.g., dance, sculpture, painting, architecture). Further, as our culture becomes more and more familiar with video it is easily recognized and disseminated (the vast reach of popular video-based websites such as YouTube attest to this).

Having briefly described the related methodologies of arts-based inquiry, visual ethnography, autoethnography, and narrative inquiry, it might be helpful to locate videographic inquiry in relation to these related approaches to research. Ellis and Bochner (2000) referred to a continuum between academic inquiry, on one end, and artistry, on the other. These authors suggested that researchers conducting autoethnography—and particularly those working with artistic media—must locate themselves somewhere on this continuum. Along these lines, I can see where along this continuum the various methodologies described above might fit: visual ethnography is closer to the academic inquiry end, and arts-based inquiry is closer to the artistry end, with autoethnography located at some point between the two (see Figure 1).
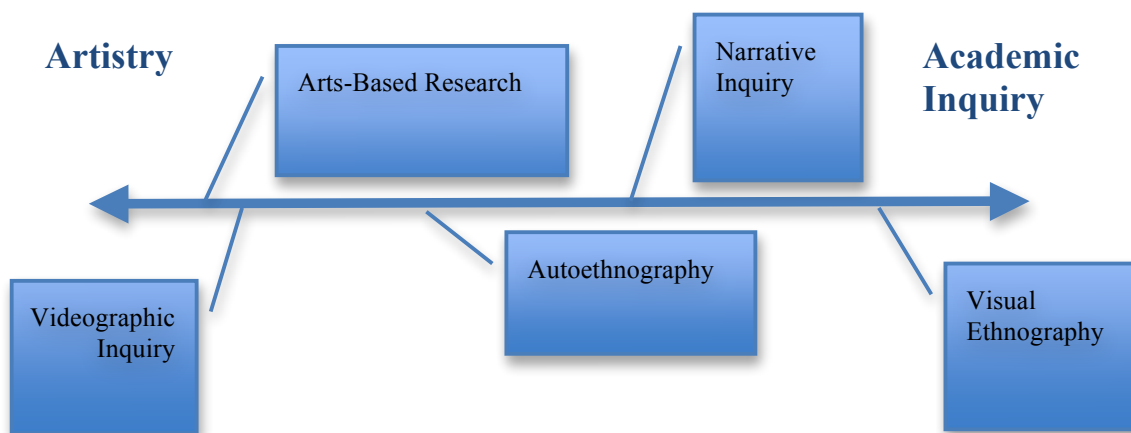
Figure 1. An illustrated interpretation of Ellis and Bochner's (2000) continuum.

I would locate my own work and videographic inquiry close to arts-based inquiry—the methodology to which I believe videographic inquiry is most closely

aligned—toward the side of artistry on Ellis and Bochner's (2000) continuum. Eisner and Barone (1997) described some features of arts-based research that distinguish it from other methodologies, and based on their criteria the alignment between arts-based methodology and videographic inquiry is apparent. For example, the creative videos foster what Eisner and Barone refer to as a virtual reality that draws audiences into the subjective worlds of – in the case of this research – women who have had unplanned pregnancies. Further, I believe that the visual language of creative video provides ample opportunities for Eisner and Barone's criteria of evocativeness (expressiveness) and accessibility (contextualized vernacular). Lastly, the criteria of presence of the researcher's personal signature and aesthetic form throughout the research process is apparent in videographic inquiry in the researcher's own reflexive co-participation (as she or he makes her or his own creative video) and the centrality of the creative process of video production throughout the research endeavour.

The Total Artwork: The Methodology of Videographic Inquiry

In this section, I elucidate how I plan to achieve the previously stated research goals. With some foundational understanding of what it is I intend to do and why, I can now focus on some important details regarding how the study was undertaken. I used Creswell's (1998) discussion of the philosophical assumptions that underlie qualitative research and Crotty's (1998) framework of recursive, broad-to-specific research design to frame my discussion around methodology. As such, in this section a discussion of the epistemology and axiology that guide the theory behind the research is presented, as well as the theoretical perspective of feminism that influenced the development of videographic inquiry. Later in this chapter a description of that new methodology and the

methods that organize the gathering and meaning-making of the information collected is offered. I will conclude with a discussion about the ethical considerations of this research and the criteria of quality I proposed to judge the acceptability of my work.

Epistemology

The theory of knowledge that informs this dissertation research is that of postmodernism. This perspective on how we come to know the world can be summarized as the belief that knowledge is socially constructed and that certain interests may be served by specific constructions (Leavy, 2007). Leavy described the term *postmodern* as an "umbrella category" (p. 85) that has been attributed to various and sometimes disparate theoretical perspectives, and is used in various disciplines from the fine arts through philosophy, social theory, and science (Best & Kellner, 1997). One common characteristic of these various incarnations of postmodernism is the rejection of the modernist/positivist/capitalist epistemology of "objectivity, neutrality, patterning, and the scientific method" (Leavy, 2007, p. 88), adopting instead an epistemology that is highly reflexive and sensitive to differences in power.

Postmodernism stresses the value of multiple and differing truths rather than one objective or universal truth. This epistemology informed the development of my dissertation through my decision to use qualitative methods to explore the multiple truths of unplanned pregnancy as described by myself and the co-participants rather than quantitative methods that might seek to find a universal truth underlying a typical unplanned pregnancy.

Axiology

Axiology "refers to beliefs about what forms of knowledge are valuable and what modes for determining knowledge are valued" (Piantanida & Garmen, 2009, p. 46), as well as what values are inherent in a researcher's research ontology and epistemology (Piantanida & Garmen, 2009). Axiology, then, is the value system or value stance inherent in an individual's research, and is associated with the practice of ethics (Guba & Lincoln, 1994). I believe that the issue of values cannot be separated from the work we do as researchers, and Guba and Lincoln (1994) noted that all research takes a value stance, even if it is in the claim of having an absence of values, such as the positivist claim of being "value-free." Specifically, as a feminist researcher I believe that the stance I take is a highly axiological one, as my feminist values determine what I attend to as knowledge and what I believe constitutes important information. For example, as a feminist researcher I value and therefore attend to feminine knowledge and epistemologies, which may be described as situated knowledge (Anderson, 2011), and as such I value/attend to knowledge that is embodied, subjective, relational, and emotional (Anderson, 2011). Meanwhile, a researcher operating with a different axiology might value and attend to a very different epistemology than do I, and as such might conduct research in entirely different ways. The value system inherent in my work shapes all aspects of this research, and as such my discussion of epistemology, theoretical perspectives, methodology, and methods addresses the issue of axiology implicitly. As such, I hope that readers take in the following sections with that in mind: everything that follows is a reflection of axiology because values both inform and are embedded in all aspects of this (and, I believe, all) research.

Theoretical Perspective

The philosophy that informs the development of the present research and provides theoretical perspective is that of feminism. Feminism may be loosely defined as a philosophy that advocates for equal rights between women and men (Feminism, 2001). However, this loose definition might incorrectly portray feminism as a unified movement when it is actually comprised of numerous factions. Though there are myriad ways that feminists express and identify themselves within the movement (Brooks & Hesse-Biber, 2007), some typical perspectives that emerged included:

1. Liberal feminism: the perspective of feminism associated with the National Organization of Women and the first-wave (suffragette) feminist movement. Liberal feminists believe that gender equality can be achieved if and when women are provided with the same opportunities as men, particularly in the work force (Rider, 2000).

2. Radical feminism: the perspective of feminism associated with the second-wave (women's liberation) feminist movement, positing that the fundamental structure and institutions of society are patriarchal and that the route to women's liberation is through socially and politically revolutionary means (Cammaert & Larsen, 1989; Rider, 2000). Cammaert and Larsen (1989) included in this perspective socialist or Marxist feminism; the belief that women's oppression is tied into class structure and the organization of the economy and means of production.

3. Cultural feminism: the perspective of feminism associated with the third-wave (postmodern) feminist movement that celebrates and emphasizes the differences between women and men, viewing these differences as socially constructed and

ultimately equal. Therefore, the path to gender equality is through the recognition and valuation of feminine qualities as equal to those of men (Rider, 2000).

My introduction to various feminist theories impressed upon me the proximity of my personal beliefs to those described by cultural feminism, and it is largely this feminist approach that guides this research. The influence of feminist approaches to psychology, research, and filmmaking practices play a significant role in the development of the research methodology, which was borne from ideals of equality, inclusion, autonomy, and respect for feminine experiences and perspectives. The connections between these influences and the present research are outlined below.

Feminism and psychotherapy. Although there is no standard or manualized definition of feminist psychotherapeutic practices, some efforts were made to describe feminist approaches to psychotherapy. In psychology, feminist therapists (e.g., Dutton-Douglas & Walker, 1989; Worell & Remer, 2003) identified several tenets of feminist therapy, including: (a) egalitarian relationships between therapists and clients, (b) a focus on social and interpersonal power, (c) enhancement of women's strengths, (d) an orientation away from pathologizing and blaming the victim, (e) educating clients, and (f) accepting and validating women's feelings through self-disclosure.

Feminism and research. Feminist research practices are less clearly defined, though there is some consensus on how it differs from other, more traditional (masculine) forms of research. In a paper outlining feminist research practices, Brayton (1997) noted that feminist research strives for equality between the researcher and subject; intends to impact broader social conditions for women whether it is through political, activist, community, or individual means; and begins with questions and experiences relevant to

women. Psychological researcher Lott (1981) noted the uniqueness of the contribution offered through feminist research that includes self-conscious and critical analyses aimed at uncovering androcentric biases in the field and the effect of asking new questions about women and women's lives. Similar to the tenets of feminist therapy, the themes stressed in feminist research practices include equality, valuing women's experiences, and connecting personal experience with broader social politics.

Feminism and filmmaking practices. Importantly, though perhaps not obviously, the formulation of this study's methodology reflects the influence of feminist film criticism and practices. In the 1960s, a wave of feminist criticism of popular narrative film began to arise (e.g., Mulvey, 1999). Charging such films with misogyny in form, content, and practice, Mulvey argued for a new approach to cinema. Feminist filmmaking practices reflected different values than those of previous narrative films, including:

1. Egalitarianism was promoted through the demolition of the hierarchical crew system of Hollywood studio filmmaking, replaced instead by more collaborative efforts and less rigid crew roles;

2. Women's perspectives were demonstrated through form and content with the introduction of such cinematic styles as first-person cinema, which often involved a minimalist crew (sometimes just one filmmaker), and reflected a sense of connectedness and intimacy with the medium and in turn the audience; and;

3. The feminist value of relation to others was reflected in non-narrative formats that carried personal content about the filmmakers themselves: their lives, stories, and perspectives.

The influence of feminism on this research. Themes such as equality, the value of women's perspectives, power, and personal and social change cut across all these disciplines—psychotherapy, research practices, and filmmaking—and intersect with feminism. The overarching themes found in feminist work provide a framework for the design and conduct of the present research. This thematic framework can be summarized according to the principles and beliefs of (a) equality, (b) valuing women and their perspectives, and (c) empowerment.

Equality. Feminist approaches to psychotherapy, research practices, and filmmaking all emphasize the importance of equality in both interpersonal relationships and society at large. In the present research, my feminist values have shaped the way the study was designed as collaborative and designed with my self-disclosure inherent in the reflexive research model. Further, co-participants were introduced to the creative outlet of feminist video-making practices and encouraged to tell their stories in a holistic, creative, subjective way that honours their unique perspectives. Ongoing conversations with me about their experiences and creative work were conducted within a feminist research framework, including such principles as honouring the experience and expertise of the co-participants, using self-disclosure, and focusing on co-participants' strengths and attributes in order to promote self-esteem and empowerment.

Valuing women and their perspectives. As a feminist, I value uniquely feminine experiences. This present research reflects this in various ways, with a research design that stresses equality, creativity, personal voice, and embodied experiences; a feminist approach to the conversational piece of the research; and using feminist first-person video

production as an information gathering technique. Using this medium, which has a rich feminist history, reflects the high value placed upon co-participants' subjective accounts. As women's voices are often suppressed and ignored in other realms of their lives, this study was an outlet for them that ensured they were listened to and, importantly, supported for speaking out.

Empowerment. Stemming from feminist philosophy is the notion that a major goal of therapy and research is to help people believe in themselves and the power they hold as individuals to affect change in their lives. By focusing on stories by/about/for women, inherent in this research is the belief that women have meaningful and important perspectives to contribute to academic research. As Bloom (1998) stated, "[w]hen texts are created for women, by women, with women as the subjects of the narrativity, women are made free to read as women and to see themselves through a (potentially) more empowering women's gaze" (p. 69). The very act of becoming the subject of their video allows video-makers to feel important, interesting, and worthy of being heard. Through this, as well as the feminist approaches used elsewhere in the study, it is hoped that the goal of encouraging co-participants to empower themselves were achieved.

Informing the Research I: An Overview of the Video Process

Following Crotty's (1998) framework, a methodology may be operationalized through the methods used to receive, interpret, and share information. In this section I address the ways in which the methodology was carried out in how I: (a) collected information from myself and the co-participants, (b) analyzed or made meaning of this

information, and (c) disseminated the knowledge that was constructed from this process to a broader audience outside the research circle. In this section, an introduction to the process of video creation is presented because this will be new to some readers and, therefore, warrants some description. In the next section, I provide a description of the study design and procedure and a description of the information gathering techniques I used. Following that, in two separate sections, I proceed with a discussion about how I made meaning of the gathered information.

The process of filmmaking is relatively long and involved and develops over the course of several stages. For the purposes of social science inquiry, each of these stages provides ample opportunity to explore the various processes experienced by co-participants over a period of time (i.e., the time it takes to complete the video project). The process of making first-person videos is a cyclical, reflexive one. The following outline describes how video-making was conducted in my dissertation research. It is important to keep in mind that there is less structure than what the following stage-wise progression suggests and, as such, each video-maker's process was unique to her and thus reflected her unique creative needs.

1. Stage 1: Development. Development is spent determining the film's topic or focus, and its intended story (keeping in mind that this story may, and likely will, change throughout the course of the project). This stage typically culminates in a written story or script that will serve as the guiding basis for the rest of the process.

2. Stage 2: Pre-production. In this stage a video-maker uses the script or story as her basis to prepare for shooting her film. Often, video-makers organize and break

down their stories into smaller pieces, thereby making turning the story into a visual medium more manageable. For example, scripts may be turned into storyboards that depict the story through cartoon-like sequences of pictures, and these storyboards might be organized into a shooting order (e.g., from most easy to shoot to least easy, or most important scene to least important scene). This stage may also involve gathering supplemental materials required for shooting (such as family photos or old journals). This stage culminates in the video-maker's readiness to begin shooting.

3. Stage 3: Production. This stage is when the video is actually shot or recorded. In personal video-making, the beginning and end of this stage is rather fluid. Shooting may have begun as information-gathering during an earlier stage, and may also continue well into the post-production stage as editing determines what story is evolving and how it might be better supported through extra footage.

4. Stage 4: Post-production. This stage, also known as editing, is sometimes the longest stage in the video-making process. At this point, what was shot during production as disparate parts (like the individual frames of a cartoon) is put together into a cohesive whole through editing (like gluing the individual cartoon frames together to make a story again). During this time the video-maker might add visual effects (such as subtitles) and audio (in the form of songs, sound effects, and/or voice-over) to create the final project. At this point, the video's story—the expected story written at the beginning during development or an alternative one that developed in the interim—emerges. This stage provides the most intimate information to the video-maker about her psychological and

interpersonal processes as she confronts her changing story and the ongoing

creative decisions she has to make. As such, as the video-maker learns more

about herself, the film project may change dramatically in the editing room

through several cuts or drafts.

5. Stage 5: Distribution and Exhibition. This stage may not exist at all for some

personal video-makers, as sharing personal videos with any audience is a form of

self-disclosure that people are more or less ready or willing to do. In this study,

co-participants shared their creative works with me as the lead researcher. We

also gathered 6 months after the completion of our videos to share our videos with

each other as part of a focus group discussion. Beyond that, co-participants were

invited to share their videos with a broader audience as part of a research

documentary (see Appendix E to view the documentary). At their discretion, they

were free to choose whether or not to share their copy of their video with people

outside the research circle, though this was a personal choice and not part of the

research project itself.

Complementing this information were ongoing conversations I engaged in with the co-

participants about the video-making process and our pregnancy experiences. Having

used feminist first-person video production to creatively, narratively, and visually explore

their experiences, it remained appropriate to keep feminist research practices in the fore

as I brought in another qualitative method of data collection: ongoing conversations. It is

important to note the difference between these conversations and traditional interviewing

techniques. Fontana and Frey (2000) summarized the feminist critique of traditional

interviewing as one concerned with the hierarchical power relationship between

researchers and interviewees, the treatment of women as objects rather than individuals, and the lack of intimacy and reciprocity in the interviewer/interviewee relationship.

Instead, feminist researchers such as Oakley (1981) suggested that woman-friendly interviews attend to feminine traits such as emotions and sensitivity, work to minimize the inherent power differential between the interviewer and interviewee, and base the research relationship around reciprocity and intimacy rather than neutrality and anonymity. Further, narrative researchers take the position that informal and ongoing conversations, rather than formal interviews, can provide information of critical importance to narrative research goals (Hollingsworth & Dybdahl, 2007). These feminist and narrative approaches to verbal information gathering seem complementary, as informal conversation suggests an egalitarian, reciprocal, and intimate interaction that disrupts the traditionally patriarchal dynamic of interviews. As such, these approaches informed how I engaged with the co-participants through ongoing conversations about their video research and pregnancy experiences.

Combining the methods of creative video production with ongoing conversations, we co-produced a breadth and depth of information about the experience of unplanned pregnancy that I believe is unmatched in research undertaken to date.

Informing the Research II: The Process of Collecting Videographic Information

> *My baby is due in May, and I am alone in this city. I do not mean I am alone in the existential way that we are all fundamentally alone (which is also true, and somehow less bothersome to me), but in the way that my greatest supports are far away. My family is spread out across Saskatchewan, Ontario, and Quebec, and my baby's father is stuck with his job in Calgary. I like to think I am strong and capable and fiercely independent, which I really am, but I do realize that this is something I cannot do alone. I will not do this alone. The*

moment I am able to, I will move to Regina, Saskatchewan to be with my closest family and oldest friends.

I left Regina when I was 17, within days of my high school graduation and a month before I became an adult (legally, anyway). I went off to experience the bright lights, big city of Toronto where I attended film school. Leaving Regina, I never looked back. It felt claustrophobic for me there. Now, 8 years later, I am returning to my roots, to my sleepy prairie city home, and to a culture where young parenthood, single parenthood, and unplanned pregnancy are fairly common ways of life. The place I could not wait to leave is the first place I am putting down roots—I am having my baby there.

The impetus for this research stemmed from my own very intimate experience of unplanned pregnancy and my sense, upon delving into the existing literature on this phenomenon, that something important was missing from those authoritative texts. Missing were the voices—the laughter, tears, hopes, and fears—of unplanned mothers ourselves, and our expressions of hope. Faced with the task of exploring women's experiences of unplanned pregnancy, starting with my own intimate relationship with it, I sought a new form of methodology—dare I say a methodology of resistance (Finley, 2008)—to claim a feminine, feminist voice on a topic that is uniquely feminine in an academy that, at least historically, is not.

Responding to D. Smith's (1979) call for feminist researchers to begin with self, as well as Finley's (2008) description of arts-based methodology as lending itself well to feminist research, videographic inquiry allowed me to conduct research outside the restrictive masculine ideas of legitimate research (Brooks & Hesse-Biber, 2007). Meanwhile, it allowed me to engage with an artistic medium with which I connect deeply—creative video—to provide information about unplanned pregnancy from an entirely different perspective than that currently found in the literature. In the following paragraphs I will describe the methods that are the tools of videographic inquiry and how I used them in the context of my dissertation research.

Requesting the Collaboration of Co-Researchers

I discovered as I began the process of information-gathering that finding co-participants who would be willing to take the time away from their busy lives to contribute to my research would be more difficult than I initially anticipated. I did, eventually, end up with two generous co-participants whom I recruited from a medium-sized western Canadian city using the snowball method, though it was not as straightforward a process as I expected. I began looking for co-participants by posting an invitation for participation on an online discussion board for new mothers that was associated with the local YWCA's pre- and post-natal support groups for women. I specifically requested co-participants who were 18 and older who had experienced an unplanned pregnancy and chosen to parent their child, rather than abort the pregnancy or put their baby up for adoption. The pregnancy could have happened at any time, past or present, though I did request that only women who vividly recalled their pregnancy experience participate. This post generated some interest, though not all of the responding mothers were able to complete participation in the research given the amount of time required of co-participants to complete their video projects. I was also connected with a small social group of young adult mothers who made a point of meeting one evening per week without partners or children to socialize, and I extended an invitation for participation to this group as well. For people who were unable to participate or who did not fit the research criteria, I requested they pass along the invitation to anyone they knew who might be interested.

Over the course of 11 months, five different women began their participation in the research. Of these five, three withdrew their participation during the course of the

study. Two of these three women reported that they could no longer proceed because of scheduling conflicts and an inability to commit to the time required for participation. The third woman did not specify why she chose to withdraw.

One of the remaining co-participants, Terri[1] was married, in her mid-thirties, and had two children, a 6-year-old and a 4-month-old. She described both of her pregnancies as somewhat unplanned, though she chose to focus on the first pregnancy because it was the most salient to her. At the time of her unplanned pregnancy, she was recently engaged and was not yet committed to the idea of having children in her future.

The other co-participant, Lexi[2], was married, in her late-twenties, and pregnant with an unplanned pregnancy at the time of her participation in the study. This was her first pregnancy. She was committed to having children in her future and described herself as always having wanted to be a mother.

Information Gathering

Information was collected using the method of creative video production, during which I guided each co-participant in the development, shooting, and editing of a short (approximately 3 minute) video about her unplanned pregnancy. Both Terri and Lexi had limited experience with the medium of video. Terri had used a video camera and basic editing software for a class presentation in the past, while Lexi had used a video camera to record home videos but had no experience with editing. Neither had experience with the specific video camera or editing software used in this research.

Given the intimate nature of the research topic, and that I was working with mothers for whom childcare was a constant issue, we conducted our research-related

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[1] Terri chose to use her real name in this research.
[2] Lexi chose to use a pseudonym in this research.

activities in a comfortable, child-friendly home setting where they were free to bring their children along. Information gathering occurred in the living room of my mother's home, where I stayed temporarily for the year during which I conducted the information gathering process. This space was both comfortable and confidential, as it was a private home setting and all meetings took place while my mother was out of the house at work. The living room was arranged with a computer and editing system on the dining table. A small television with a DVD player was arranged in front of a couch and loveseat nearby. Over the next few months, conversations between the co-participants and me occurred both on these couches and at the dining table, while video work was done mostly at the dining table. A collection of children's toys was available in the room in case Terri wanted to bring her children to our meetings, something I invited her to do. Though her oldest child was in school, Terri did bring her infant to two of our four meetings.

In my first meeting with each co-participant, I went through the information letter and consent form (see Appendix A) and release forms (see Appendix B). Neither woman had questions/concerns about these forms and agreed to participate. I then videotaped our conversation as I asked each co-participant to tell me about her unplanned pregnancy experience. I asked if she had any early ideas about what kind of video she might want to make, and offered to share my own pregnancy video (hyperlink: http://youtu.be/DI1xgXUt_yo, or see Appendix D) with her to give her a sense of what the video might entail. Both women chose to watch the video I had created, and we did this together in the living room before continuing our discussion about what she might want to do for her video. At the end of this first meeting, I suggested that she go home and bring in artifacts to help with her creative process—items such as journal entries,

photographs, videos, newspaper clippings, personal objects, meaningful pieces of music, and so forth—that related to her pregnancy story.

In the subsequent meeting, the co-participant guided me through a discussion about her artifacts and what they meant to her, as well as why she chose them. Through this discussion, ideas about the pregnancy story emerged, and by the end of this meeting the co-participant had a rough story outline written on a series of cue cards. Using an inexpensive Canon ZR800 miniDV video camera, a tripod, and the iMovie video editing software that was included on my 2007 iMac computer, I provided technical guidance and creative prompts while each co-participant created her short videos. The following meetings then focused on shooting footage of her artifacts, uploading digital artifacts such as digital photographs and music onto the computer, and then beginning to stitch these pieces together into a video in iMovie. Both co-participants used voiceover narration and screen text to help narrate their stories, while relying heavily on archival photographs and some originally shot digital video footage to illustrate. When the videos were completed, we made two DVD copies of each video; one for the co-participant to keep, and one for me to keep for meaning-making purposes.

As I began trying to make meaning of the information I collected, I returned to the problem I encountered when I first proposed my videographic inquiry: one single method would not fit this particular research. As a result I developed a method unique to videographic inquiry that would fit the needs of this particular study. One guiding principle of my research was that the methods would be collaborative and involve the participation of Lexi, Terri, and myself. As such, I determined that the analysis might be best served by first meeting with the co-participants and discussing with them the

meanings that we each took away from watching our videos together. Six months after the completion of the creative videos, I invited the co-participants back to my mother's home for a screening party and discussion about our videos. I had since moved to another city to begin my pre-doctoral internship, so I arranged to meet with the co-participants during Christmas break and flew back to their city for the meeting. We watched all three of our videos in a row. I then led an unstructured discussion around what our reactions were, what similarities and differences we noted between the videos, and what it was like for us to watch these videos again 6 months later.

In total, Terri and I met three times over the course of 2 months for about an hour each time, plus the hour-long group discussion 6 months later. Lexi and I met twice over the course of one month for 1.5 and 3 hours, respectively, plus the hour-long discussion 6 months later. Aside from the early discussions informing participants about the research and discussing the consent and release forms, all of our meetings were video recorded. Some gaps in taping existed due to two brief technical camera malfunctions and so that we could use the video camera to record original footage for the co-participants' movies. In total, 6 hours of these meetings were video recorded, including the group discussion. I also took field notes about the content and process of our conversations during and after these meetings.

Meaning Making I: Considering the Methodology and Methods

Given that videographic inquiry is a Gesamtkunstwerk of qualitative methodologies, I approached the analysis of the information gathered by first considering multiple methodological sources. Keeping with my desire to operate using an emergent research design, I feel that in any attempt to make meaning of the gathered information I

must first begin with the information itself. What form does it take? What analytical approaches best lend themselves to making meaning of it? What methods might I use to make sense of the information while maintaining the integrity of the information itself, that is, without negating the audio-visual medium on which it is based?

When I first proposed this research project, I imagined two methods might lend themselves to my analytical purposes: discourse analysis of visual media as proposed by Gillian Rose (2007), and the process of moving from field texts to interim and research texts as used in Clandinin and Connelly's (2000) narrative inquiry.

The guidelines offered by G. Rose (2007) in her treatise on the interpretation of visual research materials enabled an exploration of the videos produced by myself and the co-researchers as a discourse between the video-makers and our audiences. The steps involved in such an analysis can be summarized as follows: (a) gather an eclectic, intertextual array of source material (in this case, information gathered throughout the video-making process, transcripts of our ongoing conversations, and the videos themselves); (b) approach the material with fresh eyes; (c) immerse oneself in the resources; (d) search for key themes and code for these; (e) ask questions about truth as represented in the discourse (i.e., how do the women represent their truths and how do they come to know these as truths?); (f) look for complexities and contradictions within the emerging discourses; (g) read for what is not seen or said in the emerging discourses (i.e., what is left out, assumed, or ignored?); and (h) pay attention to the details (pp. 156-166).

Gillian Rose (2007) suggested that the resulting analysis may be structured as an essay, with a thesis statement outlining the emergent discourse and the body of the essay

offering support for this thesis that ties the discourse back to the original materials. In

considering this method for my own study, I appreciated the strong scholarly rigour of

this method and how the analysis results in a clear, concise summary of the discourse that

may be interpreted from the women's creative work and ongoing conversations. At the

same time, my concern with this approach was the potential it had to separate co-

participants from their productions and leave them feeling alienated, used, or powerless.

In the context of feminist research, I am particularly sensitized to these important issues

of power and ownership about our deeply intimate creative works. Given this, use of this

analytic method would not fit with the axiology or epistemology of this research unless I

could first delineate a more collaborative, holistic role for the co-participants in the

meaning-making process. I also balked somewhat at the thought of conducting a

thematic analysis of our work, as I felt such treatment of the material might border on an

essentialistic rendering of our complex, multifaceted stories. Although I had experience

doing thematic analysis from my phenomenological Master's thesis, I was unsure that it

would be appropriate given the feminist, postmodern nature of this study.

Another approach to making meaning of the research material that did seem to

speak to the collaborative, holistic nature of my research process was that of narrative

inquiry. Clandinin and Connelly's (2000) narrative inquiry involved a close working

relationship with participants that ensured their continued collaboration throughout the

research process. The narrative approach to analysis may be summarized as follows: (a)

read and re-read the field texts, in this case the materials gathered throughout the video-

making process, field notes, transcripts of our ongoing conversations, and the creative

videos themselves; (b) summarize what is contained within each set of field texts (i.e.,

character, place, scene, plot, tension, end point, narrator, context, and tone); (c) narratively code the field texts; (d) from these coded field texts and summaries, create interim texts that represent the researcher's interpretive movement from field texts to the research text; (e) share the interim texts with participants and negotiate with them what may be changed for inclusion in the research text; and finally, (f) write the research text (pp. 127-168).

In considering the narrative inquiry approach to meaning-making, I appreciated the ongoing collaboration with co-participants suggested by this method and its maintenance of the women's stories in a holistic form. At the same time, I wondered whether this method's rigorous focus on story might be best suited to grapple with the wealth of information that might be contained in the audio-visual aspects of the women's creative videos. After all, what would be the point of asking the co-participants to make audio-visual representations of their stories if I did not pay close attention to the audio-visual form and style that they chose to represent themselves?

While struggling with the question of the audio-visual format, another method of analysis occurred to me as I began to immerse myself in the information gathered: film criticism. Bordwell and Thompson (2009) described the critic's process in analyzing a film as being attuned to "formal patterns such as repetitions and variations . . . narrative and non-narrative form, . . . and salient uses of the various film techniques" (p. 395). They suggested a three-step approach in critical analysis of a film: (a) become familiar enough with the film to be able to develop a thesis that you can support with evidence from the film; (b) segment the film into sequences and then analyze these sequences by asking questions of the film, such as what are the patterns and what do they mean? Or,

what kind of categorical, rhetorical, abstract, or associative principles are at play in this

work?; and (c) re-view the film with an eye to filmic techniques and how these might

relate or not relate to the original thesis that was developed (pp. 443-444).

After reviewing these various ways of making meaning of the information I had

gathered on hope and unplanned pregnancy, I realized that each approach had definite

strengths and yet one single approach could not account for everything I hoped to explore

in the wealth of information I collected. I wanted to ensure that irrespective of the

methods I used in the meaning-making process, certain ideals must be met: (a) it must

conform to the theoretical perspective of the research design and therefore ascribe to

principles of equality, empowerment, and being woman-friendly (e.g., involve

participants' inputs, treat the stories holistically); (b) it must take into account both the

narrative and audio-visual elements of the information gathered; and, (c) it must be a

rigorous and systematic method so that the meanings I glean from the information might

be defensible as a scholarly work. One single method did not fit all of these categories

for me; I determined that it might be necessary to combine elements of these various

approaches and develop a singular, hybrid method for use in my videographic inquiry.

Meaning Making II: Implementation of the Chosen Methods

The various techniques of visual discourse analysis (G. Rose, 2007), narrative

inquiry (Clandinin & Connelly, 2000), and critical film analysis (Bordwell & Thompson,

2009) were considered as potential approaches to the treatment of the information I

gathered with the co-participants. I reviewed each of these methods in light of the form

and content of the information I collected and began to piece together an approach that would help me make meaning of what we produced while ascribing to the theoretical and axiological perspectives of this research. In this section, I describe that method and how I applied it to my study. Specifically, I outline the steps taken in the meaning-making process and how each of these relates to the original method that inspired them. Before explaining these steps in detail, however, it might be helpful to review a visual summary of these steps (see Figure 2).
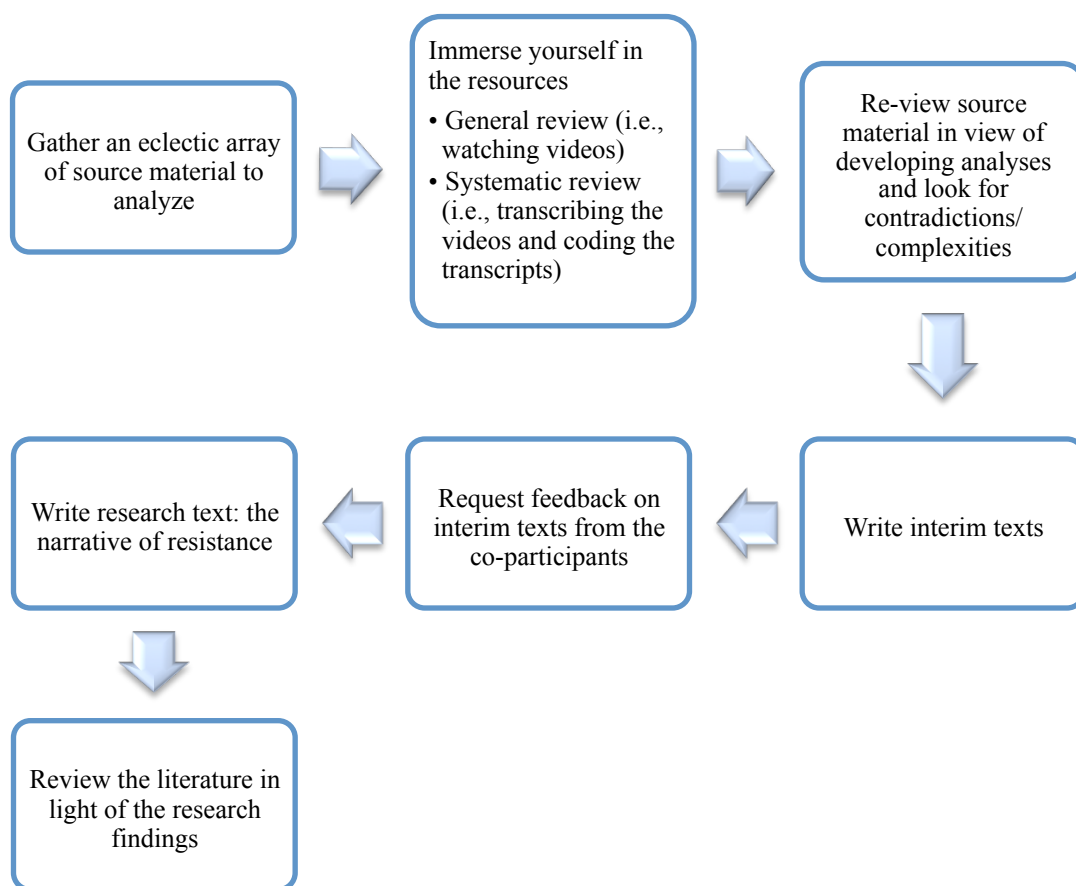
Figure 2. The Meaning-Making Process.

To prepare for the process of meaning-making I began with Gillian Rose's (2007) suggested first step: gathering an eclectic array of source material to analyze. Having completed the bulk of the information gathering process, I went back to everything I had collected and brought it all together. I gathered the 6 hours of video footage of meetings with the co-participants and transcribed these, typed and printed the field notes I had taken during our meetings, and collected the cue cards, personal artifacts, and other materials used or created during the production process. Along with the creative videos these various forms of information constituted the basis for my research on hope and unplanned pregnancy. Surrounded by piles of documents, artifacts, and videos, I felt equally excited and overwhelmed. I had gathered a lot of information. What now?

According to G. Rose's (2007) discourse analysis, the next step would be to immerse myself in the resources I had collected. This struck me as similar to Clandinin and Connelly's (2000) recommendation to read and re-read the field texts, as well as Bordwell and Thompson's (2009) directive to become familiar with the film (or, in this case, the gathered information). Over the course of several months I became intimately familiar with the materials I had gathered. I did this by reviewing the materials in both general and systematic ways. The general review involved reading through the transcripts and field notes and watching our creative videos without attempting any interpretation or analysis, approaching the materials with what G. Rose (2007) described as fresh eyes: an openness to the act of experiencing the works without attempting to act upon them. Meanwhile, the systematic review involved more active and dynamic strategies, interacting with the work by engaging in analysis and interpretation. The specific steps involved in the systematic review included: (a) video transcription, (b)

coding the transcripts, and (c) engaging in various analyses that are described in greater detail below.

The systemic review began by following visual discourse analyst Diana Rose's (2000) imperative of constructing rules for transcribing and coding our creative videos. The task of transcribing our creative videos was daunting, not because our videos were long or complex—in fact, they ranged in length from 3 to 5 minutes, which is quite manageable—but because I had never seen what an audio-visual transcription might look like. Most transcripts I had seen had been focused almost exclusively on the audio track, recording what people said and sometimes how they said it, but rarely taking into account visual content. How might one go about transcribing a video in which the images, on-screen text, and audio are equally important and must, therefore, be accurately accounted for?

Visual researcher Diana Rose (2000) developed a two-column transcription rubric in which she was able to note information on both the visual elements, such as shot composition (the arrangement of visual elements within the frame), which were recorded in the left column, and spoken dialogue, which was recorded in the right column. This system seemed to work very well for Rose's purpose, which was to analyze professionally produced television broadcasts using frequencies and statistics. However, my source videos were different from hers: they consisted largely of archival photos, which were often taken by family members rather than the video-makers themselves, so the choice of shot composition and framing did not necessarily reveal anything about the video-maker because she was the subject of the shots rather than the author. I needed a way to record information about the choices the video-maker did make, such as her

selection of images to include and the audio soundtrack including voiceover and music choices; editing transitions used; the length of time of each shot, and the text that we each put on-screen.

Finding that D. Rose's (2000) transcription method would not quite fit for my materials, I developed a transcription rubric that would. I used a five-column transcription technique in which I recorded information on (a) time (in seconds), (b) audio (including voiceover, dialogue, music, and sound effects), (c) image (including content, composition, and editing transitions), (d) on-screen text, and (e) reserved the fifth column for notes, which included information not otherwise classified, notes for analysis, and so forth. I developed a transcription form (see Appendix C) and used this form to transcribe each of our three creative videos. With the videos transcribed and ready for analysis, I then had to determine exactly how I was going to analyze them and what sort of questions I wanted to ask.

According to Diana Rose (2000), this next step consists of developing a coding framework to analyze the videos and then applying the framework to the videos. This step struck me as related to Clandinin and Connelly's (2000) description of narratively coding the field texts, as well as Bordwell and Thompson's (2009) suggestion to review the materials with an eye to the filmmaking techniques (such as shot composition, framing, editing, etc.). Further, I also saw this step as closely related to Gillian Rose's (2007) analytical suggestion to: (a) conduct a thematic analysis, (b) question the materials in relation to the topics of truth and representation, (c) look for complexities and contradictions, and (d) look for what is not said. These latter two points also reminded me of Clandinin and Connelly's (2000) concept of tensions.

Given the diversity of methodological influences in my analysis, I clarified my coding framework for myself by writing out an analytical rubric informed by narrative inquiry (Clandinin & Connelly, 2000), G. Rose's (2007) and D. Rose's (2000) discourse analyses of visual media, as well as principles of film analysis (Bordwell & Thompson, 2009) to guide my close and careful reading of the texts. This rubric is reproduced in Illustration 1. For each of the following points, I carefully viewed each video and took notes on the accompanying transcript about my observations on that particular point of analysis (these points of analysis are outlined in a chart below). For example, I used one transcript to take notes exclusively on my emotional and cognitive reactions to watching Terri's video titled *Terri's Stumbling Block or Building Block??*. I then used another copy of the transcript to take notes on the shot composition used in her video. I used yet another copy of the transcript to take notes on the characters that appeared in her video, and two more copies of the transcript were used to take notes on place and plot points/transitions. Figure 3 is a reproduction of the first page of one such analysis of Terri's video transcript; in this case, the transcript is coded for shot composition (see Illustration 1, Step 2.1).

I repeated this process for each video, using a freshly printed transcript for each point of analysis so that one transcript for each video was dedicated to each point, until I was unable to add more notes to the transcripts without repeating myself. Illustration 1, below, is the analytical rubric that guided my reading of each video, and the methodological influence that guided my inclusion of each criteria:

Analytical step	Methodological influence

1. Review videos repeatedly and reflect on reactions, tensions, emotions, and memories that arise as an audience member and unplanned mother.	Clandinin and Connelly's (2000) narrative inquiry

2. Code videos for:

1. Shot composition	D. Rose's (2000) discourse analysis G. Rose's (2007) discourse analysis Bordwell and Thompson's (2009) film analysis
2. Characters	Clandinin and Connelly's (2000) narrative inquiry D. Rose's (2000) discourse analysis G. Rose's (2007) discourse analysis Bordwell and Thompson's (2009) film analysis
3. Place	Clandinin and Connelly's (2000) narrative inquiry
4. Plot points and transitions	Clandinin and Connelly's (2000) narrative inquiry D. Rose's (2000) discourse analysis G. Rose's (2007) discourse analysis

Illustration 1. Systematic analysis rubric and each step's methodological influence. This table shows the links between the steps used during the systematic analysis stage and their methodological influence.

A. Shot Composition

Time	Audio	Image	Text	Notes
		DVD Menu Text: "Terri's Stumbling Block or Building Block??"/ "Life Goes On"		
0:01	"My name is	SP: Ambulance		SP - object, ext., long daytime - zoom
0:02	Terri. This is my			
0:03	story."	SP: T as paramedic with fake patient		SP - T + tertiary character, long int., daytime - T centre, zoom in
0:04				
0:05				
0:06				
0:07	AC/DC – "You	SP: T drinking shots with friends		SP - T + tertiary characters, int., zoom out from med T
0:08	Shook Me All			
0:09	Night Long" –			
0:10	instrumental			
0:11	(beginning of			SP - T + tertiary character, int., zoom out from centre med
0:12	song)	SP: T with a friend at the bar		
0:13				
0:14				
0:15				
0:16			①(facing) shot	SP - T + ter. chars., int., zoom out from centre med- long
0:17		SP: T with three girlfriends, smiling	head-on	
0:18			in each	
0:19			picture	
0:20				
0:21				
0:22	Eddie Rabbit and	SP: T with D drinking wine at a picnic table outdoors		centred SP - T + D, ext., med daytime, zoom in on both of them
0:23	Crystal Gale -			
0:24	"Just You and I"			
0:25				
0:26	*"just you and I'*			
0:27		SP: T smiling with drink, D arm around her smiling		centred SP - T + D, int., med night, zoom in on D's hand on T both of them
0:28	"sharing our love			
0:29	together"			
0:30				
0:31				
0:32		SP: T and D smiling, sitting outdoors at a campsite - daytime		SP - T + D, ext., day, med zoom out from centre.
0:33				
0:34	"and I know in			
0:35	time"			
0:36				
0:37	"and I know in	Zoom in on T's engagement ring, goes blurry at the end	"We're engaged!!!!"	CU - object - int. zoom in. blurry at the end
0:38	time"			
0:39	"We'll build the			
0:40	dreams we			
0:41	treasure"			

Figure 3. Terri's Video Transcription Coded for Shot Composition. On this transcript I have coded for shot composition in the Notes column. SP = still picture, CU = close up, int. = interior shot, and so forth.

Upon completion of this task, I delved into the third step as outlined in Figure 2:

G. Rose's (2007) analytical suggestion to re-view the gathered materials, including the

newly coded transcripts, to explore whether there were any contradictions or complexities

within and between them. Engaging in this type of analysis, I found myself drawn into

the details of the work—if film is a language (Metz & Taylor, 1974), I felt myself drawn

into the phonemes (sounds) and morphemes (units of meaning) of the filmic syntax—but

found that I needed to step back from the details and engage with the materials from a broader perspective (sentences, paragraphs) in order to make sense of what they meant.

I cycled back to the previous analytic step: using a general approach to the material and approaching it with fresh eyes. However, this time I could not have fresh eyes; I had some background knowledge and rudimentary understanding of the materials and the phenomenon of hope and unplanned pregnancy, and perhaps even a burgeoning idea of a thesis statement related to the meanings behind our experiences. Instead of using this background and understanding to prejudice my continued engagement with the material and foreclose on one interpretation, I instead followed G. Rose's (2007) and Bordwell and Thompson's (2009) suggestions to return to the materials and compare my early understandings to see how they mesh. Do they fit, do they not fit, where was there room for alternate interpretations and what might those be?

Another way that I attempted to step back from the materials and engage with them from a broader perspective was through the next analytic step as outlined in Figure 2: writing an interim text (Clandinin & Connelly, 2000). I wrote short, 3-5 page stories of each co-participant's pregnancy story, including my own, based on the videos we created. I embellished the stories that were presented in our videos with information that I gathered from other formats, such as our conversations and my field texts, in order to develop the interim texts. Informed by this narrative inquiry process, I then shared these texts with the co-participants and requested their feedback and input. Each co-participant approved of her story and returned her interim text to me without suggested revisions. These interim texts then became part of the materials used for the final stage of analysis.

Having engaged in several analytical steps, I still was unsure what exactly to do with the information I had gathered and the meanings that I derived from my close and careful readings of the research materials. How might I go about putting it all together and representing it in a meaningful format? According to both Gillian Rose (2007) and Bordwell and Thompson (2009), my analysis was not yet complete without developing a thesis statement regarding the meaning of the research material, and according to Clandinin and Connelly (2000) my analysis would not be complete until I wrote a research text. As such, the final stages of analysis involved the development of thesis statements about the co-participants' and my experiences of hope and unplanned pregnancy, anchoring these statements in the gathered information from which they were interpreted, and writing a research text that summarized my analysis—including those thesis statements—into one unified piece. This effort resulted in the research text presented in Chapter 4 as a fictitious account of unplanned pregnancy. This fictitious account is intended to be an honest and hopeful alternative, a narrative of resistance to the fearful, hopeless story of unplanned pregnancy suggested by the grand narrative (as explicated in Chapter 2). This research text is then followed by the final step of the analytic process as described in Figure 2, a review of the literature in light of the research findings.

Ethical Considerations and Treatments in the Current Study

In the development of this methodology and the implementation of its methods I was deeply concerned with the well-being of the co-participants, the quality of the research produced, and the impact this research might have on the broad array of people it might concern, from researchers to general members of the public. Further, I wanted to

ensure that the research conducted with this methodology met the exacting research

standards of university-based ethics boards. Especially considering my feminist

worldview and my intention to design a study that conformed to the values of that

worldview, I wanted to ensure that the co-participants were treated with the utmost

respect and dignity throughout the research process.

With these standards in mind, several ethical considerations emerged regarding

the conduct of videographic inquiry research. Some arose out of the qualitative,

reflexive, intimate nature of the methodology, and others were related to the visual nature

of the information collected and format of dissemination. These concerns may be

summarized as follows: (a) informed consent, (b) concerns about privacy/confidentiality

with the use of visual imagery, and (c) the role of reflexivity in the research process.

Informed consent. In their chapter exploring the ethics of qualitative research,

Fine et al. (2000) outlined important points of consideration in the conduct of ethical

qualitative research. Informed consent is among the most pressing issues they addressed.

They noted that the signed formal documents that constitute informed consent forms

represent institutional legal interests and connote a position of authority, deeply

threatening the establishment of any relationship based on mutuality and equality. At the

same time, they are meant to protect participants from what Stacey (1991) described as

the inherent inequality between researcher and researched, particularly in research

involving more intimacy, during which the risk for exploitation and betrayal is great.

In his article exploring the ethical implications of image-based research, Prosser

(2000) also named informed consent as a major ethical consideration. In the context of

visual research, he suggested that informed consent implied that participants were: (a) not

coerced or deceived into participation in the research, (b) informed of the research and video-making processes and their role(s) within them, (c) capable and competent to consent, and (d) aware of the intended outcomes and uses of the video(s). As a practitioner of videographic inquiry, I attempted to address these concerns through the use of full disclosure and open communication.

From the beginning of my research process, I bore an ethical duty to inform co-participants that the methodology I was going to use was novel and therefore untested. As such, I had a duty to exercise full disclosure about the potential benefits, risks, and limitations of this research as best I could with the co-participants (CPA, 2001). This information was conveyed verbally, to establish and protect the relationship with co-participants, as well as through a written consent form, to ensure adherence to the standards of the University of Alberta's research ethics board. Through this verbal and written process I attempted to ensure that the co-participants understood that participation in the study at this stage of development might involve informed choices more than informed consent.

None of the co-participants—including those who did not complete participation—expressed any hesitation with regards to beginning participation in the research. However, one area that co-participants did tend to ask more questions about was issues concerning the visual nature of the information gathered. As a whole, they were interested in how their images—both of themselves and those they created that included others—were going to be used, and who would view them.

Privacy and confidentiality with visual imagery. The use of recorded media in research raises many ethical considerations above and beyond those that affect all

research in general. Further, the use of a novel methodology continues to push the boundaries of what might be considered ethical research practices. Given the feminist standpoint from which this research is designed, communication that is open, reciprocal, and based on the principles of respect and equality is key to the successful and ethical conduct of this research. Through the use of full disclosure at the outset and continuing communication with co-participants throughout the research process, I did my best to ensure that the research process remained transparent to the co-participants.

In this methodology, one major concern that can arise is the question of what might constitute confidential information. Beyond the confidentiality considerations associated with all forms of research, videographic inquiry shares with other arts-based practices the difficulty of distinguishing what might be considered confidential aside from the verbal communication exchanged during the research process. According to the Canadian Art Therapy Association's Standards of Practice (CATA, 1998), art therapists are required to consider any information exchanged during therapy through verbal and visual avenues confidential. Extrapolated to videographic inquiry, this includes any films, clips, drawings, scripts, scenarios, and proposals produced during or for the research project. All of these materials were treated as confidential information and, as such, required special consideration (CATA, 1998; CPA, 2000; Hammond & Gantt, 1998). In this study, such material (including electronic data stored in computers and on videotapes) was kept confidential through the use of password-protected computer filing and locked storage cabinets.

According to Prosser (2000), "the issue of ownership and control is central since disconcertingly, and unlike in word-orientated research, not only do participants have the

opportunity to see themselves interacting with each other, but so too do others" (p. 129). This concern for ownership and control relates to how the research material is handled and, importantly, who decides what happens with the information. Hammond and Gantt (1998) stated that the nature of the art produced in art therapy is extremely personal and, beyond concerns about confidentiality, must sometimes be considered as private information that should not be filed or shared with anyone who might misinterpret the contents. In the current research, in cases where the content of videos or anything produced during the process of video-making might have been deemed potentially harmful (such as libelous claims about others or the use of people's images without their consent), not suitably related to the purposes of the research, and/or open for misinterpretation by others, the content was protected as private information (CPA, 2000; Hammond & Gantt, 1998). Co-participants were informed of their responsibility to protect the rights of themselves and others who might be mentioned or featured in their videos. This involved discussing with the co-participants how they could use release forms for collateral parties and that when it came to giving permission for me to use images of their children, that release forms had to be signed by all custodial parents of the children if the videos were intended for public viewing. The co-participants indicated they understood that protecting their privacy and confidentiality was a responsibility shared between us, both me as the lead researcher and them as video-makers and parents. They expressed to me that they understood the implications of taking this issue seriously and as a result were active in securing appropriate consent and release form signatures of all interested parties, particularly their husbands, whose pictures and children's pictures graced the co-participants' videos.

The collaborative, responsibility-sharing perspective taken by myself and the co-participants relates to Prosser's (2000) concerns about ownership and control; decisions about what is considered private and confidential ought not be made by the researcher alone. Adhering to the advice given by Prosser, any information that might have posed a risk to the privacy and confidentiality of the people involved was addressed through my ongoing consultation with co-participants regarding any potential harm. Through our discussions, we mutually decided whether or not to include specific material in the study, to what extent it should be included, and how best to carefully store or ethically destroy that information.

Reflexivity. Reflexivity was considered a part of ethical research by Prosser (2000) and Fine et al. (2000). Prosser stated his position strongly: "limitations resulting from lack of reflection show ineptitude; limitations resulting from failing to act on reflexivity constitute unethical behaviour" (p. 124). He clearly believed that ethical researchers turn to themselves for insight and reflection throughout the research process and, importantly, make this reflexive turn explicit in their work.

However, Fine et al. (2000) cautioned against the complacency of assuming that the presence of voice equates with ethical research practice. As Rosaldo (1989) noted, "if classic ethnography's vice was the slippage from the ideal of detachment to actual indifference, that of present-day reflexivity is the tendency for the self-absorbed Self to lose sight altogether of the culturally different Other" (p. 7). I made an effort to avoid this vice through consultation with other academics, specifically through the guidance of doctoral supervisory committee members who offered different perspectives on the work that I, completely immersed in it, did not have the luxury of distance to have. Another

way I attempted to achieve this was through continuous consultation with the co-participants from the beginning of the research project through its completion. This way the co-participants had ample opportunity to think about, discuss, and inform me about the insights they had on the information I had collected, their personal process through the course of the research, and any final thoughts about their participation.

Ultimately, the ethical guidelines I followed involved a delicate balance between meeting the requirements of the institution and maintaining a respectful, open relationship with the co-participants. Having engaged in an intimate research relationship with each co-participant based on empathy, mutuality, respect, and equality, I felt assured that this relationship and the genuine concern I felt for them as a result of it provided more ethical protection for the co-participants than any top-down ethical policy would have.

Though critics of autoethnography have accused such reflexive methods of producing self-indulgent work, falling victim to what Clough (1992) referred to as "compulsive extroversion of interiority" (p. 63), I hoped to offer a piece of work that counters such criticism with its broad scope of potential significance for people other than myself.

By What Criteria Shall This Research be Judged?

Another consideration that warrants discussion is the question of standards. There is discussion and debate in the literature about what constitutes good arts-based research (see the April 2003 issue of *Qualitative Inquiry, 9*(2), a special issue on arts-based educational research, for several articles on this topic). This has been a necessary discussion and debate as researchers working with this burgeoning methodology (or

group of methodologies) set out to legitimize their work in academies that value the written word over the visual and might not know how to evaluate and critique arts-based research.

This question of how to evaluate good research is also relevant to videographic inquiry, which in its novelty is difficult to categorize, compare to similar work, and critique. How, then, shall my doctoral committee members and I determine whether or not this research passes muster? To answer this question, I turned to the literature on arts-based research and the discussion of what criteria shall be used for evaluation of research under that paradigm.

Yvonna Lincoln (1995), an influential qualitative researcher and writer, determined that new paradigm research required different standards and set out to develop them. Given that videographic inquiry does not fit easily into other existing categories of research, I would argue that it may be deemed new paradigm research, and so I considered how Lincoln's criteria might fit. She developed a set of emerging standards for writing new paradigm research, suggesting that a new paradigm research text should attempt to meet criteria such as having critical subjectivity (i.e., reflexivity) and being responsible (socially, politically, ethno-culturally, etc.) to the community of people with whom the research was carried out. Her criteria resonated with me, as they demanded that research be accountable to its participants as well as the community within which it was conducted and for whom it purportedly speaks.

What I found even more relevant to my work with arts-based videographic inquiry were the quality criteria outlined in Susan Finley's (2003) review of 7 years of arts-based research. In this article, she proposed a rubric for assessing the quality of arts-

based inquiry in the form of questions for researchers to ask of themselves and their work. Reproduced from Finley's (2003) article are the following criteria:

- Are the researchers performing a useful, local, community service? Could the research be harmful in any way?

- Whose voices do I hear most clearly?

- Is there evidence of an ethics of care?

- Is there a blurring of roles between researchers and the researched?

- Have researchers experimented with form in their research practices and representations?

- How does the form of representation create dialogue between readers/perceivers and research participants, between researchers and artists? Do the research documents have artistic merit?

- Does the research allow for multiple meanings to be constructed? Does the research provoke questions, rather than draw conclusions?

- Is the research passionate and visceral? Does it create opportunities for communion among participants, researchers, and the audiences of (and participants with) the research text?

- Does the representation, in form and content, connect its community service purpose with the purposes of its audiences? Is the reader/viewer, or participant, likely to be moved to some kind of action? (pp. 293-294)

While reviewing Finley's (2003) rubric, I was struck at how salient the issues of ethics, social justice, and form were, and I admired this in her approach. I also admired her inclusion of passion in her criteria, as I imagine this is something that fuels much

research—and likely many dissertations—but I have rarely seen it discussed in academic research, perhaps out of residual fear from the positivist paradigm that passion might be interpreted as bias.

There are a number of ways I may choose to evaluate my research. Having reviewed some of these, I concluded that Finley's (2003) approach may fit best for my work because it addresses what I believe are deeply important issues in arts-based research, including the question of form and the practice of ethics. As such, I attempted to practice my research according to these criteria.

Conclusion

Similar to the frustrating challenges I encountered when I first explored the role of complementary arts in film, pluralistic use of qualitative methods in psychological research created its own challenges. However, there is also beautiful harmony in this approach. As Levinson wrote: "Hybrid art forms . . . tend to be *symbols of creativity itself* . . . of welding items previously disparate and unconnected into new and more complex unities" (1984, p. 11). With videographic inquiry, arts-based inquiry meets narrative inquiry and video production meets conversation, welding together different forms into something complex and unique and ultimately whole. This approach to research takes the narrow telephoto lens off the camera, replaces it with a more inclusive wide-angle lens, then repositions the camera to provide a different perspective entirely. Instead of a snapshot, we get a story. Instead of narration, we get dialogue.

I attempted to develop a methodology that would help women tell their stories of unplanned pregnancy holistically, evocatively, and honestly. Ultimately, it is my hope that this research will help broaden professionals' perspectives on unplanned pregnancy

and the women who face it, as well as contribute an alternative methodology for the exploration of social science phenomena. If children are indeed our future, I propose we begin seeing them as such through the eyes and the words of the women who bear them, and using videographic inquiry for my dissertation methodology is, at least, one small effort in that direction.

Chapter 4. The Reframe: Making Meaning of the Information Gathered

Introduction

> Hands full of cast-metal Thomas the Tank Engine toys, my daughter ran from the kitchen to the living room, bursting with excitement. Suddenly, her foot caught on the foot of the stairs and she crashed violently to the hardwood floor, scattering metal trains everywhere around her. A plaintive whee-whee whistled out of Thomas as Sophia's face crumpled into a cry. She got up gingerly and walked towards me, arms outstretched as she sobbed. I reached down to pick her up and cuddle her softly against my breast as tears stained her reddening cheeks.
>
> "Sophia sad," she cried. I kissed the top of her head, taking in the smell of her clean hair mingling with the fresh crispness of late autumn air that still clung to her from outside.
>
> She nestled her face into the crook of my neck, wiping her wet, warm tears on my bare skin, then raised her face to mine and muffled between sobs: "Want to – see – Sophia – sad – in mirror," before proceeding immediately again with more wails. I looked at her quizzically. What was the point of looking at herself crying in the mirror? Obligingly, I walked into the bathroom and stood in front of the mirror, holding her against my chest. She looked up and stared at herself in the mirror, noting her tears and her red eyes and her frown. Her frown disappeared quickly with the pleasure of looking at herself, and she tried to fight it by pursing her lips together in a funny faux-frown somewhere between sadness and amusement.
>
> "Is that what you look like when you are sad?" I asked her. She nodded. I observed her then, looking at herself in the mirror, trying to get a sense of her own emotions and how those might be experienced by others. Her growing self-awareness mingled with curiosity and a desire to watch her own experience from another point of view, which resulted in this: a feeling, experienced in time, with a simultaneous desire to observe it. Sophia was not merely sad, she also wondered what she looked like when she felt sad. And in the process of observing it, it was gone, melted away behind the pleasure of discovery.
>
> "This is what I am trying to do," I thought to myself. I looked at myself in the mirror at that moment, taking in the scene and myself within it. In this act of observing myself in the mirror, I was reminded of looking at myself in the bathroom mirror 3 years ago upon first being confronted with the positive pregnancy test. I hardly recognized myself behind all the complex emotions then—the shock, the incredulity, and somehow the amusement, as though it was happening to someone else—playing out on my face. It was different this time–I felt like myself, I was recognizable to myself, and I had this perfect little self-conscious creature clinging to my shirt and observing herself along with me. What did she see through her eyes? How did she make sense of what she saw? In what ways was I doing this in my research with myself and the co-participants– and in what ways have we changed our experiences in the act of recreating them to be viewed by an audience?

Discovering that I was unexpectedly pregnant, in the midst of my doctoral degree and

recently separated from my on-and-off-again partner, was a life-altering moment for me.

As I pondered the difficult question of what to do with this pregnancy—ultimately, in

which direction to point the rest of my life—it occurred to me that this phenomenon

might be worth a second look through the lens of qualitative inquiry. What might such a

perspective—a feminine account, a self-representation of the experience—reveal about

unplanned pregnancy that was not already known from previous research? From my

initial forays into the existing literature, the answer was clear: a great deal of information

might be revealed.

In this chapter, I will address the research questions set out in previous chapters

through a presentation of what I have interpreted—or, the meanings I have constructed—

from the information gathered. To summarize, the research questions were: (a) how is

unplanned pregnancy described by women who have lived through it? (b) what role does

hope play in the mothers' unplanned pregnancies? and (c) what might helping

professionals do to help mothers during their unplanned pregnancies?

Throughout this chapter, I will continue reflecting back on myself and my

experiences both as a researcher and unplanned mother. In the process of holding up a

mirror to my experience, much like my daughter observing her sadness in the bathroom

mirror, I might gain an altered perspective—a meta-awareness—of unplanned pregnancy.

I hope that this perspective will provide a layered and multifaceted understanding of how

women experience unplanned pregnancies.

I followed several methodological steps in an effort to interpret the information

gathered. These steps, as summarized in Figure 2, involved: (a) gathering an eclectic

array of resources, (b) immersing myself in the information gathered (a step that involved

both general and systemic approaches), (c) re-viewing source material in view of

developing analyses and looking for contradictions/complexities, (d) writing interim

texts, (e) requesting feedback on the interim texts from the co-participants, (f) writing the

research text (the narrative of resistance), and finally, (g) reviewing the literature in light

of the research findings.

This multi-level analysis proceeded not in a step-wise progression but recursively.

For instance, upon writing the interim texts, I returned to the information gathered and re-

immersed myself in its analysis with the interim texts now included as information. This

back-and-forth, recursive process continued for several weeks, until I reached the point

where added systemic analysis no longer added fresh information to my general

understanding of our stories, and when I felt that the research questions could be

addressed in a way that was richly anchored in the information gathered.

In this chapter, I present my interpretations of the information gathered, and I do

this in different ways. First, I begin by presenting the interim texts that I interpreted from

our videos. Each interim text represents a narrative interpretation of Lexi's, Terri's, or

my pregnancy story. These interim texts are intended to provide information about how

each of us chose to represent our own unplanned pregnancy story, and provides context

for interpretive discussions later in the chapter. Following these stories, I include an

interpretive composite of the interim texts and present this as a narrative of resistance,

intended to stand in contrast to and as a critique of the grand narrative presented in

Chapter 2. Finally, in alignment with the final step of the analytic process described in

Figure 2, I review the literature in light of the research findings and present various

threads of meaning I interpreted from the gathered information.

The Stories We Tell

The first research question I intended to address during this analytic process was

"how is unplanned pregnancy described by women who have lived through it?" In this

section I attempt to address this question by presenting three short stories—one for each

co-participant—based on the video and conversational data collected. While I struggled

to translate our stories into written words (a methodological challenge that I will address

in Chapter 5), I engaged in the process of writing interim and research texts (Clandinin &

Connelly, 2000) based on my developing understanding of the gathered information.

These texts became short stories in which I attempted to capture the tone and voice of

each participant's story as she portrayed it in her video. Given that each video was itself

somewhat of a short story, I chose not to embellish the story extensively beyond what

each woman originally said, but rather added information that arose from our

conversations to fill in certain gaps. Upon completion of this interim writing task, I sent

the short stories to the co-participants and requested their feedback as to whether the

information contained was correct, and also whether the tone and style of the interim text

fit with how she wanted her story portrayed. Each co-participant replied with some

feedback—which largely approved of what I had written—and the minor corrections

suggested by the co-participants were integrated into the texts. Below is a presentation of

each of these co-constructed short stories.

Lexi's Story: The Fairytale–With a Twist

"Once upon a time," Lexi began, "there was a single girl." This single girl was not your typical fairy-tale princess, however. Lexi was a busy, intelligent, athletic young woman who was taking great pleasure in exploring her new adult life in her first year of university. She enjoyed her social life, which included spending time with friends and occasionally partaking in silly pranks such as showing up on her parents' front porch in a shopping cart. Lexi also enjoyed travelling, having already been to Europe and hoping to head off on new adventures in the coming years. She especially enjoyed playing highly competitive sports, reaching national-level competitions by the end of her teen years and priding herself on being "the athletic one" among her friends. There would be no waiting in a tower to be rescued for this damsel.

Instead, Lexi met her prince while they were attending university. However, this was not a straightforward affair. They attended different universities, separated by thousands of kilometres across a great expanse of continent. It was by sheer chance that they met through mutual friends. At the end of her first year of university in the Canadian west, as the spring brought warm weather and the return of greenery to the landscape, a close friend of Lexi's from high school was still stuck in classes while all the other universities in the country set their students free. Lexi's friend had traveled across the country to attend university in the east, and because the school year had been disrupted—and therefore extended—by a mid-school-year union strike, she was still attending classes as Lexi finished hers. Free from her own studies for the next 4 months, Lexi decided to take this opportunity to visit her old friend in the east. It seemed like

good timing for a short inter-provincial visit, especially so she could see what her friend's university was like while it was still in session.

During this visit, Lexi was introduced to a number of new people who made up her old friend's new circle of acquaintances, and that is when she first saw him. It meant nothing to anyone else who was there, but that single moment changed everything for Lexi. While visiting her friend in the university's student residence, a charmless concrete cube of a building that her friend called home, Lexi first noticed her prince as he sauntered down the stairs in the residence where he also happened to live. Her eyes scanned his athletic body, took in his dark hair and shocking blue eyes, and time slowed down. She knew in that first moment of laying her eyes on him that this was the man she was going to marry.

Lexi was pleasantly surprised when her friend waved the prince over to say hello. So, her friend knew him! That was easy. Lexi did not even have to come up with an excuse to talk to him, he was standing right there being introduced to her! It was so unlikely that these two would meet—living so far from each other, not attending the same school, not having any reason to know each other at all—that one might deign to call it fate. But they did indeed meet, and it was love at first sight for both of them.

From that first meeting in the grey, dingy stairwell of a university residence sprang a love that kept Lexi and her prince together for the next 4 years. The first 3 years were spent in a committed long-distance relationship, despite the challenges they faced in finding the time and money to see each other often enough to keep the fans of love sufficiently fanned. During a time when their friends and peers were engaging in hook-ups and discovering casual relationships, they remained faithful to each other despite the

thousands of kilometres that separated them. Those 4 years flew by, despite the time and the distance and the challenges they faced, and finally they tied the knot.

Though Lexi felt as though that time at her prince's side flew by, 4 years was not a whirlwind romance. Lexi knew from the moment she met him that she had found her prince, and yet they waited patiently to finish school, for the prince to move to her province to be with her, and to mature from love-struck teenagers into responsible, committed young adults. They had waited for this. They had planned for this moment. They were ready to begin their shared life together.

Typically, fairy-tale stories end at the wedding kiss with a promise that the newlyweds lived happily ever after. For Lexi and her prince, the wedding kiss was only the beginning. There was so much they wanted to do, so much they had planned for their future together, and so they set about doing it. They began establishing their careers, beautiful Lexi as a teacher and her handsome prince as a firefighter. They moved in with Lexi's parents to save money so they could build a brand new dream house together. Their married life was only just beginning.

And then, just as things began settling into place for this fairy-tale prince and princess, along came the setbacks. Far worse than any fictional fire-breathing dragon could be, these setbacks took a great toll on Lexi and her prince. Only in her early twenties, Lexi was diagnosed with a degenerative kidney disease that could be slowed— but never cured—with outrageously expensive medications. Due to the rarity of her condition, the cost of these medications could not be offset by insurance. Her prince, despite his many qualifications, was unable to secure a firefighting position that he was trained for and instead had to settle for work far below his qualifications. He took a low-

status, low-paying job with the city in the hope that building a work history with them would improve his chances of becoming a firefighter some far-off day in the future. The newlyweds spent significantly more time living with Lexi's parents than they had originally anticipated as the building of their dream home met with delay after delay after delay. Their finances were insecure, Lexi's health hung in the balance, and they felt the strain of living as guests in Lexi's parents' home seep into their marriage. Then, amidst all this strain and worry:

Surprise!

Lexi, to her horror, discovered she was pregnant.

"Holy shit," she said to herself, looking down at the pregnancy test in her hand (and, yes, even fairy-tale princesses swear once in a while). She had always wanted kids—but now? How could she become a mother now? She still lived in her parents' home, her new house was not yet finished, she still did not have a permanent contract as a teacher, and she dreaded having to admit to her parents that she conceived under their roof. She felt ashamed for being so unprepared and terrified of what the future—which she had so meticulously planned out with her prince—might now hold for her.

All the what-ifs began circling through her mind like a pack of wolves descending upon her. She fretted: what if we are not ready financially? What if my Dad wants to kill my prince for knocking me up under his roof? What if everyone thinks the worst of us? She was not sure what people would say, but she knew what she might think about someone caught in her situation, and this only contributed to her feelings of shame and fear.

Carrying these emotions within her, Lexi confessed this terrible news to her husband. To her pleasant surprise, he was delighted with the news! He assured her that all her fears were unwarranted. This act of telling her husband the news, and then being confronted with his sense of excitement and happiness, renewed Lexi's faltering sense of hope. To test his assertions that all her fears were for naught, they began telling select people; a close friend here, a family member there. Initial reactions were wildly supportive, congratulatory, and excited. This positive energy was contagious, and Lexi felt better and better about her little surprise. The shame and fear melted away, replaced instead by happiness, excitement, and hope for a bright future despite whatever challenges might come.

The final test came when Lexi decided to tell her parents. Despite the reassurances from her husband, she was still afraid her father might run the prince out of town for defiling his little girl. She entertained various ways of bringing it up, some cute, some silly, all in a public setting to try to minimize the imagined reaction. She knew, rationally, that her father must know she and her husband were intimate with each other; they were, after all, happily married newlyweds. Still, she had grown up with her father and knew him well, and as a self-professed daddy's girl she was scared of what might happen if she confirmed it.

In the end, she opted for a simple and straightforward truth-telling over dinner. While she braced for the worst, she blurted out the news and watched nervously as her father's expression changed. Mercifully, his face lit up and he declared, "I'm gonna be a Grampa!" Lexi's mother was equally delighted, saying through teary eyes, "Oh I am so happy for both of you!" Lexi looked to her husband with a sigh of relief. He was still

alive, and the fear and anxiety she had felt until that point began to melt away, leaving excitement and hope in its wake.

Thinking about her future, about the babies to come (yes, there will be more, and very close together), and her ambitions to start a home-based pre-school so she could stay home with her children as they grew, she saw that the future was bright indeed. "I can't wait for what the future holds in store," she thought to herself, smiling at her husband and across the table at her beaming parents. With that comforting thought, she dug in and enjoyed the rest of her meal with a clear mind and a heart full of hope.

Terri's Story – Career and Compromise

Terri was a woman on the move. A fully modern woman, she had a fulfilling career, ambitious educational goals, and a commitment to her friends, family, social life, and the virtue of having fun. A trained emergency medical technician (EMT), Terri dedicated herself to her high-stress, highly skilled work when she was on the job, and when she was off the clock she played just as hard as she worked. She spent her long weekends out in Canada's great outdoors, camping and enjoying a hot bonfire, a cold beer, and a hearty laugh with her friends the way only truly hard workers can.

Not once did Terri feel unfulfilled, that her life was missing anything. That is, until Dwayne arrived on the scene. She found her free time filling up with him in a way that felt natural and right. Before long, it was with him that she was spending her free time, sharing a beer and a laugh with him, enjoying the outdoors with him. Their common interests and shared sense of humour brought them closer together. Without meaning to, and without resistance, they fell in love.

"Do you think you might want kids someday?" Dwayne asked one day, his head in her lap as he lay across her on the couch while they chatted and sipped red wine. Terri opened her mouth to answer, but just before she could, Dwayne continued, "because I want, like, six. I love kids." Terri closed her mouth and swallowed her answer, considering what the love of her life had just said. Six kids? Really? That is a lot of freakin' kids!

Terri considered her position for a moment before she answered. "I have never wanted kids," she confessed. This is not something that is easy for many women to say; after all, are women not born with an innate baby-craziness? A deep-rooted desire for the fulfilling and ever-rewarding state of motherhood? The truth is, no. A resounding no. Not all women want to be mothers, see motherhood through rose-coloured glasses, or find spending time with children a soul-healing, rewarding experience. Kids can be exhausting, and annoying, and unpleasant to be around. They also have a tendency to interfere with the upward mobility of career-oriented women. What is so great about having kids, anyway? And six?

The difference between six kids and zero is much more than a number. It is about how Terri and Dwayne saw their respective futures unfolding, where their priorities lay, and how committed they were to family and career and each other, among many other factors. This was not an issue Terri could take lightly. This was, ultimately, their future together that they were talking about here.

"Maybe a little compromise is in order," Terri said, looking down at the man with whom she wanted to share the rest of her life. He looked up at her and smiled. "I am willing to have one," she began the negotiation.

"Four," said Dwayne, sitting up and facing her with a challenging twinkle in his eye.

"Uh huh, and who is going to carry these babies for 9 months with the morning sickness and back pain, and then force them out of her vagina with 24 hours of excruciating labour?" Terri countered.

"OK, then, three," Dwayne replied, inadvertently pressing his hand protectively against his groin. "I can settle for three."

Terri thought about this for a moment. "How are we going to take care of these kids? How are we going to afford them? Who is going to take all the time off work? What is your stance on daycare, and what kind of role extended family should play in their lives?" she asked in rapid succession. These were only the beginning of all the questions they would have to answer together. Dwayne mulled these over carefully, training his eyes on the woman he loved and contemplating what he was willing to sacrifice to keep her in his life. Clearly, their negotiation was not just about playful banter. Theirs needed to be a serious discussion about their future as a couple, what they wanted out of life, where they saw themselves in 20 years. This little moment on the couch, this small exchange, would lay the foundation for the rest of their lives. Without meaning to, or planning for it, they were deciding their mutually entangled futures together.

They continued talking about all the logistics, what their roles would be, and how they could make it work. They each made concessions, offering what they were willing to give up while standing firm on the issues that were of most importance to them.

"Two, then," Terri said firmly, extending her hand to Dwayne. He shook it matter-of-factly, deciding the matter once and for all, then smiled warmly at her and leaned toward her for a kiss. She stopped him just before he reached her, placing her finger up to his puckered lips. "And only when we are ready," she said. He gave her a look that implied, "well, of course, that goes without saying!", and with that she met him the rest of the way and planted a kiss on his lips. With a kiss, their future was sealed.

Dwayne proposed to Terri shortly thereafter, and without question she agreed to spend the rest of her life with him.

Four days after their engagement, with the excitement of their announcement still coursing through her body, Terri began feeling ill. She wondered if she had a bladder infection, and took the time to see a doctor about it. She told the doctor about her symptoms and what ailment she thought she might have. He looked her over briefly, considered her symptoms, and then asked, "Is there any chance you could be pregnant?"

"Nope," Terri replied emphatically. She had just stopped taking her old birth control and was about to begin a new one, but having been on the last one for 4 years she could not imagine she could possibly get pregnant so quickly. The doctor nodded and ordered some tests, then left her alone in the examining room for a spell. When he came back, he was shuffling through some papers that Terri imagined were the test results.

"Well, we have got . . . news. You do not have a bladder infection, but you are pregnant," he announced, unsure if this would be good news or bad news for Terri, only knowing that it would undoubtedly be a surprise.

"You can't be serious," she whimpered, in shock. But he was. This was it–the beginning of the end of her fun years! The end of her freedom! And–oh God–what about

school? She had just been accepted into a nursing program and was about to go back to school, but now what? Would she have to drop out? Would she have to give up the things in her life that were most important to her, besides Dwayne? What about all her plans? What about not being ready?

"Well," she thought, trying to console herself, "at least Dwayne will be happy." She could not quite tell if there was a hint of bitterness in her voice as she said it.

The pregnancy was not easy. The morning sickness that usually affects women in the first trimester of a pregnancy held on stubbornly well into the second trimester for Terri. "Well, aren't we off to a great start here!" she thought to herself. She detested the prospect of taking time away from work, but as the pregnancy progressed she continued to feel worse and worse.

Terri grieved for her lost freedom, her lost future, and began speaking with her sister-in-law about it for sympathy and support. She found having this female companion, who understood what pregnancy was like and how it is not always the joyful experience it is made out to be, was a great comfort to Terri. She began telling more people in her circle—friends, family—and heading into the second trimester she reached an emotional turning point. "Not all hope is lost," she concluded, "my life is not over–maybe it is just another beginning."

The second trimester is usually the "honeymoon" period of a pregnancy, when the nausea of the first trimester has passed and before the growing fetus puts serious pressure on a mother-to-be's organs and skeletal structures, causing discomfort and sleeplessness. For Terri, however, the honeymoon was over before it began. Just as the nausea began to subside she injured her back, while the pregnancy-related weight gain and the growing

fetus put ever more pressure on her weakened spine all the time. She was forced to use a walker while her back healed, making her feel as though she was 100 years old.

Some women dread the end of their pregnancies. They anticipate the loss of the feminine roundness, the loss of sleep that comes with parenting an infant, the fear of labour and delivery, and all the work to come once the baby arrives. Others, however, cannot wait until the end. Terri was one of these latter women. She felt like a beached whale by the end of her pregnancy, and time could not pass quickly enough before she would finally be rid of all the discomfort and be able to meet the person who was causing her so much grief.

When her baby was finally born, the relief that Terri felt was overwhelming. At last! He is here! Her joy at meeting her son, at having this baby, surprised her, and many of her remaining disappointments melted away. He was here, and Terri realized with gravity what this really meant to her: of course her life would go on–just now she would have a little companion along for the ride.

All the things that Terri wanted to do—going to school, getting married—she still made happen. With a child in the picture now, though, it felt like even more of an accomplishment and was even more meaningful to her. The wedding had been postponed until Terri's body recovered from the wreckage of her difficult pregnancy and their lives felt more settled as her son grew out of infancy and into toddlerhood. At the wedding, the boy was now old enough to hold a pivotal role in the ceremony, and both Terri and Dwayne read vows to their son at the altar just as they did to each other. They were committing themselves to him as parents, just as they were committing themselves

to each other as husband and wife. At the end of the ceremony, all three left the altar together, walking down the aisle while family and friends cheered them on.

Sometime after the wedding, after a great deal of hard work and the difficulty of balancing schoolwork, parenting, and paid work, Terri graduated from nursing school. At this point, Terri's child was old enough to attend the graduation ceremony, smiling proudly at her from his father's lap in the audience as she walked across the stage to receive her degree. She felt a great sense of accomplishment to be able to look out into the crowd and see her family—not just her husband, but her child as well—beaming at her and cheering her on. She had accomplished not just a degree, but a family. Best of all, though, Terri never gave up her friends, her love of life, or her love of the great outdoors. Her son became a champion camper, accompanying his parents wherever they went, sleeping soundly in the tent as Terri and Dwayne drank beers and laughed over the bonfire with their friends.

Everything had changed. But in a way, nothing really had.

Lauren's Story – Home, Alone

April, 2008. My swollen foot rested gently on the accelerator as I coaxed my sporty red sedan across the flat prairie landscape. Still mostly yellow from their long winter sleep, the prairie grasses rushing past the window bore the faint green promise of impending resurrection. Singing along at the top of my lungs with my Matthew Good CD, I imagined my passenger's racing heart beating out a rhythm against my rib cage, as though it did not want to miss out on the sing-along fun. Going home. Like a salmon swimming, struggling upstream to bear her young in ancestral waters. Home is where the heart is.

"It is where I need to be," I remember saying, imploring him over the phone to understand.

"No you don't. It is where you want to be," he responded, hurt dripping from his voice. "You know, I am the father. You should be with me. We should raise this kid together."

I sighed, casting my eyes down as I shook my head. "I need my family for this, John[3]. I need to go home."

An 8-hour road trip by myself, my 37-weeks-pregnant belly nearly grazing the steering wheel in my car full to the roof with all my worldly possessions. It gave me an awful lot of time to think. An awful lot. Am I doing the right thing? Can I do this on my own? Will John ever forgive me for choosing home over him? For choosing to have this baby at all? Will the baby ever forgive me? Am I just being selfish? I cannot do this on my own. I need my family for this. But this baby needs its father . . . does it not?

Going home is a complicated thing. For some it is to be dreaded, avoided at all costs; undertaken only when necessary on holidays, and only until the parents die and release their children from their family bonds. For some it is like easing into a warm bath, all comfort and weightlessness and soothing ease. For many it is a mixed blessing, a reunion with people who know them best—for better or ill—and accept and love them, even if those people also annoy and frustrate them all the while.

Despite the pull of my ex-boyfriend's conviction that we should get back together and raise this unexpected child at his home in Calgary, I felt compelled by a much deeper, unnamed place in my body that I needed to be at my home for this. Home with

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[3] Pseudonym

my family, my old high school friends, in the familiar yet uncomfortable city where I grew up.

Eight months earlier. "Shit. Shit. Shit." I look up from the evil faint blue cross in my hands to meet my own eyes in the bathroom mirror. Red face. Wide eyes. Is that maniacal laughter escaping my lips? Is it even me this is happening to?

How can I be pregnant? I am a cautious woman, empowered, I know my way around the condoms and the spermicidal jellies and the packages of brightly coloured pills. Like the prettier the packaging, the more effective it must be. The pretty pale pinks and greens of those tiny little pills cannot help me now. I mean, we used two forms of birth control . . . how the hell did this even happen?

More importantly, what now? What is going to happen to me? And my life? I am 25 years old. John and I broke up 5 weeks ago, likely for the last time in this ridiculous on-and-off-again merry-go-round we have been riding for 3 years. I am a PhD student, right in the midst of my coursework and proposal writing. I live alone, in a small one-bedroom apartment 300 km from my ex-boyfriend and 800 km from my nearest family members.

"I am utterly alone," I tell my frightened eyes in the mirror. This thought sinks like a lead anchor to the bottom of my stomach. My rib cage nearly implodes from the emptiness that suddenly grips my chest. It is hard to breathe. It cannot be real . . . this cannot be happening . . .

I take a deep breath and will my fists to unclench against the edge of the bathroom sink. Ok, I can work with this. I can take care of it–like, you know, *take care of it.* Pretend it never happened. Or I can keep it and see what happens. I mean, hey, maybe

having a baby would not be so bad. Maybe I can still climb the academic ladder with a baby strapped on my back. They make those fancy slings for that now, do they not? Specifically for that?

I catch my own eyes in the mirror again and my breath catches in my throat.

"I need to call my Mom."

March, 2008. *I was born in Toronto, Ontario and moved to Regina, Saskatchewan when I was 10 years old. I remember very little of my life in Toronto, and a great deal of my life in Regina. But I am a big city girl and never felt at home in the prairies. Compared to my prairie friends, I dreamed big. Unlike my prairie friends, I was never fully convinced I wanted children. I wanted to get a PhD and make significant social and financial contributions to the world around me. Meanwhile, one of my prairie friend's dreams of medical school was ridiculed by her father, who insisted that "girls do not do that". She did not become a doctor, and she did not understand my anger at this. My ambitions, my lack of interest in domestic life, my tendency to laugh or sneer at phrases like "girls do not do that", all made me feel so different than many of my prairie friends.*
     Then again, when I moved to Toronto for film school in my late teens I did not quite feel at home there, either. At first, I relished the big city, the arts scene, the night life. I positively blossomed. I was single, in my early 20s, vibrant with youth and energy and ambition, and felt like the city vibrated right along with me. I found my creative voice, discovered sex, fell in love, and gorged myself on new tastes and sights and sounds. Every patch of grey concrete in the city shone silver to me. Toronto, it seemed, was my soul mate. But as I grew older, my prairie-based friends and family started getting married, owning homes, and having children, and I began to long for that too. While my Toronto friends shared rental houses with multiple roommates well into their late twenties and early thirties, I longed for the markers of adulthood like a proper career, a steady income, home ownership, and family life. It turned out the big city was not my soul mate, after all–maybe it was just my teenaged crush. (Personal journal entry, March, 2008)

April, 2008. The little alien creature within me somersaults, elbowing at my ribs from the inside. I instinctively rest my hand on my pregnant belly, partly to feel the motions against my sensitive fingertips, partly to connect in some small way to the baby within. We are inextricably connected–water, bone, blood, and tissue, and all the intangible associations those things entail. We are connected, just as I am with my home.

"What am I doing here?" I ask myself as my eyes scan the pale fields disappearing into the horizon. The spectre of my destination city breaks the monotony in the distance, appearing as a dark, jagged gap between endless oceans of yellow earth and blue sky. Why am I even here? I do not love this stark prairie landscape in and of itself. It is no home to me. I abhor the frigid, 6-month-long winters and lament the lack of big-city amenities. The small-city culture and socio-political conservatism do not suit me. What could have motivated me to sell my precious condo in a big city and move back to the comparatively small, sleepy prairie city where I grew up?

My mind's eye wanders briefly into the near future. I imagine pulling into my brother's driveway and being greeted at the front door by my excited nieces and nephews. I imagine the excitement in my sister-in-law's face as she pats my belly and welcomes me home. At 37 weeks into my pregnancy, I will for the first time experience what it is like to share my excitement and my fears about parenthood with someone else. Someone who gets it. Someone who gets me. After sitting through pre-natal classes as the only woman there without a support person present, and sharing my complicated emotion-laden tears at the first ultrasound images of my fetus with nobody but the cool, distant ultrasound technician, I desperately longed for this. No more e-mails signed off with "xoxo", no more lame emoticon shorthand for real emotional experiences–now I get real hugs, real kisses, real laughs and frowns and tears and joys. No more aloneness. For the first time since becoming pregnant—maybe even for the first time in years—I am no longer alone.

For me, in this moment, home is not a place, not a location. It is a feeling that is built from connection, love, history, shared pasts and intertwined futures. It is social. It

is comfort. It is family. If it takes a village to raise a child, my village is Regina—not because it is where I grew up, but because it is where the people who raised me still live. No matter where life has taken me, or where it will lead me in future, these people always have been—and always will be—my home. Even if that home does not include my child's father.

There is no substitute for home.

Making Meaning of the Gathered Information

The above stories were developed as one step in my analytic efforts. However, I cannot simply present these and claim that my analytic work is done. After all, my intimate relationship with the gathered information was one that grew over time, from our introduction during the information-gathering stage through its maturation during the many hours I spent over months and even years reviewing it through an analytic lens. This relationship involved me asking questions of the gathered information, and sometimes arriving at answers and other times at more questions. In many ways I struggled with how to present my interpretations in a way that honoured the women I worked alongside, did not discount the audio-visual medium we used to represent our stories, and conformed to appropriate academic standards for dissertation work.

As such, I have structured this chapter to reflect some of the compromises I made between various conflicting needs and desires. I began this chapter by presenting brief literary interpretations of our videos. These stories closely resemble the interim texts I presented to the co-participants for feedback, with only minor corrections made based on the feedback given me by the co-researchers (i.e., correcting the length of time between Terri's engagement and her pregnancy test from three days to four).

Given the context provided by the above stories, I now return to the concept of a narrative of resistance, which is presented as a composite of our pregnancy stories in the following section. Following this presentation of a narrative of resistance I address some threads of meaning that I interpreted during the analytic process (see Figure 2).

An Interpretation of Meaning: The Narrative of Resistance

In the literature review I argued that much of the existing literature on unplanned pregnancy—when taken as a whole—depicts a negative grand narrative of the phenomenon. In conducting this research, I was curious about whether a collective narrative derived from women's personal and intimate stories of our own unplanned pregnancies might tell a different story than the grand narrative depicted in the literature. Reading these stories serially, as presented above, and reviewing the audio-visual and written material gathered throughout the research process resulted in a number of observations. Although the stories differ in many ways, they all demonstrate a clear storyline during which the mothers' expected life trajectories were grossly interrupted by the discovery of pregnancy, causing some fear and trepidation. This fear caused these women to resist the pregnancy, and for one of us to consider terminating it. However, sharing the news of our pregnancies with significant others in our lives—partners, family, and friends—provided a reframe of the situation and allowed us to accept what was initially seen as a disastrous disruption as merely a shift in life trajectory instead. Having integrated this new development into our expected life stories and identities, we were able to continue moving forward on our life trajectory paths with at least as much, and perhaps even more, purpose and hope as before. Represented as a short story, a

composite of our narratives based on our ongoing conversations and video projects might read as follows:

Remember that person you went to school with who always knew what he wanted to be when he grew up? Or that person who always had a 10-year plan and looked to her future like it was some beacon shining so bright she would have to wear shades? That was me. I have always known what I wanted, for the most part. I wanted to do well in school and graduate on time. I wanted to go to university and get a good job. I wanted to find a soul mate and get married, and when we were settled and happy we would even have a child or two to round out the picture. I guess I just wanted that normal middle-class life with a picket fence, 2.5 kids, and a dog fetching the paper for me in the morning. I hoped for a full life. This goal is one that I pursued with dogged determination.

I had a pretty good time in university. Like, a great time! Those people who say that high school contains the best years of your life must never have gone to university. I got into an amazing group of friends and we did everything together. We studied together, went to parties together, and consoled each other over break-ups and other heartaches. We even travelled together, learning about the world as we discovered ourselves. It was an exciting time.

And then I met my boyfriend. I knew the moment I first saw him that he was the one for me. We slipped into a relationship as though it was the most natural thing in the world. I know it is cliché to say he was my other half, but maybe clichés exist for a reason. Anyway, meeting him made me realize I had been missing something in my life, and suddenly my life was full. We started

planning a life together, a marriage, a house, trying to figure out how to build a life as a couple. The future looked so bright.

And then it happened. I started feeling kind of sick and I did not know why. Maybe it was PMS, or maybe a bladder infection or something. I went to the doctor complaining of my symptoms, and that is when I first heard the words: "Congratulations, you are pregnant!" Time stood still for a moment as a wave of disbelief washed over me. This could not possibly be right. This was not part of The Plan.

I had been going through my life with the speed and momentum of a train at full steam. Nothing could stop me. But this......this derailed me. I did not know what to do. I did not know where to turn. What would happen to the life I loved so much? What about my plans? I am not someone's mom. I am me!

The first person I told was my partner. He thought it was happy news, despite my glumness. Still, his enthusiasm was helpful. I selectively started telling other people in my life–first only very close family, then very close friends. Every new person I told radiated with joy, showering me with congratulations and endorsements on what a wonderful parent I would be. My reticence melted away with every new person I told, and before I knew it I was sharing in the excitement with my many well-wishers. Maybe this was not so bad. Maybe I could be someone's mom and me!

The pregnancy presented some challenges, but in some ways I was grateful to have those months to wrap my head around the idea of becoming a mother. It allowed me to develop a relationship with that tiny creature growing

within me. Now it is the size of a gummy bear; now it is an apple; now it is a grapefruit. I do not know why they always described fetal size in comparison to food, but it sure made going to the grocery store a more thought-provoking experience than ever before.

When I went into labour, I was overwhelmed with relief and excitement and fear. It was finally happening! I would finally get to meet my baby! And overnight, I will somehow magically become a mother! We would be a family. How could just a few hours change my life so much? Holding my baby for the first time, all I could think was, "there you are". This is the moment that changes everything.

Of course parenthood has its ups and downs. There are those sleepless nights and breastfeeding woes and the fear of losing the baby to SIDS. But there is also more love than I thought I was capable of. There is seeing my partner in a new light and treasuring him all the more. There is the hard-learned wisdom of motherhood, communicated in sympathetic gazes as we pass each other's tantruming children in the supermarket and appreciative smiles at each other's adorable children. This wisdom is the realization that accomplishments are not always measured in dollars and titles and degrees earned, but can also be measured in having a child who knows that it is loved. It is knowing that there are some contributions I can make to the world that have nothing to do with my education, my career, or my money, and that are, perhaps, infinitely greater.

I still have 10-year plans, you know. I am still working on my life goals and accomplishing them, treading down that path towards my glowing beacon,

but now it is with a small hand clutching mine. I see farther down that path than ever—towards not just my future, but my child's, too. It is not only a 10-year plan anymore, it is 20, it's 40 years long, stretching far into the future and down through generations. It is still my life, I am still me, and I am someone's mother.

Threads of Meaning in the Gathered Information

As is apparent in reading the above composite narrative of resistance, we encountered an unwelcome interruption in our lives that, for various reasons, we were able to reframe from a hindrance to a change of plans. This begs the question, then, of why our pregnancies felt like such a hindrance to begin with. Further, what helped us shift our perspectives about our pregnancies from ones of fear to ones of hope? Throughout our video-making processes and the myriad conversations we had along the way, I remained curious about what elements contributed to the most difficult parts of our unplanned pregnancies, and also what elements helped us move past those challenges. Summarizing the threads of meaning that I interpreted from the gathered information, and integrating discussion of relevant literature therein, allowed me to address the following areas: (a) the role of fear, (b) the role of the reframe, (c) the curious case of the excluded in our stories, and (d) a case for hope in unplanned pregnancy.

The Role of Fear: The Grand Narrative Effect

Fear of judgment from others. One of the factors that seemed to impact negatively our pregnancy experiences was fear of judgment from others about being in the position of having an unplanned pregnancy. Lexi described feeling especially fearful

about telling her parents: "We were living at my parents', so it was like 'oh God, I have to tell my parents I'm pregnant and tell them that I got pregnant while living at their house!'" She worried her parents would find it distasteful that she and her husband were obviously sexually active in the bedroom across the hallway from theirs. She also feared how people generally might perceive her, noting that she herself would judge someone who is pregnant and living with her parents as a loser. Her fear of judgment stemmed from some deeply rooted beliefs she held regarding what is appropriate behaviour for a daughter (i.e., no sex in the parental house) and a mother (i.e., she ought to have a husband, a secure financial situation, and her own house before having children).

I similarly feared the judgment of others. I feared I would become a bad example to younger cousins who might look up to me as the first female in my family to pursue a PhD. Although I was grateful that the unplanned pregnancy precedent had already been set in my family (by my brother 10 years earlier and a cousin more recently), historical family reactions instilled fear that my family would think less of me. They might conclude that I was stupid and irresponsible and that I slept around a lot. They might think of me as immoral, as fallen, a ruined woman.

This fear of judgment from others is not unwarranted, according to literature that addresses the issue of pregnancy stigma. Geller (2004) wrote in her article on stress during pregnancy that unplanned pregnancy "can result in social stigma, as well as relationship dissolution, and strained relationships with family, community members, and others in one's social network (e.g., religious affiliates), thereby contributing to distress" (p. 194). Further, Ellison (2003) noted that "planned pregnancies are socially prescribed, and women expect to be able to time their pregnancies to fit their life goals and family

needs at a socially accepted age and marital status" (p. 323). She later stated that women who do not conform to this prescribed "cult of maternity" (p. 325) that includes social expectations around marital status, heterosexuality, and family planning, suffer stigmatization.

The fear that the co-participants and I experienced in relation to our unplanned pregnancies appears to be related not only to stigma, as mentioned above, but also to Western socio-cultural judgments of morality. In her foundational article on single parenthood, Worell (1989) described pregnancy stigma as related to what is considered moral behaviour for women, stating that "women may be regarded as bad mothers when they break the traditional views of the good woman in terms of their sexual behavior, commitment to the role of wife and mother, or entry into the workforce" (p. 6). This sentiment is echoed by Ellison (2003), who stated that changing mores in the early 20th century brought about a still-lingering ideology whereby "feminine purity and premarital chastity became the cornerstones of maternal moral superiority" (p. 325). We can see, then, how women's choices and behaviours related to maternity have become something of a moral battleground, where women who do not conform to specific ideals of motherhood—such as planning their pregnancies—may be seen as morally deficient and bad mothers. It is important to note that these moral/maternal narratives occur within a particular cultural and temporal context, and that unplanned pregnancy may be experienced very differently by women living with different cultural narratives on the subject. For instance, we in this study likely experienced unplanned pregnancy very differently than Canadian women may have fifty years ago, or from contemporary women living in rural Africa, because the grand narrative of unplanned pregnancy is

historically and culturally situated. This, in turn, contributes to what we might expect and experience as unplanned mothers.

Fear of motherhood. Another factor that impacted negatively on our pregnancy experiences was our fearful expectations of motherhood. Both our expectations of ideal motherhood and our expectations for our futures as non-mothers contributed to our sense that our pregnancies were unwelcome. All of us expressed both fear and grief at the moment of first discovering we were pregnant; fear that we were not ready to become mothers, and grief that the plans we had made for our futures would be delayed, at best, and ruined, at worst. Terri had become engaged only 4 days before discovering she was pregnant and was planning an imminent move to another city to begin a university degree program. Her unplanned pregnancy seemed to ruin those plans. Her wedding might have to be postponed indefinitely, and she might have to defer entering the university program into which she had been accepted. She feared she would never have the career she always wanted all because of one ill-timed pregnancy.

Lexi feared that she and her husband were not ready to become parents. They lacked the independence that she associated with readiness to begin a family of their own. Further, Lexi's husband had been trying unsuccessfully to get a job in his field for years and as a result was underemployed. Lexi herself had only just started working full-time and was still on probation and without benefits when she found out she was pregnant. She spent the first 6 months of her pregnancy trying to hide her growing belly out of fear she might be let go before her benefits kicked in. While she and her husband both wanted children, the pregnancy caused them fear and grief because of its poor timing.

I also experienced fear about becoming a mother so soon. Although I had only recently decided that I probably did want children in my future, I was still in the midst of my academic career and was not partnered. The expectations I held for an ideal mother included a woman who wanted children, had a long-term partner, was settled in her career, and felt ready to settle down. I only met one of those criteria—wanting children, eventually. I did not feel ready to settle down, my financial situation was not secure, and I was not partnered. How could I become a mother without giving up my academic ambitions? I feared that having a child would interfere with my ability to finish school, and I grieved the loss of freedom I would encounter as a parent.

Our fears related to our impending motherhood appear to be supported by the literature. The fears Terri and I had of having to choose between academia and motherhood is supported in the literature, where universities have been described as "a chilly climate for mothers in academia" (Fothergill & Feltey, 2003, p. 17). According to Fothergill and Feltey's mixed-methods study on academic motherhood, this climate is rendered chilly through the competing pressures of both motherhood and academia, each of which "requires intensive, fully-focused commitment from the individual" (p. 16). The dilemma for academic mothers is finding ways to excel in both realms, even when "there is no structural support for these goals" (p. 17). In their narrative exploration of academic motherhood, Castle and Woloshyn (2003) noted that "it is well documented that many women find the academic world a hostile and lonely one, one in which feelings of discomfort and isolation add to feelings of inadequacy and guilt" (p. 39).

In addition, academic mothers tend to perceive their mothering role as inhibitive to productive research and writing, are less satisfied in their academic jobs than men, and

experience greater frustration in their academic roles (Swanson & Johnston, 2003). Swanson and Johnston concluded that "stressed and unhappy mother scholars cannot reach their full potential as scholars or mothers. We like to think we can do it all, but at what cost? Our health? Our children? Our identity as serious scholars?" (p. 72). These questions were echoed in Toepell's (2003) autobiographical narrative exploration of academic mothering. In particular, Toepell explored the various fears that academic women face when considering motherhood. These included the fear that taking time off will reduce academic success and that being a career-oriented woman would make the academic woman a "bad mother" (p. 97). These questions appear representative of the kind of fears Terri and I experienced in contemplating our own entries into the world of academic motherhood.

Our fear of judgment from others, the fear of not being in a position to be a good mother based on the socio-cultural prescriptions of what that means, and the fear we felt at the loss of our planned academic futures might all be connected with the grand narrative of unplanned pregnancy. The grand narrative paints a picture of unplanned mothers as at-risk, in trouble, struggling to get by, undereducated, and poor. The grand narrative posits that unplanned pregnancy is associated with a dull future, one of poverty, mental health troubles, and unrealized dreams. It also suggests that unplanned mothers are somehow lesser-than: unwell, uneducated, immoral, underemployed, and unready for the monumental task of motherhood. Perhaps if we expand our options of grand narratives to include ones of hope, so too will we expand unplanned mothers' ideas about what their future could look like, and they might take comfort in knowing that creating life does not have to be a veritable life sentence.

Fear and hope. As stated above, fear played a role in our stories of unplanned pregnancy. What connection, then, might there be between fear and hope? Following Snyder's (1995) cognitive-behavioural, goal-oriented model of hope, Michael (2000) addressed the connection between fear and hope from a psychological perspective in his work on the relationship between anxiety (which he associated with fear) and hope. He argued that fear and anxiety are factors that block people's goals and sap their goal-related motivation, and as such become impediments to hopeful thinking. Conversely, he postulated that people with a hopeful orientation to life might be protected from the negative effects of fear and anxiety. As such, Michael suggested that people may effectively work through their feelings of fear and anxiety by increasing their hopeful thinking, specifically as it relates to developing plans (pathway thinking) and motivation (agency thinking) to achieve goals. I can see how this might have played out among the unplanned mothers in this research, as fear was a paralyzing force that interrupted our life plans (pathways) and temporarily shut down our capacity to move towards our goals (agency). However, our sense of hope allowed us to see past the disruption in our life plans and begin imagining alternate pathways towards meaningful, worthwhile futures, and this motivated us to move in those new directions.

Taking a sociological perspective on the connection between fear and hope, Jarymowicz and Bar-Tal (2006) also addressed the cognitive and affective relationship between hope and fear in relation to national conflict. They began their paper with the statement: "While there is fear there is mindlessness and misery. While there is hope there is rationality and progress" (p. 367). These authors described fear as an automatic and spontaneous reaction and connected it with fight-or-flight behaviours, noting that

freezing is a common reaction. They contrasted this with the emotion of hope, which

they described as a cognitive process dependent on complex processes of creative and

flexible thinking. They argued that although fear may be a dominant response because it

is primary and physiological, hope can overcome fear. Further, they suggested that when

this happens, hope allows change or movement in situations dominated by the paralysis

of fear. They ended their paper with a quote from Fromm (1968) that struck me

especially: "Those whose hope is strong see and cherish all signs of new life and are

ready every moment to help the birth of that which is ready to be born'' (p. 9).

This perspective was supported in Frederickson's (1998) foundational article on

the form and function of positive emotions. Frederickson concluded from her review of

literature on positive emotions that they broaden the scope of action; that is, positive

affect allows for more creative thinking about a given problem and therefore broadens the

scope of problem-solving action. This was reiterated by Jarymowicz and Bar-Tal (2006),

who wrote that hope allows for more creative, flexible thinking.

Further, Jarymowicz and Bar-Tal's (2006) sociological perspective reminded me

of te Riele's (2010) development of a philosophy of hope, which viewed hope as a form

of resistance to social structures that seek to maintain oppression of those already

oppressed. Viewing hope as a useful critical theory for working with marginalized youth,

te Riele proposed a philosophy of hope that is robust (i.e., that recognizes obstacles,

struggles, and socio-economic difficulties), attainable ("located between wishing and

planning," p. 39), and sound ("positively connected with human well-being and . . .

essentially social because it seeks the flourishing existence of the other," p. 40). She

stated that her proposed "philosophy of hope focuses on alternative possibilities rather

than statistical probabilities" (p. 42), a statement that encourages refusal to accept taken-for-granted truths (i.e., statistical probabilities) and ties hope theory neatly into the concept of narratives of resistance, as well as narrative inquiry. As Clandinin and Connelly (2000) stated: "in the grand narrative, the *universal case* is of prime interest. In narrative thinking, *the person* in context is of prime interest" (p. 32).

Lastly, De Graves and Aranda (2008) found that hope and fear were the main emotions that their participants oscillated between during times of uncertainty. In this case, the authors explored the uncertainty felt when a child has a cancer relapse. The authors found that a sense of uncertainty about the future for both the child and the family as a whole had a profound impact on the participants, and the uncertainty was sometimes appraised as danger and at other times as opportunity. The authors noted that "hope occurred in the face of unmitigated fear" and concluded: "perhaps the focus of adapting to the uncertainty of relapse lies with the families' ability to successfully live with hope and fear, and this might be our therapeutic challenge" (p. 300). Bruininks and Malle (2005) also concluded that hope coexists with uncertainty. In their effort to distinguish hope from other related affective states, these authors stated: "if a person has deemed an uncertain but important outcome as worth hoping for, the person will continue to remain engaged with that outcome and take any action that is possible to reach it. Thus, the individual may cease to assess the *probability* of attaining the outcome and instead focus on the *possibility* of attaining the outcome" (p. 352).

Though we unplanned mothers were not facing the horrific uncertainty of having a child relapse with cancer, we did experience a great deal of uncertainty about our futures when faced with our pregnancies. Although there was no evidence from our

videos or conversations about an oscillation between fear and hope, we all did experience at least one swing from a state of fear to a state of hope, and upon reflection I am aware that my sense of hope did not completely negate my fear. Although I continued moving forward with my life, some fears lingered, particularly relating to perceived difficulties in entering and sustaining future romantic relationships. As such, my experience is in line with these findings that fear and hope are not mutually exclusive, but may co-exist together. As a practitioner interested in working with unplanned mothers, I took interest in De Graves and Aranda's (2008) conclusion that one therapeutic challenge might be helping unplanned mothers live successfully with both hope and fear in their lives. Although fear and uncertainty might exist (see Lexi's representation of this uncertainty from her video, *Untitled*, in Figure 4), hope is always possible.

Figure 4. Still from Lexi's movie, *Untitled*, demonstrating fear of her uncertain future.

The Role of the Reframe: Creating Futures Worth Living

Luckily, our fears and grief did not stay with us throughout our pregnancies. A number of factors contributed to us feeling more positive about our newly found situations and helped us integrate our pregnancies into our ideas about ourselves and our futures. One such factor was developing new, hopeful stories to live into that integrated the presence of a child. Our pre-pregnancy hoped-for futures involved goals such as

marriage, buying a first house, securing a hoped-for job, and achieving long-term educational ambitions. Lexi's immediate goals for the future included moving into her new home, getting through the probationary period in her job, and balancing the household budget while her husband continued to pursue a permanent job in his chosen field. What felt like appropriate goals for that stage of her life suddenly felt insufficient and immature in the context of immediately expecting a baby. She felt that she was not achieving her goals the right way if she was doing them in the wrong order.

However, as she increasingly accepted that the pregnancy was her new reality, she began to craft a new story to live into. She planned to quit her new job and open up a home-based pre-school so she could generate income while staying at home with her child. She and her husband put pressure on the developer to allow them to move in before the baby was born. Her husband, motivated by the new time pressure of the impending due date, redoubled his efforts to find better work and eventually succeeded in securing his dream job. By the time the baby was born, they had created the independence, financial security, and readiness that Lexi saw as pre-requisites for parenting. Although some might have been altered and all were rushed, she was able to maintain many aspects of her pre-motherhood hopes in her new motherhood story.

Figure 5. Terri holding her diploma at graduation in a still from Terri's movie, *Terri's Stumbling Block or Building Block??*.

Terri's most immediate hopes were to move to another city and begin a professional degree program, and also to plan and implement her wedding. Her pregnancy felt devastating to her because it put the wedding on hold and threatened to completely derail her educational pursuits. Her future started feeling hopeless as she felt her dreams slipping away.

However, she realized that giving up on her dreams was completely unnecessary. She learned of other mothers who had attained degrees after having children, and these examples of personal narratives that countered the grand narrative inspired hope. She chose to continue down the same educational path, but stayed closer to home to be closer to family (see Figure 5 for a still image of her graduation from her video, *Terri's Stumbling Block or Building Block??*). She also deferred her studies for a year so she could give birth and have maternity leave before starting her studies. Nevertheless, with a baby on her hip Terri began a degree program and worked diligently to complete it, sometimes letting her son study with her. Terri completed her program, and shortly thereafter she and Dwayne married. Terri realized that her future did not have to be determined by a choice between motherhood or dreams, but rather that she could live her future as a mother and still fulfill her dreams.

Figure 6. Still from Lauren's film, *Dear Baby*, with an image of an empty playground and text: "I hope I am ready for this".

For myself, the discovery of being pregnant threatened to alter completely the life I had worked so hard for so long to achieve. I was 7 years into a 10-year course of study, and my goals included finishing my degree and travelling through Europe before finding a husband and settling down into a marriage and a career. Children would follow years down the line, but not anytime soon; indeed, I did not feel ready to have children (see Figure 6 for a representation of my sense of not being ready for parenthood). When faced with the choice of whether to keep or abort the pregnancy, I felt I was facing two possible futures: one in which I continue living my life as I intended it, and one in which I give up on my dreams and become a single mother. However, several examples helped give me hope that an alternative future—one in which I am both a parent and an academic—was possible. I spoke with a friend and colleague who had just begun her PhD in my program who had two young children, and hearing her story helped make it seem manageable to be a student and a mother. However, she was married. Then again, my mother was a single mother to three young children after she and my father divorced, and although she was not an academic, she managed being a single parent with a full-time job.

My hoped-for future was re-envisioned with a child implanted into my life. Perhaps if I took an extra year or two to finish my degree, I could achieve two life goals at once: graduate with my PhD, and have a child at the same time. Though I had some lingering fear that becoming a single mother would make me a far less desirable catch, I knew that one day I would still find the right man and get married. Perhaps extensive travel might be out of the picture for the time being, but I could still go on a trip to celebrate the end of my PhD while my daughter stayed with her father or a family member. It did not take long for me to realize that having an unplanned pregnancy did not have to be an either-or proposition, but could instead be one of this-and-that.

This multiplicity—the *and* rather than the *or*—reminded me of Bloom's (1998) writing on feminist narratology and the nonunitary subject. She described feminist subjectivities as being "active and continually in the process of production within historical, social, and cultural boundaries" (p. 4), borne through experiences of contradictions and conflict, and "produced both collectively and relationally" (p. 5). She described feminist subjectivities as always multiple, in progress, ambiguous, and messy. Others working in the fields of hope and narrative (e.g., Gergen, 1991; Larsen & Larsen, 2004; White & Epston, 1990) have also drawn attention to the existence of multiple selves. Indeed, our experiences of unplanned pregnancy demonstrated that we came to understand ourselves as mothers and students, mothers and daughters, and mothers and wives, with all the conflicts, contradictions, and fluctuations inherent in these roles.

Reframing our unplanned pregnancies as opportunities rather than roadblocks became a turning point for us, the point where our fear and despair turned into hope and excitement about the future. What could have attributed to this shift? From a cognitive

psychology perspective, Snyder, Irving, and Anderson (1991) might have conceptualized our shift in perspective on our unplanned pregnancies as our active, cognitive-behavioural practice of goal-oriented hope. According to Snyder et al., hope is defined as "a cognitive set that is based on a reciprocally derived sense of successful agency (goal-directed determination) and pathways (planning to meet goals)" (Snyder et al., 1991, p. 572). That is, they argued that hope is not a passive emotional state but an active pursuit of an individual's goals. Clearly, we unplanned mothers had specific short- and long-term goals that we were in the process of pursuing when we discovered we were pregnant. When our situations changed, we engaged in "the healthy process of 're-goaling'" (Snyder, Feldman, Shorey, & Rand, 2002, p. 302). As such, when we discovered our pregnancies and began developing alternate goals—sometimes the same goals, but adjusted to account for the addition of a child into our lives—we were practicing hope through goal-setting, pathways thinking, and agency. This model of hope seems to fit with our experiences, as it seems the only despair we felt during our unplanned pregnancies was during the moments between having our life-goals interrupted and finding new ways of living meaningful futures. However, this cognitive perspective does not offer a particularly holistic account of what we experienced and might be overly simplistic.

For a more holistic perspective on what might have caused our shift, I consulted literature on the area of counselling psychology. In conducting research with clients engaging in hope-focused counselling, Larsen and Stege (2012) found that the therapeutic intervention of reframing (along with highlighting client strengths, focusing on the future, recognizing possibilities, and making hope intentional) contributed to hope-enhancing

counselling experiences. That is, by fostering clients' changed perspectives on their problem stories, clients were able to engage with their problems in more hopeful ways.

Larsen and Stege's (2012) findings complemented the results of a pilot study I conducted on therapeutic filmmaking (Johnson & Alderson, 2008), wherein I concluded that one of the mechanisms of change that contributed to positive therapeutic outcomes was clients' changed perspectives on their situations. These findings might also be supported by writings in the area of narrative therapy, where it is argued that clients who reframe (or re-story, or re-author) their problem story achieve positive therapeutic outcomes (Neimeyer, 2001; White & Epston, 1990). Larsen, Cumming, Hundleby, & Kuiken (2003) wrote about their innovative writing group for women with cancer: "periods of transition . . . carry with them the invitation for a shift in self-understanding as the client moves from an earlier story of self to a story that includes the life altering experience" (p. 289). Referencing existentialist Yalom's (1998) concept of a boundary situation and feminist Heilbrun's (1999) metaphor of liminality to describe such moments of transition, Larsen et al. (2003) argued that narrative therapy might provide a means for clients to write a new story to live into, and thereby successfully complete a helpful therapeutic shift. From this perspective, the shift towards a more positive interpretation of our unplanned pregnancies might have stemmed from a re-imagining/re-writing/reframing of our situations. Rather than seeing our unplanned pregnancies from the perspective of the grand narrative (that is, as a problem story), we reframed our stories to reflect a more hopeful, multifaceted self that included motherhood.

The Role of Others: The Social Aspect

Another factor that contributed to a more positive interpretation of our pregnancies was sharing our news with others. One of Terri's first thoughts upon discovering she was pregnant was, "Well, at least my fiancé will be happy," because she was not happy about it at the time. Lexi shared that sentiment, noting that as much as she and her husband were equally surprised by the pregnancy, he received it as happy news while Lexi was full of doubts and fears. Sharing their pregnancy news with their partners was the first encounter for both Lexi and Terri with a positive perspective on their pregnancies.

Terri found that telling her sister-in-law was one of the most helpful self-disclosures she made. Her sister-in-law, a mother herself, proved incredibly supportive. She spoke of parenting as hard sometimes, but manageable, and Terri's doubt about her readiness to become a mother slipped away. She realized in speaking with other mothers that—planned or not—nothing can really prepare a woman for her first child. All women experience doubts and fears about their first pregnancy; as such Terri saw that there was nothing abnormal about her fears. Having a normal reaction to her pregnancy made Terri feel more at ease with her pregnancy and more ready to become a mother.

Lexi appreciated the enthusiasm and support of her husband, whose joy about the pregnancy filled her with a sense of gratitude for his perspective. She began to think of her husband in a different light—as a father as well as a partner—and this allowed her to appreciate him on a level that she had not attained previously in their 8-year relationship. Still, she harboured great fear in telling her parents the news. When she did disclose her pregnancy to them, Lexi felt great relief. The reaction she most feared never materialized, and instead the news was met with excitement, support, and pride.

Although sharing the pregnancy news with my ex-boyfriend did not elicit a positive response, I was keenly aware of the excitement my mother felt at the news. A few weeks later, I worked up the courage to tell my father; one of the people I most feared telling. I still had not determined whether or not I would terminate the pregnancy, though I was leaning more towards keeping it. When I told my father the news, his expression of pleasant surprise utterly shocked me. I had braced for a tirade and instead somehow received fatherly pride. He expounded on the virtues of childrearing and how he could not imagine life without his oldest grandchild—one my brother had fathered as a high school student 10 years earlier. For the first time in my 2-month pregnancy, I felt like I could actually do this. With the support of my family, I could do anything.

After telling partners and immediate family members, all of us waited until the 3-month mark of our pregnancies before letting it be known more widely among extended family, friends, and peers. We were all pleasantly surprised by the outpouring of support we received. I remember hearing for the first time the words: "You're going to be such an amazing mom!" and wanting to weep with relief. Hearing those words allowed me to acknowledge for the first time that, indeed, I will be a good mom.

The role that social affiliations played in our stories of unplanned pregnancy accorded nicely with many models of hope. Scioli and Biller (2009) connected hope with attachment theory, stating that "the attachment system [is] a primary source of hope" (p. 153). They wrote that in all kinds of attachment patterns, from parent-child attachments to friendships to love relationships, the intimate bonding that occurs between people "becomes a hopeful refuge" (p. 154) wherein hope providers offer availability, presence, and contact for each other.

Hope researchers Farran et al. (1995) described the relational aspect of hope as "the *heart* of hope" (p. 6), and stated that their research had led them to the conclusion that it is often people's relationships with loved ones that gives them hope and allows them to keep going through difficult times. Stotland (1969) explained that hope is shared and encouraged between people through the communication of positive expectations and confidence in a loved one's ability to overcome obstacles. Stotland's perspective is especially relevant given the important role that sharing our news with our partners and important family members played in our stories. These important people in our lives communicated to us an expectation of success and a confidence in our abilities as mothers, and this helped us see ourselves in that light. We could see ourselves as mothers because of their belief in us, even when we had difficulties believing in ourselves, a phenomenon that reminds me of the meaningful perspective change that occurs when clients borrow hopeful possibilities from hopeful others in counselling situations (Larsen & Stege, 2012).

Dufault and Martocchio (1985) included an affiliative dimension in their seminal model of hope, and described this dimension as including "components of social interaction, mutuality, attachment and intimacy, other-directedness, and self-transcendence" as it related to hope (p. 386). Morse and Doberneck (1995) named "the solicitation of mutually supportive relationships" (p. 282) as one conceptual component of hope. Indeed, the social aspect of hope appears to come up in most of the hope models I have come across (e.g., Benzein & Saveman, 1998; Herth, 1993; Nowotny, 1989; Stephenson, 1991). Clearly, the social aspect of hope appears important, not just in the stories that unplanned mothers tell but also in the hope literature.

Sharing our pregnancies with significant people in our lives helped us turn the corner from fear and despair to hope and excitement. Through the eyes of others we were able to experience joy and anticipation, which allowed us to view our futures in a more positive light. Perhaps this is what allowed us to move forward and reframe our experiences, re-goal our futures, and create movement out of our stuck-ness. In sharing our fears with others, they allowed us to share in their joy for us, and from this mutual recognition of each other's perspectives emerged something else entirely: hope.

The Curious Case of "the Excluded" in our Stories

From the gathered information I have interpreted three threads that impacted on our experiences of our unplanned pregnancies (i.e., the role of fear, the role of the reframe, and the role of others), but I cannot simply stop there. According to the methodology outlined in Chapter 3, I must acknowledge that the stories we told did not address all aspects of our experiences. Clandinin and Connelly (2000) described approaching narrative inquiry with a "wakefulness" that includes "being as alert to the stories not told as to those that are" (p. 182), and to be aware of tensions in the story. Further, Gillian Rose (2007) implored visual discourse researchers to read for what is not seen or said in the emerging discourses (i.e., what is left out, assumed, or ignored). Accordingly, I believe it is appropriate to address the issue of what remained unsaid in our self-representations of unplanned motherhood.

Through the conversations between the co-participants and me, more details emerged about our pregnancy stories than we chose to include in our videos. We spoke of extended family members, the influence of friends and peers, our long life histories leading up to the pregnancy, and the time that had passed since the birth of our children.

We spoke of trials and tribulations, tears and laughter, and surprises and expectations. Yet, in the course of making our videos, much of that remained left out. Necessarily, we each had to pick and choose which pieces we wanted to include in our videos and how to portray them so that the videos would not become sprawling, unstructured, nonsensical epics. In the same way that screenwriters have to sift through the plot points and literary details of a novel and choose which of these to include in a film adaptation, we also sorted through our storied lives in order to create our succinct and cohesive videos.

The question that arises from this sorting process is what was left out along the way—from the initial brainstorming in the development stage to the final cut of editing—and what does leaving it out mean? To begin answering this, I sorted through several sources of data: I read over the transcripts of our conversations and the field notes I took, and I reviewed the cue cards that we used to write down various themes and story ideas before sorting them into what would eventually become our storyboards. I then compared these materials to the final cut (or draft) of our videos to see what was left "on the cutting room floor", to borrow a film production expression. In engaging in this process, I made a number of meaningful observations.

Rose-coloured glasses. We all experienced a number of challenges throughout our pregnancies, though these challenges were either not directly addressed in our videos or were addressed with a light-hearted perspective. For instance, Terri had a physically uncomfortable pregnancy during which she sustained a back injury and had to use a walker to remain mobile. She also experienced the physical discomfort of greater-than-average weight gain and a longer-than-typical period of morning sickness. As a result she described hating being pregnant at times. However, in her video, she represented

these challenges with a sense of self-deprecating humour, presenting pictures of her pregnant self in profile to show off her expanding girth and accompanying these photos with voiceover narration that made light of her situation.

In one photograph, she is leaning on a walker in profile and looking at the camera with a vague smile that exudes discomfort while she states in voiceover, "Five months along and I feel like 100 years old". In the next photo, she is shown again in profile, with her belly protruding so far that it is clear in her posture that she needs to lean back at all times to accommodate the shift in her centre of gravity. She is not smiling in this photograph. Her accompanying voiceover says with some levity, "Now I'm a beached whale!" (see Figure 7). Although Terri could have chosen to represent her challenging pregnancy as painful and restrictive, she instead chose to accompany her photographs of discomfort with narration that minimized the gravity of her pain through humorous depictions of herself as an old lady and a whale.
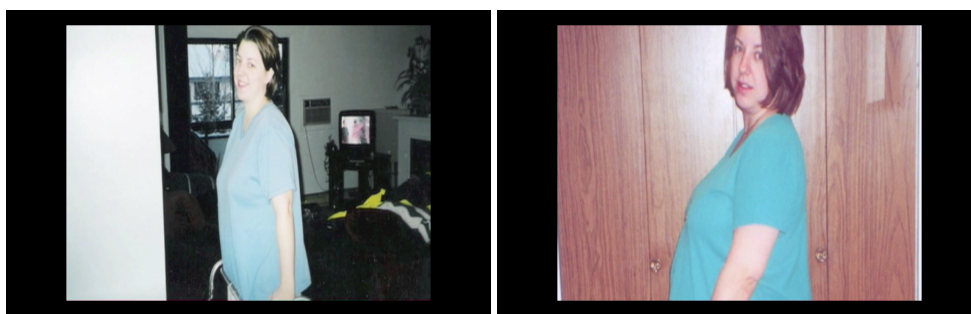

Figure 7. Stills from Terri's video, *Terri's Stumbling Block or Building Block??* Left, Terri with a walker; right, Terri as a "beached whale".

Lexi also experienced a complicated pregnancy that was considered high-risk due to existing health conditions. She experienced symptoms of a dangerous condition called

preeclampsia during her pregnancy and was forced to spend much of her time lying down with her legs elevated. She missed 4 months of work towards the end of her pregnancy because of these symptoms and was ordered to be on bed rest for part of that time. She also experienced a protracted period of morning sickness. However, she chose not to include this in her representation of her story. This was partly due to the fact that she made the video in the midst of being pregnant, rather than afterwards, so at the time she was creating the video she was not yet on bed rest. However, she did experience most of her pregnancy complications from early on in her pregnancy and chose not to focus on them.

I also experienced some challenges in my pregnancy that I chose not to acknowledge in my video. Like Lexi, I initially created my video while I was still pregnant, though my computer was later stolen and I lost the original video, so I had to recreate it after I gave birth with the altered perspective that that entailed. Although my pregnancy was physically quite comfortable—I never experienced morning sickness or physical pain and was able to maintain a daily 5 km walking regiment well into my third trimester—I experienced a great deal of social discomfort. For instance, my gynaecologist's nurse refused to mark me as single on the demographic information chart, instead choosing to leave that blank, even though I stated that I was single unequivocally. I was also painfully aware of my aloneness whenever I was the only single person awaiting my turn for an ultrasound. I felt socially isolated from my single friends because I was pregnant, and isolated from my pregnant friends because I was single. These were sentiments I could have addressed in my video, but I did not.

Why, then, were these aspects glossed over or ignored in the final telling of our stories? One way to approach this question is to turn to the concept of genre in film studies, which is described as "a fundamental tool to discern the ways in which films articulate their meaning and their take on society" (Tarancon, 2010, p. 14). I turned to the field of genre because I recognized some forms of genre in the stories we told. For instance, Lexi used elements of the fairy tale genre in her rendering, using language such as "once upon a time" to begin her video and narrating her story with a lyrical, whimsical voiceover. Tarancon described the existence of genre as a means of communication and meaning-making, arguing that "our ingrained propensity to make haphazard information *appear* rational and coherent only serves to create an *illusion* of understanding" (p. 19). Could it be that given the constraints of telling our unplanned pregnancy stories in a short video format, we chose to simplify our stories and present them in familiar ways using genre? Did we use genre in our stories to convey certain meanings and messages implicitly? If so, what did we say?

Revisiting Lexi's decision to tell her story as a fairy tale, despite the elements of fairy tale within her video she offered some contradictions to the genre as well. She rejected the idea of "happily ever after" early on in her story, engaging in a process of writing beyond the ending (Bloom, 1998). In so doing, she turned what began as a fairy tale into something new—a representation of herself as the fairy tale princess who meets her prince, but also as a student, then teacher, and as a daughter and a wife and a soon-to-be mother. In representing her story this way, as subversion of the fairy tale genre, perhaps Lexi was communicating her rejection of the grand narrative of unplanned

pregnancy and asserting her capacity to live (and represent herself) as a nonunified subject.

Another interpretation that comes to mind is that we might have chosen to exclude or gloss over some of the negativity in our stories as an act of choosing hope over fear. In a mixed-methods narrative study of parents of Down Syndrome children, parents who wrote stories that glossed over conflict and difficulty (for example, by writing a story with a happy ending) tended to be happier both during the difficult time and during a follow-up 2 years later (King, Scollon, Ramsey, & Williams, 2000). The authors of this study stated that "one way in which individuals construct a happy ending for the story of a life trauma is through the belief that they have grown through or been transformed by the experience" (p. 512). Although I would not necessarily describe my unplanned pregnancy as a life trauma, it was nevertheless a challenging experience. Perhaps we chose to represent our stories in a way that communicated our feeling—or, at the very least, our hope—that the challenges of unplanned pregnancy allowed us to grow and transform in positive ways as people.

Me versus we. Our conversations throughout the research process revealed a great deal of social support that provided us strength and hope to endure despite our challenges. Although all of us included other people in our stories—with husbands, former partners, and immediate family members playing roles in our final cuts—we did not acknowledge all of the people who contributed to that remarkable shift each of us experienced as we transitioned from resisting our pregnancies to integrating them into our

life stories. Why did we choose to move from a wholly acknowledged *we* in conversation to a triumphant *me* as we told our stories through the medium of video?

I wondered if that was a result of the medium we used, as short films must inherently be succinct and cannot venture too broadly into seemingly non-essential plot and character points. I wondered also if it might be the result of restrictions placed on our production of our videos due to ethical requirements, as our videos were produced as research texts and therefore had to conform to certain ethical standards (i.e., we worked with release forms, waivers, getting permission to use people's images in research contexts, etc.). Perhaps, given these restrictive requirements, we chose not to include some people because we simply could not get their permission to include them in our stories, or we felt it would not be worth the effort to get their permission.

Then again, I do wonder if there is evidence here of us recreating "master scripts," patriarchal ideologies masked as narrative convention, in our narratives (Bloom, 1998). For instance, there might be a risk that by using traditional narrative forms to tell our stories we might fall into masculinist representations of ourselves, such as being independent of others and acting on our own in our own self-interest. Did we unintentionally depict ourselves in this way? If so, what does that mean?

I want to reject the idea that we represented ourselves in masculine ways, but I find myself struggling to do this and cannot fully reject this possibility. However, I do prefer to view this issue more as a psychological one rather than an issue of narrativity. From a psychological perspective, I would prefer to look at this trend in our stories as evidence of a growing sense of competence in our roles as unplanned mothers. Rejecting the grand narrative of unplanned mothers as at-risk, lesser-than, victimized, and/or

dependent, we chose to represent ourselves in contrast to that by highlighting our independence and our capacity to cope well with our new challenges. Perhaps we were even proud of how we handled our challenges (certainly looking back at my experience I can say that is the case for me) and we want to take credit where credit is due. In interpreting this trend from this perspective, I see our representations aligned with feminism—we own our stories and take pride in our strengths and capabilities—rather than the alternative view that we adopted a masculine storyline.

Shifting timeframes. The videos were created in a specific context of time and place, telling the story of a specific time in our lives. We developed our videos over the course of time, and then returned to them 6 months later to view them together in the context of a screening party and group discussion. Therefore, we were in a position to look back at our videos as time-encapsulated versions of our stories. During our screening party, Terri observed that looking back on her video 6 months after completing it she was struck by how much easier her life was when she only had one child, which was the period of her life that was the focus of her video. "Now that I have two kids it's like, 'man, that was so much easier'," she said, noting "how much better things were then, even as hard as it was."

Lexi and I agreed with Terri's assessment that watching our videos several months later made us pine in some ways for the time of our lives that had been the focus of our videos. It was easier for all of us in some ways, given that the videos represented Lexi's and my pre-motherhood lives and Terri's life with only one child. "So I look at that video and I'm like—and I remember making it with you and I'm like 'oh I was so happy,'" said Lexi. She described parenting as more difficult than she expected, which

was something I could relate to. As much as I went into parenthood with expectations of it being difficult, nothing could have prepared me for the exhaustion and captivity I would encounter when my daughter was born.

I wondered whether our lives were so much better then or whether we were simply remembering that time period as easier? Certainly, there is evidence in psychological research for memory biases such as positivity bias (the tendency to see the past as more positive than it was) and the fading affect bias (where negative emotions related to memory tend to fade faster than positive emotions, Skowronski, 2011), suggesting that we would not be unique in seeing our past challenges as easier than they were. Further, did the playful, humorous representations of unplanned pregnancy that we all used in one way or another in our videos help us obfuscate just how challenging it was? Lexi did not agree that the stories in our videos were presented as more rosy than we experienced them at the time. On the contrary, she commented on how people had told her that most mothers often look back at challenging times with rose-coloured glasses, but she feels she does not: "And they're like 'oh you just forget, you forget how hard it was and you just have another one.' But I don't forget."

I agreed, noting that the act of recording our experiences through writing and video-making allowed us to better recall both the positive and negative aspects of our unplanned pregnancies. "My Mom was saying that maybe you forget the bad parts, like the screaming fits and the hard labours and stuff, and I'm like, 'no, I remember all of that.' . . . I wonder if it has to do with the fact of making videos about it . . . maybe the fact that I wrote about it means that I remember it more."

So what purpose did using humour and playfulness in our video representations of our unplanned pregnancies serve? We looked back at our videos with a sense of longing for an easier, simpler, happier time, and yet we agreed that we were not falsely representing that time as easier than it was. We chose to leave out certain details about our pregnancy challenges, such as my isolation and Lexi's medical complications, and what purpose might that have served, if not to bury some of the harder truths about our experiences?

One interpretation might posit that the reason we represented our stories with some sense of levity and chose to leave out certain challenging aspects is because we actively chose to represent ourselves as hoping and coping even when difficulties arose. In this way, Terri's ability to make light of her physical discomfort could be interpreted as a sign of strength and survival. It is as though she is defiantly looking back at that time, having travelled enough distance from her pain that she can look back at it with humour, levity, and the knowledge that everything turned out just fine. Perhaps we all represented our stories in that way, with the experience of having gotten through it and therefore not needing to dwell in the negative.

Injecting humour into video self-representations came up in my pilot study on therapeutic filmmaking (Johnson & Alderson, 2008). During that study, in which therapy clients made videos about themselves as part of their therapeutic process, using humour in their videos was one of the mechanisms of change that helped fuel what they perceived as therapeutic improvement. The act of video-making offered them an alternative perspective—an alternative way of seeing their situation—than the one they carried with them into therapy. In the video-making process, participants were able to determine that

things that had once upset them were, when viewed and interpreted in a different context, rather humorous. This may also relate to the role that externalization of the story plays in narrative therapy (White & Epston, 1990): providing an opportunity for distressed clients to play with and manipulate their problem story from a distance, in a non-threatening and ultimately change-promoting way. In this context, I might suppose that the creation of our pregnancy videos allowed us to view our pregnancies in a different light—a lighter, more hopeful one—than we might have if we viewed it only from the internal perspective of living it directly. Just as Sophia tried to observe her sadness in the mirror and in doing so lost her sadness, perhaps in our efforts to remark upon our pregnancies we saw something different than what was originally there.

In an effort to get some perspective on how and why we chose to represent our stories the way we did, I read *In Her Own Image: Women's Self-representation in Twentieth-Century Art* (Knafo, 2009). Reading through this book and taking in its images, I more than once became overwhelmed with emotion and had to put it down. So many images were of pain, loss, or victimization; survivor stories screaming to be heard. In observing these images, I felt the pain and the suffering of the entire history of womankind and the tragedy that this history remains written into every feminine body and every feminine life to this day. Yet, as much as I connected deeply with these self-representations, I wondered why they were so different from the way we represented our pregnancy stories in our videos. What was the difference?

Knafo (2009) wrote that although woman "has been held captive by the structures and dictates of patriarchal culture, controlled by presuppositions both spoken and unspoken, and even wounded by the violence and rage directed at her body and self, her

power to captivate, inspire, frighten, and interrogate has not been diminished" (p. 15).

From this perspective, our video self-representations can be interpreted as our desire to

captivate an audience and inspire them; as Terri stated outright, the goal of making her

video was to inspire hope in other women facing unplanned pregnancy by offering her

story as an exemplar. Perhaps our videos reflected a resistance to the grand narrative of

unplanned pregnancy by speaking openly about our experiences without shame, fear of

judgment, or any sense of being victims. We were reclaiming unplanned pregnancy,

normalizing it, making light of it to reject the grand narrative's spoken and unspoken

presuppositions of what pregnancy and motherhood ought to be. I daresay, perhaps our

humour is an act of resistance and rebellion; perhaps it is a feminist act in and of itself.

The concept of humour as resistance is not new. In an anthropological study

based in a school where middle-class teachers instructed working-class pupils, Dubberley

(1988) described the working-class students' use of humour as a form of resistance to the

educational system that perpetuated their lower-class status. Dubberley noted that

resistance was apparent in the "wit, vitality, and creativity with which [the students]

opposed the school culture" (p. 121), and argued that "humor highlights power in

particular by its ability temporarily to distort social relations and structures and point to

their absurdity" (p. 121). More recently, a researcher in the field of communications

conducted a literature review on the psychological (i.e., personal motivation) and

sociological (i.e., social function) aspects of humour, then proposed a communications

theory approach to humour (Lynch, 2002). The author determined that humour can be

used (among other purposes) as tension relief during difficult times (i.e., while disclosing

difficult information), and as political and social resistance that can at times lead to meaningful structural changes.

Our use of humour in our videos might function in each of these ways:

1. to reduce the tension of discussing what are at times difficult and extremely personal topics; for instance, Simpson (2004) believed that having hope and sharing our hopes with others makes us vulnerable, and humour may be used to reduce the discomfort we might experience when making ourselves vulnerable; and

2. as a rejection of the negative grand narrative by representing ourselves and our stories in humorous ways in contrast to the grand narrative's depiction of unplanned mothers as at-risk, lesser-than, victimized, and so forth (for an example see Figure 8, which demonstrates rejection of the negative grand narrative through the use of a love song, and see Appendix D to view in the context of the whole video).
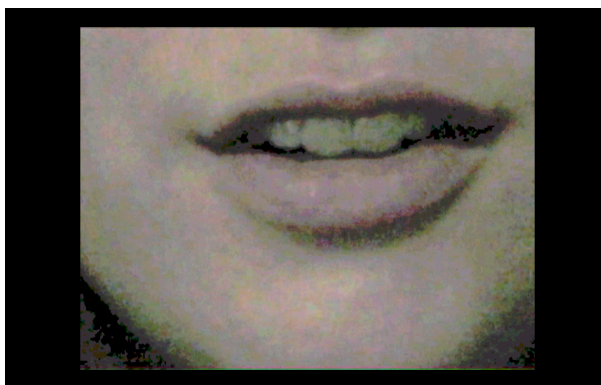
A Case for Hope in Unplanned Pregnancy

Figure 8. A close-up of Lauren's mouth singing "Your Song" by Elton John, from Lauren's video, *Dear Baby*.

Before discussing the hope in our unplanned pregnancy stories, I would like to revisit briefly the definitions of hope. There are many definitions of hope in the literature, from a cognitive-behavioural, goal-oriented one (Snyder, 1995), to a more multidimensional model that refers to hope as a cognitive, emotional, behavioural, relational, and existential anticipatory act (Stephenson, 1991). I acknowledge that I made numerous references to Snyder's work in this text because the theme of goals arose for me as significant in my review of the gathered information, but Snyder's model in and of itself does not wholly work for me. Rather, the definition that most resonated with me is Dufault and Martocchio's (1985) definition of hope as a "*multidimensional* dynamic life force characterized by a *confident* yet *uncertain* expectation of achieving a future *good* which, to the hoping person, is *realistically* possible and *personally significant*" (p. 380). They described two spheres of hope—generalized and specific—and six dimensions: affective, cognitive, behavioural, affiliative, temporal, and contextual. This model of hope stood out as specifically relevant to my experience of unplanned pregnancy because of its broad multidimensionality, providing a holistic perspective that takes into account feelings, rationality, context, and relationships, among others. Given my knowledge of the literature on hope and my own experience of hope in the context of unplanned pregnancy, this definition struck me as the most inclusive of the human experience of hope with all its multifaceted, complex dimensions.

Given this definition, it is easy to read the hope in our stories. We enacted hope in our unplanned pregnancy experiences by: (a) seeing our way through our interrupted life plans by imagining new possible futures, (b) sharing our pregnancy news with others and integrating their hope for and confidence in us into our own perspectives, (c)

integrating motherhood into our self-identities, and (d) establishing new or altered goals

for our futures as mothers. Each of these will be discussed in turn.

Arguably, all of the co-participants in this research were hopeful, future-oriented

women at the time we were confronted with the hope-challenging news of our

pregnancies. In trying to represent how that news impacted us in our creative videos, we

each independently arrived at various ways to represent the screeching halt in our life

momentum (see Figure 9): both Terri and Lexi used auditory representations, cutting off

their background music with the screeching halt of a record scratch at the first sight of a

positive pregnancy test. I represented this shift more visually, using a sweeping 90°

hand-held pan from my feet to the bathroom sink that then comes to an abrupt halt at a

positive pregnancy test. In all cases, we chose to represent the discovery of our

unplanned pregnancies as moments when our forward motion stopped, moments during

which we felt stuck, dismayed, and uncertain.

Figure 9. Stills of home pregnancy tests from: (left) Lauren's video, (centre)
Lexi's video, and (right) Terri's video.

Thankfully, this moment of hopelessness proved relatively short-lived for all of

us. Later, as I worked through my pre-doctoral psychology internship, I was struck by

the parallel between what some of my clients faced and what we as unplanned mothers

faced. It seems that a lot of times when people encounter unexpected roadblocks, there is

a moment when we stop in our tracks and say, "oh, no." Some people stay in that

moment a long time, others move through it quickly, and some who feel like they cannot get out of that spot on their own sometimes reach out for help to get out. Then, when that "oh, no" moment has passed, we ask ourselves, "now what?" And for the most part, we start to move forward again.

In the "oh, no'' moment we are paralyzed, and our previously existing visions of the future are obliterated. Fortunately, we then begin to imagine new possible futures, and that moment of paralyzed hopelessness passes. As we further develop our possible futures, we encounter choices we can make in the present that will bring us towards one or another of those futures (see Figure 10 for Lexi's videographic representation of the return of her hope). Suddenly, our roadblock becomes a crossroads, and although choosing which way to go may not be an easy task, we feel buoyed because, at least, we have options. This act of imagining possible futures is an act of hope, of generating possible options and giving oneself the power to choose. It is an act of shining a light into the darkness and illuminating a way forward.

Sharing our news with others proved to be another act that fostered hope. Both Terri and Lexi's spirits were lifted by the positive reaction their partners had to the pregnancy news. Terri was further comforted when she shared her news with her sister-in-law, and she continued to receive positive support from others she went on to tell. Lexi's pregnancy-related fears were assuaged most when she told her parents the news and received unexpectedly positive reactions from them. Telling my father the news and receiving a reaction of pleasant surprise allowed me to understand that my family supported and believed in me. Seeing myself through their eyes, I was finally able to

appreciate that motherhood was something I could not only get through but also would be something I could do well.

Figure 10. Still of Lexi holding a baby, from Lexi's movie, *Untitled*. In voiceover, Lexi states, "I can't wait for what the future holds in store."

The next act of hope that we engaged in was the process of integrating motherhood into our self stories. I remember an early conversation with my mother that she started by asking, "How's it going, mama?" I groaned at hearing myself referred to as mama. "Please don't call me that," I pleaded in reply. The title of mama was so far removed from how I had seen myself through my entire life up until that point. I had been a daughter and a sister, an aunt, a filmmaker, an academic, and an ambitious young woman ready to take on the world and make significant contributions to my field. The picture of an ideal mother that I had in my head, based on the patient, loving mother I had, was nothing like who I was. I was more like my father: vibrant, fast-paced, and an A-type personality with ambition and drive. I was not domestic, not nurturing. How could someone like me be a mother?

Diane Speier (2001) noted that "in a society that defines motherhood as the quintessential role for adult women, there are assumptions underpinning this cultural

imperative that there is something called the 'perfect mother'" (p. 15). These assumptions—including what it takes to be a good mother and how fulfilling motherhood actually is for women—have been explored by other authors (e.g., Douglas & Michaels, 2004; Maushart, 1999; Thurer, 1995), and is a topic too large to properly address here. What must be addressed here, however, is how these assumptions might play a role in the fear experienced by unplanned mothers about our pregnancies, as these assumptions sometimes conflict with how we see and identify ourselves. Indeed, Speier (2001) wrote, "I found that a woman's sense of identity is so wrapped up in her worldly position that the role of motherhood offers few rewards by comparison" (p. 14), touching upon my previous argument that a significant source of conflict for unplanned mothers might relate to their work lives and work identities.

It would appear, then, that becoming a hopeful unplanned mother required a shift away from these assumptions about ourselves and motherhood, and the adoption of an identity that would integrate our pre-motherhood and motherhood selves. De Koenigswarter (2001) found that shifting identity, or "alternation—becoming someone else" (p. 150) was a major theme in the transition to motherhood for some of her participants. Others described more of a "deepening of self" (p. 151), during which self-transformation was "extremely profound" (p. 151) and involved a greater sense of meaningfulness in their lives, but was not a complete rupture from their pre-motherhood selves. In this research process, I saw a connection between developing a motherhood-integrative identity and having a more hopeful perspective on our pregnancies.

Out of the three of us unplanned mothers, Terri had been the most reluctant mother to begin with. Lexi had always wanted children, and I had only recently

determined that I wanted them. Terri, on the other hand, accepted motherhood as a compromise—that she would get to marry the man she wanted, but that she would have to become a mother in exchange. Although she agreed to bearing children, the discovery of her first pregnancy was a shock. She hoped to have more time to enjoy her freedom before being saddled with parenthood. Although she had met the man she wanted to spend her life with, she would not know married life before children.

"I was grateful I had 9 months to get my head around it," she told me, acknowledging that it took her some time to get used to the prospect of becoming a mother. Still, somehow, it happened. Perhaps the challenge of her uncomfortable pregnancy inspired her to look hopefully towards motherhood as a relief from pregnancy. Maybe it was the gratitude and enthusiasm of her husband and the love and support of family members that helped her realize that her reluctance to become a mother was misplaced. Regardless, Terri chose to represent the birth of her son in her video with a picture of him as a newborn in hospital, while the song "At Last" played in the background. The first two lines of that song sing out: "At last/My love has come along". It may have taken all 9 months of her pregnancy to integrate motherhood into her self-identity, but by time of her son's birth she saw herself as a mother.

Finally, our last act of hope relates to our first step of imagining positive possible futures: we began establishing new or revised stories to live into including new or altered goals for our futures, and made steps to move towards those goals. As with all goals, some of these were completed and some of these changed as our circumstances and attitudes towards them changed. For instance, Lexi chose to abandon her idea of working from home when her maternity leave experience convinced her that she would feel too

isolated, so she altered her new goal by deciding to go back to work in the school system instead of teaching from home. Still, this altered goal was different from another option she initially considered, which was to be a stay-at-home mother.

As we solidified what we wanted for our futures now that we had a child to consider in our long-term plans, we began taking steps to achieve them. In some cases it was a matter of continuing to take steps along a path we had previously traversed until it had become foggy with indecision and doubt upon our discovery of pregnancy (for example, my decision to continue down my academic path as a mother; see Figure 11 for an ultrasound image of the fetus I chose not to abort). Able to see our way again, we were able to proceed. In other cases, it was a matter of choosing a different path altogether (for example, Lexi's decision not to open a dayhome and instead go back to teaching), and beginning to walk in that direction. We each moved out of stagnation and into forward motion, moving towards the future and towards hope. Our anticipated futures once again shone brightly, and once again we had hope—a hope that we created by believing that our futures could still be meaningful (see Figure 12 for a representation of Terri's sentiment on this topic).

Figure 11. Lauren's 10 week ultrasound picture, in a still taken from Lauren's video, *Dear Baby*.

Conclusion

Figure 12. Hopeful text from the End of Terri's Video, *Terri's Stumbling Block or Building Block??*

From the outset, my intention with this research project was threefold, to: (a) describe how women recount our stories of unplanned pregnancy, (b) determine what role hope played in those experiences, and (c) provide therapeutic suggestions based on this new understanding of unplanned pregnancy to helping professionals working with unplanned mothers. I have outlined how I went about trying to achieve those goals and offered interpretations that tried to answer my research questions. Although I cannot say that our stories reflect what most women experience with unplanned pregnancy, I acknowledge that this was never my intention. I sought to introduce different voices— our own, first-person, female voices—into the larger discussion on unplanned pregnancy. I believe this introduction has been long overdue.

My daughter's first name, Sophia, means wisdom. Her middle name, Nadine, means hope. Feminine wisdom—the knowledge and understanding that comes from women's own embodied experiences and that is communicated through art and story—is what is largely lacking in the literature on unplanned pregnancy. So is a discussion of

hope, that driving life force that compels us forward despite challenge; heart-wrenching,

life-altering decisions; and loss of control. My daughter's name is the legacy I want to

leave for her, a legacy of wisdom and hope that might help guide her through life. It is

also the underlying intention of this dissertation research to make visible an oft-invisible,

feminine form of knowledge for the purpose of giving hope to other women who might at

times feel there is none to be had. I hope this research might be a guide that helps us all

find that hope.

Chapter 5. Shifted Focus: A Conclusion

I have been thinking about my future with a much longer lens than I have ever been able to conceive of it before being pregnant. A year ago I could hardly talk about 1 or 2 years into my future because so much was unknown, and so much of the future was less meaningful than the present. What was important was getting through school, setting up my internship, making sure I passed my candidacy exam. That has all changed now. Sometimes I think about how old I will be when my child graduates high school (43). How old will be when he or she is 25 (50). I think about myself in my middle age–what I will look like, what kind of relationship I will have with my child or children, if I'll be married or partnered or single, what I will be doing in my career and if I have accomplished the career goals I ambitiously set for myself in my youth. My life stretches out before me so huge and vast and also so limited. I will age and deteriorate. I will probably die of heart disease, given my family history. I will lose people I love, and somehow I will survive it. I will experience defeat, a broken heart, indescribable joy, and pride that brings tears to my eyes. I am imagining myself standing in the crowd at a graduation ceremony, cheering and clapping and crying as my son or daughter makes his/her way across the stage in a flowing academic gown. Pride like I have never known before and did not know could exist, that will fill my whole being and make my whole body quiver. I am looking forward to my future. There is so much of it before me, and it will go by so fast. (Journal entry, March, 2008)

Re-reading this journal entry, I find myself looking to the past–into my pre-motherhood life when this entry was written, and into the future, which continues to stretch out "so huge and vast" before me. I have spent years engaging in the work of this dissertation, and now that I stand at its conclusion I wonder how to summarize the work that has traveled with me through so many different transitions in life. Since first timidly suggesting to my supervisor that I would like to switch the focus of my dissertation to the subject of unplanned pregnancy, I have become a mother, achieved my professional designation to become a psychologist, moved four times between three different cities, and started my first real (non-student) job. I am a different person now than I was when I first started this research. Perhaps that was the point of engaging in this personal journey through graduate school and motherhood: to have this research float with me through these various transitions so that I could, in the end, look back on my experience of

unplanned pregnancy and see all the moments of hope that kept me from sinking.

Perhaps the point is to demonstrate to other women facing unplanned pregnancy that

challenging does not mean impossible, and despite whatever fears may come that life

does indeed go on.

Concluding Impressions

In the process of completing this research, a number of things have made distinct

impressions upon me. First, I have felt truly honoured to have worked with the

incredible, inspiring women who generously offered to be co-participants in this research.

Over the course of many months we shared tears and laughter and stories; indeed, we

shared our lives and ourselves. I cannot think of anything more intimate to talk about

than our experiences of motherhood, and I am truly grateful for the process that we

shared together as we journeyed through this research—and motherhood—together.

Second, I have been struck by how upset I felt at the portrayal of unplanned

pregnancy in the literature, and the grand narrative that I interpreted from it. I do not

doubt that there are indeed women who struggle with difficulties associated with

unplanned pregnancy, and I believe strongly that public education about birth control and

planned parenthood is essential so that an educated society can make meaningful personal

decisions about their lives and their families. At the same time, I was deeply

disheartened to find so little discussion in the existing literature on the resiliency of

women who have faced challenging life situations. Through this research, I have argued

that there must be alternative ways to look at this issue: namely, from a woman's

perspective on herself. Further, I have argued that not only must there be these alternate

perspectives, but that we must explore them and offer a first-person narrative of

resistance to the grand narrative that supposedly speaks for us. It is my most sincere hope

that this dissertation research can be counted as one step in that direction.

Moving forward, a couple of points may be taken into consideration. One is my

desire to respond to one of the questions that guided this research, which is: what might

helping professionals do to help mothers during their unplanned pregnancy? I will

address this question by offering some suggestions that I interpreted from this work.

Another point of consideration relates to the future of videographic inquiry and whether

other researchers might want to use this method in their own work. The third

consideration relates to the future of research in the area of unplanned pregnancy that, I

hope, researchers will take on in the coming years. I will address these considerations:

first, I will address the question of what helping professionals may do to help unplanned

mothers, as I interpreted from this research; then, I will explore the frustration and the

beauty of the methodological Gesamtkunstwerk of videographic inquiry; and, finally, I

will discuss some ideas for future research that may be taken up in the near future.

Practical Application: Working with Unplanned Mothers

Not all women facing unplanned pregnancies seek counselling to help cope with

the difficult decisions and all the changes that occur during such a time. However, my

disappointing experiences with counselling and reading the literature on unplanned

pregnancy impressed upon me the importance of developing a more holistic research base

and counselling approach to helping those women who might seek and/or benefit from

counselling. This place of compassion for my sisterhood of unexpected mothers, anger at

the lack of relevant research in the area, and disappointment in my counselling

experience regarding my own unplanned pregnancy formed the motivation behind my dissertation research.

In order to aid helping professionals in their work with unplanned mothers, I have developed a number of suggestions for therapeutic work based on the co-participants' and my experiences of unplanned pregnancy. I have interpreted the information we gathered throughout the research process and developed some suggestions for what might help other unplanned mothers work through whatever difficulties they might be facing, if they are facing any at all. Though other helpful guides exist for helping professionals interested in working with women facing unplanned pregnancy (i.e., Beresford & Garrity, 1982; Runkle, 1998; Singer, 2004), to the best of my knowledge the list of suggestions presented here is the first derived directly from qualitative research on women's accounts of unplanned pregnancy.

1. Provide Space for Experiencing the "Oh, No" Moment.

   One of the first skills that helping professionals are trained for is the ability to listen respectfully and compassionately to our clients. This skill comes into especially significant use when faced with a client who might be in the process of experiencing an "oh, no" moment—those moments of shock, disbelief, and inaction that we encounter when faced with an event that shatters what we understood about our lives and ourselves. A woman facing an unplanned pregnancy might benefit from a helping professional's non-judgmental attentive listening skills, particularly if the client feels that it allows her permission to experience whatever it is she is experiencing in that moment. It might also be

helpful for the professional to normalize her experiences and to encourage her patience as she works towards clarity around pregnancy decision-making.

2. Explicitly Talk About Hope.

   Although the majority of the literature I reviewed on unplanned pregnancy paints a dire picture of the experience, it might be especially useful to talk less about what is "at-risk" and more about what is "at-hope". Previous counselling research suggests that developing a hope-fostering counselling relationship, providing supportive identity development opportunities for the client, and helping the client move away from a distressing perspective about her problem might all contribute to hope-enhancing counselling experiences (Larsen & Stege, 2012).

3. Discuss Pregnancy Decision-making Options.

   During my unplanned pregnancy, the options I had to decide between included having an abortion, maintaining the pregnancy and then placing the child up for adoption, and maintaining the pregnancy and then parenting the child. If a client is experiencing an unplanned pregnancy and does not yet know what she would like to do, it might be helpful for her to know what her options are and what process each option might involve. This might be a good time to talk about the presence of fear and hope and what is behind each of these emotions for the client. It might also help to point out that these two conflicting emotions can exist at the same time, and that hope can exist in the face of uncertainty.

4. Brainstorm Possible Futures.

   Whether a client is weighing different options at this point or has settled on one course of action, many varied futures are still open to her. Helping professionals

might encourage her to brainstorm some possible futures that might stem from her decision. Depending on her current mood state, she might only be able to see these possibilities in one light; for instance, if she is in despair she might only be able to see dismal possible futures at this point. A helping professional might gently offer other possibilities, perhaps offering more positive reframes of some ideas she comes up with herself, and encourage her to project beyond her in-the-moment feelings. It might be helpful to think expansively at this stage and not discount any possibilities.

5. Analyze Possible Futures.

Having come up with a number of different possible futures, it might be helpful to analyze which of these seem most worthwhile to pursue. Having narrowed down the field to more hopeful options, it might be useful to analyze the remaining possibilities for what seems most meaningful and realistic to the client right now. In guiding this discussion, the helping professional might want to address various spheres of knowledge that might help the client gain insight into how she feels about each possibility. Perhaps the professional could question her about what she thinks about these possibilities in order to engage her cognitive sphere, possibly engaging in a rational pros-and-cons discussion. Also, her emotional reaction to various possibilities might be discussed to engage her emotional sphere. The role spirituality and/or other belief systems might play in these futures might be addressed, as well as the role that her family and community might play in those futures. If she lacks social or financial support and/or has concerns that might be addressed through social programming, it might be helpful

to introduce her to whatever help might be available at the family, community, and governmental level to assist her in developing a meaningful, achievable future towards which she may begin to work. The helping professional might also suggest that the client talk to other women who have had similar experiences and/or read about women whose stories may be inspirational.

6. Move Forward.

    After discussing some possible futures and determining which of them are most compelling to the client, the helping professional might encourage the client to move towards a hoped-for future by offering goal-setting techniques or discussing next steps in achieving her desired future. If the client feels she has positive options for her future that are realistic, meaningful, and achievable, the helping professional might have helped her move towards strength, growth, and hope.

    This list of suggestions is not intended for use as a manualized approach to counselling women facing an unplanned pregnancy. Rather, it is a list of ideas emerging from this project that might be used separately or together to guide a therapeutic discussion with a client. Based on women's own experiences of unplanned pregnancy, including the challenges we faced and the myriad ways we confronted those challenges, my hope is that these suggestions might help other women discover the beautiful possibilities and endless hope that their futures hold no matter what path they choose.

The Frustration and the Beauty: Is Gesamtkunstwerk Attainable?

Aside from helping women face the challenges that might arise with an unplanned pregnancy, another possible consequence of this research is that my use of videographic inquiry might introduce a different approach to qualitative research that interests other

researchers. Although this approach was well suited to this particular project, I had both positive and negative experiences in using this methodological Gesamtkunstwerk.

Domling (1994) stated that "the dream of a consummate Gesamtkunstwerk should remain a dream. Every attempt at realization risks collapsing from the sublimely meaningful to the ridiculous (and the more strident, anguished, and profound it purports to be, the greater the risk)" (p. 9). I disagree with his assertion that striving towards a Gesamtkunstwerk in the arts or, as I make the argument here, in psychological research, is virtually impossible and ultimately ridiculous. However, I must confess that I encountered some unique challenges in my own attempt at psychological Gesamtkunstwerk. There are many reasons why I chose to use a pluralistic approach to my dissertation research, and the combination of those reasons culminated in the beauty of this style of work. At the same time, in my experience using videographic inquiry as a pluralistic approach to research, I encountered a number of challenges that suggested that combining even largely complementary methods is not without its setbacks.

The beautiful harmony of Gesamtkunstwerk. The process of video-making is relatively long and involved and develops over the course of several stages. For the purposes of social science inquiry, each of these stages provides ample opportunity to explore the internal processes—cognitive, emotional, and others—experienced by co-participants over a period of time (e.g., the time it takes to complete the video project). The information gleaned from such expressive products might be very different from the information gathered during interviews and other more established forms of qualitative research. Some of the differences include:

- The visual nature of the information might provide a different perspective on internal processes than the conversational information provided in an interview.

- As a visual medium, it might tap into and reveal for both the co-participant and the lead researcher certain non-verbal processes that spoken language might not.

- The medium of video is visual and narrative, combining into one unique perspective the two powerful media of storytelling and visual expression.

- Unique therapeutic benefits might be provided to both the participants and the researcher based on demonstrations of the therapeutic benefits of therapeutic filmmaking (Johnson & Alderson, 2008), thus conforming to Ellis and Bochner's (2000) view that good autoethnographic research has therapeutic value.

The strength of collecting this amount and this type of research information is the richness of detail it provides regarding the personal process of video-making. Most creative endeavours involve some form of evolution (of ideas, of the artist) over the course of its creation. Video-making is a long and labour-intensive process that is reliant on a stage-like structure to provide ongoing information on the evolution of the video from its inception through completion. This, in turn, provides information on the video-maker's evolving sense of, and relationship with, her story over the course of the project.

The Frustrating Challenge

Getting lost in translation. One of the most difficult challenges I faced when first introduced to film analysis during my early days of film school was the concept of film as an audio-visual language. Over the course of my years in film school, I learned to understand better the semiotics of film–how scene composition, cinematography, and editing tell their own stories. In conducting videographic inquiry research, the concept of

video as language changed from a purely theoretical discussion to a very practical consideration. Working with video in the context of an academia that covets the written word, and having to find ways to write about video and the video-making process in such a setting, forced me to confront the very pragmatic issue of translation. How might I go about analyzing creative video works using typically literary methods? Would I have to invent my own form of analysis? How does one transcribe a creative video, taking into account the importance of text, image, sound, and timeline, and is it even necessary to do all of this for analysis? How might I authentically write about these videos in a way that will convey my experience of watching them? Ultimately, is it even possible to write descriptively about these videos without negating the reason for them in the first place?

The task of translating our videos into a written format was an important one that proved remarkably challenging. I encountered great difficulty attempting to translate the three videos into a written format for the purposes of analysis and dissemination. I was heartened to read that other visual researchers struggled with the same issue. Shaun McNiff (2008) noted that the "translation of art experiences into descriptive language can present a number of challenges to the arts-based researcher" (p. 35). However, he went on to explain that this process of translation can be seen as an "unfolding of thought and the ongoing process of interpretation" (p. 35), and also noted its importance as a tool for dissemination. McNiff argued that translation of visual texts into written words might help further the interpretive process and succeed in informing an audience on the topic at hand without negating the original visual format.

As described in Chapter 3, I used elements of visual discourse analysis, narrative inquiry, and film analysis to make sense of our audio-visual materials without

disregarding their audio-visual nature. Some techniques I borrowed from other modes of inquiry (i.e., writing interim texts), while others I developed myself (i.e., using the five-column transcription technique). Further, I chose to disseminate the research using both audio-visual and written methods. This allowed me to represent the research both in the written form of a dissertation, as required by the Department of Educational Psychology at the University of Alberta's doctoral standards, and also as a short documentary summary of the research (hyperlink: http://youtu.be/s6-vCh0RHTs; or see Appendix E at the end of this document) that honours the medium with which we worked. In addition to responding to the concern about translation, this choice to develop a documentary on the subject also spoke to my concerns about access to this research by the general population and, in particular, women experiencing unplanned pregnancies. It is my intention that the written dissertation and the video documentary satisfy different objectives: the former, an academic objective, and the latter, a populist one, and allow me to speak about this research in two official languages (the written word and video).

Lost data. Another significant challenge I faced was the heartbreak of lost data. Although this might not be an issue unique to videographic inquiry research, I argue that the medium of video-based information is especially difficult to protect from loss.

Towards the end of my first trimester, I created a short video about my experience of unplanned pregnancy to that point. Using archival photographs scanned onto my computer and original footage shot on my digital video camera, I used iMovie editing software on my MacBook laptop to put together a simple, 3-minute video. When it was complete, I backed up the electronic files onto an external hard drive kept at my home and burned two copies onto DVD. I gave one copy of the DVD to a professor as part of

an assignment and kept the other, while my laptop and backup hard drive both stored electronic copies of the video.

When I was 6 months pregnant, my condo was broken into. My laptop and external hard drive were stolen. Shortly after this, a faulty DVD player fatally scratched and ruined the only DVD copy of the video that I owned. I scrambled to contact the former professor to whom I had given the very last working copy in existence and asked if I could have it back to duplicate it, but despite her best efforts she could not find it. The entire project—the DVD copies of the end product, the electronic files, everything but the original raw footage—was forever gone. Given that this video was intended to be a cornerstone piece of my dissertation, the loss was devastating.

The loss of data on a scale such as this has never been an issue for me in previous print media-based research. My written work is typically saved on a computer, on a USB storage device, and sent to myself via e-mail in order to be accessible from any computer with internet access. These methods of data backup are appropriate for small file storage, but when data in video format runs up to many gigabytes in size, it is typically too large to be stored on shared-use servers that might have a limited electronic storage capacity. For instance, I have well over 100 GB of video footage related to my dissertation research stored on my computer, and online file storage programs I have encountered typically have a data limit of 100 GB. Although I have learned to make more than two DVD copies for future projects, and have since found an online data storage company that allows for over 200 GB of storage, the fact remains that large video files can be difficult to store and protect from theft and damage.

Intensive participation. In my experience with videographic inquiry, the time commitment required of both co-participants and researchers alike is significant, and even daunting. I began this research with five different women participating, and three of them could not complete the study because of the time commitment involved. As mothers, wives, volunteers, and employees, it was difficult for them to find the time for this research in their busy lives.

The video-making process took approximately 4 hours with one co-participant, and approximately 6 hours with another. These women then returned months later to screen their films for each other and engage in a focus group-style discussion about their experiences with this research and about the films themselves. This focus group took an additional 1.5 hours of their time. Although both women described their participation as fun, and both appreciated having their own copies of their video on DVD to share with their families, they put a significant amount of time and effort into this research.

This time commitment might be problematic for a couple of reasons. First, as the lead researcher I was deeply aware of the sacrifices these women made to participate in this research project, and given the time they put into it and the level of intimacy involved in what they did, I felt a deep sense of commitment to them and what they produced. Accordingly, I felt especially bound to honour them and their creative works, to the point where I anguished over the meaning-making stage, unsure how to proceed without distilling, dismembering, or otherwise disrespecting their work.

Second, the time commitment involved might severely limit the number of participants who can engage with videographic inquiry projects, and might prove a barrier to certain groups of potential participants. I had difficulty completing my research

with mothers because of the family, community, and work commitments they had. I imagine I would have encountered even greater challenges if conducting research with people who had to travel great distances to the research site, or work multiple jobs, or if I had to work around the limitations of an institutional setting. The time commitment might restrict the applicability of videographic inquiry to different populations in different contexts. For this reason, researchers interested in using videographic inquiry in their own work must consider not just whether this methodology might fit with their research questions, but also whether this methodology is practical for use in their specific research context.

Technical guidance or creative control? Of the participants I recruited for my research, none had experience with creative video production. I assured them that previous experience was not required. Using a low-end Canon mini digital video (miniDV) camera and an iMac equipped with standard iMovie editing software, the learning curve was not steep. Additionally, as I assured all potential participants, I was beside them through the whole process, from development of their story ideas through the process of burning the finished products onto DVD. I offered to show them the short video I made as part of my reflexive participation in the research, I gave a brief demonstration of how to use the equipment before handing it over to them, and I continued offering technical guidance throughout their creative work.

However, a number of concerns arose about conducting the study in this way. First of all, offering to show my creative video to the participants allowed them to see one way their story might be told and how it might look as a finished product. Perhaps the participants might have come up with their own unique approach to their video, using any

combination of narrative or non-narrative devices; by offering my video as an example I might have inadvertently given the message that this was the only way to structure their video.

Further, as a psychologist I know that questions can be asked in directive ways that significantly influence the response given, even if the person posing the question might not be aware of this influence. When offering technical guidance to my participants, I was aware of my urge to play the director and make suggestions about the creative elements of their videos, and though I believe I managed not to exert creative control over their projects, I remain open to the possibility that I may have influenced their creative decisions in less direct and obvious ways. I continually reflected on the line between offering technical guidance and interfering with their creative process. If I pointed out the various transition effects available to them and encouraged them to play with the effects and see what—if any—might fit for a given sequence, would that be guidance or would that be felt as pressure to use transition effects? If the co-participants were unsure of how best to tell their story, and I offered some different options regarding format, style, and genre, would that be helpful guidance or harmful interference?

By continually reflecting on my interactions with the co-participants, as well as reviewing the videotapes of those interactions for reference, I did what I felt was appropriate to ensure that I remained a guide rather than a director.

Exploring the Alternatives: Ideas for Future Research

A significant gap exists between the experiences of unplanned pregnancy as they are depicted in the few qualitative, women-centred research studies I found versus the copious quantitative, population-based studies that supported the grand narrative. The

latter studies do address important questions and provide useful information to policy-makers and healthcare professionals, but they do so at the expense of listening to the voices of unplanned mothers and their children. Research that focuses on the negative implications of this experience might be helpful for designing interventions for those who struggle with significant personal and social problems associated with their pregnancies, but might also be harmful by perpetuating a stereotype about how unplanned pregnancy is experienced by women, and what types of women find themselves in that position.

From my perspective, a number of options exist for expanding our current knowledge base on unplanned pregnancy. First, I believe it would be beneficial to continue exploring unplanned pregnancy through qualitative research studies that address questions about the perceptions of both positive and negative experiences associated with unplanned pregnancy. There is too little extant qualitative data on this topic generally, and it would enrich the literature to add some balance to this predominantly quantitative field of research. In particular, explorations of unplanned pregnancy from a feminist and/or women's studies perspective, and those that focus on the connection between women, work, and unplanned pregnancy, might greatly enhance the breadth of literature on the subject.

Related to the above assertion, I propose that qualitative research focused on exploring how women cope with unplanned pregnancies and their consequences, as well as under which circumstances they feel they could have coped better, would broaden the picture of unplanned pregnancy in the literature. Qualitative research could further contribute to how policy-makers and helping professionals such as healthcare workers, counsellors, psychologists, and others, might better help women struggling with the

consequences of their unplanned pregnancies. Further, if this research reveals that women are more frequently coping well with their situations rather than struggling, that would be helpful information to know about how unplanned pregnancies are experienced.

Another opportunity to collect valuable data in future research studies might be undertaking qualitative and/or mixed-method longitudinal studies on women's unplanned pregnancies and the long-term outcomes for them and their children. Given that most of the published studies I encountered were conducted synchronically, such studies might broaden the scope of the literature and offer more detailed, evocative, informational accounts of the consequences of unplanned pregnancy by following the same participants over a longer period of time.

Finally, this field of research would benefit from qualitative research studies that provide qualitative accounts of unplanned pregnancy from the perspectives of families and children. Given that pregnancies are not just experienced by a woman alone, but also by her partner, her family, and the children who were born of such pregnancies, a great wellspring of information might flow from exploring how such experiences affect the others involved. This area might elucidate the effect of such experiences on the whole family unit, rather than simply on the woman alone, the child alone, or the adult couple.

It is my great hope that further research on unplanned pregnancy might alter the grand narrative that is represented in the present literature. Given that my experience of unplanned pregnancy was so far from what I expected, it is my hope that future research might offer alternative stories that ultimately work to name and share narratives of resistance to the taken-for-granted truth of how unplanned pregnancy is experienced by women, depicting instead what unplanned motherhood is and can be.

References

Adelman, C. (1998). Photocontext. In J. Prosser, (Ed.), *Image-based research*: *A sourcebook for qualitative researchers.* Bristol, PA: Falmer Press.

Allchin-Petardi, L. (1999). Hope for American women with children. In R. R. Parse (Ed.), Hope: An international human becoming perspective. Sudbury, MA: Jones and Bartlett.

Allen, L. (2005). Say everything: Exploring young people's suggestions for improving sexuality education. *Sex Education: Sexuality, Society and Learning, 5*(4), 389-404.

Alonzo, T. M., LaCagnina, G. R., & Olsen, B. G. (1977). Behaviorism vs. humanism: Two contrasting approaches to learning theory. *Southern Journal of Educational Research, 11*(3), 135-151.

Anderson, E. (2011). Feminist epistemology and philosophy of science. In E. N. Zalta (Ed.), *The Stanford encyclopedia of philosophy.* Retrieved from http://plato.stanford.edu/ archives/spr2011/entries/feminism-epistemology.

Arai, L. (2003). Low expectations, sexual attitudes and knowledge: Explaining teenage pregnancy and fertility in English communities. Insights from qualitative research. *Sociological Review, 51*(2), 199-217. doi:10.1111/1467-954X.00415

Bach, H. (2007). *A visual narrative concerning curriculum, girls, photography, etc.* Edmonton, AB: Qualitative Institute Press.

Bandali, S. (2003). Understanding birthing options from a feminist perspective: Identifying communication strategies for education. Unpublished Master's thesis. Edmonton: University of Alberta.

Barone, T., & Eisner, E. (1997). Arts-based educational research. In R. M. Jaeger (Ed.),

    Complementary methods for research in education (pp. 73-99). Washington, DC:

    American Educational Research Association.

Becker, E., Rankin, E., & Rickel, A. U. (1998). *High-risk sexual behavior: Interventions*

    with vulnerable populations. New York, NY: Plenum Press.

Benzein, E., & Saveman, B. (1998). One step towards the understanding of hope: A

    concept analysis. *International Journal of Nursing Studies, 35*(6), 322–329.

    doi:10.1016/S0020-7489(98)00045-5

Beresford, T., & Garrity, J. (1982). *Short term counseling of sexual concerns*. *A self-*

    instructional manual. Baltimore, MD: Planned Parenthood of Maryland.

Best, S., & Kellner, D. (1997). Postmodernism in the arts: Pastiche, implosion, and the

    popular. In S. Best & D. Kellner (Eds.), *The postmodern turn* (pp. 124-194). New

    York, NY: Guildford Press.

Bloom, L. R. (1998). *Under the sign of hope: Feminist methodology and narrative*

    interpretation. New York, NY: SUNY Press.

Bordwell, D., & Thompson, K. (2009). *Film art: An introduction* (9th ed.). New York,

    NY: McGraw-Hill.

Bouchard, G. (2005). Adult couples facing a planned or an unplanned pregnancy: Two

    realities. *Journal of Family Issues, 26*(5), 619-637.

    doi:10.1177/0192513X04272756

Bouchard, G., Boudreau, J., & Hebert, R. (2006). Transition to parenthood and conjugal life: Comparisons between planned and unplanned pregnancies. *Journal of Family IIssues, 27*(11), 1512-1531. doi:10.1177/0192513X06290855

Brayton, J. (1997). *What makes feminist research feminist?: The structure of feminist research within the social sciences.* Retrieved from www.unb.ca/PAR-L/win/feminmethod.htm

Brooks, A., & Hesse-Biber, S. N. (2007). An invitation to feminist research. In S. N. Hesse-Biber & P. L. Leavy (Eds.), *Feminist research practice: A primer* (pp. 1-26). Thousand Oaks, CA: Sage.

Bruininks, P., & Malle, B. F. (2005). Distinguishing hope from optimism and related affective states. *Motivation and Emotion, 29,* 324-355. doi:10.1007/s11031-006-9010-4

Burgess, V., Dziegielewski, S. F., & Green, C. E. (2005). Improving comfort about sex communication between parents and their adolescents: Practice-based research within a teen sexuality group. *Brief Treatment and Crisis Intervention, 5*(4), 379-390. doi:10.1093/brief-treatment/mhi023

Buskens, P. (2001). The impossibility of "natural parenting" for modern mothers: On social structure and the formation of habit. *Journal of the Association for Research of Mothering, 3*(1), 75-86.

Cahnmann-Taylor, M., & Siegesmund, R. (2007). *Arts-based research in education.* New York, NY: Routledge.

Cammaert, L. P., & Larsen, C. C. (1989): Feminist frameworks of psychotherapy. In M. A. Dutton-Douglas & L. E. Walker (Eds.), *Feminist psychotherapies: Integration of therapeutic and feminist systems.* New York, NY: Ablex.

Canadian Art Therapy Association (CATA). (1998). *Standards of practice.* Retrieved from http://www.catainfo.ca/standards.pdf

Canadian Federation for Sexual Health. (2007). *Sexual health in Canada: Baseline 1.* Retrieved 11/12/07 from http://www.cfsh.ca/ppfc/content.asp?articleid=623

Canadian Psychological Association (CPA). (2000). *Canadian code of ethics for psychologists* (3rd ed.). Ottawa, ON: Canadian Psychological Association.

Castle, J. B., & Woloshyn, V. (2003). Motherhood and academia: Learning from our lived experience. *Journal of the Association for Research on Motherhood, 5*(2), 35-46.

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research.* San Fransisco, CA: Jossey-Bass.

Clough, P. (1992). *The end(s) of ethnography: From realism to social criticism*. Newbury Park, CA: Sage.

Coker, A. L. (2007). Does physical intimate partner violence affect sexual health?: A systematic review. *Trauma, Violence, & Abuse, 8*(2), 149-177. doi:10.1177/1524838007301162

Condon, J. T., & Corkindale, C. (1997). The correlates of antenatal attachment in pregnant women. *British Journal of Medical Psychology, 70*(4), 359-372. doi:10.1111/j.2044-8341.1997.tb01912.x

Connelly, C. D. (1998). Hopefulness, self-esteem, and perceived social support among

    pregnant and nonpregnant adolescents. *Western Journal of Nursing Research, 20,*

    195-209. doi:10.1177/019394599802000205

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five*

    traditions. Thousand Oaks, CA: Sage.

Crosby, R. A., DiClemente, R. J., Wingood, G. M., Rose, E., & Lang, D. (2003).

    Correlates of unplanned and unwanted pregnancy among African-American

    female teens. *American Journal of Preventive Medicine, 25*(3), 255-258.

    doi:10.1016/S0749-3797(03)00192-2

Crotty, M. (1998). Introduction: The research process. In *The foundations of social*

    research: Meaning and perspective in the research process (pp. 1-17). Thousand

    Oaks, CA: Sage.

de Brigard, E. (1973). The history of ethnographic film. In P. Hockings (Ed.), *Principles*

    of visual anthropology (pp. 13-44). Chicago, IL: Aldine.

De Graves, S., & Aranda, S. (2008). Living with hope and fear–the uncertainty of

    childhood cancer after relapse. *Cancer Nursing, 31*(4), 292-301.

    doi:10.1097/01.NCC.0000305745.41582.73

de Koenigswarter, H. M. (2001). An interpretive study of the transition to motherhood in

    contemporary France. *Journal of the Association for Research of Mothering, 3*(1),

    144-154.

de Lauretis, T. (1987). *Technologies of gender: Essays on theory, film, and fiction.*

    Bloomington, IN: Indiana University Press.

de Mello, D. M. (2007). The language of arts in a narrative inquiry landscape. In J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology.* Thousand Oaks, CA: Sage.

Delgado-Rodriguez, M., Gomez-Olmedo, M., Bueno-Cavanillas, A., & Galvez-Vargas, R. (1997). Unplanned pregnancy as a major determinant in inadequate use of prenatal care. *Preventive Medicine, 26*(6), 834-838. doi:10.1006/pmed.1997.0217

Denzin, N. K. (2003). The call to performance. *Symbolic Interaction, 26*(1), 187-207. doi:10.1525/si.2003.26.1.187

Desmond, A. M. (1992). Adolescent pregnancy in the US: Not a minority issue. *Health Care for Women International, 15*(4), 325-331. doi:10.1080/07399339409516125

Didkowsky, N., Ungar, M., & Liebenberg, L. (2010). Using visual methods to capture embedded processes of resilience for youth across cultures and contexts. *Journal of Canadian Academic Child and Adolescecent Psychiatry, 19*(1), 12-18.

Domling, W. (1994). Reuniting the arts: Notes on the history of an idea. *19th Century Music, 18*(1), 3-9. doi:10.1525/ncm.1994.18.1.02a00020

Douglas, S. J., & Michaels, M. W. (2004). *The mommy myth: The idealization of motherhood and how it has undermined all women.* New York, NY: Simon & Schuster.

Dubberley, W. S. (1988). Humor as resistance. *International Journal of Qualitative Studies in Education, 1*(2), 109-123. doi:10.1080/0951839880010201

Dufault, K., & Martocchio, B. C. (1985). Hope: Its spheres and dimensions. *Nursing Clinics of North America, 20*(2), 379-391.

Duggleby, W., & Wright, K. (2005). Transforming hope: How elderly palliative patients live with hope. *Canadian Journal of Nursing Research, 37*(2), 70-84.

Dutton-Douglas, M. A., & Walker, L. E. (1989). *Feminist psychotherapies: Integration of therapeutic and feminist systems.* New York, NY: Ablex.

Eastwood, J. G., Phung, H., & Barnett, B. (2011). Postnatal depression and socio-demographic risk: Factors associated with Edinburgh Depression Scale scores in a metropolitan area of New South Wales, Australia. *Australian and New Zealand Journal of Psychiatry, 45*(12), 1040-1046. doi:10.3109/00048674.2011.619160

Edey, W., & Jevne, R. F. (2003). Hope, illness, and counselling practice: Making hope visible. *Canadian Journal of Counselling, 37*(1), 44-51.

Eisner, E. (2008). Art and knowledge. In G. Knowles & A. Coles (Eds.), *Handbook of the arts in qualitative research*. Thousand Oaks, CA: Sage.

Eisner, E., & Barone, T. (1997). Arts-based educational research. In R. M. Jaeger (Ed.), *Complementary methods for research in education* (pp. 73-99). Washington, DC: American Educational Research Association.

Eliott, J. (2005). *Interdisciplinary perspectives on hope.* New York, NY: Nova Science.

Eliott, J., & Olver, I. (2002). The discursive properties of "hope": A qualitative analysis of cancer patients' speech. *Qualitative Health Research, 12*(2), 173-193. doi:10.1177/104973202129119829

Eliott, J., & Olver, I. (2007). Hope and hoping in the talk of dying cancer patients. *Social Science & Medicine, 64*, 138-149. doi:10.1016/j.socscimed.2006.08.029

Elliot, B. (2011). Arts-based and narrative inquiry in liminal experience reveal platforming as basic social psychological process. *The Arts in Psychotherapy, 38*, 96-103. doi:10.1016/j.aip.2011.01.001

Ellis, C., & Bochner, A. P. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 733-768). Thousand Oaks, CA: Sage.

Ellison, M. A. (2003). Authoritative knowledge and single women's unintentional pregnancies, abortions, adoption, and single motherhood: Social stigma and structural violence. *Medical Anthropology Quarterly, 17*(3), 322-347. doi:10.1525/maq.2003.17.3.322

Farran, C. J., Herth, K. A., & Popovich, J. M. (1995). *Hope and hopelessness: Critical clinical constructs.* Thousand Oaks, CA: Sage.

Feminism. (2001). In Random House Webster's unabridged dictionary (2nd ed.). New York, NY: Random House.

Fergusson, D. M., & Horwood, L. J. (1983). Childhood disadvantage and the planning of pregnancy. *Social Science & Medicine,17*(17), 1223-1227. doi:10.1016/0277-9536(83)90015-1

Fine, M., Weis, L., Weseen, S., & Wong, L. (2000). For whom? Qualitative research, representations and social responsibilities. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (pp. 107-132). Thousand Oaks, CA: Sage.

Finer, L. B., & Zolna, M. R. (2011). Unintended pregnancy in the United States: Incidents and disparities, 2006. *Contraception, 84*(5), 478-485. doi:10.1016/j.contraception.2011.07.013

Finley, S. (2003). Arts-based inquiry in QI: Seven years from crisis to guerrilla warfare. *Qualitative Inquiry, 9*(2), 281-296. doi:10.1177/1077800402250965

Finley, S. (2008). Arts-based research. In J. G. Knowles & A. L. Cole (Eds.), *The handbook of the arts in qualitative research* (pp. 71-82). Thousand Oaks, CA: Sage.

Fish, B. J. (2007). Image-based narrative inquiry of response art in art therapy [Abstract]. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 67*(8-B), 4705.

Fontana, A., & Frey, J. H. (2000). The interview: From structured questions to negotiated texts. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 645-672). Thousand Oaks, CA: Sage.

Fothergill, A., & Feltey, K. (2003). "I've worked very hard and slept very little": Mothers on tenure track in academia. *Journal for the Association for Research on Motherhood, 5*(2), 7-19.

Frederickson, B. L. (1998). What good are positive emotions? *Review of General Psychology, 2*(3), 300-319. doi:10.1037/1089-2680.2.3.300

Fromm, E. (1968). *The revolution of hope.* New York, NY: Bantam.

Geller, P. A. (2004). Pregnancy as a stressful life event. *CNS Spectrums, 9*(3), 188-197.

Gergen, K. (1991). *The saturated self: Dilemmas of identity in contemporary life.* New York, NY: Basic Books.

Gill, R. (2000). Discourse analysis. In M. W. Bauer & G. Gaskell (Eds.), *Qualitative researching with text, image, and sound: A practical handbook* (pp. 172-190). London, UK: Sage.

Gray, J. (2009). Staying at school: Reflective narratives of resistance and transition. *Reflective Practice, 10*(5), 645-656. doi:10.1080/14623940903290711

Grussu, P., Quatraro, R. M., & Nasta, M. T. (2005). Profile of mood states and parental attitudes in motherhood: Comparing women with planned and unplanned pregnancies. *Birth: Issues in Perinatal Care, 32*(2), 107-114. doi:10.1111/j.0730-7659.2005.00353.x

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 105-117). Thousand Oaks, CA: Sage.

Hayatbakhsh, M. R., Najman, J. M., Khatun, M., Al Mamun, A., Bor, W., & Clavarino, A. (2011). A longitudinal study of child mental health and problem behaviours at 14 years of age following unplanned pregnancy. *Psychiatry Research, 185*(1-2), 200-204. doi:10.1016/j.psychres.2010.05.019

Herth, K. (1993). Hope in older adults in community and institutional settings. *Issues in Mental Health Nursing, 14*(2), 139-156. doi:10.3109/01612849309031613

Heilbrun, C. G. (1999). Women's lives: The view from the threshold. Toronto, ON: University of Toronto Press.

Hermann, A. F. (2005). My father's ghost: Interrogating family photos. *Journal of Loss and Trauma, 10*, 337-346. doi:10.1080/15325020590956765

Hilliard, D., Shank, J. C., & Redman, R. W. (1982). Unplanned pregnancies in a midwestern community. *Journal of Family Practice, 15*, 259-263.

Hirst, J. J., Walker, D. W., Yawno, T., & Palliser, H. K. (2009). Stress in pregnancy: A

role for neuroactive steroids in protecting the fetal and neonatal brain.

Developmental Neuroscience, 31(5), 363-377. doi:10.1159/000232555

Hockings, P. (Ed.). (1973). *Principles of visual anthropology.* Chicago, IL: Aldine.

Holbrook, M. B. (2003). Customer value and autoethnography: Subjective personal

introspection and the meaning of a photograph collection. *Journal of Business

Research, 58*, 45-61. doi:10.1016/S0148-2963(03)00079-1

Hollingsworth, S., & Dybdahl, M. (2007). Talking to learn: The critical role of

conversation in narrative inquiry. In J. D. Clandinin (Ed.), *Handbook of narrative

inquiry: Mapping a methodology* (pp. 146-176). Thousand Oaks, CA: Sage.

Hughes, T., & Staren-Doby, D. (2003). Reducing unintended pregnancy in young, single,

active duty women in an overseas environment. *Military Medicine, 168*(1), 11-14.

Huszti, H., Hoff, A., & Johnson, C. (2003). Sexual behaviors and problems of

adolescents. In M. C. Roberts (Ed.), *Handbook of pediatric psychology* (3rd ed.,

pp. 664-679). New York, NY: Guilford Press.

Jarymowicz, M., & Bar-Tal, D. (2006). The dominance of fear over hope in the life of

individuals and collectives. *European Journal of Social Psychology, 36*(3), 367-

392. doi:10.1002/ejsp.302

Jevne, R. F. (1991). *It all begins with hope: Patients, caregivers, and the bereaved speak

out.* San Diego, CA: LuraMedia.

Jevne, R. F. (2005). Hope: The simplicity and complexity. In J. Eliott (Ed.).

Interdisciplinary perspectives on hope (pp. 259-289). New York, NY: Nova

Science.

Johnson, J. L., & Alderson, K. G. (2008). Therapeutic filmmaking: An exploratory pilot study. *The Arts in Psychotherapy, 35*(1)*,* 11-19. doi:10.1016/j.aip.2007.08.004

Khorrami, S. (2008). Arts-based narrative inquiry: A rural carpet-weaving family in Iran [Abstract]. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 68*(10-A), 4360.

King, L. A., Scollon, C. K., Ramsey, C., & Williams, T. (2000). Stories of life transition: Subjective well-being and ego development in parents of children with Down Syndrome. *Journal of Research in Personality, 34*, 509–536. doi:10.1006/jrpe.2000.2285

Knafo, D. (2009). *In her own image: Women's self-representation in Twentieth-century art.* Cranbury, NJ: Rosemont.

Knowles, J. G., & Cole, A. L. (2008). *Handbook of the arts in qualitative research*. Thousand Oaks, CA: Sage.

Lachance-Grzela, M., & Bouchard, G. (2009). The well-being of cohabiting and married couples during pregnancy: Does pregnancy planning matter? *Journal of Social and Personal Relationships, 26*(2-3), 141-159. doi:10.1177/0265407509106705

Larsen, D. J., Cumming, C., Hundleby, M., & Kuiken, D. (2003). Innovating a writing group for female cancer patients: A counselling field description. *Canadian Journal of Counselling, 37*(4), 279-294.

Larsen, D. J., & Larsen, J. E. (2004). "I am a puzzle": Adolescence as reflected in self-metaphors. *Canadian Journal of Counselling and Psychotherapy, 38*(4), 246-259.

Larsen, D. J., & Stege, R. (2012). Client accounts of hope in early counseling sessions: A qualitative study. *Journal of Counseling and Development, 90*(1), 45-54. doi:10.1111/j.1556-6676.2012.00007.x

Leavy, P. L. (2007). Feminist postmodernism and poststructuralism. In S. N. Hesse-Biber & P. L. Leavy (Eds.), *Feminist research practice* (pp. 83–108). Thousand Oaks, CA: Sage.

Leavy, P. L.(2009). *Method meets art: Arts-based research practice.* New York, NY: Guildford Press.

Levinson, J. (1984). Hybrid art forms. *Journal of Aesthetic Education*, *18*(4), 5-13. doi:10.2307/3332623

Lott, B. (1981). *Becoming a woman: The socialization of gender.* Springfield, IL: Charles C. Thomas.

Lynch, O. H. (2002). Humorous communication: Finding a place for humor in communication research. *Communication Theory, 12*(4), 423-445. doi:10.1111/j.1468-2885.2002.tb00277.x

Macbeth, D. (2001). On "reflexivity" in qualitative research: Two readings, and a third. *Qualitative Inquiry, 7*(1), 35-68. doi:10.1177/107780040100700103

Maushart, S. (1999). *The mask of motherhood: How becoming a mother changes our lives and why we never talk about it.* New York, NY: Penguin Books.

McGee, R. F. (1984). Hope: A factor influencing crisis resolution. *Advances in Nursing Science, 6*(4), 34-44.

McNiff, S. (1998). *Art-based research*. London, UK: Jessica Kingsley.

McNiff, S. (2008). Art-based research. In J. G. Knowles & A. L. Cole (Eds.), *Handbook of the arts in qualitative research: perspectives, methodologies, examples, and issues* (pp. 29-40). Thousand Oaks, CA: Sage.

Mead, M. (1973). Visual anthropology in a discipline of words. In P. Hockings (Ed.), *Principles of visual anthropology* (pp. 3-12). Chicago, IL: Aldine.

Metz, C., & Taylor, M. (1974). *Film language: A semiotics of the cinema*. Chicago, IL: University of Chicago Press.

Michael, S. T. (2000). Hope conquers fear: Overcoming anxiety and panic attacks. In C. R. Snyder (Ed.), *Handbook of hope: Theory, measures, and applications* (pp. 301-319). San Diego, CA: Academic Press.

Moore, D. S. (2002). *The dependent gene: The fallacy of "nature vs. nurture"*. New York, NY: Times Books.

Morse, J. M., & Doberneck, B. (1995). Delineating the concept of hope. *Journal of Nursing Scholarship, 27*(4), 277-285. doi:10.1111/j.1547-5069.1995.tb00888.x

Mulvey, L. (1999). Visual pleasure and narrative cinema. In L. Braudy & M. Cohen (Eds.), *Film theory and criticism: Introductory readings* (pp. 833-844). New York, NY: Oxford University Press.

Neimeyer, R. A. (2001). The language of loss: Grief therapy as a process of meaning reconstruction. In R. A. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp. 261-292). Washington, DC: American Psychological Association.

Norcross, J. C., Hedges, M., & Castle, P. H. (2002). Psychologists conducting psychotherapy in 2001: A study of the Division 29 membership. *Psychotherapy: Theory/Research/Practice/Training, 39*(1), 97-102.

Nowotny, M. L. (1989). Assessment of hope in patients with cancer: Development of an instrument. *Oncology Nursing Forum, 16*(1), 57-61.

Oakley, A. (1981). Interviewing women: A contradiction in terms. In H. Roberts (Ed.), *Doing feminist research* (pp. 30-61). London, UK: Routledge & Kegan Paul.

Obstfeld, L. S., & Meyers, A. W. (1984). Adolescent sex education: A preventive mental health measure. *Journal of School Health, 54*(2), 68-70. doi:10.1111/j.1746-1561.1984.tb08768.x

Out, J. W., & Lafreniere, K. D. (2001). Baby think it over: Using role-play to prevent teen pregnancy. *Adolescence, 36*(143), 571-582.

Packard, J. (2008). 'I'm gonna show you what it's really like out here': The power and limitation of participatory visual methods. *Visual Studies, 23*(1), 63-77. doi:10.1080/14725860801908544

Piantanida, M., & Garman, N. B. (2009). *The qualitative dissertation: A guide for students and faculty.* Thousand Oaks, CA: Corwin Press.

Pink, S. (2007). *Doing visual ethnography* (2nd ed.). London, UK: Sage.

Prosser, J. (2000). The moral maze of image ethics. In H. Simons & R. Usher (Eds.), *Situated ethics in educational research* (pp. 116-132). London, UK: Routledge.

Reinharz, S. (1992). *Feminist methods in social research.* New York, NY: Oxford University Press.

Rider, E. A. (2000). *Our voices: Psychology of women.* Hoboken, NJ: Wiley & Sons.

Rosaldo, R. (1989). Grief and a headhunter's rage. In R. Rosaldo (Ed.), *Culture & truth: The remaking of social analysis* (pp. 1–21). Boston, MA: Beacon Press.

Rose, D. (2000). Analysis of moving images. In M. W. Bauer & G. Gaskell (Eds.), *Qualitative researching with text, image and sound: A practical handbook* (pp. 246-262). Thousand Oaks, CA: Sage.

Rose, G. (2007). *Visual methodologies: An introduction to the interpretation of visual materials* (2nd ed.). London, UK: Sage.

Rudnicki, S. R., Graham, J. L., Habboushe, D. F., & Ross, R. D. (2001). Social support and avoidant coping: Correlates of depressed mood during pregnancy in minority women. *Women & Health, 34*(3), 19-34. doi:10.1300/J013v34n03_02

Runkle, A. (1998). *In good conscience: A practical, emotional, and spiritual guide to deciding whether to have an abortion*. San Francisco, CA: Josey Bass.

Sayil, M., Gure, A., & Ucanok, Z. (2007). First time mothers' anxiety and depressive symptoms across the transition to motherhood: Associations with maternal and environmental characteristics. *Women & Health, 44*(3), 61-77. doi:10.1300/J013v44n03_04

Schneider, B. (2005). Mothers talk about their children with schizophrenia: A performance autoethnography. *Journal of Psychiatric and Mental Health Nursing, 12*(3), 333-340. doi:10.1111/j.1365-2850.2005.00844.x

Scioli, A., & Biller, H. B. (2009). *Hope in the age of anxiety.* New York, NY: Oxford University Press.

Seybold, K. S. (2005). God and the brain: Neuroscience looks at religion. *Journal of Psychology and Christianity, 24*(2), 122-129.

Sharan, H., Kaplan, B., Sulkes, J., & Merlob, P. (2003). Sociodemographic characteristics of unmarried mothers giving birth in a large tertiary care hospital in Israel. *International Journal of Risk & Safety in Medicine, 16*(1), 51-57.

Simpson, C. (2002). Hope and feminist care ethics: What is the connection? *Canadian Journal of Nursing Research, 34*(2), 81-94.

Simpson, C. (2004). When hope makes us vulnerable: A discussion of patient-healthcare provider interactions in the context of hope. *Bioethics, 18*(5), 428-447. doi:10.1111/j.1467-8519.2004.00408.x

Singer, J. (2004). Options counseling: Techniques for caring for women with unintended pregnancies. *Journal of Midwifery and Women's Health, 49*(3), 235-242.

Skowronski, J. J. (2011). The positivity bias and the fading affect bias in autobiographical memory: A self-motives perspective. In M. D. Alicke & C. Sedikides (Eds.), *Handbook of self-enhancement and self-protection* (pp. 211-231). New York, NY: Guilford Press.

Smith, D. (1979). A sociology for women. In J. Sherman & E. Beck (Eds.), *The prism of sex: Essays in the sociology of knowledge*. Madison, WI: University of Wisconsin Press.

Smith, S. (1987). "*The ragged rout of self: Margaret Cavendish's true relation and the heroics of self-disclosure.*" In *A poetics of women's autobiography: Marginality and the fictions of self-representation*. Bloomington, IN: University Press.

Smith, M. B. (1983). Hope and despair: Keys to the sociopsychodynamics of youth. *American Journal of Orthopsychiatry, 53*(3), 388-399. doi:10.1111/j.1939-0025.1983.tb03382.x

Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. *Journal of Counseling and Development, 73*, 355-360. doi:10.1002/j.1556-6676.1995.tb01764.x

Snyder, C. R., Feldman, D. B., Shorey, H. S., & Rand, K. L. (2002). Hopeful choices: A school counselor's guide to hope theory. *Professional School Counseling, 5*, 298-306.

Snyder, C. R., Irving, L., & Anderson, J. R. (1991). Hope and health: Measuring the will and the ways. In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of social and clinical psychology: The health perspective* (pp. 285-305)*.* Elmsford, NY: Pergamon Press.

Speier, D. (2001). Becoming a mother. *Journal of the Association for Research of Mothering, 3*(1), 7-18.

Stacey, J. (1991). Can there be a feminist ethnography? In S. Berger Gluck & D. Patai (Eds.), *Women's words: The feminist practice of oral history* (pp. 111-119). New York, NY: Routledge.

Stephenson, C. (1991). The concept of hope revisited for nursing. *Journal of Advanced Nursing, 16*(12), 1456-1461. doi:10.1111/j.1365-2648.1991.tb01593.x

Sullivan, G. (2005). *Art practice as research: Inquiry in the visual arts.* Thousand Oaks, CA: Sage.

Swanson, D. D., & Johnston, D. H. (2003). Mothering in the ivy tower: Interviews with academic mothers. *Journal of the Association for Research on Motherhood, 5*(2), 63–75.

Sympson, S. C., & Elder, M. Q. (2000). Feminist therapy as empowering hope. In C. R. Snyder (Ed.), *Handbook of hope: Theory, measures, and applications* (pp. 167-182). San Diego, CA: Academic Press.

Tarancon, J. A. (2010). Genre matters: Film criticism and the social relevance of genres. *CineAction, 80*, 13-21.

te Riele, K. (2010). Philosophy of hope: Concepts and applications for working with marginalized youth. *Journal of Youth Studies, 13*(1), 35-46. doi:10.1080/13676260903173496

Thio, I. M., & Elliot, T. R. (2005). Hope, social support, and postpartum depression: Disentangling the mediating effects of negative affectivity. *Journal of Clinical Psychology in Medical Settings, 12*(4), 293-299. doi:10.1007/s10880-005-7814-0

Thurer, S. (1995). *Myths of motherhood: How culture reinvents the good mother*. New York, NY: Penguin Books.

Toepell, A. R. (2003). Academic mothers and their experiences navigating the academy. *Journal of the Association for Research on Motherhood, 5*(2), 93-102.

True-Soderstrom, B. A., Buckwalter, K. C., & Kerfoot, K. M. (1983). Postpartum depression. *Maternal-Child Nursing Journal, 12*(2), 109-118.

Warner, R., Appleby, L., Whitton, A., & Faragher, B. (1996). Demographic and obstetric risk factors for postnatal psychiatric morbidity. *British Journal of Psychiatry, 168*(5), 607-611. doi:10.1192/bjp.168.5.607

Warson, E. (2009). Art-based narrative inquiry with Native American breast cancer survivors [Abstract]. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 70*(2-A), 487.

Weinberger, J., Siegel, P., & Decamello, A. (2000). On integrating psychoanalysis and cognitive science. *Psychoanalysis & Contemporary Thought, 23*(2), 147-175.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: Norton.

Williams, M. T., & Bonner, L. (2006). Sex education attitudes and outcomes among North American women. *Adolescence, 41*(161), 1-14.

Worell, J. (1989). Single mothers. *Women & Therapy, 7*(4), 3-14. doi:10.1300/J015V07N04_02

Worell, J., & Remer, P. (2003). *Feminist perspectives in therapy: Empowering diverse women* (2nd ed.). Hoboken, NJ: John Wiley & Sons.

Yalom, I. D. (1998). *The Yalom reader*. New York, NY: Basic Books.

Zuravin, S. J. (1987). Unplanned pregnancies, family planning problems, and child maltreatment. *Family Relations, 36*(2), 135-139. doi:10.2307/583942

Appendix A

Information Letter and Consent Form

Shifting Focus: A Videographic Inquiry of Hope and Unplanned Pregnancy

Introduction

Thank you for your interest in helping with this research. In this letter I provide information about the research project, my role as a researcher, and what you might expect if you decide that working on this project is right for you.

Purpose. There are a number of reasons why I want to do this research. Those reasons include: (a) demonstrating how we, as women, describe our experiences of unplanned pregnancy; (b) exploring what role hope might play in our accounts of unplanned pregnancy; (c) providing information for helping professionals (such as counsellors, psychologists, etc.) about what it is like to go through an unplanned pregnancy so they may be better able to help other women in the future; and (d) offering you and I an opportunity to tell our pregnancy stories and make short videos about our experiences.

Who I Am. It might be helpful for you to know a bit about who I am before you make a decision about taking part in this research project. I am a first-time mother and am completing a doctoral degree in Counselling Psychology at the University of Alberta. I live in Regina and hope to do my doctoral research here as part of completing my degree. I have a background in video/film production and have made a number of small videos both for film festivals and just for myself. When I graduate, I would like to work as a psychologist with adolescent girls and young women who may be struggling with such issues as identity formation, sexuality, self-esteem, disordered eating, pregnancy, and the transition to motherhood. This research project is funded by Social Sciences and Humanities Research Council of Canada.

Methods

I would like to outline here what this study will involve so you may have a better understanding about what you can expect and what may be expected of you if you decide to take part in this research.

You and I will find a time to meet every week to engage in the process of making a short video about your unplanned pregnancy. I will support you throughout the whole process, from developing the story you want to tell to editing the finished video at the end. We will work on video equipment that I will provide, including a camcorder and a MacIntosh computer with iMovie editing software. I will help you with any technical or creative concerns that may come up along the way. During these meetings, I may ask you questions about your pregnancy experience and request your permission to record your answers on videotape. These will be more like conversations rather than interviews and are meant to help you tell your pregnancy story while helping me learn more about unplanned pregnancy.

Sometimes creative projects can take a long time to finish, especially when we are only meeting once a week to work on your video. To make sure I don't end up asking for

too much of your time, I intend to help you finish your project within 8-10 weeks. This does not mean that you have to take that much time to complete your video project – it may take you much less time than that – but it is helpful to have an upper limit to ensure we are using our time well.

I recognize that the information I gather from you, between our conversations and the creative work you do, is sensitive information that must be kept private. Your information will be securely stored in the following ways: (a) electronic data from your project will be password-protected on my computer with a password you will create and share only with me, so that only you and I have access to your work; (b) video data such as the tapes used in your video work and used to record our conversations will be kept in a locked filing cabinet in my home; (c) if any old pictures, journals, or other personal materials are used in the creation of your video, they will be electronically transferred to the password-protected computer and hard copies will remain with you; and (d) I will keep all this information securely stored for at least five years, after which time all of it will be destroyed (tapes erased, electronic files erased, paperwork shredded, etc.). Upon completion of your creative video, I will burn two DVD's – one for you and one for me. I will store your DVD in a locked filing cabinet and will either destroy it after it is no longer needed for research purposes or, with your permission, continue to store it in a secure place and keep it as a memento of our work together.

Once I have your completed video, I will transcribe our recorded conversations and begin analyzing the information I have collected. I will use a form of data analysis called discourse analysis, wherein I look over the information I've collected from you, the other participants, and myself and try to figure out what we might be trying to say about unplanned pregnancy. I will write a short essay about your story and ask you to look it over and make sure I am understanding you correctly. If it needs to change, we will work together to make sure I capture what you meant me to hear about your experience. Ultimately, from all this information I aim to publish three articles in scholarly journals (one about the research methodology, another summarizing the results of the research, and a third being my own story of unplanned pregnancy) and creating a short (~30 min.) documentary about the research and its results.

Though at this time I do not intend to seek the help of research assistants, I want to ensure you that if a research assistant was to join the study, s/he would comply with the University of Alberta Standards for the Protection of Human Research Participants, which is described online at this address: http://www.uofaweb.ualberta.ca/gfcpolicymanual/policymanualsection66.cfm. That person would also sign a confidentiality agreement to ensure that your information is kept confidential and private and used only for the purposes of this study.

Any time a person participates in research, there are reasonably foreseeable risks and benefits to their participation. In this case, potential risks include: (a) recalling aspects of your pregnancy experience that were difficult and may be upsetting to remember or disclose; (b) putting strain on relationships by telling stories that others may not want you to tell; (c) sharing stories about yourself and your family that others may be uncomfortable with; and (d) including images of yourself and others in your video that you may later wish you hadn't. These risks are worth your thoughtful consideration before deciding whether or not you would like to participate in this study.

Such risks may be offset by the potential benefits of your participation in this research and you may want to consider these as well. These potential benefits include: (a) helping other women facing unplanned pregnancy by providing information about what it was like for you; (b) helping counsellors and psychologists better understand how to help women facing unplanned pregnancies; (c) feeling better about your own experience and the decisions you made along the way; (d) having an opportunity to tell your story; (e) learning how to make creative videos; and (f) learning about your strengths and feeling good about yourself. I suggest you think about both the potential risks and benefits of participating in this research and how you might feel both now and in the future before you decide whether or not to participate. Though I want to complete this research and would be very pleased to have your participation, ensuring your safety and well-being are my first priority.

Verification/Review

As mentioned above, I intend to create summaries of each person's account of unplanned pregnancy. I will provide you a draft of the summary I write based on your information, and I will ask you to review the summary and determine if it is an accurate interpretation of your story. If it is, I will use that summary to help me write about unplanned pregnancy in the journal articles I hope to publish as part of my dissertation. That summary will also help me make a documentary about unplanned pregnancy. If the summary is not an accurate interpretation, I will ask you to help me change the summary until it reflects the story you intended me to hear.

I will work on the documentary independently and, when it is completed, I will show it to you and the other participants to make sure it does not contain information about you that you do not want publicized. Any information that you would like removed from the documentary will be removed before it is made available to the public. If you wish, when the study is completed, I will provide you with one copy of each of the articles I have written and direct you to the website where you may watch the documentary.

Rights

I want to make sure that both you and I know what your rights are regarding your participation in the study. You have the following rights:

4. To not participate in the study
5. To withdraw from the study at any time before my research project is submitted for final doctoral defense at the University of Alberta
6. To ongoing opportunities to decide whether or not to continue to participate
7. To opt out without penalty and to have any collected data withdrawn from the data base and not included in the study up until I defend this research project as part of my doctoral program
8. To privacy, anonymity and confidentiality
9. To safeguards for security of your information regarding its storage and destruction, as described above
10. To disclosure of the presence of any apparent or actual conflict of interest on the part of the researcher(s)

11. To a copy of a report of the research findings, as described above

Uses of Information

As described earlier, I intend to use the information collected during this study in the creation of three articles for publication in scholarly journals as well as in a short documentary that will be made available on a website dedicated to my dissertation research. The information you have provided, with the exception of identifying information, may also be used in conference presentations and in the case of the documentary, submitted to film festivals. In all of these cases, your information for all uses will be handled in compliance with the University of Alberta Standards for the Protection of Human Research Participants (which can be found online at http://www.uofaweb.ualberta.ca/gfcpolicymanual/policymanualsection66.cfm).

Informed Consent

I, _____, have read the information letter and consent to participate in the dissertation research project entitled "*Shifting Focus: A Videographic Inquiry of Hope and Unplanned Pregnancy*". I understand what I will be asked to do as part of my participation and how the information I provide will be handled. I have read and understand my rights, including my rights to privacy, confidentiality, and to withdraw from the study at any time before doctoral defense of the research project at the University of Alberta. In signing this consent form, I agree that I have been duly informed about the research process and agree to participate. I also confirm that I have received a copy of the information letter and consent form for my own records.

If I have any concerns, complaints, or consequences to report, I can contact the following people:

J. Lauren Johnson	Dr. Denise Larsen
Principal Investigator	Research Supervisor
Phone: (306) 737-3834	Phone: (780) 492-5897
E-mail: jlauren@ualberta.ca	E-mail: denise.larsen@ualberta.ca

Signed: Date:

_____   _____

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.

Appendix B

Release Forms

Consent for Use of Image or Likeness in Research

Name of person whose image or likeness appears in the video:_____
(please print)

I am the person or the parent/legal guardian of the person named above. I understand that a researcher from the University of Alberta is proposing to use video of my/my child's image or likeness for the purpose of research.

I agree that the researcher may use my/my child's image or likeness ONLY as specified below *(please circle one of the following options)*:

A.
The researcher will use these videotaped conversations only as data for analysis (they will not be made public in any way).

OR

B.
These videotape images may be used in the researcher's dissertation, research reports, scholarly publications (including books), research documentary, presentations at academic conferences, and film exhibits.
Videos will not reveal my or my child's identity.
In captions and in discussions about the images, only pseudonyms will be used.
The pseudonym I choose for myself/my child is: _____

OR

C.
These videotaped images that identify me/my child may be used in the researcher's dissertation, research reports, scholarly publications (including books), research documentary, in presentations at academic conferences, and film exhibits.

My signature below indicates that I consent* to the above-described collection, use and disclosure of photographs and captions.

Name of person consenting: _____
(please print)

_____   _____

Signature of participant   Signature of parent/guardian if participant is
a minor

Date: _____

*I understand that I may withdraw this consent at any time prior to the defense of this
dissertation by contacting J. Lauren Johnson at (306) 737-3834 or jlaren@ualberta.ca.
*The plan for this study has been reviewed for its adherence to ethical guidelines and
approved by the Faculties of Education, Extension and Augustana Research Ethics Board
(EEA REB) at the University of Alberta. For questions regarding participantrights and
ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.*

Permission to Use Participant's Work

I understand that a researcher from the University of Alberta is requesting to use my
creative video work for the purpose of research. Two DVD's will be burned – one for the
researcher and one for myself. With my permission, this work may be used

_____ in whole

OR

_____ in part (*please specify what part(s) may be included:*
_____)

In the researcher's dissertation, research reports, scholarly publications, research
documentary, or in presentations at scholarly conferences.

_____ I would prefer that in the research dissemination and in discussions about the
work, a pseudonym will be used. The pseudonym I choose is: _____.

OR

_____ I would prefer that my real name be included in the research dissemination.

By signing below, I consent* for my work to be used as stipulated above.

_____   _____
Participant printed name   Participant signature

*I understand that I may withdraw this consent at any time prior the defense of this dissertation by contacting J. Lauren Johnson at (306) 737-3834 or jlauren@ualberta.ca.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.

Appendix C: Form Used for Video Transcription

Time	Audio	Image	Text	Notes
0:01				
0:02				
0:03				
0:04				
0:05				
0:06				
0:07				
0:08				
0:09				
0:10				
0:11				
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0:30				
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0:32				
0;33				
0:34				
0:35				
0:36				
0:37				
0:38				
0:39				

Appendix D: "Dear Baby: Redux"

Please click on the hyperlink here: http://youtu.be/DI1xgXUt_yo to redirected to "Dear

Baby: Redux" on YouTube.

If the hyperlink does not work, please type the following into your web browser for direct

access to the YouTube permanent link: http://youtu.be/DI1xgXUt_yo.

Appendix E: "Shifting Focus: A Short Documentary About Hope and Unplanned Pregnancy"

Please click on the hyperlink here: http://youtu.be/s6-vCh0RHTs to be redirected to "Shifting Focus: A Short Documentary About Hope and Unplanned Pregnancy" on YouTube.

If the hyperlink does not work, please type the following into your web browser for direct access to the YouTube permanent link: http://youtu.be/s6-vCh0RHTs.