“I Get Butterflies”

A Mother’s Emotional Response to the Relationship with her Child:

An Investigation into the Interactions that cause an Emotive Response

Research Study

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Abstract

The current research study asks the question "What is the mother's emotional response to the relationship with her child?" The Oxford English Dictionary (2011) gives the definition of *emotions* as *a strong feeling deriving from one's circumstances, mood, or relationships with others*. The word *relationship*, they define as *the way in which two or more people or things are connected, or the state of being connected* (Oxford University Press, 2011). Much of the existing research into the connection between mother and child (e.g. Schore, 2007; Balbernie, 2001; Seigal, 1999) focuses on the emotional influence the relationship has on the infant in the dyad. What of the mother's response to her child? How does the infant affect her? Using the methods of a focus group and a case study, the current research dissertation addresses these questions. The study finds that a mother's state is intensely influenced by interactions with her infant; that there are indeed a number of emotional patterns that the mother exhibits in response to her child.

Introduction

By way of an introduction I would like to start with the case study of Suzanne (Gomez, 1997). In her early thirties, Suzanne presents in therapy having had difficulties in relationships. She displays only fleeting emotional contact with herself and her therapist, attempting to dissociate any need for dependency. These difficulties connecting with people are thought to be remnants of Suzanne's traumatic birth and her insecure attachment with her mother. Following much work in therapy, she eventually begins to face these difficulties and to feel ready to establish a relationship with a dependable partner. Soon afterwards, Suzanne becomes pregnant. Given her childhood experience, with a mother who is cool and aloof, attachment for Suzanne holds connotations of suffering, of weakness and of deprivation. However, she loathes the prospect of being distant from her own son. And so, during pregnancy and birth Suzanne surrenders to the attachment. In so doing, she opens herself up to experiencing both a new joy and a new fear (Gomez, 1997).

Suzanne's example above illustrates how the emotional experience of motherhood can galvanise us into reassessing our relationships on a grand scale. In 1985, Daniel Stern, building on the body of work that was innovated by theorists such as Bowlby (1951), Winnicott (1956) and Ainsworth (1963), claims that "the parents' intersubjective responsivity acts as a template to shape and create corresponding intrapsychic experiences in the child. It is in this way that the parents' desires, fears, prohibitions, and fantasies contour the psychic experiences of the child" (1985, pp 208). There has been a great deal of research into this "intersubjective responsivity" that Stern talks about (e.g. Schore, 1994; Balbernie, 2001; Seigal, 1999). However, much of this research is centred on the child in the dyad. Experiences like Suzanne's have been somewhat neglected by comparison. What of the mother's response to her infant? How does the infant affect her subjectivity? The current research dissertation hopes to address how the experience of mothering feels for mothers; to investigate the mother's emotional response to her relationship with her infant.

Research Objectives:

As discussed, the current research study asks the question "What is the mother's emotional response to the relationship with her child?" Using the methods of both a focus group and a case study it investigates these responses. Winnicott tells us that, although in our practices we may come into contact with those who are unwell, "in managing ordinary mothers and infants ….. we must resolutely keep orientated towards the normal and healthy. And healthy mothers have to teach us" (1965, p 24). This study hopes to gain such learning. A further endeavour of this research is to emphasise maternal competency and well-being as equally as inexperience and illness. Where an abundance of research is in existence on post partum depression (e.g. Campbell, Cohn & Meyers, 1995), this study provides an insight into the post natal period that gives health equal precedence to pathology (Vaillant, 2003). This study also informs the practice of humanistic and integrative psychotherapy, contributing to the understanding of therapeutic models that involve the mother infant dyad. There are a number of researchers that advocate such models (e.g. Lieberman, Padrón, Van Horn & Harris, 2005; Fraiberg, Adelson, & Shapiro, 1975). By investigating the emotional patterns that exist within the mother's experiencing of her child, this research study aims to contribute to the richness of these models.

Therefore the specific aims of this research are to:

1. Investigate which interactions cause an emotional response in the mother
2. Identify the emotional patterns that exist within the mother infant dyad from the mother's experience

Research Questions:

What interactions cause an emotive response in the mother?

What is the mother's experience of the emotional relationship with her infant?

What are the emotional patterns that occur in the mother-infant relationship?

Chapter One: A Review of the Literature

1.1 Past Research:

A pioneer in mother infant research, Wilfred Bion's (1962) theory of thought states that the infant must cope with a plethora of primitive thoughts from very early in life. He is therefore driven to create the mechanisms that are necessary to deal with these thoughts in order to understand himself and others. Bion (1962) argues that at this time, psychosomatic channels exist within the mother-infant dyad, performing the task of processing both the milk from the mother and the love that comes with it. Although the infant has an array of these primitive thoughts and emotions that he is unable to make sense of, mother is there to help him to metabolise. In tolerating and understanding these phenomena, mother allows the infant to gain the ability to tolerate and understand himself, through the process of introjection. Therefore the infant uses his mother's capacity to understand him, to gain his own sense of self-understanding. In order to fully develop these thinking mechanisms, the mother must therefore have the ability to contain and tolerate the feelings that the infant cannot. Therefore the mother's task in Bion's terms is to organise, to make sense of and to integrate the disorganised and un-integrated (Mantilla, 2007).

Another forerunner in the field of the mother infant relationship, Melanie Klein, develops much of her theories from observations of her own children, and from analysis of other children (Tyson & Tyson, 1990). Klein theorises that during the initial six months of his life, the infant has a number of phantasies that are related to his mother (Segal, 1973). Although at the beginning of life, he does not have a perceptual image of her, the infant relates to parts of his mother, the breast being the most significant part. He feels content when in contact with the breast, but frustrated when deprived. Thus, the infant creates the phantasy of the *bad breast* to defend against internally experienced persecutory anxiety. The infant experiences the breast itself as persecutory, and resultantly feels intense anger. He then fears that the breast will retaliate and so responds by splitting (Segal, 1973). What distinguishes Klein from Freud, and is the basis for much controversy, is the emphasis she places on the pre-oedipal stage in the developing infant (York, 1994).

Yet another instigator of mother infant theory is John Bowlby. Although Bowlby credits Klein with introducing him to the world of object relations, he disagrees with the prevailing Kleinian view that emotional difficulties stem from internal conflicts between aggressive and libidinal drives, and have nothing to do with external factors (Bretherton, 1992). In 1951 Bowlby states that "the infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment" (Bowlby, 1951, p. 13). Bowlby's studies on the mother infant relationship, drawing from his own experiences with a group for young mothers, provide the basis for attachment theory. This theory states that in order to develop emotionally the infant requires an intimate, constant relationship with his primary caregiver (Bowlby, 1958). Bowlby's initial formulations on attachment theory are presented in a series of three papers to the British Psychoanalytic Society (Bretherton, 1992).

In *The Nature of the Child's Tie to His Mother* (1958), Bowlby draws a distinction between the regressive connotations in the social learning concept of dependency and the more beneficial and organic function played by attachment. In this paper, he postulates that there are a number of instinctual responses that tie the infant to his mother, and the mother to her infant. These attachment behaviours include sucking, clinging and following, along with the signalling behaviours of smiling and crying. In his paper on *Separation Anxiety* (1959) Bowlby uses research on the effects of maternal separation on infant rhesus monkeys to trace the same phenomenon in human infants. Here he postulates that although a "well-loved" infant might complain when separated from his parents, he will subsequently establish self-sufficiency. Bowlby's final paper in this series, *Grief and Mourning in Infancy and Early Childhood* (1960), explores how grief processes appear in both infants and adults each time an attachment behaviour is initiated. This paper also addresses how an infant is unable to form deep relationships when the sequence of surrogates is recurrent. What is noteworthy in these three papers is that, unlike Freudian theory that sees need satisfaction as primary, Bowlby's theory sees the bond as the infant's primary motivation (Bretherton, 1992).

Instrumental in the development of empirical research, Mary Ainsworth's methods help to refine Bowlby's theories (Bretherton, 1992). Her initiation into the field

of the mother infant relationship begins under William Blatz, who developed the Security Theory (1940). This theory proposes that infants need to develop a secure dependence on parents before attempting novel activities (Bretherton, 1992). Ainsworth's Uganda project (1963; 1967) using naturalistic observations and interviews conceptualises how mother's sensitivity to her infant can contribute to her emotional development. Its original scope is to determine the onset of proximity seeking signals, however because the Ganda women show such individual differences, this project also helps Ainsworth evaluate maternal sensitivity to these signals.

This study leads to the delineation of 3 patterns of attachment: The securely attached, who do not cry very often, and seem at ease when exploring in the presence of the mother; the insecurely attached, who cry often even when held, and who explore infrequently; and the not yet attached, who show no differential behaviour to their mother. The study also finds significant correlations between maternal sensitivity and enjoyment of breastfeeding with the securely attached. In 1963 Ainsworth embarks upon her Baltimore project, in which separate analyses are conducted on mother-infant interaction patterns such as feeding; face to face interaction; infant greeting and following; close bodily contact and affectionate behaviour. Again, some striking individual differences are found. Ainsworth later (1970) makes the empirical testing of attachment theory possible using her *strange situation* test and contributes the theory of the mother as a secure base from which the infant can explore the world. Bell and Ainsworth (1972) conclude that an infant can gain confidence when his mother is sensitive to his needs and helps him to achieve his goals.

As well as defining the various attachment styles, Ainsworth's strange situation leads to the delineation of various parenting behaviours that precede these styles (Ainsworth, Blehar, Waters & Wall, 1978). Each of the styles is very much linked with the degree of warmth and responsiveness exhibited by the caregiver (Ainsworth et al. 1978). Studies show that maternal sensitivity during infancy is a strong predictor that children will be securely attached later in their lives (Ainsworth, Bell & Stayton, 1971; Grossmann, Grossman, Spangler, Suss, & Unznor, 1985). Further studies also find that mothers of securely attached infants hold their babies more cautiously, tenderly, and for more extended periods of time than mothers of insecurely attached infants (Main &

Goldwyn, 1985). These mothers also respond more readily to the cries of their infant and are more inclined to greet their infant with a smile or conversation when entering his room. Because they are more sensitive to their infant's signals they also tend to be more effective feeders (Levy, & Blatt, 1999). Therefore mothers of infants whose attachment is secure tend to be sensitive and prepared to act as the infant's secure base whereas mothers of infants whose attachment style is insecure tend to be less sensitive, uninvolved or overly intrusive or erratic in their care (Cassidy, 1994).

Margaret Mahler (1963) develops her separation-individuation theory of child development through observing infants and their mothers in a playroom setting (Tyson & Tyson 1990). Mahler's theories are particularly influenced by Spitz's (1965) work on the maternal response to the infant's smile and by Erikson's theory of basic trust (1968) in the mother. Erickson's basic trust results from the infant experiencing his mother as consistent and responsive. In order to develop this basic trust the mother must be sensitive to her infant (Blum, 2004).

Mahler's (1963) separation-individuation theory outlines a number of overlapping phases. From four to six weeks until about five months of age, the infant enters conscious awareness, during which he is in the normal symbiotic phase. Although he is now aware of his mother, the infant has not yet gained his own sense of individuality. Protected by a barrier that separates them from the outside world, infant and mother live together in a state of synthesis. During the separation-individuation phase the infant breaks away from this barrier, beginning his connection with the outside world. In his mind, he now *separates* himself from his mother. It is during this time that the infant develops his own sense of identity. The phase of separation-individuation is split into three sub-phases: Between five and nine months, the infant enters the hatching subphase in which he distinguishes himself from his mother. He is now more curious about his environment and uses his mother as a point of reference or orientation. From nine to sixteen months he inhabits the practicing phase. His new abilities of crawling and walking enable him to actively explore his environs. He is now more independent of his mother. However at this time he still experiences himself as one with his mother (Mahler, 1963).

From fifteen months onwards the infant enters the rapprochement subphase in which he regains a desire for contact with his mother. During the rapprochement phase

the infant's physical mobility allows him to move away from his mother. However, at this time, he may become cautious; using eye contact as an anchor, he remains close to his mother (Brodie, 2008). From these stages of development we can see that although Mahler did reference the infant's drives, of more significance in her theories was the impact that the mother-infant relationship has on his development (Blum, 2004).

Although Bowlby argues that "if a community values its children it must cherish its parents" (1951, p. 84) the research he conducted, as well as the work that was carried out by Klein, Mahler, Bion and Ainsworth focuses more on the influence attachment has on the infant in the dyad. Donald Winnicott and Alice Bálint on the other hand, write more extensively on the mother's emotional experience. Winnicott argues that because his dependency is so absolute, one cannot discuss the infant's development without making reference to his care (1956).

Similarly, Alice Bálint (1949), who uses anthropological research to develop theories on the mother infant relationship, believes a mother's interests are expected to be identical to those of her child, and that a mother is judged according to the extent to which she experiences this alignment of interests. The mother's needs and desires must not contradict those of the child. While the mother is seen as having identical interests to the child, she equally sees her infant as being a part of herself with interests that are identical to hers (Bálint, 1949). Pregnancy, giving birth, suckling and fondling are innate urges in women; urges that she satisfies through contact with her baby. Prolonged physical proximity is a source of pleasure for both members of the dyad. Bálint refers to the tradition of separating mother and father following birth, sighting the woman's desire to enjoy her new relationship as its reason. Just as the child derives gratification from the relationship with his mother, so does the mother derive gratification from the relationship with her child. Here we see an example of true mutuality; as Bálint puts it "what is good for one is right for the other also" (1949, p. 256).

In the later stages of pregnancy, and in those first few weeks after birth, Winnicott argues, the mother inhabits a *dream like state* in which she is completely immersed in her infant withdrawing from activities that are not focused on him (1956). In this state she is highly sensitive to herself, to her body and to her baby (Winnicott, 1971). It is in this state of primary maternal preoccupation that mother absolutely and unquestionably

adapts to her infant's needs. The boundaries between self and baby become blurred. During this time, the mother develops a growing identification with her infant, who gains the position of *internal object* in her unconscious fantasy. Although the infant has varying connotations in his mother's unconscious fantasy, the principal characteristic of this primary maternal preoccupation is a preparedness to prioritise him and to put his needs above her own (Winnicott, 1971). Winnicott stresses the significance of this psycho-physiological state, both for the mother and for the infant (1956).

In order to develop this primary maternal preoccupation, Winnicott argues that mother does not need to be in any way erudite. However she does need to display the quality of devotion. This quality is something that "comes naturally" to mother enabling her to trace and respond to her infant's needs (Winnicott, 1965). It is mother who knows her infant best, who knows his needs and is therefore able to provide this adaptation (Winnicott, 1965). Winnicott (1965) believes that a mother's propensity to do what is right for her infant is derived from the fact that she has an acute sense of what he might be feeling. Although healthcare professionals may have a wealth of knowledge about health and psychology, they do not have this ability to sense the feelings of an infant. This is because, unlike the mother, these professionals are far removed from the experiential arena of the child (Winnicott, 1965).

When she is in this state of primary maternal preoccupation the mother is exposed to great vulnerability. Therefore the father, too, has a role to play; he must provide the safety and containment that is needed by the mother to lower her boundaries. The significance of these secondary phenomena, the external resources that are supposed to support and protect the mother, is perhaps more noticeable when they are lacking (Winnicott, 1965). However when they are in tact, the mother is then able to lower these boundaries; to present herself as an object to the infant so as he can maintain his sense of omnipotence (Winnicott, 1965). Only when mother herself feels secure, secure in relation to her family and in relation to the infant's father, is she able to fully realise her role (Winnicott, 1956). Eventually this primary maternal preoccupation will move to what Winnicott terms *good enough* mothering, in which she doesn't cater to the infant's every need, so as the infant can progressively learn where he ends and where his mother begins (Winnicott, 1956).

1.2 Current Research:

In agreement with the prevailing theories stated above, numerous longitudinal studies have found early parent child interactions to have significant ramifications on the infant's development (Beckwith, Cohen, & Hamilton, 1999; Rutter et al., 2004). Perhaps less recognised is the fact that the transition into parenthood is also a critical phase in the development of the parents (Nugent, 2008). Hoge argues that "[t]here are few other events so irreversibly transform our values, beliefs, and dreams, expand our experience of hope and dread, and enhance our sense of responsibility" than parenthood (Hoge, 2006, p. 176). During the post natal period the parent must integrate a number of immediate changes (Nugent, 2008). It is a time in which mother and father must reorganise their own identity in order to integrate their new role as parents (Slade, 2002); a time of unparalleled transformation.

From pregnancy, the mother enters what Stern (1995) calls the motherhood constellation, in which she is concerned with three preoccupations: She becomes concerned with reworking her relations with her own mother; she is preoccupied with adapting to this novel internal representation of herself as a mother; and with organising her emotions in relation to her new baby. At this time, there are a number of instinctual reactions that a mother displays toward her infant (Stern, 1990). When she hears her infant cry, for instance, mother may use her own voice to calm him. She begins by speaking faster than her infant's cries, slowing by degrees in order to slow his cries. In this way, mother acts as a pace-maker for her infant. When her infant is born, the mother therefore undergoes an intense reorganisation. "Her interests and concerns now are more with her mother and less with her father; more with her mother-as-mother and less with her mother-as-woman or wife; more with women in general and less with men; more with growth and development and less with career; more with her husband-as-father-and-context-for-her-and-the-baby and less with her husband-as-man-and-sexual-partner; more with her baby and less with almost everything else" (Stern, 1995, p 172). Simultaneously, father becomes concerned with his relationship with his parents, with his partner and with his new infant (Stern, 1995).

Given time, this motherhood constellation will establish a pattern of reactions in the mother, overriding any prior organising systems the mother had in place (Stern,

1995). Rather than being a mere variation of those original organising systems, the motherhood constellation is a crucially important independent system in its own right. Stern (1995) argues that it is not possible to understand the subjectivity of motherhood without first understanding the principal role this constellation plays.

Like Alice Bálint (1949), Joan Raphael-Leff (2004) proposes that the emotional effects of reproduction go beyond the mother-infant dyad. "[T]he swelling belly" she states "tends to galvanize both the expectant mother and others" (Raphael-Leffe, 2003, p. 321). The pregnant woman is credited with supernatural abilities, an ability to see the unseen, to connect with the unconscious. She is seen by some as fragile; by others as potent and dangerous. In some societies she is viewed as foolish, irrational, or hormonal (Raphael-Leff, 2003). At the core of the expectant mother's emotions, is the concept of the two-in-one-body, where her body houses another's inside, a body that could be male or female (Raphael-Leff, 1991). Further to this, there are a number of reproductive anxieties with which she struggles. She must negotiate anxieties about formation; containment; preservation; transformation and separation. For the majority of pregnant women these musings form a constant backdrop to everyday life (Raphael-Leff, 1991).

Brazelton and Als' (1979) interviews of pre and post natal mothers in an analytical setting find that expectant mothers exhibit a disproportionate amount of anxiety; so much so that researchers became concerned about each mother's ability to perform the duties required of motherhood. However, when it comes to the postnatal period, the same mothers are found to be utilising this anxiety to their advantage. What previously seemed like pathological anxiety and distorted fantasy, now proves invaluable to the mother's adjustment to her new role. This anxiety provides the energy that is needed for the mother to learn about herself and her baby (Brazelton & Als, 1979). The researchers now view this prenatal anxiety as a healthy facet of the transition into motherhood; one that helps to lay the foundations for a new attachment (Brazelton & Als 1979).

Whereas during pregnancy the fetus can still be perceived as a part of the woman, at birth she enters the stage of motherhood, in which she must now view the infant as a separate entity. On top of the adjustment the mother must make in terms of her sense of self, she must also make an adjustment in terms of her relationship with her partner

(Hoge, 2006). Here then, comes an inter-subjective shift that both parents must adjust to when two becomes three. And so the developmental stage of parenthood entails rearranging organizing principles to include this new dynamic. Studies have found that measuring the parents' capacity for this triadic dynamic in the final trimester of pregnancy, can predict how well infants react in three-person interactions at four months old (Klitzing, Simoni & Burgin, 1999).

Beebe et al. (2010) argue that there are a number of behaviours that can be used to measure the quality of attachment. These include facial and vocal mirroring, which leads to the infant feeling known or attuned to; state transforming, in which one member of the dyad can influence the other's state through interaction; how recovery is dealt with following periods of misattunement; and interpersonal timing, when there is an expectation of the members of the dyad to form a certain rhythm. In her microanalysis of videotaped face-to-face interactions and recordings of vocal rhythms Beebe et al. (2000) find that patterns of mutual regulation are present from as early as one year. At this time both self regulation and mutual regulation co-exist alongside each other. Trevarthen (1977) argues that mother-infant interaction is interdependently paired in time. Both mother and infant imitate the other's actions and intensity enabling a synchronicity to occur.

Sander (1977) argues that mother and infant compliment each other using "matched specifities" in which their two systems adjust to each other using properties such as vocal rhythms and tone. Further to this, Walker et al. (2004) find that during late pregnancy mothers exhibit a "hyporesponsiveness" to a variety of stressors, and that this is maintained after birth in those mothers who are breast as a response to suckling stimulation. This supports the view that the benefits of the mother infant relationship are not limited to those experienced by the infant (Walker et al., 2004).

Although the period of separation and individuation, outlined by Mahler, places an emphasis on the attainment of the physical ability of the infant to move away from his mother, Stern also emphasises the significance of the infant's development of an independent mind. Between the ages of seven and nine months, the infant begins to understand that his internal state can be shared (Stern, 1985). And so at this stage there is an emphasis on the commencement of a shared focus of attention, intention, and emotion.

This awareness of minds and intensions is born out of those coincidental times when the internal processes of mother and infant are one and the same (Bergman & Harpaz-Rotem, 2004). These experiences help to form the private understanding that Winnicott (1965) describes as only existing within the mother infant dyad.

Bergman and Harpaz-Rotem (2004) use a series of infant observations to reassess Mahler's rapprochement phase in light of more recent research. Daily observations of mother infant dyads during the practicing phase find that the infant gets great pleasure from his new found ability to move out into the world. The researchers observe that mother understands her infant's need for greater distance and exploration, knowing that he will inevitably return to her, to resource himself for his next journey outwards. These observations contribute to an understanding of separation-individuation and inter-regulation. At the time of practicing, both self regulation and mutual regulation co-exist alongside each other (Bergman & Harpaz-Rotem, 2004). However during the separation-individuation phase, there are times during which either self-regulation or mutual regulation is activated. For instance, in moving outwards and practicing, the infant is self-regulating. He moves to mutual regulation when he returns to his mother for emotional refuelling (Bergman & Harpaz-Rotem, 2004). .

However during the rapprochement phase, mutual regulation takes precedence, shaping how each member of the dyad feels about him or herself (Bergman & Harpaz-Rotem, 2004). The observers note that during rapprochement, the infant exhibits behaviour in which he seeks approval for his achievements, to which mothers react with varying responses. When she is unavailable, infants react with frustration. This leads to oversensitivity to the mother's separateness. This in turn results in a breakdown in communication between infant and mother, and later a sense of frustration and anger in both mother and infant. The researchers observe that even those mothers who are extremely sensitive may be unable to cater for the increasingly demanding needs of their toddlers. At this stage, the infant appears to want more than the mere physical presence that his mother provides during the practicing phase. He now seeks his mother's active contribution to his explorations (Bergman & Harpaz-Rotem, 2004).

Further developmental studies emphasise the mother's ability to read her child's wishes and intentions and to reflect them back to the infant at this stage. Fonagy,

Gergely, Jurist and Target (2002) stress how reflective functioning can enable the infant to understand that he has a separate mind. How mother sees things from her infant's perspective, and reflects this understanding back to him can encourage his understanding that his mind exists independently to that of his mother. Fonagy and Target (1996a & 1996b) argue that a child develops a concept of his own and other's mental states between his second and fifth year. This is obtained through inter-subjective exchanges with another mind. During these exchanges, he discovers a representation of himself as a thinking, feeling, individual in the other's mind (Mantilla, 2007). This metallization, although primarily facilitated by the primary caregiver, is further supported by the infant's father, by his peers, his siblings and his playmates. However it cannot happen without the presence of a sensitive caregiver who is able to imagine her child's internal state. In the absence of such a resource, the infant is unable to find a representation of himself in another's mind and is therefore more likely to seek other ways to contain, such as projection, decreased separation and increased dependence (Mantilla, 2007).

These joint mental states inform us about the mother's ability to traverse from her own experiencing to that of her child. They also inform us of the amount of mental mechanisms that are at work simultaneously when describing any one experience. Other developmental studies on the subject of the mother's ability to understand her infant's inner desires has led to an emphasis on how the mother-child world expands further than the present to include events and states that must be deduced. These abilities allow both members of the mother infant dyad to have an internal fantasy world with regards to each other (Stern, 1985). A number of authors look upon this phenomenon as the foundation of empathy (Weiss, 1960).

Fraiberg et al. (1975) argue that a parent's own emotional difficulties can become "ghosts in the nursery." These ghosts can interfere with the provision of sufficient caregiving, thus resulting in a disturbed relationship between mother and baby. Lieberman et al. (2005) introduce the idea of "angels in the nursery", in which care-receiving experiences from early childhood are drawn upon when the child becomes a parent. These angels can be uncovered in order to encourage growth in psychotherapy and to protect against difficult trauma (Lieberman et al. 2005). Further research has shown that the father can also bring these "ghosts" into the nursery, and that the parental

couple is an important factor in the infant's developing mental health (Barrows, 2004). In accordance with this, the same researchers argue that therapy should use interventions that focus on the parental couple (Barrows, 2004). Through the investigation of the emotional experiences of motherhood, the current research study aims to contribute to the debate around whether therapeutic interventions that involve the whole family unit are indeed necessary.

Chapter Two: Methodology

2.1. Design:

In order to investigate the emotional responses a mother has to her infant, the current research study uses the qualitative approaches of both a focus group and a case study. The case-study involves an in-depth individual interview (Coolican, 2004). Giddens (1976) argues that qualitative researchers interpret events in the context of the meanings participants bring to them, thereby engaging in what's known as 'double hermeneutics'. The use of the qualitative interviewing style means the research is open and exploratory (Coolican, 2004). This avoids the more prosthetic, inflexible pre-articulation that is manifest in more structured, survey type techniques (Oakley, 1981). The qualitative method is more respectful and empowering, allowing the interviewee to construct a narrative, rather than constructing it for her (Morgan, 1997). This approach is therefore considered more appropriate given the highly personal nature of the issue that this study addresses.

2.2. Participants:

The participants in the focus group are seven mothers aged twenty to twenty-seven years, with a mean age of twenty four years. The participants each have one to two children, nine in total, with a mean age of five years. Therefore the mean age of the participants when they had their first child was seventeen years. The participants are recruited using the purposive method of sampling. The sample is recruited from a vocational training scheme in a suburban area of Dublin. This sampling method allows the researcher to recruit a group of participants from one resource. Although the sole criterion for the group is that participants are mothers, the fact that the sample is recruited from one source means that there are various socio-demographic characteristics common to the members. For example, the majority of the sample is of working class background, taking part in this training to re-enter the workforce. The sample size ensures that each participant is given ample opportunity to give a detailed account of her experience, while still gaining from the interactive dynamic of the group. The researcher conducts the research in the location where the group regularly meets, in order to have a location that is comfortable and easy for participants to find. Four of these participants are then

selected for individual interviews to elaborate on some of the issues raised. However just two are able to attend the follow-up interviews. One of the interviews is then selected for the case study.

2.3. Procedure:

2.3.1 Data Collection:

As discussed, the current research study uses the qualitative methods of a focus group and a case study in order to investigate the emotional patterns that an infant evokes in his mother. When using these methods, the researcher's interests have the potential to affect the responses given by the participants (Morgan, 1997). Therefore both the interviews and the focus group in the current study take on the format advocated by Burgess, of a *conversation with a purpose*, incorporating an element of fluidity and flexibility (1984, p. 102). Although questions are devised to act as starting points, the interviewer is prepared to manage and develop any unexpected factors (Mason, 2005). This allows the participant to construct her own narrative, rather than having it constructed for her (Bowser & Sieber, 1992). The focus group enables the researcher to gain an insight into what interactions cause an emotional reaction in the mothers. The interviews, on the other hand, allow the researcher to gain a more detailed study of the participant's personal experiences of these emotions (Thompson, Barbour & Schwartz, 2003). Each method is addressed independently hereunder.

2.3.1.1 Focus Group

There are a number of advantages to using the focus group as a method of data collection. Litosseliti (2003) argues that participants often enjoy being part of focus groups that give an opportunity to have their viewpoints valued and heard. One of the major benefits of the focus group as a method of data collection is its capacity to generate a large amount of data on the specific area that is of interest to the researcher (Morgan, 1997). The focus group also has the advantage of empowering participants by treating them as collaborators as opposed to mere respondents (Bowser & Sieber, 1992). In addition, the interaction aspect of the focus group gives the participants an opportunity to learn from and share with other participants (Kitzinger, 1994). The focus group method is

also known for its ability to establish a variety of insights in a relatively short time frame (Lee, 1993). An additional strength of this method is the fact that it is a rich source of information on how the participant interacts within the group (Morgan, 1997).

In the present study, the focus group examined experiences from pregnancy until the present day. This enables the researcher to gain an insight into the mother infant relationship, into the emotional experience of mothers, and into the interactions with her infant that evoke these emotions. The focus group also provides a starting point for the interviews, which focus on more specific areas. The focus group is recorded using a digital recorder, before being transcribed verbatim. A comprehensive guide to the focus group is contained within Appendix I.

Prior to the actual focus group, the researcher conducts a pilot focus group with participants of similar demographics to the participants in the study, in order to assess the methods. The pilot study brings a number of issues to light. It becomes apparent that the original information sheet is quite dense and so this has to be altered accordingly (see Appendix II: Revised Information and Consent Form). The researcher finds it quite useful to know the names of the participants in terms of organising and facilitating the group discussions. This leads to the decision to use name tags in the actual focus group. Originally, the focus group began with the question "What feelings stand out to you when dealing with your infant?" in the hope that this question would elicit a list of feelings, each of which would be broken into sub-questions. However by beginning with this question the interviewees are inclined to talk briefly on the emotions before elaborating on the different experiences that caused these emotions. Because the current study focuses on the emotional aspect of the mother's experiencing, the first question was changed to: "Can you describe a typical day with your infant?" Following this a list of events are elicited with each being broken down into sub-questions about the participants' emotional experience of these daily activities (See Appendix I: Focus Group Guide). These questions act as a guide; some need to be omitted or altered depending on how the interview is progressing. Participants are also informed that if they feel there is anything they want to add that they could contact the researcher at her email address. These details are contained within the information sheet and consent form. This serves to increase the corroborative nature of the study.

2.3.1.2 Case Study:

Although many researchers question the case study method for its lack of generalisability, Simons argues that within its uniqueness lies its strength: "[T]o challenge certainty, to creatively encounter, is to arrive eventually, at seeing anew," (Simons, 1996, p 21). Case studies can be a valuable and rich source of information on one individual (Coolican, 2004). Bromley (1986) argues that case studies, although not generalisable, can act as the foundation of scientific research. One of the main advantages of using a case study is that they are high in realism, therefore they gain a detailed and authentic account of the participant's experiencing (Coolican, 2004). As mentioned above, the primary endeavour of the case study in this research study is to allow the researcher to gain a more detailed insight into personal experiences (Thompson et al. 2003). The case study also serves to gain a deeper understanding of some of the emotions of motherhood that are uncovered in the focus groups.

The case study involves a one-on-one in depth interview (Coolican, 2004). Because this interview is conducted individually it is less susceptible to social desirability factors. All of the interview questions could not be predetermined; however it is important that the researcher is able to focus on the information that is relevant to the research study (Mason, 2005).

The researcher therefore designs an individual interview (See Appendix III) for each of the four participants that are called back for individual interviews. The interview questions correspond with events that are brought up during the focus group for that particular participant. For example

"You were talking about when you had your first child, you're still in shock that it's yours, and that it's 'part of you'. Can you say some more about this?"

In this way, the interview questions are guided by the experiences of the participants. The entire interview, which lasts approximately half an hour, focuses on these questions as starting points. These questions act as a guide; some need to be omitted or altered depending on how the interview is progressing. Hence, the purpose of the focus group is to investigate what interactions cause an emotional reaction in the mother, while the purpose of the case study is to gain a deeper understanding of these emotional reactions.

2.4 Data Analysis

Glaser and Strauss (1967) suggest we approach research with as few hypotheses as possible. However Kuhn (1970) theorises that a paradigm is necessary in scientific research for perception itself to occur and that it is impossible for the researcher to approach a study without such a paradigm. Although the researcher attempts to commence the work without any prior hypotheses (Anderson, 2006), broad topics of interest may be determined before coding begins, making it a theoretical analysis (Ezzy, 2002). Because of this, the study is inevitably influenced by what the researcher's prior perceptual experience has taught her to see (Kuhn, 1970). The researcher's background and training can thus be used to guide the research and to address certain broad questions (Anderson, 2006). It should be noted that the results that are yielded from this dataset are the interpretations made by one particular analyst, at one particular time. Had the data been analysed by another analyst it is quite possible that other themes could have emerged. Data analysis should reflect the views of each of the respondents, rather than for example, only those who support the views of the researcher (Bloor et al, 2002). The current data analysis is carried out by a twenty-eight year old female psychotherapy student, who at the time of analysis is not a mother herself.

The researcher uses the thematic analysis approach, advocated by Braun and Clarke (2006), as it is regarded as an ideal approach to the analysis of data that has been derived from semi-structured interviews (Sloan, 2006). The recordings of the focus group are transcribed and then analysed using this technique. The themes that emerge from the focus group analysis help the researcher to develop questions for the individual interviews. The recordings of the individual interviews are then transcribed and analysed using the same technique. This method of analysis is chosen because it views the participant as a collaborator in the research (Braun & Clarke 2006), a primary goal of the qualitative technique and congruent with the issues at hand. Furthermore, the results of a thematic analysis can capture the main points of a large body of data making it particularly suitable for the current study. Thematic analysis can also be a source of previously unforeseen learning (Braun & Clarke, 2006). With this method, the codes themselves emerge from the data rather than being predetermined, so the researcher may discover issues and themes that are unanticipated (Ezzy, 2002).

In the focus group, it is the group as opposed to the individual that is the unit of analysis (Stewart, Shamdasani & Rook, 1990). Individuals who take part in focus groups are involved in parallel operations; describing their own behaviours and feelings, while at the same time, editing them to render them acceptable to apparent group norms (Orgocka, 2004). Therefore, data in the focus group are created in interaction, and cannot be treated independently. They are socially produced and so should be treated in a separate analysis to the individual interviews (Wilkinson, 1998). Because these different principles apply to group and individual interviews, although they are cross referenced, the data analysis for each has been treated independently in the present study.

2.5. Ethics:

The British Psychological Society (2002) states that participants in psychological research have the right to have the information they provide remain confidential. The use of pseudonyms (e.g. K; N etc.) in the present study enables the participants to remain anonymous. The researcher has removes any identifiers (e.g. place names, other people's names) from vignettes that are used in the present dissertation. Where vignettes are used these identifiers are replaced with parentheses (e.g. [place name]). An information sheet and consent form (see Appendix II) is used to inform the participants of anonymity, of the right to withdraw and of their right to have any information removed from the study. This ensures that the participants are giving informed consent. The information sheet and consent form is also summarised verbally at the beginning of the focus group and interviews. Interviewees receive a copy of this form containing the researcher's contact details should any clarification be required. Participants are also informed that these contact details can be used should they feel they have anything they would like to add, thereby increasing the collaborative nature of the study. Before the focus group is conducted, participants are given time to familiarise themselves with the information sheet and consent form and given the opportunity to ask any questions. Participants are verbally informed that they are free to talk, but that there is no pressure on them to talk or reach consensus (Litosseliti, 2003). Participants are also informed of their right to disclose or withhold personal material at their own discretion.

In October 2010, an ethical committee reviewed the research proposal and made some suggestions as to how the research could be refined. It was suggested that because parenting was such a sensitive topic that some participants might find it difficult to talk about it in a group setting. However the pilot study shows the reverse to be true; people said they were happy to share their parenting experiences and to talk to people who had similar experiences. Having said this, it is acknowledged that this might not be the case for all participants. On this note, although the original scope of this study was to focus on mothers of infants aged naught to one year, this period is a particularly vulnerable time for mothers (Fairbrother & Woody, 2008). Therefore the participants in the current sample are mothers of older children (mean age of five years) as this group was thought to be more ethically appropriate.

2.6 Limitations:

Although the above methods have been chosen as most suitable for the issues at hand, inherent in them, as in all methods, are a number of limitations (Morgan, 1997). One of the main limitations of the use of the open ended interview technique is that it might be difficult to replicate (Coolican, 2004). For this reason the researcher makes the study fallibilistic (Seale, 1999) and transparent, explaining to its audience how each conclusion is reached (Mason, 2005). Because no two cases are identical, the case study method can also be very difficult to replicate (Coolican, 2004). Therefore the information gathered, although rich and profuse, may not be generalisable. However in this case, triangulation is achieved by comparing the responses that are made in the focus group with those made in the individual interviews.

Some researchers question the reliability of approaches that use retrospective memory (Lalande & Bonanno, 2011). Recent research, for example, indicates that memory for a past emotional state can be dependent on the person's current state (Levine & Safer, 2002). Bower (1981) reasons that this "mood congruent recall" arises because our existing mood involuntarily primes memories formerly associated with that mood. Retrospective memory can also be influenced by self-serving biases, leading to the editing of memories to enhance self-perception (Taylor & Brown, 1988). Taylor & Brown (1994) argue that cognition often contains these embellished and self-serving

biases in perception and attribution. However, Lalande and Bonanno (2011) argue that the function of memory is not in the reproduction of past events, but is a dynamic storage system that can be influenced by mood and self serving biases.

Of specific relevance to the current research study is the argument that emotions are not stored in memory at all, but are instead reconstructed based on the circumstances in which the emotion was elicited (Levine, 1997). As a result the past is being constantly reconstructed according to present events (Campbell, 2006). Therefore the school of reconstructive memory rejects the notion of the archival storage and retrieval of events, replacing it with the notion that events are reconstructed according to what is currently significant to the rememberer. Through the reconstructing of these memories we have the opportunity to reprocess them given what we have learnt since the time of the event, thereby altering the memory's meaning (Campbell, 2006). Schetman (1995) argues that this situation specific reconstruction of memory is integral to the development of a sense of self. Campbell (2006) therefore posits that instead of undervaluing memories because of their possible inaccuracies, we should value the reconstructive nature of emotional memories that give significance to specific past events. In light of this, although the responses given by participants may be subject to these memory and mood biases, the researcher argues that because they are of significance to the participants they act as a valuable source of information to us.

Morgan (1997) tells us that focus groups, like any other method, have both their advantages and disadvantages. With this method especially, due to their social nature, social desirability is an important issue to be considered (Coolican, 2004). The researcher proposes that because the participants in this research are female, it may be easier to speak more openly to a female interviewer. Wise (1987) however, argues that even when gender is allowed for, social disparity can still be present. In order to counteract this, the interviewer needs to develop a skilled personal style that puts the interviewee at ease (Lee, 1993). The pilot study gives the researcher an opportunity to develop some of these skills. Social desirability is of particular importance with this subject matter because, as pointed out by Coolican "[o]n issues like child-rearing practice….people usually know what they ought to say … and may keep their real views and behaviour well hidden," (Coolican, 2004, p: 150).

In order to allow for this limitation, it is suggested to participants that the issues discussed within the focus group are kept confidential within the group. Although this might be difficult to implement, bringing up the subject makes participants cognisant of the issue and helps to put the participant at ease. Because the interviews are conducted individually, they are less susceptible to social desirability and so help to counteract this difficulty.

Although focus groups are a rich source of information on how the participant interacts within the group (Morgan, 1997) this method can also be limited by the fact that its participants may reach a false consensus when those with strong personalities or with similar views dominate the interaction, and other, less dominant individuals stay silent (Litosseliti, 2003). The dynamic of the group situation may also lead to individual behaviour being influenced by group behaviour. This is yet another reason to support the use of the individual interviews. Some authors suggest that conducting a number of focus groups can help to establish what's known as "group to group validation" (Morgan, 1997). In this, topics consistently arise across repeated focus groups, thereby supporting the findings. However the scope of the current project did not allow for this. The pilot study does allow the researcher to ascertain some patterns that arose in both groups. However the fact that the focus group is restructured after the pilot study means that this group to group validation could not be determined. The researcher therefore suggests that if this study is to be repeated, a number of focus groups should be used.

Chapter Three: Data Analysis - Focus Groups

As discussed, the present study uses the thematic analysis technique that is advocated by Braun and Clarke (2006). With thematic analysis, although peer debriefing can be used to establish credibility (Lincoln & Guba, 1985), Maguire and Delahunt (2009) argue that it is not requisite. Credibility and triangulation is therefore established in the current study by means of a pilot study. The pilot study allows the researcher to revise the focus group guide on the basis of participant feedback and to elucidate methodological issues. Bloor, Frankland, Thomas and Robson (2002) note that context is an important factor in the coding stage of data analysis. For example when one statement is looked at in context it may be seen that the same statement is contradicted by the same participant later on (Bloor et al., 2002). Therefore in the present study, the researcher has paid particular attention to context. Where extracts are taken from the transcripts, the researcher includes details that are both illustrative of the points being made, and faithful to the opinions and feelings of the participants.

The coding of the focus group involves several stages derived from the thematic analysis model advocated by Braun and Clarke (2006). The researcher initially uses open coding in which she simply creates categories that emerge from the dataset (Gibson, 2006). With this method of coding, although codes are directed by the research questions, the codes themselves are not determined before the analysis begins (Maguire & Delahunt, 2009). After the initial codes are created, they are refined by means of combining or merging them (Gibson, 2006). This is done by exploring the codes' properties and dimensions (Ezzy, 2002) which leads to the development of a better understanding of the codes (Anderson, 2006). Therefore this method of coding is an iterative process. A vast number of codes initially emerge from the data itself (See Appendix IV). These are then further refined to focus on two broad topics of interest that are directly related to the study's proposed endeavours. The surplus codes are then discarded. These broad topics are as follows:

1. Situations that cause an emotional response in the mother.
2. The emotional response that these interactions elicit.

These topics are broad enough to divine a diverse range of information from the dataset allowing categories to emerge from the data (Ezzy, 2002). It is apparent to the researcher, however that even after codes are revised, there are still too great a number of codes to form themes. Maguire and Delahunt (2009) tell us that themes are usually bigger and more significant than codes. Morgan (1997) suggests that, if it improves our understanding of the patterns within the dataset, then the researcher should perform a straightforward count on the occurrence of each code. Because thematic analysis involves finding patterns in the dataset, those codes that are found to be reoccurring are used to form themes (Maguire & Delahunt, 2009). Therefore this necessitates the counting of codes. Through including only those codes that are recurring, the researcher is then able to reduce the sheer volume of the codes to form more definitive themes. The data is then reanalysed using these themes. For the purpose of the dissertation, the analysis of the focus group first addresses the situations that cause an emotive response in the participants, before going on to describe the emotions that these situations evoke in the participants. Therefore the themes are as follows:

Situations	Emotions
3.1 When Her Infant is Sick	Anxiety Empathy/ Sensitivity
3.2 When Her Infant Cries	Anxiety Empathy/ Sensitivity
3.3 Fitting into Her Infant's Schedule	Fatigue Stress Happiness/Love
3.4 Physical Contact with Her Infant	Stress Happiness/Love

NB. In order to preserve anonymity, the participants are given simple initials as pseudonyms. These initials do not pertain to the participants' actual names. In both the focus group and the interview, the letter "I" denotes the interviewer.

3.1 When Her Infant is Sick

One of the situations that cause an emotional response in the mothers who participated in the focus group is when their infant is sick. The majority of the participants (four out of seven) relay such an experience. F, for instance, describes her experience when her son was sick as follows:

> F: I had him in the doctors everyday, like, the Doctor called me a hypochondriac he was always sick like, with his chest, and it ended up like, he had very bad asthma, and we had to put him in an oxygen tent and all, and I was ringing him up saying he's sick and they don't listen to you, they just say "she's only seventeen, she doesn't like"
>
> N: She doesn't know what she's talking about
>
> F: "She doesn't know what she's talking about" you know what I mean
>
> K: Ah they do, I do feel like they'd look at you like I don't know what I'm talking about. Even now like
>
> I: That must be quite difficult?
>
> F: But you know your own baby you're after like, carrying him for nine months and you give birth to him, *you know them,* you know what I mean

From this first vignette, we can see just how rich a source of information the focus group is, as participants construct a narrative together (Orgocka, 2004), helping each other out and finishing each other's sentences. In it, there is an array of emotions that come to the fore: We can see that F and some of the other participants feel judged by the doctors calling her a *hypochondriac*, saying *she's only seventeen* and *doesn't know what she's talking about*. There is also an inherent sense of anxiety, with F bringing her son to the *doctor's everyday*. But what really stands out here with F is her sense of empathy for her son; her ability to know and feel when he's unwell.

Anxiety

Perhaps it is unsurprising that most of the participants report feeling anxious in relation to their infant or child at one time or another. However this feeling of anxiety is very apparent when participants describe their emotional experience of their infants being sick. For example, K tells us that her *nerves were gone* when she had to bring her

youngest son to the hospital, believing he had swine flu. A similar situation happened to T. She had brought her daughter to the doctor when she had a rash. The doctor had advised her to bring her home and "just give her Calpol and 7up". However it later transpired that T's daughter had meningitis. T "knew there was something wrong with her, I knew. I said 'it's not the chicken pox,' and I ran out crying." In this description, we see that T is deeply anxious, even before her daughter is diagnosed with meningitis.

Empathy/ Sensitivity

Another emotion that emerges from participants' description of their infants' illness is that feeling of empathy, as described by F above. She and some of the other participants describe how they feel intuitively connected to their children:

> F: When you're pregnant, you know your baby before he even comes out. Cause you're the one who carries it, you're the one who sits and rubs it (rubs belly) you know what I mean…Like you get all the same movements and like, when they come out they're exactly the same as they were inside you, you know, you don't feel like… "That's weird" or, you know what I mean like
>
> N: Yeah you're the only one that knows that
>
> F: You can't… You can't
>
> N: Even if you're with, if you have a partner for years and you're pregnant for them or whatever
>
> F: They don't know how you feel
>
> N: It's still not the same

N and F describe a private world shared only by mother and child. This feeling of connectedness is regularly referred to when the mothers in the group describe their experience of their infants' illnesses. This feeling is often so strong, that the mothers themselves experience physical sensations when their infants are ill:

> K: You feel it yourself
>
> F: Yeah, you get that feeling in your stomach and then once you feel like that you know, you always get that feeling… Like you're with them twenty-four/seven you know their ways, you know when they're off

Here it seems as though the mothers themselves are sick, *feeling it* themselves, *getting that feeling* in their stomach.

3.2 When Her Infant Cries

The participants in the focus group also describe feeling an emotional response when their infant cries. Here, the emotional response is quite similar to the response participants have to their infants' illnesses. Again anxiety is a response that most of the mothers report feeling. Many also report these feelings of empathy and sensitivity, an ability to ascertain from their child's cry alone, whether they are crying about something serious or not.

Empathy/ Sensitivity

Take K for example who says that when her child falls that she knows *the way a child's crying if they're really hurt*. F agrees that she can tell whether her infant is hurt from his cry alone; "when you hear them crying, you're just like, ah it's alright, they've just hit their head". N also describes getting a fright when she hears her infant emit a certain type of cry and feeling as though her "whole heart just stops for a few seconds until you know what's wrong with them". It's interesting to note the reaction N has in her own body when this happens. Again, it is as though N is physically connected to her son.

Anxiety

Anxiety also seems to occur as the participants' response to hearing their child cry. N describes the fright that she feels in response to her infant's cries "when you hear that cry it's like 'huuhhh, what's after happening?'" K has a similarly anxious response when she hears that cry: "when you hear them you're just like 'awww'". Both mothers convey a sense of fright, an immediate nervousness as a response to their infant's cries.

3.3 Fitting into Her Infant's Schedule

This theme describes how the participants had to change their own routine once their infant was born, and the emotions that are associated with this. A key aspect of this theme is how the mother feels about putting her infant's needs before her own needs, or

adapting her needs to suit his. For instance, a number of the participants use the words *when he'd sleep I'd sleep*. M, for example, describes her daily routine as follows: "Get up, clean the baby, feed, change them, when they rest, we rest, if not restin, run around". Similarly, N describes her daily routine: "Wash clothes, make more bottles, try and feed yourself, and like that you just say 'ah sure I'll just grab a sandwich,' and you're not even havin a dinner." You can see how in both of these cases, mother's needs are put aside to accommodate the infant.

Fatigue

The word *drained* is used by participants on a number of occasions. For instance T says that when her daughter sleeps, she tries to sleep because she feels "drained". F, when asked to describe her typical day, describes it as "draining" and "exhausting". She describes feeling as though she is "walkin asleep" and says that sometimes "you'd have no time for yourself"

> F: [you] feel yourself literally, no matter what you do with yourself, you're just in bits, 'cause you're tired.

Even at night N finds it difficult to get some rest: "even when they're in bed you're like 'are they gonna sleep for the night or are they gonna wake up?' Do you know what I mean, cause sometimes he'd wake up and he'd come into my bed." Therefore N is constantly alert. Therefore this adjusting to their infants' schedule seems to be extremely tiring for the participants.

Stress

This adjustment also puts participants under quite a lot of stress, with participants rarely having any time to themselves. A number of the participants report feeling like *pulling their hair out* as a result of stress: For instance, O, when she couldn't reach her sister, who was a valuable resource when she first had her daughter says "when she didn't answer I'd be pulling my hair out". N and F also describe how, when their infants were first born, they had to adjust to their feeding habits:

N: Like when you're fee.. it takes about an hour, to get a bottle into them when they're like that only new born, a few weeks old, it's about an hour to feed them and then by the time you change them and then they're settled for a sleep its time to get yourself ready and then sure before you're ready to walk out the door

F: you have to feed them again

N: it's time to feed them again

Therefore feeling stress is another emotional response that the mothers report as a result of adapting to their infant's needs.

Happiness/Love

Although participants convey a sense of both stress and tiredness as a result of this adjustment, they also convey a sense that it is rewarding. N for example says that "you're tired doin night feeds but you don't care". Similarly, K, when asked about her typical day says "Yeah it was draining, but like, you just wouldn't give them up for the world". And F says that "as much as it's stressful, you wouldn't change a minute of it". Here she describes the stresses of her daily life when her son was born:

F: I was like you know, leg hanging off, arm hanging all full of vomit.. ehh hair stuck to my head.. [partner] running every five minutes and I was left with the baby like and [my friends] were all "I'm meeting this new fella" And I was like, "I don't wanna know, stop coming over and depressing me" like I don't wanna know your good news, d'you know what I mean, my life's fallin apart, the only good thing is the baby, the only thing that keeps you going is your baby.

Although at this point F is having a difficult time adjusting to her infant's schedule, he makes the difficulties seem worthwhile, he is what *keeps her going*.

3.4 Physical Contact with Her Infant

Physical contact is another situation that evokes an emotional response in the participants. However, this situation evokes differing emotional responses. Some participants express feeling stressed at their infant's clinginess, whereas others feel happy being physically close to them.

Stress

Some participants find physical closeness with their children to be somewhat stressful. When N leaves her son to school, she'd often give him a kiss and he "goes to gimme a hug". However, at times, N seems overwhelmed by his clinginess, and keeps physical contact to a minimum. When he was younger, if he had a bottle late at night *he got his bottle up in the room, changed and straight back in the cot*. It seems that N feels as though she needs some space: "Cause they're so clung to you, it's like, just get away from me for five minutes, just stop". O agrees with N: "I do be like that. I swear". She too is sometimes stressed by her daughter, who *hangs out of* her.

Happiness/Love

However other participants express happiness at being physically close to their children. F describes how she enjoys being physically close to her son:

K: She puts him on his hip and he's bigger than me

F: And he falls and here he does be "ahh" and here I do be "show me, ah 'mon show me".. and he's ten, and he's bigger than me

I: So you still have the real

F: but I wouldn't have it any other way you know like.

K also enjoys constant contact with her sons, saying that she never leaves her youngest son out of her hands. She affectionately refers to him as her *baby monkey* because he is constantly "wrapped" around her.

Chapter Four: Data Analysis- Case Study

Out of the two interviews that are conducted, K's interview is selected for the purpose of the case study. Again, Braun and Clarke's (2006) thematic analysis technique is used. Credibility and triangulation has been established by means of a pilot interview. The researcher begins by using open coding in which she simply creates categories that emerge from the dataset (Gibson, 2006). Again, although they are directed by the research questions, the codes themselves are not predetermined (Maguire & Delahunt, 2009). However they do focus on the broad topics of interest outlined above for the focus group, i.e.:

1. Situations that cause an emotional response in the mother.
2. The emotional response that these interactions elicit.

These topics are broad enough to divine a diverse range of information from the dataset allowing categories to emerge from the data rather than being predetermined from the outset (Ezzy, 2002). Again, initial coding creates a vast number of categories (see Appendix V). Therefore codes' are merged, in order to gain a better understanding of them (Anderson, 2006). The surplus codes are then discarded. A straightforward count is conducted in order to further improve understanding of the codes (Morgan, 1997). Again those codes that are found to be reoccurring are used to form themes (Maguire & Delahunt, 2009). Through including only those codes that are recurring, the researcher is then able to reduce the volume of the codes to form more definitive themes. These themes are then cross referenced with the themes from the focus group. The data is then reanalysed using these themes.

As mentioned in the methods section (p 19, above) the purpose of the focus group is to ascertain what situations evoke an emotional response in the mother, whereas the purpose of the interviews is to gain a deeper understanding of these emotional responses. That being the case, some of the situations that are discussed in the focus group are also discussed in more depth in the individual interview. Therefore the analysis takes on a similar format to the analysis of the focus group, discussing first the situations that cause an emotional response in K, followed by an exploration of these emotions. Accordingly the themes are as follows:

Situations	Emotional Patterns
4.1 Infant is Sick	Anxiety Empathy/ Sensitivity
4.2 Fitting into Infant's Schedule	Happiness/Love
4.3 Physical Contact with Infant	Happiness/Love

4.1 When her Infant is Sick

As discussed in the focus group, this situation brings up both a feeling of anxiety and a feeling of empathy in participants. For K it is no different. In her interview, K elaborates on these feelings:

Anxiety

K considers herself blessed not to have experienced either of her sons having a *bad, bad fall or anything like that* and says that she *wouldn't be able for it.* K says that she hates to see her children in pain. When asked whether she has had this experience before she responds:

> K: My [younger son] has asthma, and it's killing me because I have asthma like… And he's very bad with it like, he only has like, he's only after getting it since he's three and usually they get it around when they're babies like when they start formula, but it's killing me cause I know what it's like when you can't breathe and all like, I know what he's going through, and like I know when he's playing he gets out of breath real easy and like its annoying me and its just that he can't like, the rest of the kids are playing football and he's out of breath he's like 'ma can I have my inhaler' like he knows when he needs it and all and its horrible like.

We can see from K's choice of words, words like *its annoying* and *its horrible* how she is affected by her son's illness. Later K explains that she would rather be sick herself than experience her children being sick:

> K: You know if they're sick I'm like 'Please God, don't let them be sick, give it to me.' I'd take it like, I'd take anything."

We can see that there is an ever present anxiety about her children getting sick and a willingness to put her own health aside to protect her children from this eventuality.

Empathy/ Sensitivity

As well as K's anxiety, also apparent in this vignette is the almost physical affect her son's illness has on her ("it's killing me"). K seems to have a powerful sense of empathy that enables her to put herself in her son's position ("I know what it's like when you can't breathe"). She has this ability that is present in a lot of the focus group participants: A sensitivity that allows her to know when there is something wrong with her infant: "Yeah, you'd know like if they were hungry or, (pause)….. I don't know like, when it's your child like, it's just different cause you know everything, that's wrong with them like or, you just know like, I don't know what it is, you just know like". It seems that K's attunement with her children enables her to sense when there is something amiss.

4.2 Fitting into her Infant's Schedule

Since K has had her two boys her priorities have shifted: "It's love like…. It's them before you like its not you anymore that comes first in your life." Although participants in the focus group convey a sense of both stress and tiredness as a result of adjusting to their children's schedule, they also convey a sense that it is rewarding. In the interview, K does not dwell on the stress and fatigue of adjusting to her children's schedule. She is more vocal about the rewards. When asked how this shifting of priorities feels she replies that "it just feels like the same, you know like, I'd rather see them have things than me, d'you know like?" Here we see that shifting her priorities occurs seamlessly for K, that it *feels the same*.

Happiness/ Love

Seemingly unfazed by the adjustment, K describes her happiness during the year of firsts; *they're first little word, they're first agoo* and *their first little noise*. When asked what feelings she associates with these firsts she replies "Just joy, happiness, that's the way I describe it like". K describes how her younger son, at six months used to sing along to a popular song

K: Like Kyle was only six months old and he was pure fat (laughs). He used to sit in the buggy and go "dooadadoo" like, he couldn't even talk like, and he was just rocking to that song ….. He used to sit there and go dooadadoo, dooadadoo, aw

Even in the animated way in which she tells this story, between laughs, K's happiness is apparent.

4.3 Physical Contact with Her Infant

Physical contact with her children is something that seems really important to K. She compares her style of mothering to that of her own mother. K is more vocal about her feelings of love towards her children, and constantly tells them and shows them, whereas her mother would *show you that in a different way like, she wouldn't say it.* These displays of affection and vocalisations of her feelings of love to her children are also quite important to K.

Happiness

As discussed in the focus group analysis above, physical contact is a source of much happiness for K. She likes "pickin them up and holding them and all…I just had them in my arms all the time like whenever I could." However, at eight years old, K's older son is beginning to grow out of it. Although K finds this hard, her younger son, her *little baby monkey* is still quite affectionate:

K: Yeah cause when you say gis a kiss and he's there no, and [my younger son]'ll come over "I'll Kiss you ma" So I like.. (laughs)

I: You're getting a kiss anyway?

K: They make you feel better

Here we can see that K enjoys being close to her children and that they are a source of comfort to her. As well as K vocalising her love to her children, they too, say it in return:

K: And they always say like if they're going to bed like, "night" and they give me a kiss and say "I love you" and I say it back

I: Yeah

K: Even though [my older son] hates kissing but he still says it at night

I: Yeah. How does that feel for you actually hearing that?

K: I love it, I get butterflies and all… I love it

I: Yeah

K: I love them

I: Aw

K: I do, I love them

I: Em

K: You have me crying even thinking about them

There are a couple of things that stand out in this extract. Again, K's emotional response to talking about her sons narrates a story of its own. When she is later asked how she finds the experience of talking about her sons she replies that she finds it good, and that the reason she starts to cry is because *I love my kids that much.* We can see from these responses just how strongly K feels about her children. K's reaction to her son's displays of affection, the *butterflies* she gets, are yet another physical reaction to an interaction with her sons; a bodily response K gets to her sons saying they love her. Here K describes, quite vividly, how these emotions can manifest themselves in the body.

Chapter Five: Discussion & Conclusion

5.1 Discussion

And now to return to the case study of Suzanne with which I opened this dissertation; Suzanne who, in surrendering to the attachment with her infant son, opened herself up to experiencing both a new joy and a new fear (Gomez, 1997). Is Suzanne's experience similar to that of our case study participant, K, and the other participants in the focus group? Did the experience of motherhood move the mothers in this study emotionally, in the way that it moved Suzanne? In agreement with Beebe's assertions (Beebe et al., 2010), the current study shows that mother's emotional state can indeed be transformed through interactions with her infant. It finds that there are a number of situations and emotional patterns that are very specific to motherhood. These emotions vary from Anxiety to Empathy; from Stress to Love; from Fatigue to Happiness.

Although Winnicott (1947) appreciates the power of a mother's love, he contests the idea that she can, at any one time, have only love for her infant. In response to the upheaval of adjusting to the needs of her infant, participants report feeling both stress and fatigue. As one might expect, a large body of research suggests that fatigue is common in the post partum period, usually resulting from the physical demands of parenting or from the changes in sleeping patterns (White, White & Fox, 2009). Further to this, Fairbrother and Woody (2008) argue that the transition into parenthood is a time of intense stress. As well as being the participant's response to adjusting to their children's schedule, stress is also experienced as some participants' response to their children being overly clingy. On the latter, Bergman and Harpaz-Rotem (2004) argue that the infant's constant vying for his mother's attention during the rapprochement phase can indeed lead to this sense of stress and frustration. At this stage, the infant seeks more from his mother; even those mothers who are extremely sensitive may be unable to cater for the increasingly demanding needs of their children. This stress seems to be N's reaction to her son who is "so clung to you, it's like, just get away from me for five minutes, just stop". Having said this, despite experiencing various stressful events, participants often carry on regardless, *walkin asleep*, as though they are on auto-pilot. Similarly, studies by Walker et al. (2004) tell us that aside from stressors that pose a threat to their infant, mothers exhibit relatively lower reactions to various other stressors.

Winnicott (1971) tells us that the principal characteristic of primary maternal preoccupation is the mother's preparedness to prioritise her infant and to put his needs above her own. When a mother enters the state of primary maternal preoccupation she absolutely and unquestionably adapts to her infant's needs (Winnicott, 1971). This is certainly the case with this study's participants, who, despite feeling stress and fatigue are eager to point out that their children are *worth it*. Oftentimes, mother's interests are closely aligned with those of her infant (Bálint, 1949). K, for instance, describes how she experiences this alignment of needs: "It just feels like the same, you know like, I'd rather see them have things than me" Winnicott (1971) similarly argues that in the state of primary maternal preoccupation the mother willingly withdraws from the activities that are not focused on her infant. She readily adapts to her infant's needs and is less concerned about her own ("you're tired doin night feeds but you don't care"). With many of the participants this seems to have occurred naturally: "It's love like…. It's them before you like it's not you anymore that comes first in your life."

These feelings of love and happiness are often referred to by participants. Interestingly, although this is the case, this researcher finds sparse reference to these feelings in the literature. Amongst the few studies that are found, one references a survey of three-thousand mothers (Cosh, 2002) that highlights the fact that "childbirth is difficult, dangerous and depressing": Seventy-five percent of mothers surveyed said that the pain of childbirth was worse than they had imagined; sixty percent said that prenatal classes were an inadequate preparation for the experience; forty-three percent said they received inadequate postnatal care in the hospital and forty-four percent reported some measure of postpartum depression. Given all of these statistics one might be forgiven for thinking that embarking on the journey into motherhood is indeed depressing. However of the same mothers, ninety nine percent replied that motherhood has given them more happiness than their previous careers (Cosh, 2002). The participants in the current study report similar job satisfaction. Some participants are particularly vocal about their happiness. F expresses happiness at being physically close to her son ("I wouldn't have it any other way"). Like F, K describes in her individual interview how her children make her *feel better* when they give her a hug.

K describes her happiness during the year of firsts; *they're first little word* and *their first little noise*, describing those years as "the best… they're the best years of their life." At times K seems mesmerised and in awe of her son *staring at him, thinking 'that's mine'*. K says that she finds it difficult to explain this feeling, but she tries her best:

> "It's just a mad feeling like I swear… it's just something that every mother gets. It's mad like, I can't even explain it like….You're in shock but like, you're delighted, you know like? I don't know like, you're just… You do feel on top of the world like, cause I don't know like, it's the best feeling ever like, when you have a baby. Like when the baby comes out and you look at it like all that pain is just forgot about."

We can see from this vignette that K's experience when having each of her children was filled with wonder and happiness.

Another emotion, about which the participants in the present study are quite forthcoming, is the emotion of anxiety. Anxiety is an emotion that is felt in response to various situations that participants describe. It occurs as a participant's response to hearing her child cry and as her response to her infant being ill. K, for example, describes how she constantly checks her children at night to see whether they are still breathing, giving an insight into just how omnipresent this anxiety can be. This is in keeping with Brazelton and Als' (1979) who find that mothers exhibit a great deal of anxiety. They argue that this anxiety is an essential aspect of motherhood; laying the foundations for attachment and providing the energy that is needed for the mother to learn about herself and her baby. For the participants in this study, anxiety seems to do just that; it encourages mother to look at her baby more closely, to observe his behaviour, "touching them" as K does "making sure to see are they breathin". This feeling of anxiety is often described by participants as coinciding with feelings of empathy, a sensitivity to what their child is feeling; the *knowing*, that a mother gets when her infant is unwell. This degree of knowing has a profound affect on the mothers who take part in this study.

Their experiences have taught the participants to know when their infant is *off* or *not himself*. In this way, they instinctively *know* when their children are unwell. We gain some understanding as to why this is when F tells us that "you know your own baby, you're after like, carrying him for nine months and you give birth to him, you know

them". This comment echoes those of Winnicott, who argues that although healthcare professionals have a wealth of knowledge about health and psychology, they do not have this ability to sense what the infant is feeling (1965). It is this feeling of empathy, of being able to *feel it yourself* that enables participants to do what is right for their children. Indeed, through knowing their children in this way, the mothers in the present study are able to choose appropriate responses to their infant's needs. Again, F explains quite vividly, how she knew her son even before he was born;

> "[Y]ou're the one who carries it, you're the one who sits and rubs it (rubs belly) you know what I mean…Like you get all the same movements and like, when they come out they're exactly the same as they were inside you, you know, you don't feel like… 'That's weird' or, you know what I mean like."

Here F describes how her son takes on the position of *internal object* during pregnancy (Winnicott, 1971). Joan Raphael-Leff (1991) argues that this concept of the two-in-one body is one that dominates the expectant mother's emotional state. This leads to the development of this sensitivity to her infant. Indeed, in the present study, mother is often so sensitive to her infant's feelings that she herself experiences physical sensations in response to the interactions she has with him:

K: "I get butterflies".

F: "You get that feeling in your stomach";

N: "Your whole heart just stops for a few seconds";

5.2 Suggestions for Further Research

A significant finding of the present study is that mothers often feel happiness in response to their infants. The researcher is surprised to come across a relatively small amount of literature on this response, given that the participants are so vocal about it. Future studies that focus on the interactions that cause this emotional reaction, could contribute to our understanding of "health" in motherhood. Although the current study finds that interactions such as physical contact cause this emotional response, further research is required to investigate the role it plays. Through investigating these responses, this research could further contribute to how healthcare professionals deal with those mothers who suffer from post-partum depression.

Fraiberg et al.'s (1975) concept of "ghosts in the nursery", along with Lieberman et al's (2005) concept of "angels in the nursery", argue that a person's own emotional experiences are often drawn upon when she becomes a parent. Although the current study does not explore these themes in great depth, K's childhood experiences with her mother have led to her desire to try some things differently with her children. K compares her style of mothering to that of her own mother. For example, whereas K is vocal about her feelings of love towards her children, her mother is less so, showing her love *in a different way*. Although K knows her mother loved her growing up, she never said it. K on the other hand is more likely to *make sure I hug them and say "I love you"*. This vocalising her feelings of love to her children is quite important to K. Her children, too, say it in return. Further research is needed to explore whether ghosts and angels in the nursery can become disincentives for certain behaviours.

5.3 Conclusion

A primary endeavour of this research study is to learn from "healthy mothers" (Winnicott, 1965 p 24). From the mothers who participate in the focus group and individual interview, this study learns that a mother's state is intensely influenced by interactions with her infant; that there are indeed a number of emotional patterns that the mother exhibits in response to her child. Further endeavours of this research are to give health equal precedence to pathology (Vaillant, 2003), and to emphasise maternal competency and well-being as equally as inexperience and illness. Of particular significance to this endeavour is the fact that emotions such as anxiety and stress, emotions that are often associated with illness and post-partum depression, also occur as a relatively normative response to various situations. These findings could have significant implications for the field of psychotherapy. If anxiety and stress are normative occurrences in motherhood, then we as therapists need to learn to accept them as such. This is not to say that high levels of stress and anxiety are never symptomatic of post natal depression. It does, however, imply that we need to foster an attitude of sensitivity in relation to these feelings, so that clients in turn can begin to tolerate and understand their own feelings of stress and anxiety.

Further to this, because it emphasises the effect the infant has on his mother, the present study offers additional support to those models of psychotherapy that involve the mother-infant dyad (Fraiberg et al. 1975; Lieberman et al. 2005). Fraiberg et al.'s (1975) intervention model of therapy, for instance, in which the therapist speaks for the infant, enables the mother to look at interactions from her child's perspective, while at the same time sharing her own feelings in the context of these interactions. This method is found to encourage the mother to tune into and respond to her infant's needs, to improve the relationship between mother and child and to improve the mother's perception of her baby (Zero to Three, 2011). The findings of the current study, that mother's emotional state is influenced by interactions with her infant, therefore support the use of such models. As well as helping her to see things from his perspective, these dyadic models have the potential to make mother cognisant of the emotional effect her infant is having on her, thereby giving her the opportunity to understand and to tolerate these emotions.

In those initial formulations on attachment theory John Bowlby states that "the infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother substitute) in which *both* find satisfaction and enjoyment" (Bowlby, 1951, p. 11, my italics). The present study finds that the mother, as well as the infant, can indeed derive satisfaction and enjoyment from the relationship with her infant. Perhaps one of the more significant findings of this research study, an issue that has been comparatively neglected in prior research, is this fact that, maternal happiness in response to the infant seems to be a regular occurrence for many of the participants. Again this finding has strong implications for those psychotherapists who work with mothers. By emphasising the situations that cause the emotive response of happiness, our clients may be given the opportunity to experience those situations, so that they too can derive happiness from them. In addition, in regards to our adult clients, this finding reminds us to hold for them the possibility that they too were a source of joy and happiness to their mothers.

List of Appendices

APPENDIX I: Focus Group Guide

Introductions:

My name is Deirdre and I'm doing a masters in psychotherapy in Dublin Business School. This focus group is part of a research project for the course; it is about your emotional experience during pregnancy and the first year of your infant's lives. The focus group will be about an hour and at the end we'll discuss how you found the experience. Some of you will be contacted and asked to participate in follow up interviews, to elaborate on some of the issues that come up today. However, if after the study, anyone feels like there is anything they wish to add, or if they feel that there was something left out today, please do contact me. Participation in this study is voluntary and if at any stage you feel you need to leave you are entitled to do so. The study is anonymous and no clues to your identity will appear in the thesis. Any extracts from what you say will be anonymous. There are no right or wrong answers; everyone's opinion is important.

Begin by going round the room and asking everyone to introduce themselves and to give their baby's name (as an ice-breaker). Distribute consent forms

Are there any questions about the consent forms?

How was everyone's day so far? Did everyone have their baby this morning? Can you describe a typical day with your infant?

It is hoped that this question will generate a list of events; for each of these events the following set of questions will be asked:

1. Can you describe these times?
2. What are the feelings that you associate with these events?
3. What are the thoughts that you associate with these events?
4. What are the physical sensations that you associate with these events?
5. In your opinion, what is your infant feeling during this event?
6. Are they new feelings or are they familiar?
7. Do these feelings only occur with your infant or do they happen in other situations?
8. Do they reoccur?

Closing:

Now we have about ten minutes left, is there anything that anyone would like to add before we finish up?

How did you find the experience of the focus group?

Does anyone have any questions for me about the study?

Remind group members about the consent form and information sheet, containing the details of the study and my contact details should they need clarification.

APPENDIX II: Revised Information and Consent Form

Information Sheet & Consent Form

Dear Participant:

It has been requested that you take part in a focus group on *the emotional experience of mothers during pregnancy and the first year of their infant's lives.* The focus group is part of a thesis that makes up some of the requirements for a Masters in Psychotherapy. It will be of 1 hour's duration, and will involve talking with other mothers and an interviewer about your experiences. Following this you may be contacted to request that you take part in an individual interview to expand on some of the issues raised in the group. Both the focus groups and interviews will be recorded and then transcribed. The recordings are to be used for the purpose of this study only, and will be destroyed after the project's completion.

Participation in this study is voluntary. The information contained within this sheet is yours to keep should you need to refer to it later. There is no obligation to take part in this study. If at any stage you feel you need to leave you are entitled to do so. You can also withdraw within one month of participation and request to have your data destroyed, by contacting me at the contact details below. After this period some of the data may have already been included in the write up of the thesis. The study is anonymous and no clues to your identity will appear in the thesis. Any extracts from what you say that are quoted will be entirely anonymous.

The data will be kept confidential for the duration of the study. The results will be presented in the thesis. They will be seen by my supervisor, a second marker and the external examiner. The thesis may be read by future students on the course. The study may be published in an academic journal.

At the end of the interview I will discuss with you how you found the experience and how you are feeling. I don't foresee any negative consequences for you in taking part. However, if you or anyone you know would like to talk to someone in confidence contact your GP who will recommend someone.

Approval for this research study has been obtained from the Dublin Business School Ethics Committee.

If you need any further information on the study you can contact me:

Deirdre Evans

Deirdre.P.Evans@gmail.com
086-8822165

If you agree to take part in the study, please sign the consent section below.

Consent Section:

I hereby consent to partake in the research study outlined above. I understand that the information contained within this research will be used as part of the researcher's thesis.

Signed:_____

Date:_____

APPENDIX III: Interview Guide

INTERVIEW II: Participant [K]

1. You were talking about when you had your first child, you're still in shock that it's yours, and that it's "part of you". Can you say some more about this?
2. You also spoke about [your oldest son], how you'd never leave him out of your hand when he was younger. And how [your younger son] is like you're little monkey, always wrapped around you. Is this physical contact important to you? Can you say some more about this?
3. You told me about the time you got the flu, when [your oldest son] was only two weeks old, and [your sister] had to help you look after him. How was this for you?
4. In the focus group you were telling me about how you were feeling when you first had [your oldest son]. It sounded like you almost couldn't believe it. You said "I just kept staring at him thinking "is that mine?" like "you're mine?" Can you say a little bit more about that?
5. You used the word zombie to describe how you feel when you have a baby and said that you start talking double Dutch. You said it was the year you had Alzheimer's. Can you elaborate on this?
6. You said in the focus group that God sent you your kids to quieten you down. Can you say some more about this?
7. You were telling me about watching your children growing up. How you see them going from the "agoo's" stage, and that they used to sing to you. Did you have your own little conversations before they could talk? How was this for you?
8. There was one stage during the focus group that you said you were getting the goo for another one, and then later you also said that you wouldn't be able for another one. Can you talk to me about why you wouldn't and then about why you would?

APPENDIX IV: Focus Group Coding Phase I

18th March, 2011

AB= Affectionate Behaviour

BA= Being Away

BU=Busy

MO=Moving out

NF= Night Feeding

PP= Physical Pain

R= Routine

SIK= Sick

ANX=Anxiety

CR=Cry

DEP= Depressed

FR= Frightened

GUI= Guilt

ISO= Isolated

OW= Overwhelming

BS= Baby is Salvation

BO= Bonding

EXC= Excitement

LI=Loved it

WI= Worth It

PRI= Pride

AMB= Ambivalence

AO= Always on

DB= Disbelief

GU=Getting Used to it

IND=Independence

RES= Responsibility

ST= Stress

T= Tired

TR=Trapped

CBC= Close Body Contact

COM= Communication

CPU= Child apart of you

DL= Dream like state

F2F= Face to Face

FEE= Feeding

NS= Neglecting self

PV= Preverbal

PW= Private World

EMP= Empathy

WD= Withdrawal from actions other than baby

IL= In laws

M= Mam

EXP=Expectations

FS=Folk Sayings

HT= Have to

ILO= Inside looking out

INT= Interfere

JU= Judged

TO= Trusting Others

PRO= Projections

DEV= Development

LE= Learn

MH= Motherhood

P= Possessive

SIM= Similarities

SIS= Sisters

APPENDIX V: Interview Coding Phase I

25th May, 2011

NOS = Nostalgia

WE = Weird

SH = Shock

PC = Physical Contact

SP = Spoil

PRO = Protective

NER = Nervous

ANX = Anxious

2ND = 2nd child different

HT = Have to

WG = Wouldn't give them up

HA = Happy

MvsM = Mam versus Me

UPS = Upset

FP = Forget Pain

HOR = Horrible

KF = Know Feelings

AF = Afraid

AMB= Ambitions

HO = Hopes

BU = Butterflies

LOV = Love

TF = Them First

F2F = Face to Face

AMV = Ambivalence

BO = Bond

TR Trust

NRG = Energy

FB = Make you feel better

RN= Realise Now

TA = Talk

POS = Possessive

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