Psychological Aspects of Pregnancy

By Beverly Gould

The choice to sustain a pregnancy ushers in a tremendous physical and psychological transformation. Besides the bodily changes, there are disruptions in basic physiological processes that affect sleep, the appetite, and digestion. Hormonal surges can affect the mood, the ability to think and to remember. There are also intensely ambivalent emotions and fantasies about the process of labor and delivery.

A woman also experiences changes in her sense of herself. She has to expand her sense of who she is to incorporate her child as a part of herself, yet also as a separate being. The appearance of a child will change her intimate relationships, her relationships with extended family members and her role in society.

In looking at the period surrounding a woman's giving birth, Daniel Stern (1995) described this period as a time when she must engage in the greatest amount of "mental work and reworking" in her life. He says that this is especially true for the birth of the first child since no amount of baby-sitting or exposure to siblings can prepare a woman for the "empathic immersion and primary identification" needed to successfully mother a child. There is no other activity in a woman’s life that will require her full emotional presence and involvement as much as raising a child. Stern identifies four themes that preoccupy the expectant mother.

First is the “life growth” theme where the expectant mother is afraid of being able to maintain the baby’s life. She has fears for her own and the new baby's survival. Once the child is born, she wonders if she will be able to provide the care that will allow the infant to grow, progress and thrive? She is very vulnerable to the criticism and judgments of others. Society
expects the birth of a new baby to be a happy time. For many women, even those who are in the most supportive circumstances, it is conflictual and stressful.

Second is the “primary relatedness” theme where the expectant mother wonders if she will really feel able to love her baby. Will she feel the bond that society says that she is supposed to feel? Will that bond allow her to develop the special sensitivity that will allow her to “read” and respond to his or her characteristic set of needs?

The next theme, the “supporting matrix” theme, concerns the expectant mother’s ability to create and maintain an adequate support network for herself. There are no societal structures that function in the place of the extended family, putting greater stress on the father, if he is present, to provide the emotional blanketing so that the mother will be able to devote herself to her child. Stern sees inherent dangers for the mother who has a limited support network and therefore limited sources for feedback, information and emotional support. There is the possibility of being seen as an inadequate mother by the father or the others in the extended family, having the father compete with the baby for the woman’s attention or having the father compete as the “better” parent.

A new mother may also fear abandonment, emotional as well as physical. Stern says that this theme also has important psychological and educative aspect. A supportive network of women who surround the mother and baby, keeping males outside of the protective circle, used to be the function of the culture that all women could rely upon. These maternal figures would generally comprise a new mother's major involvement, in addition to her baby. During this time, a woman also reorganizes her own internal relationship to her own mother. This allows her to remember the intricacies of her own primary relationship, either consciously or unconsciously, and to form either positive or negative models of parenting to guide her own behavior.
The fourth theme, the “identity reorganization” theme, brings a related internal shifting. It deals with a woman’s need to rework her sense of identity from “daughter to mother, wife to parent.” A preoccupation with the maternal lineage and all of its emotions and memories is one way in which the intergenerational transmission of family values and behaviors occurs.

Babies cannot wait. During their waking hours, the mother must be able to set aside her own preoccupations and concerns so that she can be attuned to the child’s needs. At the same time, we know from the work of Selma Fraiberg and many other infant researchers, that the infant stirs up many intense, raw, primitive emotions that reflect the parent’s unresolved experiences and conflicts with their own mother and father.

These “ghosts” from the parent’s past can have an enormous impact on the mother’s entire experience of pregnancy and in her ability to connect to her child. Simply having mixed feelings about being a mother can raise significant conflict and guilt for those women who are not comfortable in accepting those emotions that are typically seen as negative. During pregnancy, there is only an imagined baby and mother created from her sense of self and her family. For example, a woman may expect her child to be active and controlling, as her own mother always described her. This expectation will impact upon the way this mother perceives the needs and behaviors of her child. Slade and Cohen state that what is key for a healthy relationship between this mother and child is for the mother to be consciously aware of the issues between herself and her mother, thereby avoiding displaced anger or feelings of abandonment or loss. This will help her not to be preoccupied with winning or avoiding power struggles as they arise.

For those women who have had significant difficulties growing up or perhaps have been the victims of trauma or abuse, it is important for them to be helped to identify the “good
mother” among the difficult memories of their early lives. For those women unable to release a deep sense of their own badness, becoming a mother and being afraid of "becoming one's mother" can be a terrifying experience. Attempting to relate to a helpless, crying, demanding and dependent infant can stimulate similar conflicts that a parent has been defending against, in an effort not to be overwhelmed by the experience of those same emotions.

The appearance of the new baby changes the dynamics between the couple and in the nuclear family. There must be shifts in the availability of support. The father also experiences a significant change in role and identity. In today's western culture, a father's role is more than financial; men are expected to take on increasing amounts of responsibility for the child's emotional and physical care. A man may feel ambivalence about the changes in his partner. He may also feel abandoned and excluded as the woman turns her attention to her pregnancy and new baby. It may not be easy for some women to share what had previously been principally the domain of women. Without awareness, issues of power and control may arise. As the partners move from being a dyad to a triad, all decisions will need to consider the needs and the role of the child.

Current research, particularly the work of Megan Gunnar, is demonstrating the negative effects that emotional stress has on the developing fetus. Those who provide services to pregnant women and their families need to help expectant parents talk openly and fully about positive and negative feelings associated with pregnancy and their role as parents, including fears around the pain of childbirth. They need to explore how the new child will affect their relationship with extended family and discuss boundary issues that may arise if a family member is perceived as too helpful or too distant or critical. Important discussions can occur around the values that each parent holds, such as discipline or religious affiliation. Older siblings also need to be prepared
for the new baby and helped to deal with the anxieties and jealous feelings before and after the
birth. Women need to be educated about maternal depression and the consequences for the
development of their child. Support groups for pregnant women, mother-baby groups, and
father-baby groups can be useful in providing the needed support and in assessing interactional
patterns for potential difficulties. Pairing more experienced mothers with new young mothers
who can mentor and provide positive role models may also be useful.

Emotional preparation during pregnancy can go a long way in preventing emotional
difficulties after the baby is born. We know that times of change can bring great opportunities.
The birth of a new baby should be a joyful time. For many families who have severe external
stressors, such as financial difficulties, young or unwanted pregnancies, traumatic abuse histories
or substance abuse, this is a time when our active intervention can open up unseen possibilities
and provide much needed insight and support.

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The Maternal Substance Abuse and Child Development Project is funded in part by the
Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD).

References


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