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SOCIAL AND PSYCHOLOGICAL FACTORS IN CHILDBEARING: THE  
SELF AND SELF-ESTEEM

by  
Ellen Meyers

A Thesis Submitted to the Faculty of the Graduate School  
of Loyola University of Chicago in Partial Fulfillment  
of the Requirements for the Degree of  
Master of Arts

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1981

## VITA

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TABLE OF CONTENTS

	Page
INTRODUCTION . . . . .	1
A REVIEW OF THE LITERATURE AND RELATED SOURCES: HISTORIC AND CURRENT . . . . .	2
THE PROCEDURES . . . . .	19
STATEMENT OF THE NULL HYPOTHESIS . . . . .	21
ANALYSIS . . . . .	22
THE RESULTS OF THE ANALYSIS . . . . .	26
RESULTS: THE SELF AND BREASTFEEDING . . . . .	51
CONCLUSIONS . . . . .	62
INDICATIONS FOR FUTURE RESEARCH . . . . .	67
APPENDIX . . . . .	69
REFERENCES . . . . .	75

LIST OF TABLES

Table	Page
1. Crosstabulations: Pain, Enjoyment with Semantic Differential . . . . .	27
2. Factor Loadings for Semantic Differential . . . . .	29
3. Semantic Differential: Crosstabs With Low Pain, High Enjoyment Separated into Five Factors . . . . .	30
4. Regression: Semantic Differential with Pain. . . . .	31
5. Regression: Semantic Differential with Enjoyment . . . . .	33
6. Crosstabulation: Family Ideology with Pain, Enjoyment . . . . .	34
7. Factor Loadings for Traditional Husband- Wife Relations . . . . .	36
8. Crosstabulations: Traditional Family Ideology with Pain, Enjoyment . . . . .	39
9. Regression . . . . .	42
10. Regression . . . . .	46
11. Crosstabulations: Women's Ranked Roles with Pain, Enjoyment . . . . .	49
12. Regressions: Ranked Women's Roles . . . . .	50
13. Crosstabs: Semantic Differential with Breastfeeding . . . . .	52
14. Regression: Semantic Differential with Breastfeeding . . . . .	53
15. Crosstabulations: Traditional Attitudes of Women's Roles in Marriage and Breastfeeding . . . . .	54
16. Regression: Breastfeeding with Traditional Family Ideology . . . . .	57

LIST OF TABLES  
(continued)

Table	Page
17. Ranked Importance of Women's Roles with Breastfeeding . . . . .	59
18. Regression: Women's Roles with Breastfeeding . . . . .	61
19. Breastfeeding and Enjoyment/Pain . . . . .	61

## INTRODUCTION

The purpose of this thesis is to explore possible relationships between pain and/or pleasure in women during childbirth and the self-esteem (self image, and similarly termed social-psychological variables) of those same women. The presence of marital status and whether or not the respondent breast or bottle fed her baby will also be considered.

It is hereby posited that there exists a positive correlation between self-esteem and perceived pleasure (enjoyment) during the experience of childbirth. (This also includes the notion of a positive relationship between "self" and perceived pleasure, and an inverse relationship between "self" variables and perceived pain.) It is hereby further posited that there exists a positive correlation between breast feeding and self-esteem (self image, and self variables).

## A REVIEW OF THE LITERATURE

The experience of childbirth may well be thought of as a "universally similar" physiological experience, barring unusual circumstances. The topic of "pain" with regard to childbearing is generally thought of or mentioned consistently with a constant effort to justify or deal with pain. (Lippincott, p. 88)

The perception of pain is such as experience, when given an adequate sample, should indicate physiologically similar experiences; dissimilarities being attributed to correlates outside the actual physiological experience itself. Pain or "perceived pain" may be thought of as an integral part of childbearing; its intensity resting on many factors. These factors have traditional reflected physiological derivations, however, social-psychological variables may also perhaps be associated with differing levels of pain perception affiliated with childbearing.

Studies in relevant areas may be cited, but no research has been accomplished in this area per se.

A look at the "self" followed by current research regarding pain and correlates thereof is in order. Finally, a brief look at Lamaze material would be valuable.

The idea of the "self" or "self-esteem" has won considerable interest largely in theoretical or "quasi-theoretical" senses. Its definition is as varied as those who write it. There are certain commonalties, however, which may be thought of in the following terms:

1. The self concept is an organized cognitive structure derived from one's own self. The self is a particular type of attitudinal



structure. This structure is defined in terms of perceptual recognitions which do not necessarily correspond with reality.

2. The concept of the self is self-sustaining. It therefore provides a frame of reference from which the individual experiences new ideas, happenings, and categorizes these into conceptual categories.

3. At times, new experiences necessitate adjustment and revisions of the self concept. (McDavid and Harari, 1974)

The development of the self concept may be seen through both current and classical theories and research.

Two theorists are to be considered fundamental in the examination of the self. Cooley (1902) and G. H. Mead (1934) wrote of identification processes, or the way in which a person takes on values, beliefs and actions of other persons. (McDavid and Harari, 1974)

Briefly, Cooley's theory of the Looking Glass Self provides us with the notion that we see ourselves as others see us. Basically, this idea is composed of three elements: our imagination of how we appear to others, our imagination of others' judgments of that appearance, and finally, a self feeling, such as pride. Thus, self identity or self-esteem is formed through relationships with other people.

Mead developed his theory regarding how the self comes into existence. Emergence of the social self is a three-step process involving the preparatory, the play, and the game stages. In the preparatory stage, other people are not taken into consideration, as the child does not fully understand the meanings of the actions he invokes. Role playing is fragmented and is tailored to the specific attention and needs of the young child at that particular moment in time. In the play stage, the actual playing of a role occurs. The child is aware that roles have certain meanings and there

are relative meanings, or roles that exist in relation to one another. In the game stage, the child is able to take on a series of roles of different persons, but he can also take a series of roles into consideration simultaneously. Finally, Mead speaks of a generalized other, which is an objective, organized, and durable perspective of the self. (Mead, 1934)

Both Cooley and Mead tend to see the individual's concept of the self in forms of the way others see the individual. In other words, the individual tends to shift self images according to the changes in others' attitudes. In the sense that the "I" component of the self and the "me" component (the component being the self described as personal view of the self, whereas the me component is seen as the reflected appraisal of others) are in the least, occasional conflict, the idea of this "self-reflexivity" is problematic to Cooley and Mead.

Freud (1933) and Erikson (1950) take a more deterministic point of view. Both stressed sex, age, and family as determining variables in emergence of the self. Both adopted fixed stages an infant must progress through before becoming an adult. Both stressed processes internal to the individual significantly effecting this developmental process. (Lindsmith, Strauss, and Denzin, 1975)

It is generally agreed the Freud's early development of the child is dominated by progressively focusing attention on "erotogenic" zones, namely the oral, anal, and genital regions. In addition to this, Freud proposed the id, ego, and superego ideas to implement his theories. Briefly, the id is the seat of pride and guilt, and is the pleasure-seeking self. The superego imposes demands of order on the self and society. The ego is the conscious and directive function of the personality which is balanced between the id and the superego. Freud felt that sublimation

diverted impulses of the id towards activities that are socially acceptable. (Freud, 1933)

During the initial oral stage, the infant id is concentrating on self-gratification through sucking. In this period (generally the first year of life), the infant derives gratification from his own body, with few references to external objects. In the anal period, the child finds elimination versus retention to be the major source of interest and pleasure. Toilet training thus becomes the first attempt of the ego to control the id impulse. Finally, in the Oedipal or phallic stage of development, the child's sexual urges, which were first directed toward his own body, become intensified and directed toward the parent of the opposite sex. During this period, the superego develops and is at times in conflict with the id. The ego then becomes the mediator between the id and superego and between the id and reality. (Benedeck, 1952) Finally, the desexualization of the child (generally about the time the child enters school) enables him to comply with social norms and environmental requisites for growth.

Although trained under Freudian influences, Erikson (1950) developed a theory somewhat apart from that of Freud's. Erikson developed a step-by-step progression of the mind's processes and linked these processes with the body's sensitive zones, such as openings, and organs. (Coles, 1972) He then linked these processes with a sequence of social experience, emphasizing periods somewhat difficult for the child to manage. These eight stages are:

<u>Stage</u>	<u>Identity Crisis</u>
Oral sensory	Basic trust versus mistrust
Musculatory-anal	Autonomy versus shame
Locomotor-genital	Initiative versus guilt
Latency	Industry versus inferiority
Puberty and adolescence	Identity versus role confusion
Young adulthood	Intimacy versus role confusion
Adulthood	Generality versus stagnation
Maturity	Ego, integrity versus despair (Coles, 1972)

Thus, each stage of development of the individual is accompanied by a subsequent stage in which there is the possibility of an identity crisis. These steps are not innately thought of in the sense of "crisis" that one could normally think the word "crisis" implies. Instead, one may more easily think of the "identity crisis" as a turning point in the life of the individual. Such progressions can, but do not always, result in a crisis of one sort or another.

Where Freud (1933) and Erikson (1950) heavily stressed sexual experiences, Sullivan (1953) found the origins of the self to lie in interpersonal relations. Harry Stack Sullivan finds anxiety avoidance central to human behavior. There are three modes or types of experiences linked to such behavior. These modes of experience are: the prototaxic, parataxic, and syntaxic, which refer to the manner in which experiences are recorded and to the nature and degree in which detailed recording was established. The prototaxic mode is recognized by an absolute minimum of elaboration with regard to recording. Experience exists in terms of momentary states which can neither be recalled or discussed. Thus, the child's first experiences are of this type. The child quickly progresses to the parataxic mode, in which partially communicable events are able to be recorded mentally and expressed. Finally, the syntaxic mode represents experiences which are elaborately and more fully mentally recorded and are

able to be communicated with ease to others. This mode generally occurs when language is learned, and is confined to human beings. (Lower animals may experience the prototaxic mode, and higher animals may experience parataxic modes.) Unlike Freud, Sullivan sees needs developing chronologically. For example, sexual drives (lust dynamism) appear at puberty. Needs arise through interpersonal interaction and do not hinge on biological variables. Needs come to be satisfied through interaction. Much satisfaction must be diverted and sublimation takes place. This is due to reactions by significant others to the individual which arouse anxiety in the individual, and therefore the individual chooses to divert satisfaction from one happening to another. (Sullivan, 1952)

Ruth Wylie offers a schematic diagram which expresses and encompasses several ideas of the "generic" or a "generally inclusive scheme," taking into account many theories. She attempts to explain the self in terms of an actual and ideal self concept, thus the realization of differentiation between the real and the ideal self conceptualization for each individual:

Generic Self Concept

Actual Self Concept

Social	Private
Self	Self
Concepts	Concepts

Ideal Self Concept

Own Ideal	Concepts of
Self	Other's Ideals
Concepts	For one

(Borgatta and Lambert, 1968)

Goffman (1959) sees a rather simple integration between the ideas of individual personality, social interaction, and society. The individual, in the presence of others, knowingly and unwittingly projects a definition of the situation, of which the idea of the self is primary. When an occurrence is recognized higher than the self concept, the more

positive are the perceptions of the generalized other. Thus when the performer is taken in his own act, and is sincerely convinced that the impression of reality which he stages is real reality, and when, in addition to this, his audience is convinced that this definition is in fact real, then the three component parts of personality, social interaction, and society are in agreement and the definition of the situation is consistent. At the other end of the spectrum, if the performer is not taken by his own performance, and therefore does not have ultimate concern in the conveyance of his ideas to his audience, Goffman refers to the person as "cynical." Those persons who believe that which they convey to others are to be called "sincere" individuals. (Goffman, 1959)

Piaget (1952) and Kohlberg (1971) deal with developmental stages of the self. Piaget deals from a cognitive point of view, stating that human cognitive development passes through four stages of development: sensimotor stage, preoperational stage, stage of concrete operations, and the stage of formal operations. Prior to the acquisition of symbolic language, the child passes through the sensimotor stage of development. This stage is comprised of assimilating new objects into existing schemes, and by accommodating or alteration of old schemes, and making new ones. The preoperational stage is one which reality may be found to exist on a representational level. The child learns to imitate and to use language. During the stage of concrete operations, the child learns to perform several operations younger children cannot perform. The child can at this time mentally represent a series of actions. (This can be exemplified through "conservation" where water is poured from a tall, thin glass to a short, wide one. Younger children will state that the tall glass holds more water, whereas the older children in the stage of concrete operations

will recognize that the volume of this water is the same.) Finally, during the stage of formal operations, there is a marked preoccupation with thought. Children (approximately twelve and older) and adults deal not with raw data, but with assertions contained in the data.

Kohlberg (1971) extended Piaget's analysis of developmental stages into a progression of moral development. Kohlberg found three general levels of moral thinking. These are the preconventional, the conventional, and the postconventional levels. During the preconventional level, morals are based on perceptions of power to manipulate the reward or punishment consequences of behavior. The conventional level is typified by moral thinking based on conformity to expectations of others and maintenance of social stability. Finally, the postconventional level of moral thinking is represented by autonomous moral principals with universal validity and applicability. There is some question whether or not most individuals reach the third level of postconventional moral thinking. Many individuals, according to Kohlberg, remain at the conventional level where they live solely to fulfill the expectations of those around them.

Morris Rosenberg (1951) sees the self image as an attitude toward an object. (An attitude includes facts, opinions, and values with regard to the self as well as favorable or unfavorable orientations toward the self.) Self attitudes, according to Rosenberg, are based on eight component parts, any of which may be seen as the same types of attitudes one has with regard to soup, soap, or snakes.

These eight component ideas regarding the perception of the self are:

- |                |  |
|----------------|--|
| 1. Content     | The individual's picture of the self                           |
| 2. Direction   | What attitudes are favorable or unfavorable                    |
| 3. Intensity   | How strongly individual feels about issue                      |
| 4. Importance  | How important is the subject                                   |
| 5. Saliency    | How often is the self thought of                               |
| 6. Consistency | Individuals may alternately be thought of<br>as strong or weak |
| 7. Stability   | Firm, stable, unchanging opinions of self                      |
| 8. Clarity     | Clear, sharp, unambiguous pictures of self                     |

If it is possible to learn what a person sees when he looks at himself, it is possible to have a good, but perhaps still incomplete description of the self.

In more recent research, Schiff and Koopman (1978) find the self a "stable construct," and basically, in women, unrelated to age and reflecting, to a large degree, the quality of one's relationship with significant others. On the other hand, they see ego development as the product of an ongoing developmental process reflecting stages of maturation and growth over time. Schiff and Koopman's research findings indicate that possession of a high degree of both masculine and feminine attributes by women is more closely associated with a greater degree of self-esteem for women than a high degree of feminine attributes.

Jones and Schneider (1968) find correlations between certainty of appraisal of an individual by others and that individual's reaction to evaluations by others. Subjects made either certain or uncertain of experimentally induced low self-appraisals, who received positive evaluations from one peer and negative evaluations from another peer, differed in reactions to these evaluations by peers. Subjects made certain of their low self-appraisals responded more favorable to the negative evaluator, relative to the positive evaluator, than those made uncertain of their low self-appraisals. Thus the degree of certainty a person has regarding his own appraisal of attributes such as an ability, will direct



his desire for information from other people which is consistent with his self-appraisal. If a person is uncertain about his appraisal of a particular ability, then his cognitions about the ability are unstructured and he is receptive to further information.

Backman, Secord, and Pierce (1963) suggest that there exists a relationship between the self-concept and a consensus of opinion by significant others. Thus the greater number of significant others who are perceived to define an aspect of self congruity, the greater the resistance to change. (This hypothesis was tested by choosing for each individual, a self-ascribed trait that he believed five significant others generally attributed to him and a self-ascribed trait that he believed they did not. Strong pressure exerted toward changing these traits by means of a false personality assessment resulted in greater change than in the low consensus trait.)

Videbeck (1960) supports the view that one's self-conception is learned from the reactions of other individuals to him. He views "self-conception" as a person's organization of his self attitudes, which is operationally defined as a set of interrelated self-ratings, usually based on bipolar scales using personality and/or behavioral qualities as the referent of the scale.

Maehr, Mensing, and Nafzger (1962) tested the hypothesis that evaluation expressed by others brings about related changes in the individual's self-concept. Their research indicates that the approving and disapproving reactions of certain "significant others" were followed by corresponding increases and decreases in subjects' evaluations of the self.

The topic of pain and its relation to childbearing is not a new

topic. Traditionally, the interrelationship of pain and childbearing dates back to the late 1800's.

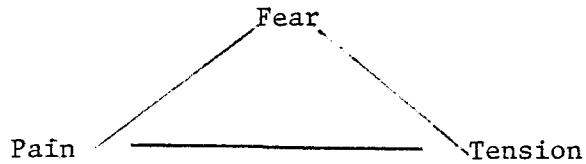
Originally, the first experiments in childbirth without pain were based on the principle of hypnosis. In France, between 1880 and 1890 many different attempts were made to alleviate pain experienced with childbearing, some recorded as partially successful. In 1890, Le Menant des Chesnais, Luys, Panton, and then Auvard obtained excellent results for pain reduction in normal childbirth cases through the use of hypnosis. (Vellay, 1968)

Hypnotic experiments were being made in Germany, Belgium, England, and Austria. It was in Russia that this hypnotic method was developed most. In 1902, a study of 28 women who were hypnotized resulted in twenty births without pain. At this point, Pavlov's work with reinforcement was introduced as a scientific basis for these and similar findings. (Vellay, 1968)

From 1920, Platanov applied this technique to childbearing. With Platanov, Velvoski studied hypnosis in obstetrics and gynecology. Nicolaiev attempted to allow women to give birth in a waking state under post-hypnotic influence. Between 1922 and 1938, much work was done in Russia concerning suggestion and hypnosis. "Training" was initiated, and Vigdorovitch reported 80 per cent success of 4,000 childbirths in a waking (or semi-waking) state with regard to reduction of pain associated with childbirth.

The term "natural childbirth" was first described by Grantly Dick-Read, an English physician, in 1933. His method was derived from his experience with a woman in labor who refused chloroform, which was typically used as an analgesic at that time. Read felt that certain socio-

cultural factors produce fear, which leads to tension, which leads to pain. Fear is dissipated by information and education; and tension is removed by relaxation. (Chertok, 1969)



In Great Britain, Helen Heardman followed somewhat the briefs of Dick-Read. She advocated the physical training of the woman for child-birth is somewhat analogous to the training of an athlete for an event. (Chertok, 1969)

Professor Thoms of Yale initiated a natural childbirth program which, although following Dick-Read's teachings, did not accept all of his postulates. Thoms did not think that fear of labor stems from civilization, and he also promoted the use of chemical analgesia more liberally. (Bonica, 1967)

In Italy, Dellepaine followed Dick-Read's method in conjunction with the University of Turin. "Since little or no anesthetic is required for routine vaginal delivery in this and most other European clinics, prepared patients derive great benefits. There is a marked difference between the behavior of prepared and unprepared patients." (Bonica, 1967)

In 1938, Skrobanski stressed the importance of suggestion, maintaining that it must be used in prenatal clinics, independent from suggestions used during confinement. He writes, "The woman who has been prepared for analgesia and who has confidence submits easily to any method, while the woman who is convinced that freedom from pain is impossible, will feel pain with any method." (Vellay, 1968)

Around this same time, Dr. Dick-Read, in England, studied the psycho-

logical character of pain and the benefits from training. In spite of all current and previous experimentation, in 1945 Velvoski noted that hypnosuggestion was still not generally utilized. (Chertok, 1969)

Platanov and Nicolaiev supported Velvoski's ideas at the Karkov science in 1949. The Pavlovian school thus provided a scientific foundation for further study of pain as related to childbirth. Nicolaiev proposed that pain of childbirth depended on the individual's nervous system and the relation between the sub-cortex and the cortex. He gave this relation the term "Psychoprophylaxis." (Vellay, 1968)

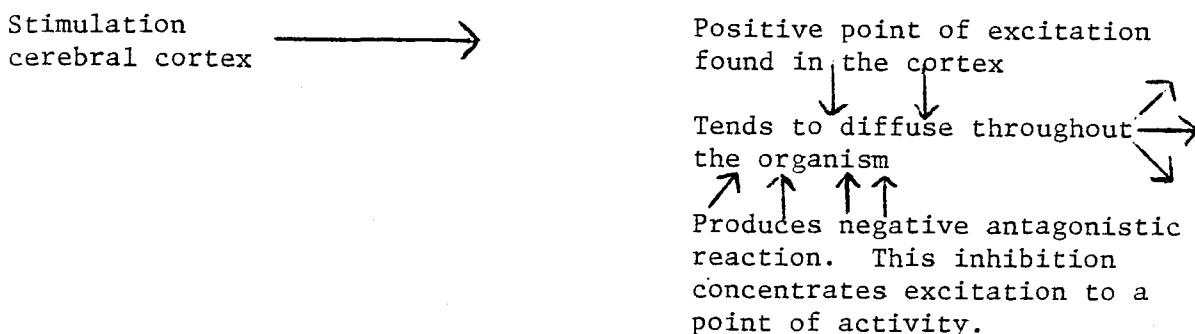
The following June 1951, the Russian government ordered that this new method of childbearing be applied to the entire country. In that same year, Dr. Lamaze returned from Russia, introducing the psychoprophylactic method in France, inviting women's evaluations of this new type of childbearing. The French method spread throughout Europe and the United States. (Vellay, 1968)

The psychoprophylaxis theory of childbirth is based on the premise that proper preparation for childbearing results in pain which is completely eliminated by the inactivation of the cerebral cortex and not by cortical depression and inhibition, as happens with drug-induced analgesia. (Bonica, 1967)

This theory stems from the Pavlovian concepts regarding the function of the cerebral cortex. Homeostatis throughout the muscular and nervous system is maintained by means of absolute, or unconditioned reflexes and relative or conditioned reflexes. Absolute reflexes such as sucking, are controlled by subcortical centers. Relative reflexes result in temporary connections between events outside the individual and a well-defined activity within the organism. These relative reflexes persist

only as long as they are maintained by repetition of a signal. After the disappearance of the conditioned reflex, there persists traces of temporary links in the nervous system so that these reflexes can easily be called back into play. (Bonica, 1967)

The Pavlovian school finds pain perception as a result of cortical functions in which the excitation of local receptor organs in the periphery is transmitted by specific pathways in the neuraxis and is transformed into sensation in the cortex by an analyzer. (Bonica, 1967)



(Bonica, 1967)

Velvoski maintains that pain of childbirth is not totally physiological. Labor provokes subthreshold reflexes which make the cortex aware of the onset of labor. This, however, does not necessarily provoke pain. Pain has two basic sources:

1. Somatic--related to diseases of the uterus. These pains pass the subthreshold level;

2. Psychogenic--cerebrogenic, or functional--these are cortical pains which arise as a result of a disturbance of the intracortical (excitation and inhibition) and the cortical-subcortical dynamic relations (both biologic and psychological factors are involved here). (Ibid.)

The aims of the psychoprophylactic "analgesia" are: (1) the replace-

ment of "negative reflexes" which are generally established with perception of uterine contractions with distention of perineum by newly created positive conditioned reflexes which will either sublimate or shut out painful sensations; (2) attempts to diminish or abolish pain perception during labor by intense stimulation of psychomotor brain centers; (3) preparation to reorganize cortical activity--suppressing conditioned pain reflexes and creating new useful conditioned reflexes capable of associating uterine contractions with strong painless positive activity. (Ibid.)

Current research indicates that it is important to recognize the role of cognitive or "higher central nervous system" activities such as anxiety, attention, and suggestion in pain processes. Psychological factors such as past experience, attention, and emotion influence pain response and perception by acting to "control" responses. (Melzack and Wall, 1970)

In Marsky's (1968) study, several personality characteristics are related to pain. "Pain of psychological origin" can be associated with certain patient attitudes, including hostility, resentment, and guilt. Other related characteristics with which pain has sometimes been associated include low social class, low ordinal position in the family, or frigidity.

John B. Murray uses the term "pain experience" as a suggested alternative to "pain," because it includes individual integration of all effects of the noxious stimuli. Research on psychological components of pain experience underscored cognitive and affective aspects of pain of primary importance. Murray cited Beecher's (1959) study of American soldiers who were wounded in Anzio, who either denied the existence of pain or experienced so little pain that they did not want any analgesic;

whereas 80 per cent of Beecher's clinic patients were United States civilians having major surgery which included incisions similar to wounds received by soldiers, when asked, claimed that they were in severe pain and needed morphine. Therefore, Beecher concluded, there is no direct relationship between wound per se and the existing pain experience. According to Murray, other psychological factors such as the age of the subjects, and ethnic background, in addition to the meaning attributed to the pain, contribute to the individual's response to the pain. Particularly relevant to psychological aspects of pain is the use of hypnosis and placebos. Both have been found to have positive effects on the influence of pain. (Murray, 1971)

Woodrow, et. al. (1972) analyzed pain tolerance scores of 4,119 subjects who took the Automated Multiphasic Screening examination and found, generally (1) tolerance to cutaneous pain increases, and tolerance to deep pain decreases with age; (2) whites tolerate more pain than orientals, while blacks occupy an intermediate position; and (3) men tolerate more pain than women.

Wolf and Langley (1968) suggest that cultural factors such as membership in a cultural group (Italian, for example), or other factors such as religion, influence the perception of the physical self, and therefore may also color pain responses.

Finally, Winsberg and Greenlick (1967) investigated two specific questions:

1. Do white and Negro obstetrical patients of similar social classes respond differently to pain in childbearing?; and (2) are there differences in the evaluation of the pain response of white and Negro obstetrical patients by people occupying different staff position in the obstetrical department?

Their findings indicate no observed differences in pain responses of whites and Negroes, and involved personnel tend to evaluate patients the same way.

Current data regarding Lamaze preparation specifically is at a premium. Four recent studies of women's subjective experiences indicate the nature of social background, social-psychological orientations, and connections with preparation for childbirth in classes (Davenport-Slack and Boylan, 1974; Doering and Entwisle, 1975; Zax, 1975; Norr, Charles, Meyers, Meyering, and Block, 1976). Researchers in other societies also find preparation has an effect beyond socio-economic differences in women (Bergstrom-Walan, 1963; Huttel, 1972; and Enkin, 1972).



## THE PROCEDURE

The study was executed in a large teaching hospital located in a major metropolitan area (Michael Reese Hospital, Chicago). A team of four women collected data directed at "normal" childbirth experiences; therefore, disproportionately fewer unwed mothers and Cesarean section patients were interviewed, and no women whose babies had died or were in distress were considered candidates for research participation. Since Lamaze preparation was one major variable in research, researchers over-selected private (rather than public) patients, in whom one finds an incongruously larger number of Lamaze or similarly "prepared" patients. Thus, 82 per cent sampled patients were "prepared," whereas only 48 per cent of all hospital patients were Lamaze "prepared" patients. (Thirty-eight per cent of this sample attended at least five Lamaze classes.) Correlate of this sampling limitation, the sample is relatively high status (43 per cent have at least a college degree or a husband in a professional occupation), a high proportion of women having the first baby (47 per cent), and a slightly older than sample in previous studies (mean age: 26 years). (Previous studies: Davenport-Slack and Boylan, 1974; Doering and Entwisle, 1975)

Two hundred forty-nine women were interviewed with respect to their childbirth experiences one to three days postpartum. A self-administered questionnaire provided additional information regarding social characteristics, relevant attitudes, and an assessment of degrees of pain and pleasure experience in labor. The questionnaire more specifically provided information regarding self-esteem of each patient. Hospital records were an

additional source of information regarding the levels and types of medication, complications, and additional obstetrical factors, and basic demographic information.

The following questions are used as data sources for correlation in this research:

Medical Record:

Question #6--Marital Status

Questionnaire:

Question #6 Pain Index

Question #7 Pleasure Index

Question #15 Breast/bottle Fed

Question #24 Woman's Perceived Roles

Question #25 Semantic Differential--Self-esteem (15 items)

Question #29 Traditional Husband-wife Relations (24 items)

(Please refer to Appendix for these questions.)

## THE STATEMENT OF THE NULL HYPOTHESIS

1. There is no relationship between "the self" and perceived enjoyment in childbearing.

2. There is no relationship between "the self" and perceived pain in childbearing.

3. There is no relationship between "the self" and whether the mother breast or bottle feeds her baby.

## ANALYSIS

The relationships between self-esteem and perceived pain or perceived pleasure in childbirth are complex indeed. For our purposes in this study, the actual birth experience is to be considered a rather homogeneous experience among women. Although there are many dissimilarities, this experience, barring extenuous circumstances (which cases have been excluded from this sample) may be seen as a parallel one for most women. The manner in which this occurrence (childbearing) is perceived, may be dependent on the way in which the individual woman sees it and reacts to it.

The subjective view of the self has been measured in terms of three items on the questionnaire. Essentially three separate "self" variables are considered:

1. Self-description is measured by a combination of two self-concept semantic differentials (Schwartz and Tangri, 1965; Persin and Lilly, 1967). These were combined and shortened to aid conciseness of the questionnaire. Women were asked to rate themselves in a 15-item, 7-point scale, where two antonym adjectives were given. (See Appendix: Questionnaire Question #25)

2. Traditional Family Ideology is measured by 23 questions regarding traditional (conservative) views of women's roles in marriage, as a mother, a worker, a family member, and her opinions of children's and men's roles. (Most items were taken from the Traditional Family Ideology Scale, which was developed in 1955 by Levinson and Huffman. This scale

was supplemented by specific questions pertaining to pregnancy and child-bearing.) (See Appendix: Questionnaire Question #29)

3. Women's perceived roles are measured by the respondent's ranking eight roles commonly played by women in our society. These roles are to be ranked in order of the perceived importance they carry for a woman to perform. (See Appendix: Questionnaire Question #24)

These three variables will be referred to as "self" variables, since they measure different aspects of the reflexive (subjective) views of the respondent.

The "self" variables will be considered in light of three additional variables: perceived pain, and perceived enjoyment regarding childbearing; and also the feeding method used by the mother for the baby (breast or bottle feeding).

1. Perceived pain is measured by a question which asks the woman to rate on a scale from 1 to 7, how much pain she experienced throughout labor and delivery. (See Appendix: Questionnaire Question #6)

2. Perceived pleasure is measured by a question which asks the respondent to rate on a scale from 1 to 7, overall how enjoyable was this experience of labor and delivery. (See Appendix: Questionnaire Question #7)

3. Feeding method used by the mother for the baby is measured by a question which asks the mother if she will breastfeed or bottlefeed the baby. (See Appendix: Questionnaire Question #15)

Perceived pain and perceived enjoyment will be analyzed separately, but at the same time, since taken together, with respect to the "self," they prove a most interesting and more "total" picture.

Feeding methods will also be considered with respect to "self"

variables. This will be a separate analysis from the "pain and enjoyment" variables.

One further consideration must be made. Marital status must be considered in the analysis of the data. Because of the disproportionately small population of unmarried women compared with married women, and because of the possible confounding of information regarding "Traditional Family Ideology," and "Women's Perceived Roles," the sample will be limited to married women only. This information regarding marital status was obtained by analysis of one question on the Medical Record form, which was studied at the same time the questionnaires were being answered, information being taken from respective medical records of hospital patient-respondents. (See Appendix: Medical Record item #6)

ANALYSIS OF THE VARIABLES

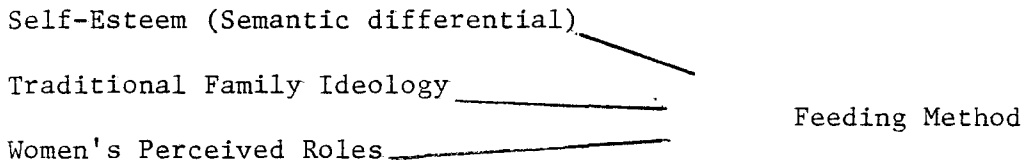
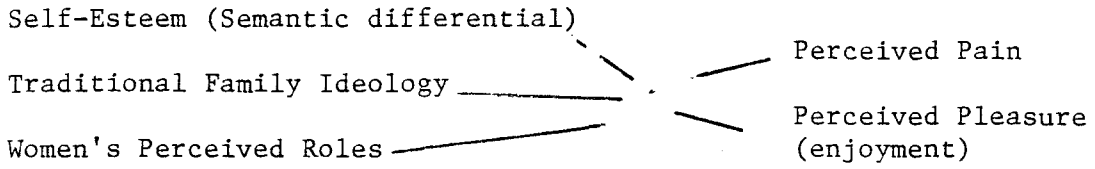


Illustration 1

## THE RESULTS OF THE ANALYSIS

### The Self: Enjoyment and Pain

In general, it may be found that there exists a high level of correlation between positive "self-esteem" variables (as measured by the semantic differential, Question #25, Questionnaire) and enjoyment of the childbearing experience. See Table 1. Only one variable of fifteen has a level of significance less than .05; and twelve variables have levels of correlation in excess of .48. (These are r values.)

Likewise there exists in general high levels of correlation between low levels of perceived pain and high levels of "self-esteem" (Table 1). All correlations are greater than  $r = .05$  levels of significance, and most are much higher.

These results indicate an existing relationship between relatively high levels of self-esteem and high levels of perceived enjoyment as well as high levels of self-esteem and relatively low levels of perceived pain. The converse is also true.

By factoring all variables contained in Question #25 (self-esteem variables), it may be determined that five factors are present. These are: (see Table 2)

1. Competence and Success (good, useful, competent, successful, satisfied)
2. Friendship (friendly, warm)
3. Leadership (honest, superior, leader, active)
4. Femininity (kind, soft, beautiful)
5. Calm (calm)

Taking these factors and examining them in light of crosstabulations with pain and enjoyment, we find a high degree of significance with respect to both low pain and high enjoyment. In the "competence and



TABLE 1

CROSSTABULATIONS: PAIN, ENJOYMENT WITH  
SEMANTIC DIFFERENTIAL

<u>Self-rating</u>	<u>Low Pain</u> (r=)	<u>High</u> <u>Enjoyment</u> (r=)
Good/Bad	.71*	.49*
Useful/Useless	.80*	.06*
Honest/Dishonest	.26*	.82*
Superior/Inferior	.73*	.84*
Kind/Cruel	.93*	.05*
Friendly/Unfriendly	.29*	.67*
Warm/Cold	.87*	.76*
Leader/Follower	.72*	.67*
Active/Passive	.07*	.69*
Soft/Hard	.72*	.77*
Calm/Excitable	.72*	.49*
Beautiful/Plain	.36*	.01
Competent/Incompetent	.40*	.63*
Successful/Unsuccessful	.94*	.63*
Satisfied/Dissatisfied	.96*	.77*

-  
X = .63\*

-  
X = .55\*

\*Denotes significance  $\geq .05$ .

success" factor, satisfaction and success are extremely highly correlated with both low pain and high enjoyment. See Table 3.

In the second factor, "friendship," both friendly and warm are also highly correlated with both low pain and high enjoyment.

In the "leadership" factor, both leader and superior are highly correlated with both low pain and high enjoyment. Although active and honest are significantly correlated with low pain, they are both highly significantly correlated with high enjoyment.

In the fourth factor, "femininity," soft is highly and significantly correlated with both low pain and high enjoyment; whereas kind is very highly correlated with low pain, it is only just significantly correlated with high enjoyment. Beautiful is also significantly correlated with low pain; however, it is not significantly correlated with high enjoyment.

Finally, in the fifth factor, "calm," is highly correlated with low pain and also significantly correlated with high enjoyment.

Considering a regression analysis, the variables "competent" and "satisfied" play proportionately large roles in explaining variance with regard to perceived pain ( $F = 1.54$ ,  $F = 3.75$ , respectively). See Table 4.

Both of these variables are included in the "competence" factor. "Leader" and "active," both parts of the "leadership" factor, further explain variance with regard to pain ( $F = .91$ ,  $F = 1.05$ , respectively). Finally, "friendly" which is a part of the factor "friendship" explains another small portion of the variance in pain ( $F = 1.03$ ).

Altogether, there is a respectable portion of the variance of low pain explained by five "self-esteem" variables, found in three

## TABLE 2

## FACTOR LOADINGS FOR SEMANTIC DIFFERENTIAL

(SELF-ESTEEM)

(Question #25, Questionnaire)

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Factor 1Competence and Success:

Good/Bad  
Useful/Useless  
Competent/Incompetent  
Successful/Unsuccessful  
Satisfied/Dissatisfied

Factor 2

Friendship  
Friendly/Unfriendly  
Warm/Cold

Factor 3

Leadership  
Honest/Dishonest  
Superior/Inferior  
Leader/Follower  
Active/Passive

Factor 4

Femininity  
Kind/Cruel  
Soft/Hard  
Beautiful/Plain

Factor 5

Calm  
Calm/Excitable

---

TABLE 3

SEMANTIC DIFFERENTIAL: CROSSTABS WITH LOW PAIN,  
HIGH ENJOYMENT SEPARATED INTO FIVE FACTORS

	Low Pain	High Enjoyment
<u>Factor 1</u>	r =	r =
Good	.71	.49
Useful	.80	.06
Competent	.40	.63
Successful	.94	.63
<u>Factor 2</u>		
Friendly	.29	.67
Warm	.87	.76
<u>Factor 3</u>		
Honest	.26	.82
Superior	.73	.84
Leader	.72	.67
Active	.07	.69
<u>Factor 4</u>		
Kind	.93	.05
Soft	.72	.77
Beautiful	.36	.01
<u>Factor 5</u>		
Calm	.72	.77

TABLE 4

REGRESSION: SEMANTIC DIFFERENTIAL WITH PAIN

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Variables	F=
Competent/Incompetent	1.54
Satisfied/Dissatisfied	3.75
Honest/Dishonest	0.67
Leader/Follower	0.91
Friendly/Unfriendly	1.03
Good/Bad	0.30
Active/Passive	1.05
Successful/Unsuccessful	0.15
Useful/Useless	0.72
Warm/Cold	0.45
Soft/Hard	0.44
Calm/Excitable	0.09
Kind/Cruel	0.02
Superior/Inferior	0.00

---

factors: competence and success, leadership and friendship.

Regression analysis indicates "satisfied," "competent," and "good" explain a good portion of the variance in enjoyment ( $F = 3.68$ ,  $F = 1.59$ ,  $F = 2.42$ , respectively). These are a part of the "success and competence" factor. See Table 5.

"Friendly," a part of the "friendship" factor, also explains a portion of the variance in enjoyment ( $F = 2.17$ ).

Finally, "beautiful," a portion of the "femininity" factor, explains a portion of the variable in enjoyment ( $F = 2.86$ ).

It is interesting to note that, while the "competence and success" factor's components explain most variance in both pain and enjoyment, as is "friendly" in the "friendship" factor, "leader" ("Leadership" factor) explains variance for pain, but not enjoyment, and "beautiful" explains variance in enjoyment, but not pain. (Beautiful is a part of the "femininity" factor.)

Traditional Family Ideology may also be seen to correlate with perceived pain and perceived enjoyment. See Table 6. In general, Traditional Family Ideology variables are more strongly correlated with relatively lower levels of perceived pain, as compared with higher levels of enjoyment; however, in both cases, a definite pattern of correlation exists. Twenty questionnaire items when associated with low pain and 14 items when associated with enjoyment show correlations in excess of  $r = .05$  levels of significance. See Table 6.

Items correlated most highly with low levels of perceived pain are:

In making family decisions, parents ought to take the opinions of children into account ( $r = .98$ ); I feel close to my relatives ( $r = .94$ ); men aren't interested in hearing about every little detail of a woman's pregnancy ( $r = .87$ ).

TABLE 5  
REGRESSION: SEMANTIC DIFFERENTIAL  
WITH ENJOYMENT

---

Variables	F =
Friendly/Unfriendly	2.17
Useful/Useless	0.23
Active/Passive	0.68
Beautiful/Plain	2.86
Good/Bad	2.42
Satisfied/Dissatisfied	3.68
Honest/Dishonest	0.74
Competent/Incompetent	1.59
Superior/Inferior	0.60
Warm/Cold	0.27
Successful/Unsuccessful	0.20
Kind/Cruel	0.89
Soft/Hard	0.11
Calm/Excitable	0.89
Leader/Follower	0.05

---

TABLE 6

## CROSSTABULATION: FAMILY IDEOLOGY WITH PAIN, ENJOYMENT

Item	Low Pain (r =)	High Enjoyment (r=)
My husband is an unusually good man	.19*	.002
My marriage is above average	.01	.08*
My husband and I are always together except for working hours	.63*	.05*
My husband and I feel the same way about almost everything	.45*	.002
My husband is (or will be) a very good father to our children	.50*	.008
Our home is an unusually happy one	.02	.02
I am satisfied being a housewife and mother	.48*	.00
It is good for women to be active outside the home	.00	.48*
My husband is one of my best friends	.13*	.02
Men should not have to tend children and do household chores	.23*	.84*
Husbands should make final decisions concerning discipline of children	.09*	.03
I ask my husband's permission before buying clothing for myself	.24*	.17*



TABLE 6  
(continued)

Item	Low Pain (r=)	High Enjoyment (r=)
Some equality in marriage is a good thing, but by and large the husband ought to have the main say-so in family matters	.84*	.001
It is usually a bad idea for women to try to work or go to school after childbirth	.43*	.00
Men are not interested in hearing about every little detail of a woman's pregnancy	.87*	.70*
A well-raised child is one who does not have to be told twice to do something	.004	.60*
In making family decisions parents ought to take the opinion of children into account	.98*	.27*
Before I was pregnant, I liked the way I looked	.21*	.71*
Almost any woman is better off in the home than in a job or profession	.55*	.01
Too much activity can be dangerous for a pregnant woman, even if her doctor says she is fine	.14*	.49*
I feel close to my relatives	.94*	.84*
I liked the way I looked during pregnancy	.18*	.12*
No matter how pleased they are about the baby, most men cannot help being disturbed when their wives lose their figures	.05*	.46*

$\bar{X} = .35^*$

$\bar{X} = .24^*$

\*Denotes significance  $\geq .05$ .

TABLE 7

## FACTOR LOADINGS FOR TRADITIONAL HUSBAND-WIFE RELATIONS

(Question #29, Questionnaire)

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Factor 1: Traditional Husband-Wife Interaction

My husband is an unusually good man  
 My marriage is above average  
 My husband and I are always together except for working hours  
 My husband and I feel the same way about almost everything  
 My husband is (or will be) a very good father to our children  
 Our home is an unusually happy one  
 My husband is one of my best friends

Factor 2: Satisfied Mother in the Home

I am satisfied being a housewife and mother  
 It is good for women to be active outside the home  
 (inverse relation)  
 It is usually a bad idea for women to try to go to work after  
 childbirth

Factor 3: Closeness to Relatives

I feel close to my relatives  
 I feel close to my husband's relatives

Factor 4: Men: No Domestic Interest Regarding Chores

Men aren't interested in hearing about every little detail of  
 a woman's pregnancy  
 Men should not have to tend children and do household chores

Factor 5: Discipline

Husbands should make final decisions concerning discipline of  
 children  
 I ask my husband's permission before buying clothing for myself  
 Some equality in marriage is a good thing, but by and large  
 the husband ought to have the main say-so in family matters  
 A well-raised child is one who does not have to be told twice  
 to do something  
 Almost any woman is better off in the home than in a job or  
 profession  
 Too much activity can be dangerous for a pregnant woman, even  
 if her doctor says she is fine

---

TABLE 7  
(continued)

---

Factor 6: Looked Before Pregnancy

Before I was pregnant, I liked the way I looked  
In making family decisions parents ought to take the opinions  
of the children into action  
Men disturbed when wives lose figures

Factor 7: Looked During Pregnancy

I liked the way I looked during pregnancy

---

Items correlated most highly with high levels of enjoyment are:

Men shouldn't have to tend children and do household chores ( $r = .84$ ); I feel close to my relative ( $r = .84$ ).

As a result of a factor analysis of all Traditional Husband-Wife Interaction, Satisfied Mother in the Home, Closeness to Relatives, Men: No Domestic Interest Regarding Chores, Discipline, Looks Before Pregnancy, and Looks During Pregnancy.

Examining these factors in light of crosstabs, we find high degrees of significance with respect to both low pain, and high enjoyment. See Table 8.

In the "Traditional husband-wife interaction" factor, five of seven variables correlate significantly ( $r = .05$ ) with low pain; whereas only two variables correlate significantly ( $r = .05$ ) with high enjoyment. Low pain is very strongly correlated with these five traditional husband-wife interaction variables, while high levels of enjoyment are much less apparently associated with Traditional husband-wife interaction.

The second factor, "Satisfied mother in the home," has three variables, two directly correlated and one inversely correlated. (It is good for women to be active outside the home" is inversely correlated in this factor.)

This inversely-correlated variable shows significance with regard to high enjoyment ( $r = .48$ ), while showing no significance with respect to low levels of pain. The remaining two variables show high levels of significance with regard to low levels of pain, but no significance with regard to high levels of enjoyment. Those women satisfied being a mother in the home seem to have relatively low levels of pain during childbearing; while women who feel that it is good to be active out-

TABLE 8

CROSSTABULATIONS: TRADITIONAL FAMILY IDEOLOGY WITH  
PAIN, ENJOYMENT\*

	Low Pain	High Enjoyment
<u>Factor 1: Traditional Husband-Wife Interaction</u>		
My husband is an unusually good man	.19	.002
My marriage is above average	.01	.08
My husband and I are always together except for working hours	.63	.05
My husband and I feel the same way about almost everything	.45	.002
My husband is (or will be) a very good father to our children	.50	.008
Our home is an unusually happy one	.02	.02
My husband is one of my best friends	.13	.02
<u>Factor 2: Satisfied Mother in the Home</u>		
I am satisfied being a housewife and mother	.48	.00
It is good for women to be active outside the home (inverse relation)	.00	.48
It is usually a bad idea for women to try to go to work after childbirth	.43	.00
<u>Factor 3: Closeness to Relatives</u>		
I feel close to my relatives	.94	.84
I feel close to my husband's relatives	.29	.09
<u>Factor 4: Men: No Domestic Interest Regarding Chores</u>		
Men are not interested in hearing about every little detail of a woman's pregnancy	.87	.70
Men should not have to tend children and do household chores	.23	.84

\*Arranged in order of factors found in these variables.

TABLE 8  
(continued)

	Low Pain	High Enjoyment
<u>Factor 5: Discipline</u>		
Husbands should make final decisions concerning discipline of children	.09	.03
I ask my husband's permission before buying clothing for myself	.24	.17
Some equality in marriage is a good thing, but by and large the husband ought to have the main say-so in family matters	.84	.001
A well-raised child is one who does not have to be told twice to do something	.004	.60
Almost any woman is better off in the home than in a job or profession	.55	.01
Too much activity can be dangerous for a pregnant women, even if her doctor says she is fine	.14	.49
<u>Factor 6: Looks Before Pregnancy</u>		
Before I was pregnant, I liked the way I looked	.21	.71
In making family decisions, parents ought to take the opinions of the children into account	.98	.27
No matter how pleased they are about the baby, most men cannot help being disturbed when their wives lose their figures	.05	.46
<u>Factor 7: Looks During Pregnancy</u>		
I liked the way I looked during pregnancy	.18	.12

side the home have higher levels of enjoyment during childbearing.

"Closeness to relatives," the third factor, contains two variables which are significantly related to both low pain and high enjoyment.

Both variables in the fourth factor, "Men: no domestic interest regarding chores," are significantly related with both low pain and high enjoyment in childbearing.

In the fifth factor, "Discipline," there are six variables. Five of the six variables are highly correlated with low levels of pain; and three variables are correlated with high levels of enjoyment. Looking more closely at these variables in the fifth factor, we may see that the notion of discipline seems to be a desirable situation as seen by the new mother, and this seems to be strongly affiliated with low pain and high enjoyment.

In the sixth factor, "Looks before pregnancy," the idea of how the woman looked is very strongly correlated with high levels of enjoyment and low levels of pain. All variables in this factor are significantly correlated with both high enjoyment and low pain.

Finally, the last factor, "Looks during pregnancy," has only one variable, and this variable is strongly correlated with both high enjoyment and low pain in childbearing.

Considering a regression analysis, variables: "My home is an unusually happy one," "My marriage is above average," and "My husband is (or will be) a very good father to our children," which are a part of the "Traditional husband-wife interaction" factor account for proportionately large portions of variance in high enjoyment ( $F = 8.01, 3.00,$  and  $3.64,$  respectively). See Table 9.

"It is usually a bad idea for women to try to go to work or school

TABLE 9

## REGRESSION\*

Item	F =
I liked the way I looked during pregnancy	5.13
A well-raised child is one who does not have to be told twice to do something	5.52
No matter how pleased they are about the baby, most men cannot help being disturbed when their wives lose their figures	2.50
It is usually a bad idea for a woman to try to go to work or school after her baby is born	3.08
Our home is an unusually happy one	8.01
My marriage is above average	2.00
Men should not have to tend children and do household chores	4.01
I feel close to my husband's relatives	7.85
Almost any woman is better off in the home than in a job or profession	3.30
My husband is (or will be) a very good father to our children	3.64
I feel close to my relatives	1.18
Too much activity can be dangerous for a pregnant woman, even if her doctor says she is fine	1.96

\*Traditional family ideology with high enjoyment.



TABLE 9  
(continued)

Item	F =
Before I was pregnant, I liked the way I looked	0.56
Husbands should make final decisions concerning discipline of children	1.70
I ask my husband's permission before buying clothing for myself	0.71
Some equality in marriage is a good thing, but by and large the husband ought to have the main say-so in family matters	0.46
My husband is an unusually good man	0.43
In making family decisions parents ought to take the opinions of the children into account	0.41
Men are not interested in hearing about every little detail of a woman's pregnancy	0.26
My husband and I are always together except for working hours	0.28
It is good for women to be active outside the home	0.20
I am satisfied being a housewife and mother	0.10
My husband and I feel the same way about almost everything	0.04

after her baby is born," a variable in the "satisfied mother in the home" factor, also accounts for a relatively high degree of variance in high enjoyment ( $F = 3.08$ ).

Both variables in factor three, "Closeness to my relatives," including "I feel close to my husband's relatives," and "I feel close to my relatives," account for large portions of variance in high enjoyment ( $F = 7.85, 1.18$ , respectively). This indicates that family affiliation seems to be associated with enjoyment of the childbearing experience.

In the fourth factor, "Men: no domestic interest regarding chores," the variable "Men should not have to tend children and do household chores" explains a respectable amount of variance in high enjoyment ( $F = 4.01$ ).

The following variables: "A well-raised child is one who does not have to be told twice to do something," "Almost any woman is better off in the home than in a job or profession," "Too much activity can be dangerous for a pregnant woman, even if her doctor says she is fine," and "Husbands should make final decisions concerning discipline of children" are all a part of the "Discipline" factor. These account for a rather large amount of variance in high enjoyment ( $F = 5.52, 3.08, 1.96$ , and  $1.70$  respectively).

The variable "No matter how pleased they are about the baby, most men cannot help being disturbed when their wives lose their figures," is part of the factor, "Looks before pregnancy." This variable accounts for a significant amount of variance in high enjoyment ( $F = 2.50$ ).

Finally, "I liked the way I looked during pregnancy" also accounts for a rather large amount of variance in high enjoyment in childbearing ( $F = 5.13$ ).

Examining a regression analysis of low pain and Traditional Family Ideology variables, it is interesting to note initially that only five

variables have F values in excess of 1.00, as compared with 13 variables when measured with high enjoyment. See Table 10.

The variables, "My husband is an unusually good man," and "Our home is an unusually happy one" both are a part of the "traditional husband-wife interaction" factor, and account for 2.23, 1 25 per cent variance (respectively) in low pain. It is interesting to note that the first of these resulted in only a small amount of explained variance with regard to high enjoyment, while the second explained the most of any one variable with respect to high enjoyment. Thus the idea of a happy home seems to be tied to both high enjoyment and low pain, as expressed by regression analysis.

The variable, "It is good for women to be active outside the home," which had an inverse relationship with the factor "Satisfied mother in the home," accounts for 1.43 per cent variance in low pain. (There is no significant amount of explained variance for this variable with respect to high enjoyment.)

"Almost any woman is better off in the home than in a job or profession," a variable in the "Discipline" factor, accounts for 2.56 per cent variance in low pain, as expressed by this regression analysis. (This is slightly less than 3.30 per cent variance explained by this variable with regard to high enjoyment.)

Finally, "I liked the way I looked during pregnancy" explained the most variance of any variable in the "Traditional family ideology" factor with regard to low pain ( $F = 6.33$ ). It seems that according to this research, liking the way one looks during pregnancy has something indeed to do with enjoying childbearing, while experiencing relatively low levels of pain.

Examining the third variable, "Women's Ranked Roles," we note a

TABLE 10  
REGRESSION\*

Item	F =
My husband is an unusually good man	2.23
I liked the way I looked during pregnancy	6.33
Almost any woman is better off in the home than in a job or profession	2.56
A well-raised child is one who does not have to be told twice to do something	0.59
In making family decisions parents ought to take the opinion of the children into account	0.22
Too much activity can be dangerous for a pregnant woman, even if her doctor says she is fine	0.43
Men are not interested in hearing about every little detail of a woman's pregnancy	0.65
I am satisfied being a housewife and mother	0.00
Our home is an unusually happy one	1.25
It is good for women to be active outside the home	1.43
Husbands should make final decisions concerning discipline of children	0.73

\*Traditional family ideology with low perceived pain.

TABLE 10  
(continued)

Item	F =
No matter how pleased they are about the baby, most men can not help being disturbed when their wives lose their figures	0.45
I ask my husband's permission before buying clothing for myself	0.26
Some equality in marriage is a good thing, but by and large the husband ought to have the main say-so in family matters	0.40
My husband and I feel the same way about almost everything	0.53
My marriage is above average	0.25
My husband is (or will be) a very good father to our children	0.09
My husband and I are always together except for working hours	0.17
Before I was pregnant, I liked the way I looked	0.08
It is usually a bad idea for women to try to go to work or school after childbirth	0.08
I feel close to my husband's relatives	0.10
Men should not have to tend children and do household chores	0.10
I feel close to my husband's relatives	0.06
My husband is one of my best friends	0.02

generally high correlation between the importance of being a mother and wife and relatively lower levels of perceived pain ( $r = .71$  and  $r = .93$ , respectively). See Table 11. A relatively lower level of importance placed on religion is associated with lower levels of perceived pain ( $r = .15$ ). High levels of enjoyment are experienced by respondents emphasizing the importance of being a daughter ( $r = .86$ ), worker ( $r = .84$ ), friend ( $r = .81$ ), or religious individual ( $r = .82$ ).

With respect to relatively lower perceived pain, regression indicates that being a daughter, and being religious are prime variables explaining variance ( $F = 2.89$ ,  $F = 3.51$ , respectively). See Table 12.

Regarding high enjoyment, religion and the role of wife are key variables explaining variance ( $F = 7.60$ ,  $F = 6.09$ , respectively). Being a friend and a member of society are also important in explaining variance ( $F = 4.02$ ,  $F = 3.66$ , respectively).

It is interesting to note that the importance of the role of religious woman is the key variable explaining variance in both low pain and high enjoyment.

Conversely, the role of housewife explains least variance in both high enjoyment and low pain as expressed by regression ( $F = .81$ ,  $F = .01$  respectively).

TABLE 11

CROSSTABULATIONS: WOMEN'S RANKED ROLES  
WITH PAIN, ENJOYMENT

Role	Low Pain (r = )	High Enjoyment (r = )
Daughter	.62*	.87*
Worker	.55*	.84*
Wife	.71*	.42*
Housewife	.41*	.50*
Mother	.93*	.40*
Member of Society	.36*	.42*
Religious Woman	.15*	.82*
Friend	.12*	.81*
	$\bar{X} = .48^*$	$\bar{X} = .63$

\*Denotes significance  $\geq .05$ .

TABLE 12

## REGRESSIONS: RANKED WOMEN'S ROLES\*

Low Pain with Women's Perceived Roles	F =
Daughter	2.89
Religious Roman	3.51
Housewife	0.01
Mother	1.56
Friend	1.14
Wife	0.88
Worker	0.64
Member of Society	0.45
High Enjoyment with Women's Perceived Roles	F =
Housewife	0.81
Religious Woman	7.60
Wife	6.09
Daughter	1.04
Member of Society	3.66
Friend	4.02
Mother	2.87
Worker	1.20



## RESULTS: THE SELF AND BREASTFEEDING

How a woman feeds her child may be influenced by a number of variables. Crosstabs of the "Self-esteem semantic differential" variables with breastfeeding indicates strong positive correlations of "positive self-descriptions" and breastfeeding (as opposed to bottle feeding). All items, when correlated, exceed levels of significance where  $r \geq .05$ . See Table 13. Most of these variables are much more highly correlated than  $r \geq .05$ .

Regression of these variables indicates four variables most responsible for examining variance in breastfeeding. These are: Soft ( $F = 3.63$ ), Friendly ( $F = 4.28$ ), Calm ( $F = 2.16$ ) and Kind ( $F = 1.69$ ). These may be thought of as "feminine" qualities. See Table 14.

Traditional family ideology variables are also highly correlated with breastfeeding. All items individually exceed levels of significance where  $r \geq .05$ . See Table 15.

A regression analysis of Traditional family ideology variables indicates that "Liking the way I looked during pregnancy" accounts for 14.16 per cent variance in the variable "breastfeeding." This is an extremely strong relationship between variables! Enjoying one's physical appearance during pregnancy may be a factor in the woman's decision to breastfeed her baby. See Table 16.

Analysis of correlation of breastfeeding and women's perceived ranked roles indicate religion ( $r = .91$ ), being a wife ( $r = .87$ ), and being a mother ( $r = .86$ ) to be highly correlated. See Table 17. Conversely, being a housewife ( $r = .01$ ) or a friend ( $r = .17$ ) are less highly correlated with breastfeeding. Interestingly enough, being a

TABLE 13

CROSSTABS: SEMANTIC DIFFERENTIAL WITH BREASTFEEDING\*

Self-rating	Breastfeeding r =
Good/Bad	.61**
Useful/Useless	.26**
Honest/Dishonest	.63**
Superior/Inferior	.14**
Kind/Cruel	.24**
Friendly/Unfriendly	.66**
Warm/Cold	.84**
Leader/Follower	.68**
Active/Passive	.11**
Soft/Hard	.36**
Calm/Excitable	.05**
Beautiful/Plain	.88**
Competent/Incompetent	.77**
Successful/Unsuccessful	.79**
Satisfied/Dissatisfied	.56**

\*Question #25 with Question #15, Questionnaire.

\*\*Denotes significance where  $r \geq .05$ .

TABLE 14

REGRESSION: SEMANTIC DIFFERENTIAL WITH BREASTFEEDING

Variables	F =
Useful/Useless	0.29
Soft/Hard	3.63
Friendly/Unfriendly	4.28
Honest/Dishonest	0.94
Calm/Excitable	2.16
Kind/Cruel	1.69
Good/Bad	0.38
Successful/Unsuccessful	0.41
Active/Passive	0.22
Satisfied/Dissatisfied	0.30
Superior/Inferior	0.36
Leader/Follower	0.09
Competent/Incompetent	0.11
Beautiful/Plain	0.03
Warm/Cold	0.01

TABLE 15

CROSSTABULATIONS: TRADITIONAL ATTITUDES OF WOMEN'S ROLES IN  
MARRIAGE AND BREASTFEEDING

Item	Breastfeeding r =
My husband is an unusually good man	.56*
My marriage is above average	.78*
My husband and I are always together except for working hours	.54*
My husband and I feel the same way about almost everything	.59*
My husband is (or will be) a very good father to our children	.38*
Our home is an unusually happy one	.82*
I am satisfied being a housewife and mother	.14*
It is good for women to be active outside the home	.59*
My husband is one of my best friends	.34*
Men should not have to tend children and do household chores	.40*
Husbands should make final decisions concerning discipline of children	.13*

TABLE 15  
(continued)

Item	Breastfeeding r =
I ask my husband's permission before buying clothing for myself	.43*
Some equality in marriage is a good thing, but by and large the husband ought to have the main say-so in family matters	.09*
It is usually a bad idea for women to try to go to work or school after childbirth	.81*
Men are not interested in hearing about every little detail of a woman's pregnancy	.62*
A well-raised child is one who does not have to be told twice to do something	.41*
In making family decisions parents ought to take the opinion of the children into account	.51*
Before I was pregnant, I liked the way I looked	.71*
Almost any woman is better in the home than in a job or profession	.08*
Too much activity can be dangerous for a pregnant woman, even if her doctors says she is fine	.27*
I feel close to my relatives	.62*

TABLE 15  
(continued)

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Item	Breastfeeding r =
I feel close to my husband's relatives	.68*
I liked the way I looked during pregnancy	.10*
No matter how pleased they are about the baby, most men can not help being disturbed when their wives lose their figures	

---

\*Denotes significance where  $r \geq .05$

TABLE 16

## REGRESSION: BREASTFEEDING WITH TRADITIONAL FAMILY IDEOLOGY

Item	F =
I liked the way I looked during pregnancy	14.16
Husbands should make final decision concerning discipline of children	2.48
My husband is one of my best friends	1.56
It is usually a bad idea for women to try to go to work or school after childbirth	5.22
Some equality in marriage is a good thing, but by and large the husband ought to have the main say-so in family matters	3.26
It is good for women to be active outside the home	1.42
Men should not have to tend children and do household chores	1.71
A well-raised child is one who does not have to be told twice to do something	0.80
Almost any woman is better off in the home than in a job or profession	0.59
My husband is (or will be) a very good father to our children	0.88
I feel close to my husband's relatives	0.60

TABLE 16  
(continued)

Item	F =
My husband and I are together except for working hours	0.23
I am satisfied being a housewife and mother	0.43
In making family decisions, parents ought to take the opinions of the children into account	0.37
My husband is an unusually good man	0.30
My marriage is above average	0.06
No matter how pleased they are about the baby, most men can not help being disturbed when their wives lost their figures	0.06
Before I was pregnant, I liked the way I looked	0.05
My husband and I feel the same way about almost everything	0.04
Too much activity can be dangerous for a pregnant woman, even if her doctor says she is fine	0.01
Our home is an unusually happy one	0.00
I ask my husband's permission before buying clothing for myself	0.01
Men are not interested in hearing about every little detail of a woman's pregnancy	0.00



TABLE 17

## RANKED IMPORTANCE OF WOMEN'S ROLES WITH BREASTFEEDING\*

Role	Breastfeeding r =
Daughter	.37**
Worker	.63**
Wife	.87**
Housewife	.01
Mother	.86**
Member of Society	.23**
Member of Religious Group	.90**
Friend	.17**

\*Question #24 with Question #15, Questionnaire.

\*\*Denotes significance where  $r \geq .05$ .

worker ( $r = .63$ ) is positively and strongly correlated with breastfeeding.

A regression analysis indicates only low levels of significantly explained variance in breastfeeding due to the women's perceived roles. See Table 18. Again, however, being religious explained most variance in breastfeeding ( $F = 3.25$ ), as was indicated in crosstabs. See Table 18.

Finally, it may be stated that there exists a slight positive relationship between breastfeeding and low pain ( $r = .21$ ), and little relationship between breastfeeding and high enjoyment in childbearing. See Table 19.

TABLE 18

REGRESSION: WOMEN'S ROLES WITH BREASTFEEDING

Role	F =
Member of Society	2.00
Daughter	3.25
Housewife	1.00
Religious Woman	3.64
Friend	1.95
Wife	0.61
Worker	0.42
Mother	0.62

TABLE 19

BREASTFEEDING AND ENJOYMENT/PAIN

Breastfeeding and Enjoyment	r = .2146*
Breastfeeding and Pain	r = .0211

\*Denotes significance where  $r \geq .05$ .

## CONCLUSIONS

### The Self: Enjoyment and Pain

The "self" has been examined in three different ways for the purpose of this research. The questionnaire items included which give insight into each respondent, deal with self-ratings (semantic differentials) which measure the extent to which each respondent sees herself as a number of adjectives or descriptions; traditional family ideology items, which deal with the notion of a woman acting as a wife and mother primarily, and other roles secondarily; and the ranking on importance of identifying oneself as the occupant of a given role, that is, which roles are most important for the individual to occupy in our society. These have been examined individually and as factors to give consideration to the general and specific correlates examined.

The general trend of high correlation between all three given variable sets and pain, and the three variable sets and enjoyment, cause question with respect to the validity of the stated null hypotheses.

The positive relationship between high levels of enjoyment and high levels of: (1) self-rating (by the semantic differential), and (2) traditional family ideology variables, and (3) a definite importance of given roles, give reason to reject the null hypothesis: "There is no relationship between 'the self' and perceived enjoyment in childbearing."

A similar occurrence is found regarding pain. All three considered items correlate highly with low levels of perceived pain in childbearing. For these reasons, the following null hypothesis is rejected." "There is no relationship between 'the self' and perceived pain in childbearing."

The following statements may be offered in place of the two rejected null hypotheses:

1. There is a positive relationship (correlation) between relatively high levels of self-esteem (as measured by the semantic differential utilized in this research) and perceived enjoyment in childbearing. This includes ideas of success, competence, leadership, as well as feminine qualities such as beautiful, kind, soft, and calm.

2. There is a positive relationship (correlation) between traditional family ideology (as measured by the Traditional family ideology scale utilized in this research) and perceived enjoyment in childbearing. This includes the notion of being satisfied as a mother and wife in the home, having ties with relatives, promoting patriarchal discipline and management of family affairs, and liking one's physical appearance before, as well as during pregnancy.

3. There is a positive relationship (correlation) between women's perceived (ranked) roles and perceived enjoyment in childbearing. Being religious is correlated with high enjoyment in childbearing, as is being a daughter, friends, or worker.

4. There is an inverse relationship (correlation) between relatively high levels of self-esteem (as measured by the semantic differential utilized in this research) and perceived pain in childbearing; that is relatively lower levels of pain are experienced by women having high self-ratings. This also includes ideas of competence and success, friendliness and warmth, leadership, femininity, and calmness (similar to those qualities correlated with high levels of enjoyment).

5. There is an inverse relationship (correlation) between traditional family ideology (as measured by the Traditional family ideology

scale utilized in this research) and perceived pain in childbearing; that women expressing relatively higher levels of traditional family ideology express relatively lower levels of perceived pain during childbearing.

6. There is an inverse relationship (correlation) between women's perceived (ranked) roles and perceived pain in childbearing; that is, certain women's roles are highly correlated with low levels of perceived pain during childbearing.

These statements are given to replace the two rejected null hypotheses.

Looking more specifically at parts of this data, the wife and mother role seems to be associated with high levels of enjoyment in childbearing and lower levels of perceived pain. Women rating themselves in a positive sense also experience less pain and have higher levels of enjoyment in childbearing. These women also tend to value the roles of wife and mother as primary in our society today, although the role of worker (as opposed to that of wife and mother) is supportive of high levels of enjoyment and lower levels of pain.

This leads us to believe that although there is a definite indication of traditional husband-wife relations being associated with higher levels of enjoyment and lower levels of pain, and there is a high level of importance in being a wife and mother, there is also an acceptance of the role of the worker lower in rank as compared with wife and mother, which perhaps reflects the presence of the worker in society as one of importance, and that of the wife and mother as more important for a new mother, or someone with a new baby.

The Self: Breastfeeding

There are generally high levels of positive correlation between "positive self" variables and breastfeeding (as opposed to bottle feeding). This is evident from examination of statistics previously presented (in Results of the Research, "Conclusion"). High self ratings are associated with breastfeeding, and even higher levels of traditional family ideology are associated with breastfeeding. Women's roles are, as expected, concentrated on wife and mother, and religion is also correlated significantly with breastfeeding. Again, the role of the worker did not seem to be negatively associated with the notion of breastfeeding.

Therefore, the initial null hypotheses previously stated should be rejected: "There is no relationship between 'the self' and whether the mother breast or bottle feeds her baby."

In place of this, the statement may be offered: "There is a positive relationship (correlation) between breastfeeding and "the self" (as measured by this research). High self-ratings, traditional family ideology, and certain roles are positively correlated with breastfeeding.

Given the experience of childbearing as an experience which many women experience, and given that there are many similarities, barring unusual circumstances, the experience as a whole may be seen as a situation common to many women. The manner in which the woman views the situation may have great bearing of her perspective of enjoyment, or pain, or both. How she perceives this situation is truly subjective in the sense that she alone experiences her own child's birth (aside the child's experience). How she sees herself reflects in the experiential situation, or perhaps, better still, the situation reflects in her perception of her

own image. The situation is, aside of the individual, but the individual woman absorbs and interprets this situation, and the way in which she sees herself can be thought of as one of the factors involved in her perception of the situation.

Breastfeeding is also a factor which has been shown to correlate with the way in which the woman sees herself. Social-psychological variables as represented by questions on the questionnaire have been correlated positively with breastfeeding (as opposed to bottle feeding). The "self" again comes into play.

It has been hypothesized by many great philosophers that the way in which we see ourselves affects our actions, perceptions, and ideas. We have here a more specific example of the perception of the individual mother by herself, and the correlation of this perception with her perception of a given experiential situation, namely childbearing, or the activity of breastfeeding (as preferential to bottle feeding) of the infant. This must not be expanded beyond the scope within which it was intended to be useful, however, as it is, the information obtained through this research further points to the notion that the individual's perception of himself (herself) colors the way in which he (she) perceives a given situation.



## INDICATIONS FOR FUTURE RESEARCH

The idea of the "self" is unique since the viewer and the viewed are one. Whether or not there is a certain method that one may employ to study the self is a question for deliberation, at least. The research in this study was enacted with care and consideration as to what measures were soundly valid measures of self-images (as proven by use in past research). However, there are perhaps other measures that could be established for the sole purpose of measuring "the self" with respect to new mothers. Future research could explore the notion of other measures more specifically designed for use with new mothers.

Future research opens vast vistas for new possibilities of input to our society, as well as other societies. In our society, the study of the "self" could be expanded to other individuals with similar circumstances, so as to facilitate measuring "the self" within a given framework. I propose a study of a specific group of individuals, with similar circumstances (by virtue of their situation) whose ideas of themselves could be measured. New mothers is an excellent example of a population which has definite commonalities with respect to a given situation. But there are many such populations available for examination. If the way in which a woman sees herself can be correlated with such notions as enjoyment or perceived pain in childbearing, or with breastfeeding, then there must certainly be other populations which see themselves in a given manner unique, perhaps to their situation or circumstances. Future research could center on other specific populations, asking whether or not the individual's given situation can be correlated with the manner in which he or she sees himself (herself). Such new territory is exciting

and informative, and could provide insight for others, and more importantly, perhaps to ourselves.

APPENDIX

Medical Record Item #6\*

6. Marital Status
  1. Married
  2. Not married
  3. Separated or divorced

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\*Questions used in this research were taken from the questionnaire designed by Dr. Kathleen Norr (Loyola University of Chicago) and from Dr. Helena Z. Lopata's Women as Widows: Support Systems (Loyola University of Chicago) and medical records of Michael Reese Hospital's maternity patients.

Questionnaire Questions\*Pain/Enjoyment

6. On the whole, how much pain or discomfort did you experience with this birth? (Circle the number that comes closest to how you felt.)

No pain or discomfort	1	2	3	4	5	6	7	A lot of pain or discomfort
--------------------------	---	---	---	---	---	---	---	-----------------------------------

7. Generally, how enjoyable or thrilling was this birth? (Circle the code number that comes closest to how you felt.)

No pleasure at all	1	2	3	4	5	6	7	Extremely thrilling and enjoyable
-----------------------	---	---	---	---	---	---	---	---

15. How are you feeding your baby?

- a. Breast
- b. Bottle

Women's Ranked Roles

In your opinion, which of these roles is the most important for a woman to perform? Which is the second most important and the next? (Please number each role according to how important you feel it is. Number one should be the most important, number two the second most important and so forth.)

Daughter	_____
Worker, Career	_____
Wife	_____
Housewife	_____
Mother	_____
Member of Society	_____
Member of Religious Group	_____
Friend	_____

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\*Questions used in this research were taken from the questionnaire designed by Dr. Kathleen Norr (Loyola University of Chicago) and from Dr. Helena Z. Lopata's Women as Widows: Support Systems (Loyola University of Chicago) and medical records of Michael Reese Hospital's maternity patients.

Semantic Differential on Self-Concept

Here are some words which people often use to describe themselves or other persons. Which answer code number comes closest to how YOU think of YOURSELF? (Circle one answer code number for each pair of words.)

a. Good*	1	2	3	4	5	6	7	Bad
b. Useful*	1	2	3	4	5	6	7	Useless
c. Honest*	1	2	3	4	5	6	7	Dishonest
d. Superior*	1	2	3	4	5	6	7	Inferior
e. Cruel	1	2	3	4	5	6	7	Kind*
f. Friendly*	1	2	3	4	5	6	7	Unfriendly
g. Warm*	1	2	3	4	5	6	7	Cold
h. Follower	1	2	3	4	5	6	7	Leader*
i. Active*	1	2	3	4	5	6	7	Passive
j. Soft	1	2	3	4	5	6	7	Hard*
k. Excitable	1	2	3	4	5	6	7	Calm*
l. Plain	1	2	3	4	5	6	7	Beautiful*
m. Competent	1	2	3	4	5	6	7	Incompetent
n. Successful*	1	2	3	4	5	6	7	Unsuccessful
o. Satisfied*	1	2	3	4	5	6	7	Dissatisfied

---

\*Denotes positive self-concept.

Family Ideology

Do you strongly agree, agree, disagree, or strongly disagree with these statements? (Circle one answer code for each statement.)

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
274. My husband is an unusually good man*	4	3	2	1
275. My marriage is above average*	4	3	2	1
276. My husband and I are always together except for working hours*	4	3	2	1
277. My husband I feel the same way about almost everything*	4	3	2	1
278. My husband is (or will be) a very good father to our children*	4	3	2	1
279. Our home is an unusually happy one*	4	3	2	1
280. I am satisfied being a housewife and mother*	4	3	2	1
281. It is good for women to be active outside the home	4	3	2	1
282. My husband is one of my best friends*	4	3	2	1
283. Men should not have to tend children and do household chores*	4	3	2	1
284. Husbands should make final decisions concerning discipline of children*	4	3	2	1
285. I ask my husband's permission before buying clothing for myself*	4	3	2	1

---

\*Denotes traditional family ideology.

Family Ideology

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>
286. Some equality in marriage is a good thing, but by and large the husband ought to have the main say-so in family matters*	4	3	2	1
287. It is usually a bad idea for a woman to try to work or go to school after childbirth*	4	3	2	1
288. Men are not interested in hearing about every little detail of a woman's pregnancy*	4	3	2	1
290. In making family decisions parents ought to take the opinions of the children into account	4	3	2	1*
291. Before I was pregnant, I liked the way I looked*	4	3	2	1
292. Almost any woman is better off in the home than in a job or profession*	4	3	2	1
293. Too much activity can be dangerous for a pregnant woman, even if her doctor says she is fine*	4	3	2	1
294. I feel close to my relatives*	4	3	2	1
295. I feel close to my husband's relatives*	4	3	2	1
296. I liked the way I looked during pregnancy*	4	3	2	1
297. No matter how pleased they are about the baby, most men cannot help being disturbed when their wives lose their figures*	4	3	2	1

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\*Denotes traditional family ideology.



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APPROVAL SHEET

The thesis submitted by Ellen Meyers has been read and approved by the following committee:

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of the Master of Arts.

April 20 1981  
Date

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