

Primiparas' Expectations of Childbirth: The Impact of Consciousness

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Abstract: None available.

Full Text: Headnote ABSTRACT: This qualitative study was designed to explore the childbirth expectations of primiparas' (women pregnant for the first time) in light of current scientific understandings of consciousness. In-depth before-and-after-birth interviews were conducted. Explicit expectations were compared with implicit expectations portrayed through drawings of an ideal birth (a projective technique) rendered during the first interview. Participants experienced outcomes that differed from their conscious expectations. Indications of their unconscious expectations were evident in both their dialogues and drawings. It could be deduced that these women experienced what they unconsciously expected. Although phenomenology served as the model for data collection, feminist theory, art interpretation, prenatal and perinatal psychology, consciousness studies, and quantum physics each contributed to interpretation of the data. The implications for expanding the awareness of consciousness into the realms of pregnancy and childbirth are far-reaching, potentially enhancing the lives of mothers and babies while improving the quality of education and services designed to reach this vital and vulnerable population. KEY WORDS: Primiparas, expectations, childbirth, consciousness, phenomenology, art interpretation, feminist theory, prenatal and perinatal psychology. INTRODUCTION Pregnant women wait in anticipation for nine months, with a variety of thoughts and emotions, sometimes eagerly expecting the uncomplicated births of their healthy babies. Many times, however, pregnant women fear that the pain of giving birth will be unbearable or that something will go wrong. Gibbins and Thomson (2001) report that "all women seem to develop expectations of childbirth and the kinds of expectations vary among women" (p. 302). A woman's expectations arise from her social conditioning, her education including prenatal education programs, her own birth experience, the influence of authority figures like her doctor, stories her friends and relatives have told her, media representations that she has seen in movies and on television or read about in books and magazines; indeed, all the childbearing information that she has received throughout her life contribute to her beliefs about-and what she expects to have happen-when she gives birth. According to Webster's Encyclopedic Unabridged Dictionary of the English Language (1989) the word expectation is defined as "an expectant mental attitude" (p. 501). In this study and those reviewed as part of this research expectations encompass both positive and negative attitudes, beliefs, and perceptions. They can convey a sense of exhilaration and longing, or a sense of foreboding and dread. This paradoxical blend of expectations seems to affect most pregnant women cross-culturally. A woman pregnant for the first time, a primipara, may expect giving birth to be hard work, even an ordeal, or she might expect it to be an ecstatic experience. When the actual event occurs, she might feel that her expectations were met or that her experience was significantly different from her expectations. Contradictory feelings are so common that, in their psychosocial textbook *Development through Life*, Newman and Newman (2006) state, "In most normal pregnancies, women experience anxiety and depression as well as positive feelings of excitement and hopefulness" (p. 115). Research regarding the expectations of pregnant women has produced two opposing findings depending upon how the studies were designed. Small qualitative studies have shown that when asked specifically if their experiences were the same or different from what they expected, respondents have generally reported that their experiences were different from their expectations (Gibbins & Thomson; 2001; Halldorsdottir & Karlsdottir, 1996; Hallgren, Kihlgren, Norberg & Forslin, 1995; Stolte, 1987). Large quantitative studies, on the other hand, have found that pregnant women's expectations tend to be met (Green, 1993; Green, Coupland, & Kitzinger, 1990; Hodnett, 2002; Waldenstrom, Borg, Olsson, Skold, & Wall, 1996). The disparity in the findings of studies addressing pregnant women's

expectations led me to ask why different types of research could produce such diametrically opposed results. I was also struck by the fact that most of the studies, particularly qualitative studies, were performed outside the United States. Because phenomenological research of American primiparas has been virtually absent from the literature, I was motivated to investigate the expectations of women pregnant in this country and to explore why they did or did not realize their expectations when they delivered their babies. Because I have had an abiding interest in consciousness studies for over 30 years, I wondered if a woman's conscious expectations might differ from those she held unconsciously. For example, a woman could plan and expect to give birth without medications but find that, during labor, she accepted or asked for pain-relieving medication after all. A primipara might be worried that she would not know how to give birth but find that during delivery she recognized and heeded her body's and her baby's signals quite naturally. It seemed that a woman's conscious choices could either be supported or sabotaged by thoughts and feelings that resided in her unconscious mind. I proposed that current understandings of the dualistic nature of the mind with its conscious and unconscious components could help explain a woman's inconsistent thoughts and feelings and also shed light on the disparate findings of relevant studies.

A BRIEF REVIEW OF THE LITERATURE EXPLORING PREGNANT WOMEN'S EXPECTATIONS

Qualitative Studies English researchers Gibbins and Thomson (2001) explored the expectations of pregnant women, first as they prepared to give birth, and then again, after having given birth, to determine if the women's expectations had been met. Unstructured, tape-recorded interviews were conducted with eight primiparas. The data were analyzed according to the tenets of traditional phenomenological inquiry; that is, to accurately assess and describe the phenomenon being studied as experienced by each individual. The women in this study expected that labor would be long and painful but hoped that labor would be short and the pain manageable. They feared complications that would impact the baby and/or themselves. Each of the eight women reported that her labor experience was not what she had expected. An Icelandic phenomenological study was conducted by Halldorsdottir and Karlsdottir in 1996. Fourteen mothers who had given birth in hospitals in Iceland were interviewed. The researchers acknowledged that women's expectations can influence their perceptions of the birth experience. All the participants reported that they had expected giving birth to be either easier or harder than the reality they experienced. In a Swedish study that focused on childbirth education, Hallgren, Kihlgren, Norberg, and Forslin (1995) interviewed eleven primiparas. The researchers looked for consistency between what a woman expected and what actually occurred when she gave birth. Nine of the participants had experiences better or worse than expected and two had experiences that coincided with their expectations. Hallgren and colleagues suggested that assessment of women's expectations during prenatal classes be incorporated into existing curricula with the objective of increasing the effectiveness of childbirth education programs. One older study conducted in the United States involved a twenty minute structured interview with each of 70 women within 72 hours of giving birth. Nineteen questions were asked to rate the degree that expectations were met. For example, women were asked "in general, would you say your labor and delivery was about like what you expected, somewhat like what you expected, or not at all like what you expected?" (Stolte, 1987, p. 100). No pre-labor questions had been asked so a limitation of this study was that expectations had to be recalled after the birth had occurred. The majority of women reported that their experiences were not what they had expected.

Quantitative Studies In 1990 English research psychologist Josephine Green and her associates Vanessa Coupland and Jenny Kitzinger (1990) published *Expectations, Experiences, and Psychological Outcomes of Childbirth: A Prospective Study of 825 Women*. These researchers used in-depth questionnaires to determine women's childbirth expectations. This large study generated results demonstrating that negative expectations appeared to lead to poor psychological outcomes. If a woman thought that birth would be painful or unfulfilling, she was less satisfied with her experience. Those who expected to be able to cope without drugs and did so, were more satisfied with their experience. The researchers found that a woman's positive expectations would not lead to disappointment while low expectations were strongly associated with poorer psychological outcomes. In another study of 700 women,

Green (1993) found that, again, participants generally tended to experience what they expected. Further, Green's results were corroborated by a large Swedish study conducted in 1996. The Swedish investigators utilized questionnaires to assess different aspects of 295 women's birth experiences. The findings showed that there was a direct correlation between positive expectations and positive outcomes (Waldenstrom et al., 1996). Waldenstrom and her associates described the halo effect, a phenomenon that occurs when women recall giving birth more positively immediately after delivery than they do months or years after the birth. The researchers noted that "fixed-scale questionnaires also seem to elicit fewer negative responses than do open-ended interviews" (p. 151), an observation that contributes to the understanding of the differences in findings between quantitative and qualitative studies. They found that primiparas tended to report more positive expectations of their impending birth than do multiparas (women who have given birth before). Their study also showed that "negative and positive feelings can coexist, thus confirming the multidimensional character of the birth experience" (p. 144). Ip, Chien, and Chan (2003) assessed the expectations of 186 Chinese primiparas by means of a 35-question questionnaire. Even though these women expressed a desire for more natural birth experiences, they doubted their own abilities to cope with pain and expected to ultimately rely on medical interventions. The researchers concluded that comprehensive assessment of women's childbirth expectations is extremely important and recommended that childbirth education classes be designed to help pregnant women develop both realistic and positive expectations. Canadian Ellen Hodnett (2002) performed a literature review which included 137 reports pertaining to those factors that influence a woman's evaluation of her childbirth experience. Numerous varied studies addressing childbirth satisfaction concurred that a pregnant woman's expectations were exceedingly important. In fact, Hodnett reported that personal expectations were one of four factors that most influenced women's high ratings of satisfaction with their birth experiences. Personal expectations, as well as support, relationship with caregivers, and involvement in decision-making, were so important they overrode all demographic considerations including "the influences of age, socioeconomic status, ethnicity, childbirth preparation, the physical birth environment, pain, immobility, medical interventions, and continuity of care" (p. S160). Hodnett's research demonstrated strong support for the conclusion that, in general, pregnant women's expectations tend to be met. Although expectations were not exactly fulfilled, there was a tendency for positive expectations to yield more satisfactory outcomes than negative ones, and for negative expectations to yield poorer outcomes.

LITERATURE REVIEWING THEORETICAL PERSPECTIVES APPLIED TO THIS STUDY

Due to my orientation as a prenatal and perinatal scholar, a feminist with a degree in Women's Studies, a student of mind and consciousness studies that encompass quantum physical concepts, and a counselor with a background in art, I identified these perspectives as those I would apply in the interpretation of findings. First, I would be calling upon current understandings of the mind, specifically, the conscious and unconscious facets of the mind, to explain primipara's childbirth expectations and subsequent experiences. In order to better assess unconscious perceptions I planned to utilize a projective technique, that is, a drawing rendered by each participant. Because I have an education in Women's Studies, I regarded childbirth as a feminist issue and incorporated feminist research methods in my study. Finally, as a prenatal and perinatal psychologist I would weave the knowledge of this new field throughout the conduct of this study and into both implications and recommendations.

The Mind: Conscious and Unconscious

There is a growing awareness that a person's individual beliefs, expectations, attitudes, perceptions, and thoughts not only have an impact on how they feel and behave (Amen, 1998; Ornstein, 1991; Szegedy-Maszak, 2005) but directly influence the reality they experience. Michael Talbot (1992), author of *The Holographic Universe*, states that, "Studies have shown that the attitude an expectant mother has toward her baby, and the pregnancy in general, has a direct correlation with the complications she will experience during childbirth" (p. 102). Cellular biologist Lipton (2001) equates beliefs and perceptions, noting that they literally control our biology. On the strength of his research he entitled his 2005 book: *The Biology of Belief*. Beliefs and perceptions generate internal and external consequences that can be observed at micro and macro levels. In *Space, Time, and Medicine*, Larry

Dossey (1982) speaks of perceptions as "the models we make of the world [which] actually determine in some measure what we see" (p. 10). He draws on quantum physics saying, "What we call physical reality, the external world, is shaped-to some extent-by human thought" (p. 116). Wendy McCarty (2002), a prenatal and birth therapist as well as a proponent of consciousness studies, states that "our beliefs are the foundation of organization of our reality.... They are the raw materials from which our reality is created shaping our expectations [italics added] of the future" (p. 342). She contends that early perceptions become "subconscious beliefs through which all later experience is filtered and organized" (p. 343). Kenneth Pelletier (1992), author of *Mind as Healer, Mind as Slayer*, notes that science, "ranging from the neurophysiology of consciousness to quantum physics" (p. 33) has found that personal belief systems govern experience. He asserts, "Inherent in any system of belief is a selffulfilling prophecy: what is expected is observed, and what is observed confirms the expectations" (p. 33). What people tell us does not always accurately reflect the totality of their thoughts and feelings. Some beliefs are held beneath conscious awareness. In *Hidden Minds Tallis* (2002) points out that "parts of the mind (or processes operating within the mind) are either permanently or temporarily inaccessible to awareness" (p. ix). He notes that the "concept of the unconscious is surprisingly ubiquitous; scientists, philosophers and artists, neurologists and mystics have all explored or discussed the concept of the Unconscious" (p. ix). Today the terms subconscious and unconscious are used synonymously. Lipton (2005) views the unconscious mind as "a repository of stimulus-response tapes derived from instincts and learned experiences" (p. 127). He emphasizes that it is "millions and millions of times more powerful than the conscious mind" (p. 128). At the turn of the 21st century dialogue about the mind, conscious and unconscious, includes emotions. Behavioral and brain science writer Daniel Goleman (1995) states "our emotions have a mind of their own, one which can hold views quite independent of our rational mind" (p. 20). Professor of Science at New York University's Center for Neural Science Joseph Le Doux (1998) substantiates this saying, "it now seems undeniable that the emotional meanings of stimuli can be processed unconsciously" (p. 64). Le Doux even makes a distinction between the cognitive unconscious and the emotional unconscious. What one really feels can be hidden within the recesses of the unconscious mind. Conscious expectations may or may not be underpinned by comparable unconscious emotions. If these two minds agree, then the outcome consciously expected would tend to be realized. If they do not, experiences could be surprisingly different from conscious expectations. In *Strangers to Ourselves*, Wilson (2002) expands the understanding of unconscious which he defines as "mental processes that are inaccessible to consciousness but that influence judgments, feelings, or behavior" (p. 23). Wilson postulates the existence of an adaptive unconscious which "can have its own beliefs and feelings-not because these beliefs and feelings are so threatening that the forces of repression keep them hidden, but because the adaptive unconscious operates independently of consciousness" (p. 125). He suggests that people can have feelings "without knowing it" (p. 125). Arising from the adaptive unconscious, two opposing feelings toward the same topic can be experienced at the same time, according to Wilson, "one more conscious than the other" (p. 132). He refers to these as "'dual attitudes'" (p. 132). Dual attitudes explain how pregnant women can feel a sense of positive expectation and longing as they anticipate the birth of their babies and simultaneously feel fear and dread. In *Psychological Processes of Childbearing* Raphael-Leff (2001) notes the influence of unconsciously held concerns on conscious processes. She points out that as a woman anticipates giving birth, "seemingly rational worries reflect underlying unconscious fantasies and anxieties which in turn colour her conscious ideas about birth" (p. 236). Therefore, some of the emotions that a pregnant/laboring woman feels may be consciously perceived and some may not. Thus, according to many doctors, psychologists, and scientists, unconscious beliefs, as well as the conscious expectations, influence experiences, including that of giving birth. Drawings as Projections of the Unconscious Mind One way to enhance communication and better understand a participant's world is to engage her entire brain. This can be done by actively stimulating both sides of the brain. Although both hemispheres of the brain work to compliment and support one another, there has been recognition that the two hemispheres of the brain process information

differently. According to Elias and Saucier (2006) the left hemisphere is better at linguistic processing while the right hemisphere is "specialized for music, emotion, and spatial abilities" (p. 101). The right hemisphere does not express itself verbally, although neurologists are finding that it is involved in verbal communication. It can recognize and interpret nonverbal language and is the seat of intuition, insights, and feelings (Silver, 2001). The right hemisphere, better connected to the brain's limbic system, is thought to be associated with deeper, subconsciously stored images (Gates, 1995). Those images and ideas accessible to the conscious mind are explicit while those that remain inaccessible in the unconscious mind are considered implicit (Elias & Saucier, 2006). Drawing accesses the right brain and, thereby, elicits images held deeper in the mind. Therefore, to gain access to unconsciously held notions, I asked each woman to draw a picture of her ideal birth. Among art therapists drawing is viewed as a way in which the individual projects her inner feelings, thus the term projective technique. Inviting a participant to draw can help gain information in a non-threatening manner; information that might reveal inner conflicts, hidden desires, or unspoken fears (Oster & Gould, 1987). In *Beyond the Brain: Birth, Death, and Transcendence in Psychotherapy*, Stanislav Grof (1985) describes his use of drawing in therapeutic settings. He notes that "this graphic form of documenting one's experience is ... extremely useful as a tool for sharing one's inner states" (p. 390). In this study drawing provided an opportunity for a primipara to share her thoughts and feelings in a non-verbal way, accessing the right brain's ability to imagine-to create images. The participant then had an alternative method to articulate feelings that might have been difficult to verbalize. Her visual representation could either corroborate her oral discourse or reveal other factors that might not have been expressed during her interview. A Feminist Approach to Research Science has revealed that the unconscious mind contains many beliefs, perceptions, thoughts, and feelings of which the conscious mind is unaware. Feminist scholars have looked at the realm of pregnancy and childbirth and examined what society-and women in particular-has come to believe about these processes. Brigitte Jordan (1997) is credited with coining the term authoritative knowledge, that is, knowledge that becomes so ingrained in society's thinking that it is not questioned. At a deeply unconscious level most women in the United States appear to believe they do not have the ability to give birth naturally. Giving birth in hospitals and having medical assistance at a birth is the norm; indeed, it is deemed irresponsible not to do so. Ellen Lazarus (1997) emphasizes, "Birth in the United States is a medical event controlled by the medical profession.... This medical view of birth as potential pathology, in which something could go wrong at any time, is a powerful and dominant model" (p. 134). According to Lazarus, "Birth models are similar to models of sickness and health in that they are made up of beliefs and expectations that are part of a person's cultural experience and cognitive being" (p. 138). Feminist studies and studies of the mind both recognize the influence that the environment plays in creating beliefs. This concept is incorporated in social learning theory that explains how human beings learn. Every human being has genetic potential which is shaped by the environment-that environment is primarily constructed by the society in which one is raised. Beliefs held by society-at-large subtly and imperceptibly become the conscious-and unconscious-beliefs of the individuals in it. Feminist researcher Patti Lather (1991) argues that absolutes, rules, and boundaries no longer apply to research methodology. Her position fits perfectly into the world of possibilities and uncertainties that has been revealed by quantum physicists. Indeed, Lather declares, "quantum physics opened up another world, a world otherwise than Newtonian linearity, subject-object duality and universal covering laws" (p. 27). According to Lather the way in which researchers approach the collection of data influences what data are gathered-a truly quantum physical perspective. She offers a new model for "those who maximize the research process as a change-enhancing, reciprocally educative encounter" (p. 72). Lather calls upon researchers to be self-reflexive, to examine their own biases. She points to research in which the women being interviewed insist on "interactive, reciprocal self-disclosure" (p. 73) and have an opportunity to review data collected to insure its veracity. Included in Lather's research design is the intention to accurately represent the lives of participants and, like other conscientious feminist researchers Acker, Barry, and Esseveld (1983) "explain the lives of others without violating their reality" (p. 429). Gergen, Chrisler, and LoCicero (1999) have

reviewed innovative research methods that are particularly applicable in feminist studies. They offer suggestions that fit the model proposed by Lather (1991), expanding possibilities for researchers. Describing "The Visual as Data" (p. 438) Gergen and her colleagues state that: Using visual displays (iconic representation) along with text (symbolic representations), researchers can simultaneously present diverse points of view in new and interesting ways. Psychologists have used photographs, graphic models of theoretical relations, drawings by participants [italics added] and clients, films, cartoons, paintings, posters, and other artistic renderings to inscribe their research objects and findings, (p. 438) The guidelines provided by Lather and Gergen et al. were of immense value in designing and conducting my study. Prenatal and Perinatal Psychology In 2004 two colleagues, Carol Landsberg and Mary Anne Vernallis, and I produced a DVD entitled Babies Know: Seven Principles of Prenatal and Perinatal Psychology. We composed a definition that, in part, states, "The field of Prenatal and Perinatal Psychology is dedicated to demonstrating, through research, education, and therapy, a reverence for human life that encompasses preconception, gestation, birth, and the early postnatal period" (back cover). That view of this new field embraces both mother and baby. The spirit of that view of prenatal and perinatal psychology was practiced during this research. METHODOLOGY Rudestam and Newton (2001) state that "phenomenology attempts to get beneath how people describe their experiences to the structures that underlie consciousness, that is, to the essential nature of ideas" (p. 38). It was clearly my intention to get beneath descriptions to the essence of primiparas' expectations and experiences. Because phenomenology provided the flexibility to include feminist, intuitive, and innovative approaches (Patton, 2002), it became the method by which I initiated my study. After conducting a pilot study I established four criteria for research participants: 1) being 18 years or older; 2) being pregnant with their first child; 3) having a low risk pregnancy; and 4) living in Southern Arizona so that two face-to-face interviews could be conducted conveniently and in a timely manner. Ultimately, seven primiparas comprised a small purposeful sample for this qualitative research. Five were Caucasian, one was Black, and one was Hispanic. They ranged in age from 21 to 42. Six of the women had associates or bachelors degrees. I conducted two in-depth interviews with each primipara to determine the essence of her childbirth expectations and experiences. To listen and report what primiparas thought, felt, believed, and expected required methods that could address the task thoroughly and respectfully. With those objectives in mind I first examined my own beliefs. I engaged in a continual process of self-reflexivity to set aside, as best I could, my own biases to listen with an open mind and open heart. Interviewing was the primary procedure used for gathering data. A Description of Study and Informed Consent forms were given to each participant at the outset of the first interview. I asked open-ended questions allowing the participants to share their views as fully as possible. Interviews were audio and video recorded and observations were recorded in field notes. One additional step was taken: each participant was asked to draw a picture of her ideal birth. Drawings were employed as protective techniques to access unconscious beliefs that might not have been expressed verbally during the interview. The subject of an ideal birth was deliberately chosen to keep the focus on positive expectations. If doubts or fears were held at an unconscious level they were likely to be either pictured in or conspicuously omitted from a drawing related to giving birth. It seemed appropriate to keep the focus of the drawing on the best possible outcome a primipara could envision rather than having her deliberately focus on concerns for her own and her baby's wellbeing. If the literature describing the effects of attitudes and beliefs held by pregnant women were accurate (Lipton, 2005; Pelletier, 1992; Talbot, 1992), it was more important to me to gather limited data than to contribute to a negative outcome. Neutral, non-censoring questions invited both positive and negative feelings and expectations: 1) How do you feel about being pregnant? 2) What do you expect giving birth to be like? Following the verbal portion of the first interview each participant was asked to draw a picture of her idea of an ideal birth. This procedure was inspired by the book *Birth from Within* by Pam England and Rob Horowitz (1998). These authors use drawings "to help mothers learn more about how they have internalized our birth customs and routine practices" (p. 88). They believe that "the personal concerns of the mother-artist can be inferred from the content and mood" (p. 92) of her drawing. I

chose to focus the subject of the drawing on a primipara's ideal rather than her conscious awareness of birth customs or concerns. I asked each woman to imagine that her ideal birth was occurring in present time. The orienting question was: What would your ideal birth look like? I supplied paper and colored pencils and remained unobtrusive while the participant was drawing. The second interview took place after the birth of each participant's baby at a time convenient for the mother. This interview focused on the actual experience of giving birth. I asked: 1) Tell me about your experience of giving birth. 2) How did your experience compare with your expectations? 3) What else would you like to share? The questions constituted a gentle debriefing. A recent study has found that "women reported that an opportunity to talk with someone about the birth was helpful in facilitating recovery" (Gamble, Greedy, Webster, & Moyle, 2002, p. 72). I transcribed all the interviews personally. Copies of both transcripts and the drawing were returned to participants for verification of accuracy. This step involved the participants as co-researchers although none made any changes to the texts. I created a chart to keep track of the plethora of data that I collected. This helped me accurately and comprehensively report the information gathered from each participant including themes as they emerged from the data. Phenomenology was not the only method utilized during this study. New expanded approaches to research are "especially suited to research topics involving human experiences that are personal, subjective, significant, and relevant" (Braud & Anderson, 1998, p. 19). Braud and Anderson emphasize that "studying rich human experiences warrants comprehensive methods, that is, methods of inquiry that engage logic and analysis as well as our capacities for imagination, intuition, and alternative states of consciousness" (p. 82). Thus, I combined phenomenology, the science of consciousness including quantum physical concepts, feminist research protocols and theory, art interpretation, and principles of prenatal and perinatal psychology into one cohesive study.

RESULTS AND DISCUSSION

Self-Reports from the Interviews

Each primipara had a plan for where and how she wanted to give birth. Three of the births occurred where they were planned. Two of those women described their births as better than expected; according to plan one gave birth in a hospital and the other had her baby in a birth center. The third woman gave birth at home but reported that it was much harder than she had expected. Four births occurred quite differently than expected; two of those women required hospitalization (one was transported from her home and one from a birth center), received medications, and delivered vaginally; one who had planned to give birth in a birth center went into labor early, checked into a hospital, and had an emergency cesarean section; one, already in a hospital, underwent an emergency cesarean section as well. The chart below, Expectations and Experiences, shows the manner in which each primipara desired to give birth and the way in which her birth actually occurred. Six of the primiparas stated emphatically that their births did not occur as they expected. The seventh woman said her experience differed only in that it exceeded her expectations. One of those who expressed that her birth experience was not what she had expected said that, in retrospect, it was also better than she had expected. My results agreed with those of other small qualitative studies which showed that pregnant women's birth experiences did not occur as expected, and simultaneously contradicted the findings of larger quantitative studies which found that women's expectations tended to be met.

Phenomenological Themes

Transcripts were analyzed according to standard phenomenological procedures. Seven themes emerged from the substance of the data: 1) Discovering Joy and Returning to Joy (8/1); 2) Receiving an Education; 3) Making Choices/Exercising Will; 4) Identifying Resources and Gathering Support; 5) Questioning/Doubting; 6) Experiencing the Unexpected; 7) Accepting What Is; 8/1) Returning to Joy (Returning to Themel). The themes were not static; they interacted throughout each primipara's pregnancy and birth experience in unique ways,

Table 1
Expectations and Experiences

<i>Primipara's Pseudonym</i>	<i>Expectation</i>	<i>Experience</i>	<i>As Expected?</i>
Annette	Birth Center No Drugs	Birth Center No Drugs	Not as Expected Different/Better
Barbara	Hospital Epidural	Hospital Cesarean Section	Not as Expected Different/Harder
Carolyn	Birth Center No Drugs	Hospital Cesarean Section	Not as Expected Different/Harder
Dorothy	Home No Drugs	Hospital Pitocin & Epidural	Not as Expected Different/Harder
Eleanor	Birth Center No Drugs	Hospital Pitocin & Fentanyl	Not as Expected Different/Harder
Felicia	Home No Drugs	Home No Drugs	Not as Expected Different/Harder
Gwyneth	Hospital No Drugs	Hospital No Drugs	Not as Expected Different/Better

Like a cloud of electrons rotating around the nucleus of an atom, the themes pervaded the thoughts, feelings, sensations, and actions—the mental, emotional, physical, and behavioral—aspects of each primipara's life. Themes appeared in a typical sequence throughout the interviews, but could appear randomly and repeat as different subjects were addressed. Theme 5: Questioning and Doubting, for example, may have occurred after Theme 2: Receiving an Education. This happened when Barbara doubted her ability to cope with labor pain after she viewed childbirth videotapes and television shows. Or questioning could occur after Theme 6: Experiencing the Unexpected as it did when Barbara questioned the decisions of hospital staff that impacted the duration and intensity of her labor. The themes are elastic, and, although numbered in a logical sequence, do not necessarily adhere to a specific order. In general, the first theme, Discovering Joy, and the last theme, Returning to Joy, begin and end the dynamic pattern. Each woman had successfully completed her rite of passage and embraced the shift from the joyful discovery of being pregnant to the joyful bonding with her newborn child. A Pattern of Paradoxes Because each of the themes was experienced to some degree by each of the primiparas, they could be viewed as a synergistic whole. Each theme made a contribution but together they revealed the complexity of a pregnant woman's entire experience. The fluidity of a woman's childbearing process could be envisioned as a wave suggesting the movement of thoughts and feelings that cycle throughout the nine months of pregnancy, during labor, and even after the birth itself. A wave depicts frequency and amplitude, expansion and contraction, increasing and decreasing intensity. The paradoxical elements of each theme could be envisioned as a double helix weaving one undulating wave into another. The ambivalence felt by these primiparas, and known to be experienced by most pregnant women (Newman & Newman, 2006), is a natural flow of energy in which emotional highs and lows, positive thoughts and worrisome thoughts, comfortable and uncomfortable bodily sensations, weave in harmony or dissonance. The following Table (2) displays paradoxical feelings that a primipara can experience. Joy and love were the dominant emotions of these primiparas' pregnancies, labors, and childbirths. Theme 1: Discovering Joy did not just arise instantaneously, however, and continue throughout the pregnancy. It could arise and then be submerged under feelings of discomfort or illness. In the case of these particular women, joy far outweighed fear and apprehension, but the paradoxical juxtaposition of these emotions was evident. For example, Annette, a young single mother faced with some apprehension giving birth and raising her child without the support of a partner. Nonetheless, she was happy to be pregnant and declared during the first interview, "I feel beautiful for the first time in my life." Gwyneth lost 17 pounds while ill with morning sickness; she did not fully embrace the joy of

being pregnant until the end of her first trimester. Education (Theme 2: Receiving an Education) emerged as a theme in the lives of the women in this study. Upon discovering she was pregnant each had gone to a library, spoken with other women or her own mother about giving birth, viewed videotapes and television programs, taken prenatal classes, and in a variety of ways welcomed new ideas that influenced her subsequent decisions. The assimilation of information was an on-going process. Acquiring new information had paradoxical elements as well. A primipara could be either open to new ideas or be closed to them. None of these women disdained educational materials or content. They stayed open to new ideas, even when those ideas contradicted existing beliefs. For example, Barbara, after viewing a videotape, considered having her baby placed on her belly following delivery even though she had previously rejected this idea. She was especially fastidious and wanted the nurse to "clean it off first" as the messiness of birth seemed distasteful to her.

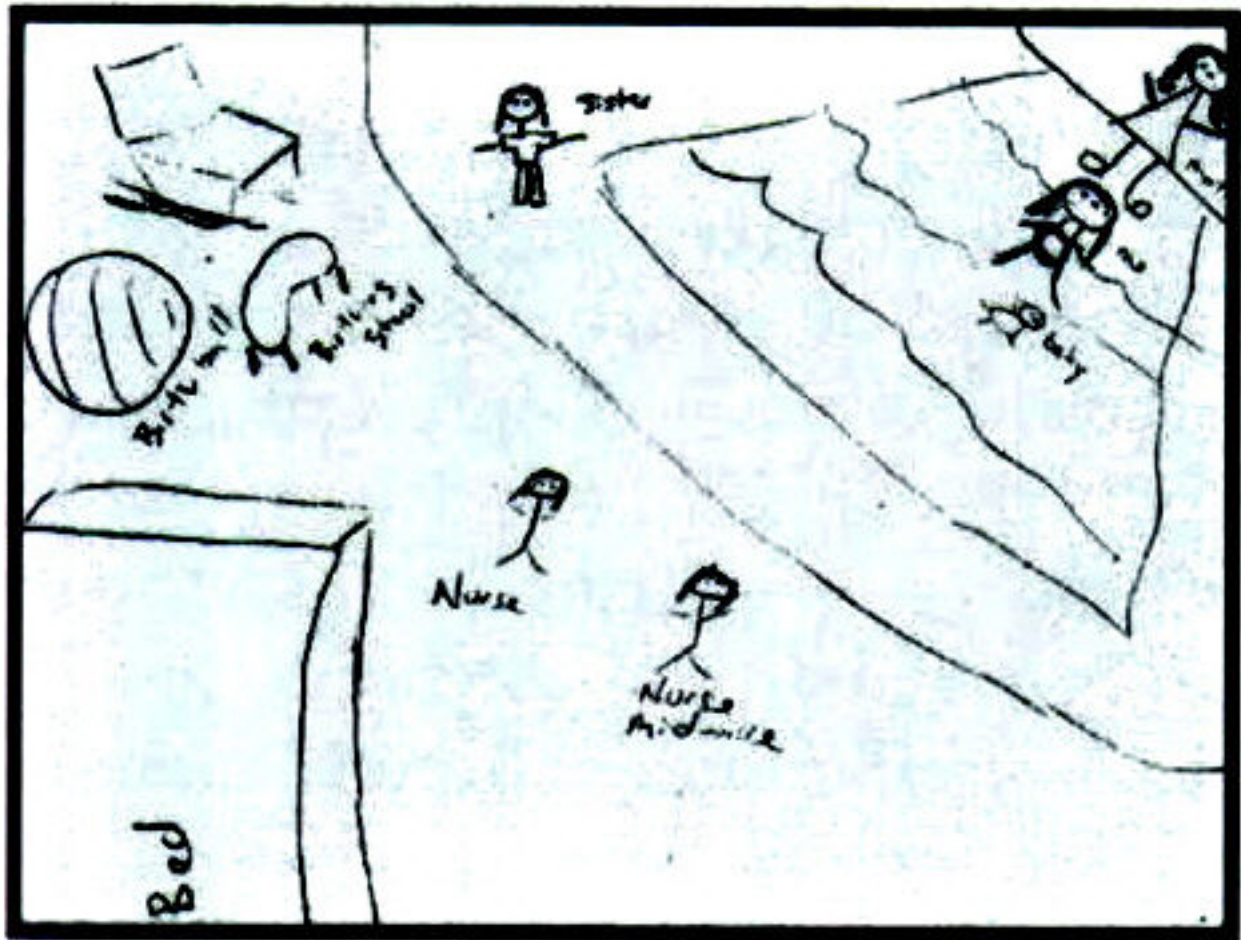
Table 2
Paradoxical Elements of Themes

Theme 1:	<i>Discovering Joy</i>	Paradox: Joy vs. Apprehension, Love vs. Fear, Comfort vs. Discomfort
Theme 2:	<i>Receiving an Education</i>	Paradox: Open vs. Closed
Theme 3:	<i>Making Choices</i>	Paradox: My Will vs. Their Will, Control vs. Submit
Theme 4:	<i>Identifying Resources and Gathering Support</i>	Paradox: Internal vs. External
Theme 5:	<i>Questioning and Doubting</i>	Paradox: Self-confidence vs. Self-doubt, Encouraged vs. Discouraged
Theme 6:	<i>Experiencing the Unexpected</i>	Paradox: Expected vs. Unexpected, Ideal vs. Ordeal, Life vs. Death
Theme 7:	<i>Accepting What Is</i>	Paradox: Acceptance vs. Rejection, Satisfaction vs. Dissatisfaction
Theme 8/1:	<i>Returning to Joy</i>	Paradox: Joy vs. Apprehension, Exhilaration vs. Depression, Love vs. Fear

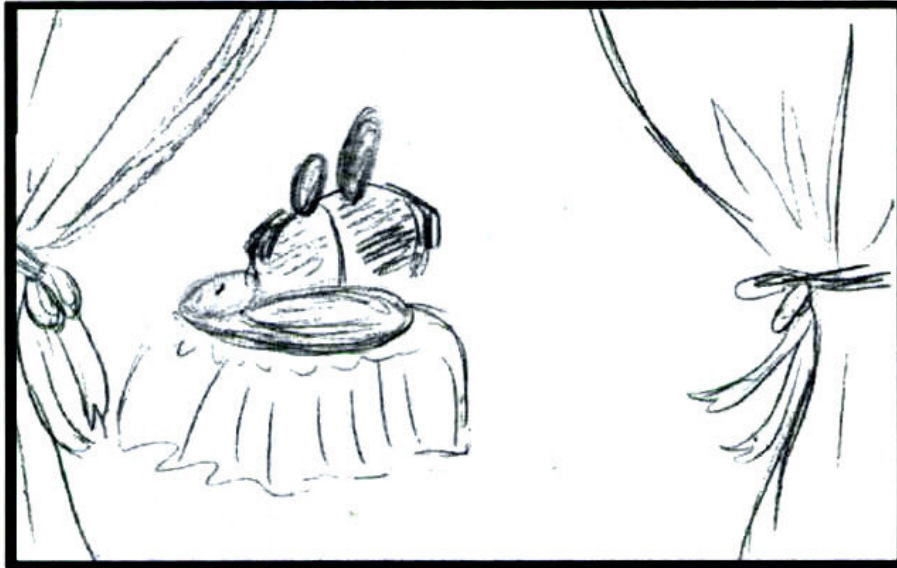
Each of the primiparas made decisions and exercised her will (Theme 3: Making Choices). They sometimes asserted themselves and sometimes yielded to the will of others. The "others" were typically doctors, midwives, or husbands. The paradox of my will versus their will, feeling in control and being able to give voice to her desires versus feeling out of control and needing to submit to the will others, flowed throughout the decision-making process. Based on what they learned (Theme 2), Dorothy and Felicia changed their entire birth plans and chose to give birth at home in order to avoid what they perceived as invasive hospital staff and procedures. The primiparas taking part in this research each identified resources agreeable to her and gathered support from those most important to her (Theme 4: Identifying Resources & Gathering Support). Resources were things like a hospital, a birth center, or a home; a bath tub, a birth ball, an epidural, or other material items. Support was provided by a partner, mother, friend, doula, midwife, doctor, or some other person. A woman might look within to find strength, self-confidence, or faith or look without for external resources and support. The tendency among these primiparas was to look for support from husbands, friends, mothers, sisters, doctors, midwives, and/or nursing staff. Felicia was grateful to her husband for being present at the birth of their daughter but found great inner courage to persevere without drugs and deliver her baby at home. The range of desired resources extended from home environments (Dorothy and Felicia) to hospitals and the full compliment of technology

available (Barbara). In the middle were birth centers (Annette, Carolyn, and Eleanor) or a blend of worlds—a drug-free birth in a hospital setting with support from a partner and the perception of Divine assistance (Gwyneth). All the primiparas in this study questioned and doubted (Theme 5: Questioning and Doubting). For example, some questioned institutional policies and procedures. Others doubted their own abilities to cope with pain or to even know when they were in labor. Doubts seemed reasonable since, according to the Social Readjustment Rating Scale (Holmes & Rahe, 1967), pregnancy is the twelfth most stressful life event a person can experience. Questioning and Doubting had the component of fear running through it, counteracting the joy that the women were feeling at being pregnant or beholding their babies at birth. The paradox within this theme seemed to be demonstrated by a woman's vacillation between self-doubt and self-confidence. For instance, even though Carolyn had hired a doula and had elaborate plans to give birth in a birth center she still had doubts: I admit I've still got the fears, some first-time mother fears. Maybe I'm too old and it hasn't formed correctly, or I've been too active, or squished the baby somehow; that I've done something wrong somewhere along the way; and that's still scary. All the primiparas experienced something unexpected during their pregnancies, labors, and/or deliveries (Theme 6: Experiencing the Unexpected). Five found labor and delivery harder than expected while two found it easier or better than expected. The paradox of experiencing what is expected versus encountering what is unexpected while giving birth can be perceived quite literally as a life or death issue. The life of the unborn child and the life of the laboring mother could both be at risk. None of these women feared for their own lives but some did fear intolerable pain or fear for the well-being of the baby. Carolyn had expected to give birth in a birth center but she went into labor early and underwent a cesarean section when her baby's heart rate dropped perilously low. Gwyneth, a nurse herself, knew from frequent prenatal exams that her baby's heart rate was slower than normal but not life-threatening. When the fetal heart rate monitor's alarm sounded during labor, she had her husband turn it off. Facing this unexpected disruption with confidence, assertiveness, and faith she had an unmedicated childbirth experience that she said "exceeded" her expectations. In this study, when a mother came to terms with her experience of childbirth, she appeared to integrate all its thematic components including the emotions of joy and fear (Theme 7: Accepting What Is). She made sense of the actualities of her labor and delivery even when they did not agree with her envisioned ideal. This resolution could be observed in her composure which reflected an inner harmony. Each primipara accepted her experience and exhibited an attitude of appreciation. Dorothy, after being transported from home to the hospital for delivery with pitocin and an epidural, said, "I have no regrets going and I think everything worked out well. And we made it all with fully knowing our decisions and what the consequences would be." Carolyn, who had an emergency cesarean section, had some resistance to accepting what had occurred. She said, "I had to fight the feeling of having been a failure at first because it didn't manifest quite the way I had envisioned." Theme 8/1, Returning to Joy, returned the primiparas to the sense of joy they felt upon learning they were pregnant. A cycle had been completed; the women were experiencing the joy of embracing their newborns. A mother might not feel joyful at this moment, however, as research on post-partum depression has shown (Beck, 1992). Although Carolyn had exhibited some signs of disappointment, none of the primiparas in this study appeared to be depressed. Annette, the only single mother, reported during the second interview that she was concerned about supporting herself and her child. Even though she was tired, sleep-deprived, and apprehensive, she commented on the how "sweet" her baby was. Filled with love, she was dedicated to meeting the challenges of her situation. From the perspective of phenomenological inquiry I had wanted to hear the voices of primiparas. In answering a few open-ended questions they portrayed a multifaceted experience that was remarkable. The assemblage of themes contained elements that are worthy of further study. Together they could provide a model for better understanding of lives of primiparas. The Addition of Drawings to Interviews Drawings have the power to convey deeper meanings that may not be apparent in verbal dialogues. As Eleanor, who was particularly modest, said of her picture: "It's that exposure thing, I think, to kind of pull all that out and put it where somebody else can see what's inside your head." Eleanor intuitively knew what art

therapists posit: a drawing allows one's "inner world" (Oster & Crone, 2004, p. 23) to be seen by others. I proposed the addition of drawings as addenda to interviews in qualitative research on the basis that richer, more extensive, information could be obtained from the participants. "Projective material is most meaningful when looked at within the context of the other sources of information" (Klopfer, 1981, p. 242). Further, I tied drawing-as an expression of the unconscious mind-to the conclusions of experts in the field of consciousness studies (Dossey, 1982; Lipton, 2005; Ornstein, 1991; Talbot, 1991). Pellitier (1992) had stated clearly that expectations tend to be realized; expectations can be conscious or unconscious. The drawings and the words of the primiparas worked together to expose underlying expectations that could lend support to or interfere with accomplishing the ideal that each woman desired. A drawing, in my opinion however, does not have the strength by itself to be a reliable predictor of actual events. The pictures could be seen, after the fact, to accurately depict certain aspects of each primipara's experience but they were not evaluated prior to the births to predict outcomes. I asked each participant what her drawing represented prior to making any interpretations of my own. I was then able to consider both her conscious, spoken words and her unconscious, drawn perceptions. My interpretation was derived from my study of prenatal and perinatal psychology and influenced by neuroscience, art interpretation guidelines, and feminist views regarding deeply seated beliefs that arise from cultural conditioning. In addition, two therapists who use projective techniques in their practices were asked to interpret the drawings. This helped to enhance the reliability of the study and demonstrated that interpreters can find similar and different meanings. Whether the interpretations agreed or not was not as pertinent as the fact that each reviewer acknowledged that drawings contain projections from the unconscious minds of the artists. Ultimately I utilized my own intuition to look for indications in the drawings that appeared to provide clues to the inner worlds of these primiparas. In *Intuition: The Inside Story* Monson (1997), a theoretical physicist in the area of relativistic quantum field theory and phenomenology, emphasizes the value of intuition in the development of scientific theory and practice. She describes the process of accessing and applying intuition saying, "true intuitions will only be expressed if an individual is open to new ideas and not subject to constraints of censorship" (p. 118). She promotes imagination, mental imagery, and intuition in science. We see that the common public picture, often promoted by scientists themselves, of the unemotional, rational scientist who mechanically pursues the Scientific Method as a sure highway to true knowledge is wrong. Instead, we see the emotionally involved thinker whose imagination is fueled with intuitive notions of realities yet to be developed into the reason of tomorrow, (p. 118) Annette, the youngest and only single woman in the study, drew a picture that included her mother, herself, and her newborn baby in addition to her sister, a nurse, a nurse midwife. It could be easily determined that her ideal birth took place in a birth center as there was a pool of water, rocking chair, birth ball, and birthing stool. Interestingly, none of the figures in her drawing had mouths. According to art interpretation guidelines, omitted features can be significant (Rabin, 1968). No mouths could symbolize difficulty communicating. Ironically, Annette later reported that during intense contractions she had literally been unable to speak. Her drawing included a large bed drawn in dark, heavy lines. It dominated the lower left-hand corner of her picture suggesting that it could be more important than other resources. She stated that, "hopefully, I'll have the baby in the water." The word "hope" lacks conviction and often signals lack of success (Gates, 1995). During labor Annette became overheated in the tub and moved to the bed where she gave birth to her baby. Because she did not give birth in the water, Annette said "It wasn't what I expected. However, she said, "It was better than I expected. It was really nice. I liked having the family around. They were all so supportive and loving." Her drawing had included the family members she wanted to support her. It also suggested that a bed would play an important role in her childbirth experience.



Barbara, a 30 year-old piano teacher, drew a picture of two figures standing behind a bassinette in which a baby lay sleeping. Long yellow curtains framed the scene. None of the figures had features or extremities except the baby who had one closed eye. No limbs suggested powerlessness, at least in the realm of childbirth. The omission of senses—mouths, ears, nose, and eyes—seemed to indicate a lack of expressiveness. Barbara reported later that she "never said anything" although she wondered why ultra sound was not used during labor to determine that the baby's head was too big to pass through her narrow pelvis. She felt a decision to perform a cesarean section earlier could have spared her hours of labor pain. Barbara said she wanted "a nice smelling room and quiet music" in the hospital but the drawing of a featureless face suggested that she might be unable to smell or hear. She had declared during her interview that she and her husband wanted "every instrument" to insure the safe birth of their child. She underwent a surgical delivery but the anesthesia eliminated her pain as well as her ability to smell, hear, see, speak, or even feel. Her drawing had also portrayed her baby with a noticeably large head. Her verbal concern and the picture rendered before she gave birth suggested that this fear had been on her mind both consciously and unconsciously. Overall, Barbara's picture felt loving and looked like a precious family portrait. However, the idyllic postpartum picture was the result of events that her drawing indicated she did not want to face or to sense in any way.

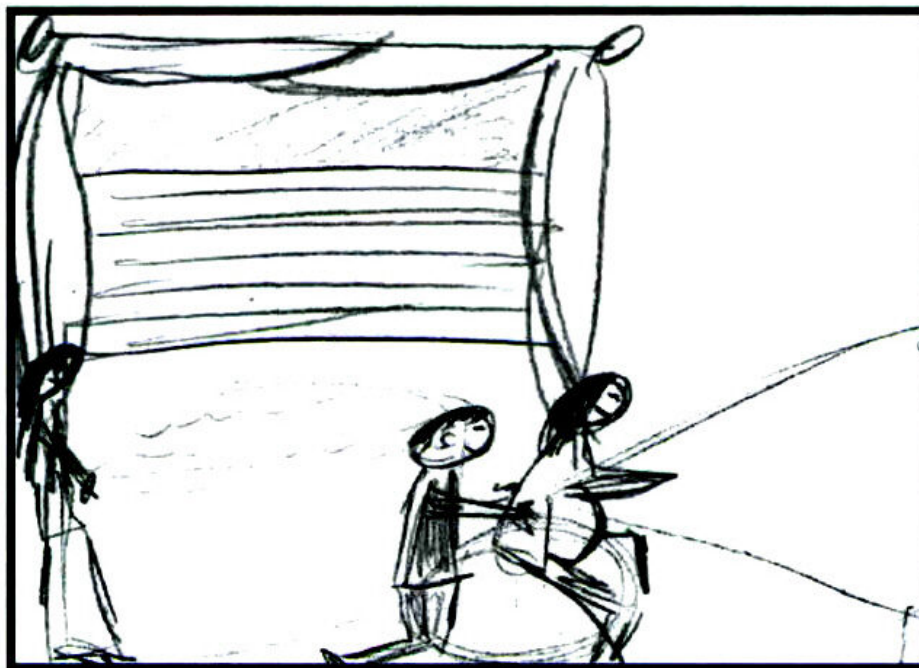


Carolyn, a teacher and the oldest primipara at age 42, drew a picture that represented the "connection" a mother and baby make after delivery. It clearly showed a mother and infant exchanging the eye-to-eye gaze that enhances the bonding process. Swirls of rainbow energy, hearts, and the word "love" surrounded the pair. The mother was obviously comfortable with her body as her breast was bared for nursing. The baby had adult features which, according to one interpreter, indicated the mother's high expectations for her child. Like Barbara's drawing, there was no labor or birth process depicted and each woman experienced an emergency intervention. Carolyn portrayed her expectation that she would hold her newborn in a loving embrace. A month after her cesarean section Carolyn remembered her drawing and said she ultimately felt the "love and connection. It just didn't happen right after birth." Her recovery from the surgery had been difficult. She awoke feeling that she had "missed the miracle" of giving birth and had trouble accepting that this baby was hers. It took days to get acquainted, slowly building the bond that the intervention had interrupted. Nonetheless, the picture was a snapshot of Carolyn's postpartum bonding process with her baby.



Dorothy, an accountant in her late twenties, drew a picture that showed her labor but not the birth itself. It could have been a photograph of one moment during her labor at home. A pregnant woman sat on a birth ball

supported by a male figure, her husband. The woman had no hands or feet while the man had both. One interpreter said Dorothy might unconsciously feel that men are more capable than women. A female figure on the left of the drawing represented her midwife. In reality the midwife did accompany Dorothy to the hospital and acted as an advisor but did not deliver the baby. A large draped window occupied the upper left quarter of her picture which Dorothy said was in her bedroom. Dorothy had decided in the last month of her pregnancy to "ditch" her doctor and give birth at home. However, during the first interview she had remarked: When we first wanted to get pregnant my concept of birth was probably the same as what you see in American media. You know, extreme pain, women in great distress, just trying to find the best way they can to get through this ordeal in life. So I had a lot of fears I think 'cause I've always been a real wimp for pain, and so just the idea of pain for me was very intimidating, and I had full intentions of walking into the hospital and numbing up and not feeling a thing.



Dorothy labored at home but was transported to the hospital for delivery. The large window could have indicated that unconsciously she wanted a way out. Dorothy had spent most of her 28 years believing that birth would involve "extreme pain" and require "numbing up." That conditioning would have been virtually impossible to overcome in just one month in spite of a conscious decision to give birth without pain or medication. Eleanor, an exuberant woman in her early thirties, rendered a drawing that was metaphorical. In the center was a figure that had neither arms nor legs but appeared pregnant. Eleanor described it as a "fertility goddess" and explained that this image was a positive one for her. High and to the right of the goddess was a small being on a cloud next to a smiling blue stick figure. These, she said, represented her "angelic" unborn baby and her husband who was standing by to help. Waves of water and brown earth soothed and grounded her. Three large flowers represented her doula, nurse, and midwife. Eleanor had the longest labor of all the primiparas. Her depiction of herself as a fertility goddess was interesting as these symbols are usually carved in stone and are, therefore, perpetually pregnant. It could be difficult for a woman to give birth if her unconscious mind perceives pregnancy as eternal. Eleanor drew the goddess' eyes as large ovals that looked hollow. During the second interview she reported that after almost 44 hours of labor she had said over and over "I just feel so hollow and there's nothing left. I feel so hollow and there's nothing left." Eleanor had truly enjoyed being pregnant but she portrayed herself as a powerful pregnant being without arms or legs-perhaps unable to help herself and powerless to give birth. After the delivery Eleanor exclaimed that she greatly appreciated the help she had received from her midwife, doula, nurse, husband, and a good friend who had created a "team" that helped her get through her long labor

which she felt she could not have done alone.



Felicia, a soft-spoken young woman in her mid-twenties, drew a picture of a night sky strewn with ten stars and a crescent moon. There was no indication of birth at all. She said she wanted giving birth to be "peaceful and quiet" and a clear night sky represented those qualities to her. It seemed that she might be somewhat dissociated from her body or that unconsciously she so feared giving birth that she did not want to picture it at all. Felicia said during her first interview that she found menstrual cramps very painful and thought contractions would be even worse. In fact, she was able to labor and deliver at home with no drugs but found the experience much harder than she expected. She was left physically exhausted but held her newborn throughout the night exchanging the mother-infant gaze essential for bonding. The peace and quiet she desired occurred the night after giving birth-much as she had pictured.



Gwyneth, a nurse, portrayed a woman lying in a bed with a baby on her lap and a man standing beside her. They appeared to be tucked securely under an arbor of ivy laden with fruit and flowers. Musical notes, symbols of praise according to Gwyneth, filled the air and a cross and arcs of golden light shown above. Quest

them. A medic, identified by a red cross on his cap, stood to the side. Both mother and father had "tears of joy" and "beads of sweat" on their faces. This picture clearly showed that a baby had been born, that a process of birth had successfully been completed. As desired, she delivered a healthy baby in a hospital without medication. The scene appeared to be representative of the harmony between Gwyneth's conscious and unconscious expectations. She reported that her childbearing experience even exceeded her expectations. Picturing a Better Birth Drawings provided a bridge between what was consciously reported and what was unconsciously thought by the participants in the study. They were of value in this study as a means of validating spoken expectations and providing clues that helped explain unrealized expectations and unexpected events. Drawings could provide another means for prenatal educators to support the positive expectations of their pregnant students.



When I compared all of the drawings I found that two pictures contained common elements that could possibly contribute to a successful labor and birth. These two distinguished themselves from the others. Annette and Gwyneth, who both had better childbirth experiences than they had expected, drew pictures depicting both process and end product. Each drawing had three significant features: 1) a birth had occurred in a specific environment; 2) the mother herself was included in the picture with her newborn in close proximity; and 3) representations of people that the primipara wanted to support her were included. Annette drew a picture that clearly depicted a birthing center with her mother, sister, nurse, and nurse midwife (all labeled) included. Water, a bed, rocker, birth ball, and birthing stool all appeared as resources she desired. She placed herself in the picture with her newborn baby nearby. Gwyneth portrayed giving birth in a medical setting with her husband and doctor in attendance. She drew herself with her newborn on her belly. She showed the drops of tears and beads of sweat on her face that were minute details of her labor. She and her loved ones were sheltered by objects she identified as symbols of life and her faith in God. While some of these elements appeared in other primipara's drawings, only Annette and Gwyneth pictured an environment in which labor looked like it took place and included themselves with their babies together with all the physical resources and personal support they wanted to have around them. I propose that prenatal classes incorporate art, specifically drawing, into their curricula. Educators or care providers could ask a pregnant woman to draw a picture of her "ideal birth" which includes all of the above elements. It would seem that the more detail, the better. The potential exists for a concrete visualization to contribute to a better birth experience. Drawings might also be valuable during postnatal debriefings in which the drawing is reviewed retrospectively. This was the case when Carolyn, who

had been distressed following her emergency cesarean section, considered the bonding process that she had drawn and realized that her beautiful prenatal vision had actually manifested. In the tradition of do no harm, adding drawings of an ideal would not hurt and could contribute to positive outcomes. It will be up to other researchers, educators, and pregnant women to determine if these practices are effective. The Emergence of an Explanation Proposing explanations within the context of phenomenological research is not usually done. Presenting the data as authentically as possible and identifying themes is standard practice. I felt compelled to consider the data I had gathered in new ways while still respecting the primiparas who had so honestly shared their thoughts and feelings with me. I, therefore, analyzed the data incorporating current understandings of the unconscious mind which have suggested that implicitly held fears can sabotage consciously held expectations (Lipton, 2005). I wondered: are pregnant women's expectations tied to implicitly held beliefs of which they might not be conscious? I sat for months examining transcripts, drawings, and relevant research. I studied texts written on neuroscience, quantum physics, the evolution of consciousness, and the understanding of mind/body interactions. I reviewed research that reported that in small qualitative studies pregnant women did not realize their expectations when they gave birth (Gibbins & Thomson, 2001; Halldorsdottir & Karlsdottir, 1996). The primiparas in my study also had said their experiences were better (two women) or worse (five women) than they had expected. I compared these responses to the findings of larger quantitative studies that said that pregnant women generally experienced what they expected (Green, 1993; Green et al., 1990; Hodnett, 2002; Waldenstrom et al., 1996). Since the mind functions on both conscious and unconscious levels, I could see that different results could emerge from data gathered in different ways. A woman's attitude toward her pregnancy has been directly correlated with the complications that she experiences during childbirth (Talbot, 1992). If a primipara felt apprehensive based on her social and cultural conditioning (Davis-Floyd, 1992) or had deeply held fears based on her own birth-related experiences (B. R. Findeisen, personal communication, March 14, 2006) those fears could be processed unconsciously (Le Doux, 1998), leading to unanticipated consequences when she gave birth. Biologist Bruce Lipton (2005), who favors the term subconscious rather than unconscious, contends that: When it comes to sheer neurological processing abilities, the subconscious mind is millions of times more powerful than the conscious mind. If the desires of the conscious mind conflict with the programs in the subconscious mind, which "mind" do you think will win out? ... Messages programmed in your subconscious mind will undermine your best conscious efforts, (p. 128) According to Goleman (1995), "unconscious opinions are emotional memories" (p. 20) or, more pointedly, emotional memories become unconscious opinions, programmed into the recesses of the subconscious mind (Lipton, 2005). The neocortical (left brain) thinking centers of the brain "do not govern all of emotional life; in crucial matters of the heart-and most especially in emotional emergencies-they can be said to defer to the limbic system" (Goleman, 1995, p. 12). A laboring woman's limbic or "emotional system can act independently of the neocortex" (p. 18) overriding her conscious intentions. When a laboring primipara's conscious positive expectations are not met, the explanation could be that unconscious fears surface in this perceived "emotional emergency" (p. 12) and the unconscious fears prevail. Goleman calls this process "emotional hijacking" (p. 13). Ornstein (1991) explains that emotions "govern our choices, they determine our goals, and they guide our lives" (p. 96), usually unconsciously. Biophysicist Candace Pert (2000) pronounced that the body is the subconscious mind. A mind (conscious) and body (subconscious) work together to produce results. For example, a woman's cervix could dilate or not, as a result of the unconscious direction it receives. Using Dorothy's experience to illustrate: she decided in the ninth month of pregnancy to deliver her baby at home without drugs; however, her life-long belief had been that birth was painful and required medication; she labored at home but failed to progress and was transported to the hospital where she was administered pitocin and an epidural before giving birth. Her longer held beliefs won out, in Lipton's terms, over her conscious desires. In teaching students about the conscious and subconscious minds, Gates (1995) used the image of an iceberg. Above the surface of the ocean is the small portion of the iceberg that can be observed. Below the surface is an unseen massive and powerful structure. In this image the visible

tip of the iceberg correlates with the conscious mind usually assumed to be contained within the brain and head. The large substructure depicts the subconscious mind, contained in every cell of the body (Pert, 2000). The tip of the iceberg will follow the movement of the huge structure lying beneath it like a human head attached to its body. The mind, like the iceberg, is a totality, but the vast unconscious mind has a far greater influence on outcomes than the conscious mind (Gates, 1995; Lipton, 2005). When conscious desires merge with unconscious beliefs a consciously perceived expectation could be realized. However, conflicting expectations—denied, ignored, or repressed but still present in the unconscious mind and accompanied by equally unconscious emotions—would always be met according to this premise. Said another way, only unconscious expectations are met while conscious expectations are met only if they agree with those held in the unconscious. Applying this concept to primiparas, when conscious positive expectations are met a primipara's unconscious and conscious minds are aligned producing the desired results. I suggest, as other researchers have (Hallgren et al., 1995; Ip et al., 2003), that it is important to explore the beliefs and expectations of pregnant women particularly during prenatal education classes. Any efforts to resolve incongruities between consciously stated desires and unconsciously held belief systems could assist in achieving desired outcomes.

The Resolution of the Disparity Between the Findings of Qualitative and Quantitative Studies I applied the above premise first to explain the discrepancy I observed between what seven primiparas reported they expected and what they actually experienced. As I searched for an answer to resolve the incongruous findings of small qualitative and large quantitative studies, I could see that a paradoxical answer was possible: two seemingly opposing points of view could be true at the same time. In a lecture given at the University of Arizona Medical Center June 1, 2006, Stuart Hameroff, Professor Emeritus and Director of the Center for Consciousness Studies, also used an iceberg as a visual image. He described the tip of the iceberg as the Classical (Newtonian Deterministic) World. This world operates according to familiar laws of physics and produces consistent, predictable results. The base of the iceberg, according to Hameroff, represents the Quantum World, a world of potential, possibility and probability. It even extends into the vastness of the ocean itself. The Classical World—the tangible and observable world—emerges from the Quantum World much like the conscious mind emerges from the unconscious. The Classical World, as an example, is one in which the light can be seen as radiating from the sun; illuminating, warming, and promoting life. However, the Quantum World reveals that light has an ambivalent nature. When scientists in the early 20th century tried to prove that light was either a particle or a wave, they found that how they designed their experiment, that is, what they expected, influenced light's behavior. Dossey (1982) has described this very phenomenon in *Space, Time & Medicine*. Quantum physicists discovered the paradoxical nature of electrons that could behave "as both particles and waves, depending on the experimental design" (p. 233). Dossey explains: Heisenberg showed ... that there were built-in limits to our ability to extract knowledge at this [quantum] level.... The view arose through quantum theory, therefore, that there simply was no physics in the modern sense for the individual subatomic event. Physics had to content itself with knowledge of large numbers of happenings before it could speak accurately. The old, ironclad deterministic view, therefore, gave way to one of a statistical and probabilistic nature. When collections of events were considered, however, the predictive capacity again surfaced with great accuracy, (p. 233) When qualitatively considering the primiparas' viewpoints I could see that they were sharing their expectations as they perceived them on a conscious level. They often consciously perceived that they did not get what they expected. The quantitative studies were showing statistically that pregnant women did, indeed, get what they expected. In my opinion, quantum physical principles, as Dossey (1982) pointed out, could apply to the interpretation of the data I had gathered and also explain the discrepancy in the research findings between the individual and amalgamated points of view. In larger studies more data is gathered and analyzed. Processing that data statistically could reveal the hidden inconsistencies that women have between their conscious and unconscious expectations. Questions may have been asked in different and multiple ways to reveal that overall pregnant women tended to get what they expected. This premise is used in the conduct and

interpretation of mental status examinations employed by psychiatrists and psychologists to reveal a patient's deeper issues that cannot be identified by simply asking straightforward questions. Thus, in therapy settings underlying pathology can be illuminated for diagnosis and treatment (Brannon, 2006). I suggest that the quantitative studies can see a bigger picture extrapolating from data collected from hundreds of women beliefs and expectations that were hidden beneath each individual woman's conscious perception of her experience. This is exactly what quantitative studies are designed to do. The richness of the qualitative data gathered in this study, due to the incorporation of drawings and the application of consciousness studies, also exposed both underlying and overriding attitudes-conscious and unconscious expectations-to validate the findings of the larger studies: pregnant women do, indeed, tend to get what they expect. This does not make the design or the results of the type of any study wrong. Women do perceive that their experiences differ from their expectations. However, they are only aware of the conscious, explicit portion of their minds. The disparate results of qualitative and quantitative studies are both paradoxically both correct when the mind is understood to be both conscious and unconscious. Implications from Quantum Physics From a quantum physical point of view there are no observers. We are all participants-co-creators in the realities we experience. Dossey (1982) explains: In the modern view, however (according to the most widely held interpretation of quantum mechanics, the Copenhagen interpretation) human consciousness participates in the edition of reality that meets our eye. In fact, without an observer the concept of "reality" simply has no currency. For at the level of individual subatomic events, because of their inherent random, statistical, and probabilistic nature, several outcomes for each event are always theoretically possible. It is the act of actually observing that causes these possibilities to cohere into what we perceive as a single event in the world. Without the participation of an observer, what we refer to as reality simply does not unfold. Thus, the strictly objective status of the physical world has been transcended in the new view, and is replaced by a version of reality which attributes central importance to human consciousness, (p. 234) Not only is an individual observing and contributing to the creation of her own experiences, those around her are observing and co-creating with her as well. Just as scientists affect light's behavior by expecting it to behave in a certain way, people in a birth venue consciously supporting the same vision of birth as the laboring mother could contribute to her positive expectations being realized. If the observers have their own perception of childbirth, as a frightening event requiring medical intervention, for example, then the effects of their conscious expectations would amplify the laboring woman's fears and another possibility could occur. Studies of consciousness from the quantum physical perspective have pointed the way to a clearer understanding of the role of each woman's mind, and the minds of all those around her, in the realization of childbirth expectations. Sheila Kitzinger (2005) also asserts that what everyone thinks about birth is important: This does not mean that all a woman need do is to have positive thoughts. Everything depends also on what is going on in the minds of those assisting the birth, the way it is conducted, and the relationships between all those involved. What we think and the connections made between ideas, everything we anticipate, what we hope for and fear-these are part of our birth culture, (p. 1) I believe that prenatal and perinatal psychologists should embrace the view of conscious participation in the development of a cohesive theory that serves as a foundation for educating, caring for, and serving pregnant women and their families. Limitations from a Quantum Physical Perspective I am not exempt from the quantum physical laws; like all observers I undoubtedly contributed to the outcome of this research. Even though I attempted to examine and set aside my own biases, I am reasonably sure that my adherence to principles of prenatal and perinatal psychology contributed to the participation in this study of seven primiparas who were all happy to be pregnant; who were all open to receiving an education; who were assertive enough to make choices, identify resources, and gather support; who felt safe enough to disclose personal questions and doubts; who candidly admitted that what they expected was not experienced; who ultimately came to a peaceful acceptance of unforeseen experiences, and joyfully welcomed their newborn babies. As a feminist who cherishes mothers and babies I may have attracted such women. Other studies may be conducted with women who are not happy to be pregnant, who disdain

childbirth education, who do not want to make choices but yield to decisions made by others, and who have difficulty identifying resources or gathering support. Some of those women may have immobilizing doubts that lead to postpartum depression or rejection of their newborns. I attempted to incorporate such views in the holistic model from the modest signs I saw among these seven primiparas and that I read about in the literature. A major limitation of this study could be my determination to look beyond classical, limited, make-one-right-and-another-wrong explanations. I embrace paradox and find it resolves many either/or contradictions. Also, because I have a penchant for identifying win/win solutions, it was natural to find explanations that would make the results of both qualitative and quantitative studies right. Summary, Conclusion and Recommendations This study went beyond traditional phenomenology. The synergy of methods produced a number of findings. Seven phenomenological themes emerged consistently throughout all the primipara's discourses. The themes began and ended with joy but spiraled across time to include receiving an education, making choices, gathering support, questioning and doubting, experiencing the unexpected, and accepting reality. These themes appeared to create a flexible, interaction of micro processes within a macro process. They merged into a holistic pattern which could be envisioned as a double helix. The pattern of interacting waves could be used to provide a model of the paradoxical nature of a primipara's childbearing experience. The primiparas' drawings-projections of their inner worlds-suggested that unconscious thoughts and feelings could have influenced the manner in which events unfolded. Two specific drawings seemed to contain elements that might herald a successful outcome. I recommended that drawings containing specific elements become part of childbirth education classes, not to assess expectations, but to foster positive thoughts and feelings and possibly contribute to successful outcomes. By acknowledging the dual nature of the mind, there were indications that both conscious and unconscious expectations contributed to the childbirth experiences of these primiparas. By contrasting what consciousness researcher Stuart Hameroff has called the classical and quantum worlds, an explanation arose that could resolve the disparate findings of small qualitative and large quantitative studies. Paradoxically, both findings appear to be right. Qualitative studies have typically accessed only the conscious level thoughts and feelings of their participants. In this study and similar research, individual women said their experiences differed from their expectations. Quantitative studies have amassed large quantities of data which have been statistically analyzed to indicate that women tend to get what they expect. Those studies could be uncovering unconscious expectations. This qualitative study expanded the phenomenological model to include drawings which have the potential to reveal unconscious expectations. Therefore, although the primiparas said their expectations and experiences differed, in fact, unconscious beliefs appeared to either support or sabotage their verbalized expectations and influence their childbirth outcomes. Finally, by incorporating the quantum world view, the consciousness of every individual in the birthing environment was seen to contribute to the outcome experienced by the childbearing woman. Further research into the thoughts, feelings, and expectations of pregnant women would be of value. It would be most valuable, in my estimation, to take a holistic approach because it is difficult to isolate a single facet of such a complex process as childbearing. Again, using the metaphor of the atom, no one electron (theme) is more important than another. They work together synergistically. In addition, I recommend that women's expectations be assessed as part of prenatal educational programs. Including the drawing of ideal births into existing curricula could make a positive difference. There are never any guarantees. Fostering more positive attitudes and promoting self-confidence are worthwhile, but changing the beliefs of a lifetime in only a few months is unlikely. It would be irresponsible to encourage a fearful woman to refuse interventions that she believes will benefit her and her baby. I have been honored to share the voices of seven special primiparas. I trust that their voices reach the ears of others to inform them of the natural ebb and flow of emotions throughout pregnancy and childbirth; that readers will understand that each woman does the best she can with the knowledge and history that are uniquely hers; that everyone plays in a role in the way that births are experienced; and that women want and need love and support at the time when they are giving the greatest gift endowed by nature-life itself. References REFERENCES Acker, J., Barry,

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