



ACCEPTANCE AND REJECTION IN
ATTITUDES TOWARD PREGNANCY,
CHILD BEARING AND CHILD REARING

Thesis for the Degree of M. A.
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ACCEPTANCE AND REJECTION IN ATTITUDES
TOWARD PREGNANCY, CHILD BEARING AND
CHILD REARING

by

Richard B. Does

AN ABSTRACT OF A THESIS

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ABSTRACT

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Richard B. Does

This study concerned relationship(s) among females' attitudes toward pregnancy, child bearing and child rearing. Ascertaining the degree to which the dimension of acceptance-rejection was a common factor in attitudes toward pregnancy, child bearing and child rearing was the principal conceptual focus.

Ss were forty-two Michigan State undergraduate coeds. They were divided into two equal groups, one composed of freshmen and sophomores and the other of juniors and seniors. Each group was administered three instruments: a general indicator of acceptance vs. rejection in child rearing practices (M-R index), an objective measure of degree of rejection toward pregnancy (R-P scale), and a new, four item projective story measure of attitude toward pregnancy and child bearing (RPPI).

An index of response defensiveness was included in the RPPI in order to assess the degree to which defensive or "socially desirable" responses influenced scores on the three instruments.

Scores received on the three instruments were intercorrelated and comparisons were made among the younger and older subgroups as well as for the total sample. No significant correlations were obtained between the child rearing practice measure and the measure of rejection

toward pregnancy or child bearing. These results support the view that a mother's attitude toward her infant may be quite different from that toward her pregnancy.

Between-group correlational differences suggested that the younger Ss responded more negatively than the older Ss to an index of rejecting attitudes toward the physical state of pregnancy (R-P). Older Ss, however, were more prone to respond negatively than younger Ss to a measure of rejection of the more emotional, economic and marital partner aspects of pregnancy. Why this might be so was discussed.

The new projective story measure of attitudes toward pregnancy and child bearing (RPPI) correlated positively and significantly with an objective measure of rejecting attitudes toward pregnancy (R-P). This convergence supports the validity of both the new RPPI and the older R-P index.

The measure of response defensiveness utilized revealed significant differences in rejecting responses to the pregnancy measure but not to the child rearing practice measure. High defensiveness females of the younger sample responded to an index of rejection of pregnancy (RPPI) with significantly lower rejection scores than low defensive females in the same group; in the total sample, high defenders were significantly less rejecting of pregnancy (R-P) than low defenders.

Verbatim samples of responses to the RPPI were cited and the

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implications of the present findings for improvements in research design and future investigations of the psychology of pregnancy were discussed.

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INTRODUCTION

The notion that the prenatal environment is a significant variable in subsequent neonate behavior, gained empirical status in 1941 (Sontag, 1941). Animal research has shown that variability of emotionality in strains of rats occurs according to the degree of prenatal maternal anxiety (Thomson, 1957).

Bettelheim (1959), in describing a case of childhood schizophrenia, asserted that the process had begun even before birth. He implied that the mother of the schizophrenic child had contributed to the onset of his disturbance even before his birth--primarily as totally rejecting the existence of the child from pregnancy on.

Sullivan (1953) devoted a portion of his work to the emphasis of postnatal anxiety communication in mother-infant relationships and the potentially debilitating effects on psychological development.

Maladaptive infant development, both physiological and social, seems related to maternal attitude toward the state and condition of pregnancy. Studies have indicated a relation between negative reactions to pregnancy and difficulty in delivery and abnormality in infancy (Wallen and Riley, 1950; Zemlick and Watson, 1953; Ferreira, 1960). These and other reports of maternal reactions to pregnancy have revealed some consistently recurring indices of potential infant abnormality or delivery complications: (1) Overly high maternal

anxiety level (Davids et al., 1960); (2) Complaints of an apparently psychosomatic nature such as extreme nausea and vomiting (Wallen and Riley, 1950; Lakin, 1957); and (3) Conscious attitudes "of either extreme rejection or non-rejection seen as a reaction formation of...(the) state of pregnancy (Ferreira, 1960, p. 560).

Results of the previous studies suggest that attitudes of acceptance and rejection may operate in various and subtle ways to effect quite different reactions in both mother and infant, e.g., mothers who evidence a negative and rejecting attitude toward pregnancy demonstrate a greater incidence of psychosomatic complaints during pregnancy than do mothers with accepting attitudes (Zemlick and Watson, 1953; Davids et al., 1961). Mothers who had numerous psychosomatic complaints and expressed rejecting attitudes toward their pregnancy had children who evidenced a greater degree of upset (e.g., abnormal bowel movements, excessive crying, colic) in their first five days of life, than did children of mothers with accepting attitudes (Ferreira, 1960). A study by Garner and Wenar (1959) suggests that mothers with positive reactions to pregnancy but not toward infant care, have children that evidence a high degree of psychosomatic illness (e.g., ulcers, colitis, asthma). Such data suggest that there is a difference between the attitudes and reactions toward the child before and after birth.

The preceding studies point to a need for a simultaneous investigation of women's attitudes to both pregnancy and child rearing and the relationship between them. Zemlick and Watson (1953) have

suggested that in many cases there appears to be a definite change in maternal anxiety and attitudes after the birth of the child.

The present study proposes to investigate similarities and/or differences between attitudes toward pregnancy and attitudes toward child rearing. Females' attitudes toward the state of pregnancy as well as toward attitudes to post-pregnancy mother-child interaction will be assessed. Hypothetical rather than behavioral situations will be utilized.

Our instruments will measure attitude along an acceptance-rejection scale. One instrument describes possible reactions to parent-child interactions, another depicts hypothetical statements regarding the condition of pregnancy. A third instrument is composed of "projective" stories pertinent to pregnancy and child bearing. The relationship between the responses to these sets of measurements will be studied. For example, are negative, rejecting attitudes toward the condition of pregnancy consistent with negative, rejecting attitudes toward child rearing? Women who reject the idea of pregnancy, motherhood or child rearing should respond to the instruments differently than accepting women; it is validating the latter two instruments that is a primary purpose of this study.

A second concern is to test the utility of the conception of the acceptance-rejection dimension as a discriminator of women's attitudes toward parenthood in general. Development of a technique for the assessment of these attitudes may prove of value in predicting reactions to pregnancy and subsequent effect on child development,

and hence be useful in counseling pregnant mothers and alleviating symptoms.

METHOD

Subjects:

Ss were forty-two undergraduate females at Michigan State University divided into two groups, each containing twenty-one individuals.

Ss in Group 1, freshman and sophomore volunteers from an introductory psychology course, were each given one hour of research credit for their participation. Of the twenty-one in Gp 1, nineteen were single and two were married. None reported being or having been pregnant. One of the married Ss was in the process of obtaining a divorce at the time the study was conducted. The age range for Gp 1 was 18-23 with a mean of 18 years, 9 months.

Gp 2 was composed of Ss from a course in child psychology who participated in the study at their instructor's request. The Ss in Gp 2 were primarily from the junior and senior classes. Of the 21 in this group, 13 were single and 8 were married. Of the married Ss, five were neither pregnant nor had they had children, but three of the Ss had children and one of the mothers was pregnant at the time of the study. The age range for Gp 2 was 19-27, with a mean of 20 years, 10 months. There was one S of age 38, who is not included in the mean score, as she was not representative of the average member age and would unrealistically inflate the mean score.

Measures:

1. Manifest-Rejection Index:

Three different assessment devices were used. The first was the Child Relations Inventory, (Hurley, 1965), an index of manifest rejection, and hereafter designated the M-R (manifest-rejection index). The M-R Index is designed for assessing parental attitudes toward child rearing practices (see Appendix I). It is composed of a series of thirty items concerning the general inclination of parents to endorse either a supportive, acceptant and non-coercive approach toward child rearing practices or a punitive, intimidating and fear-inducing disciplinary policy toward children. Presumably this instrument will also reflect attitudes of childless women toward child rearing practices.

Ss agree or disagree with each item on a weighted five point scale. The scale score for each S is the sum of the item weights.

There is a commonality between "rejection" and "punishment" (Hurley, 1965, p. 25). High M-R scores tend to reflect overly punitive and rejecting attitudes toward children. Individuals with high M-R scores implicitly express rejection of their children in terms of their punitive child rearing practices.

Low M-R scores are assumed to reflect a tendency to avoid coercive, punitive and rejecting behaviors in parent-child interactions. That low scores might reflect an attempt by the respondent to give defensive or socially desirable responses was taken into consideration in the construction of the M-R Index. Items are constructed in corollary pairs such that for an S to obtain a consistently low score, she should have to agree with one item which symbolizes an accepting attitude toward children and child rearing practices,

while disagreeing with a corollary item which symbolizes a rejecting attitude toward children and child-rearing practices. An example of such contrasting items from the M-R Index: (1) "It is healthy for children to sometimes express anger toward parents"; and the converse (2) "Children should not be allowed to argue with their parents."

M-R scores which fall between the high and low boundaries reflect a tendency to utilize both accepting and rejecting attitudes in child rearing practices. Such median scores would suggest that the respondent relies on a balance between discipline or restrictive techniques and tolerance or acceptance.

2. Rejection of Pregnancy Scale:

The second instrument of this study, entitled the Rejection of Pregnancy Scale (R-P), but not so labeled when administered, was taken from Ferreira (1960). This scale is composed of eight items (see Appendix II). Ss respond to each of the items along a weighted five-point continuum of agreement-disagreement. Ferreira's original scaling of item responses (1960) was modified to parallel Hurley's (1965). Scale scores for each S was the sum of the item weights. In effect, the only change in Ferreira's original scale was to lengthen the continuum of choice from four to five by the addition of a neutral ("neither agree nor disagree") category.

The R-P scale was originally designed and utilized by Ferreira to provide a criterion score in the assessment of his Ss' attitudes of acceptance or rejection toward their pregnancy. The scale items are primarily concerned with assessing reactions to the

physical state and condition of pregnancy. Ferreira later studied the relation of the "rejection" score for each of his Ss, obtained during their pregnancy, to the degree of "upset" or deviant behavior in the newborn infants of the respective Ss. In a post hoc observation of R-P scores, Ferreira noted that the mothers of deviant babies tended to score at extreme ranges on the R-P scale. The extreme acceptance scores were interpreted as a conscious denial of rejection, with extreme rejection scores interpreted as conscious admissions of rejection.

Items from the R-P scale and the M-R Index were included in one test form for easier administration, though scored and tabulated separately.

The R-P scale was incorporated into the present study to provide an index of attitudes toward pregnancy, especially attitudes of rejection. In addition, the R-P scale was utilized to provide a basis for appraising the convergent validity of a third, methodologically independent instrument, designed for the assessment of the acceptance-rejection dimension with regard to both pregnancy and child bearing.

3. Reaction to Pregnancy and Parenthood Index (RPPI):

The RPPI, a relatively unstructured projective test, was devised by the investigator. It is composed of a sequence of four hypothetical story situations depicting occurrences pertinent to pregnancy and parenthood (see Appendix III). Ss were asked to write their reactions to these stories. The stories were interpreted and scored via ratings, according to criteria of rejection of pregnancy

devised by the investigator (see Appendix IIIa). These criteria were developed by culling a number of sources which described responses typifying women who were negatively disposed to their pregnancy (Hall and Mohr, 1933; Lakin, 1957; Ackerman, 1958).

Of the four stories in the RPPI, only three (Items L, M and O) were directly concerned with the assessment of rejecting attitudes toward pregnancy and child bearing.

Item L is a potential elicitor of rejecting attitudes toward parenthood due to fears of losing the security of dependent sibling status in a family situation. This item also tends to elicit rejection in terms of sexual anxiety about pregnancy, fear of the physical appearance, meaning and possible complications of pregnancy, and concern about how others will view one's pregnancy.

Item M is a potential elicitor of fears surrounding the awareness of one's pregnancy--whether the fears are reality based or not, and whether a woman is married or unmarried. This item is structured in such a way as to maximally facilitate the projection of an S's response into a situation where a woman has just discovered she is pregnant. If rejection of the condition is implied, Ss may tender a variety of concerns as rationale for their reactions, foremost among which are social, economic and emotional stigmata. Item M encompasses a wider area of potential response than Items L and O.

Item O is a potential elicitor of specific reasons why certain Ss would choose not to have children. It provides an opportunity for women to "justify" at a given time the rejection of pregnancy and parenthood.

The fourth story (Item N) was included to provide a basis for evaluating the degree of an S's response defensiveness. If an S should respond defensively to Item N, it is likely her responses to the other items will also be defensive. The instructions for raters (see Appendix IIIb and IIIc) state the following:

Item N represents an obvious overstatement. It is assumed that nondefensive women, who are not averse to go counter to 'socially desirable' response, or who aren't overly repressive regarding fears, ambivalence, hostility or anxiety toward marriage, sexuality and pregnancy, will deflate the pretentiousness of this item.

Item N on the RPPI depicts a situation which is geared to showing up unrealistic response to perceptions of conflict. It suffices as a filler item in that it was not scored on the acceptance-rejection dimension. Ss responding defensively to Item N, however, were, for the purposes of further analysis, grouped separately from Ss who were not defensive.

Procedure:

Ss were administered the three instruments in a random manner to avoid order effects. Instructions were printed on each of the tests, each S therefore receiving the same procedural information. All Ss were unfamiliar with the instruments.

To ascertain whether Ss' attitudes fluctuated over time, a reliability check was undertaken. Three and one-half weeks after the original administration of the M-R and R-P scales, test retesting was done with Gp 2 for both of these instruments.

Scores on the three measures were computed independently by

judges unaware of the identities of the respondents. The scoring of the M-R Index and the R-P scale was a straight-forward process involving the summing of the numerical scores obtained on each item and computing a total score for each S. The total score on the RPPI was calculated by summing the weighted ratings of degree of acceptance-rejection evidenced by Ss' response to each of the items.

A preliminary assessment of inter-rater reliability on RPPI judgments was made. Table 1 contains inter-rater reliability figures for the two judges.

Table 1
Reliability of RPPI ratings

	Interrater Pearson <u>r</u> (Items L, M & O)	Interrater Pearson <u>r</u> (Item N)
Gp 1	+.72*	+.90*
Gp 2	+.77*	+.89*
Gps 1 and 2	+.74*	+.89*

*p .01

RPPI ratings selected for analysis were made by an independent judge unfamiliar with the Ss in the sample and unaware of the goals of the study (Guilford, 1954, p. 295). With the establishment of inter-rater reliability, the relation between the scores on each of the instruments was investigated.

RESULTS

Table 2 presents the intercorrelation data on the three independent instruments for Gps 1 and 2 and the combined groups. A listing of the scores and ratings from which these figures were derived is presented in Appendix IV.

Table 2*

Intercorrelations: All Measures

			R-P	RPPI
(a)	Gp 1 N = 21	M-R	-.24	+.02
		R-P		+.55**
(b)	Gp 2 N = 21	M-R	+.07	-.34
		R-P		+.35
(c)	Combined Groups N = 42	M-R	-.11	-.06
		R-P		+.34**

* All tests two-tailed

** P .05

Table 2 shows that significant positive correlations occurred between the R-P and the RPPI indices. The R-P and RPPI appear then to measure some factors in common. However, the absence of significant

correlations between the M-R and R-P and between the M-R and RPPI suggests that rejection toward children and rejection toward pregnancy are different. Furthermore, the negative correlations occurring among the groups and between the tests suggests that in certain instances inverse relationships may exist between attitudes toward pregnancy and attitudes toward children. Further analysis follows.

M-R vs. R-P

None of the correlations between these two measure approached significance. For Gp 2 and the combined groups the relationship is virtually nonexistent. The slight negative correlation ($r = -.24$) between M-R and R-P in Gp 1 suggests that rejection of children and rejection of pregnancy are different phenomena. It is possible that any relationship, inverse or otherwise, between the two measures may be a function of the sample selected. It might be pointed out that the members of Gp 1 were both lower in age and in educational level (hence having had fewer psychology courses) than those of Gp 2.

M-R vs. RPPI

None of the relationships between M-R and RPPI are statistically significant. However, it is possible, again, that the suggested relationship might be a sample related phenomenon. This time, however, we find that females from Gp 2, the older, more educated Ss, tend to respond in such a manner as to suggest an inverse relationship between M-R and RPPI ($r = -.34$); i.e., the higher these women are in accepting attitudes toward child rearing practices, the less acceptant they are

in their responses to the RPPI, or vice versa. By virtue of the relationship between the M-R scale and both the RPPI and R-P, it appears that a predominantly negative, although non-significant relationship exists between attitudes of acceptance and rejection toward pregnancy and parenthood and attitudes of acceptance and rejection toward child-rearing practices. Again, such data suggest that rejection of children and rejection of pregnancy are different phenomena or not necessarily linearly related.

R-P vs. RPPI

Significant correlations between the R-P and RPPI were obtained in Gp 1 ($r = +.55$, $P .05$) and in the combined groups ($r = +.34$, $P .05$).

Such a positive relationship between the R-P and the RPPI was anticipated, since the two were initially viewed as methodologically independent measures of the same or similar factors. The R-P was utilized in part as a device for appraising the convergent validity of the RPPI. The results lend some support for the validity of the RPPI as a measure of attitude toward pregnancy and parenthood.

Evaluation of Response Defensiveness

As previously noted, the RPPI was devised to include an item (Item N--see Appendix IIIb) which would serve as an indicator of degree of response defensiveness. Ratings of responses to Item N of the RPPI were made in accordance with the degree of naive acceptance of, or the degree of skepticism toward, the item content (see Appendix

IIIc). High reliability coefficients between raters were obtained (see Table 1). Those Ss who responded with skepticism to the item content and received ratings toward the zero end of the rating scale were designated low defenders. Those Ss who responded with highly naive acceptance of the item content and received ratings toward the high end of the 5 point rating scale were designated as high defenders. The R-P and RPPI scores of Ss in each group as well as for all Ss irrespective of groups were divided at the median into high and low defenders according to their Item N responses.

The mean values for low and high defenders on the R-P and RPPI were then obtained. T-tests of the difference between the respective means (Walker and Lev, 1953, p. 157) were carried out to determine whether there were significant differences between the mean scores for the two groups. Table 3 contains the results of the comparisons.

Table 3

Comparison of Mean Scores of High and Low Defenders

Group	Test	Low Defensiveness		High Defensiveness		obtained t
		\bar{x}_1	s_1^2	x_2	s_2^2	
1	M-R	50.7	52.41	47.3	33.21	1.161
	R-P	9.7	29.21	8.9	20.45	.359
	RPPI	13.5	22.65	8.6	30.24	2.130*
2	M-R	42.2	110.96	46.8	140.66	.917
	R-P	11.1	9.29	9.3	14.37	1.169
	RPPI	5.9	29.27	6.6	19.04	.319
1 & 2	M-R	45.3	137.80	47.5	91.20	.676
	R-P	11.5	18.70	8.6	19.40	2.148*
	RPPI	10.2	35.61	7.4	25.52	1.641

Note: T-tests two-tailed

Note: $N_1 = N_2 = 20$; N_1 and $N_2 = 40$

*P .05

In Gp 1 low defensive Ss were rated as responding with significantly greater rejection to the RPPI items than were high defensive Ss. Also, the combined groups analysis indicates that Ss who were uniformly low in defensiveness (i.e., obtained scores on Item N = 0 or 1) were rated as responding with significantly greater rejection to the R-P items than were Ss who were uniformly high in defensiveness (i.e., obtained scores on Item N = 2, 3, or 4). Furthermore, the same relationship holds true for the R-P data from the combined groups if a one-tailed t-test is used. No significant differences occurred between the high-low defensiveness groups in their

responses to the M-R index. It seems then, that for this sample defensiveness exerts a lesser influence on the expression of attitudes toward child rearing practices than it does on the expression of attitudes and feelings toward pregnancy and child bearing.

Response Reliability

Pearson product-moment correlations were computed from the scores on the first and second administrations of both tests to Ss in Gp 2. (Retesting was not done to the Ss in Gp 1; therefore a between groups analysis of response stability was not possible.) The test-retest r for the M-R index was .83 (P .01).¹ For the R-P scale, an r of .85 (P .01) was obtained. Plainly, the Ss' responses over a short time span remained fairly consistent. Other studies, however, have suggested that longer temporal intervals and concomitant critical occurrences may modify scores considerably (Hohn, 1964).

Test-retesting was not carried out on the RPPI since alternate forms of the test would have been required. However, since we were interested in the extent of inter-item consistency, comparisons

¹ Although changes in scores were not significant, in terms of the direction of change that did occur, 18 of the 21 Gp 2 Ss responding to the M-R index, and 13 of 21 on the R-P scale received lower scores on the second administration. It seems likely that the content of and philosophy behind the course material in child psychology taken by Ss in Gp 2 during the time this study was conducted had a bearing on depressing the rejection scores. However, since no control group was utilized, there is little basis for substantiating assertions regarding direction of and/or reason for change in scores.

of Ss' scores on Items L, M and O were undertaken. In terms of the percentage contribution to the total rejection scores for both groups combined, Item L elicited responses which received 61/358 or 17%, Item M 225/358 or 60%, and Item O 72/358 or 23%. Obviously, Item M served as the primary elicitor of rejecting attitudes.

DISCUSSION

The most substantial finding of this study was that a new projective measure of attitude toward pregnancy and child bearing, the RPPI, was demonstrated to have a reasonably significant relation to an objective measure of attitude toward pregnancy, the R-P scale, evidence supporting convergent validity. As previously noted, however, the two devices seem to assess somewhat different aspects of women's attitudes toward pregnancy.

In regard to the variability of interrelationships, it was seen that although the R-P scale and the RPPI evidenced a reasonable degree of correlation (Gp 1, $r = +.55$, $P .05$; Gp 2, $r = +.35$, N.S.; Gps 1 and 2 combined, $r = +.34$, $P .05$), a rather high degree of variance between the two remained unexplained. Some of the error variance is related to variability in raters' judgments of RPPI responses. In addition, however, some of the variance may be attributed to the fact that the two measures tapped somewhat different aspects of the state and status of pregnancy.

Although the R-P and RPPI appear to be related by virtue of their concentration on the factor of rejection of pregnancy, in terms of the content they emphasize, the two instruments are somewhat unique. The R-P scale deals with the reactions of females toward essentially the physical (objective) aspects of pregnancy. The RPPI,

however, elicits reactions of a more social and emotional (subjective) nature.

The second major finding of this study concerned the relationship between attitudes toward pregnancy and attitudes toward child rearing practices. The data of this investigation suggest that attitudes toward child rearing practices are different from, if not unrelated to, attitudes toward pregnancy and parenthood, supporting Zemlick and Watson's (1953) contention that the attitudes of mothers toward their infants often differ from their attitudes toward their pregnancy.

Possible Sample Effects

The factors responsible for the differences between attitudes toward children and attitudes toward pregnancy are not readily discernible, nor statistically speaking, apparent. In the present study, however, for the purpose of speculative explanation of sample differences in response to the pregnancy scales, it would seem of value to analyze further some of the relationships which appeared between the M-R Index and the R-P and RPPI scales.

In Gp 1, the sample of younger women who are less advanced in their education than those Ss in Gp 2, it was noted that a slight inverse relationship existed between Ss' attitudes toward child rearing practices and attitudes toward pregnancy (M-R vs. R-P, $r = -.24$). Such a negative correlation does not appear in a comparison of M-R and R-P scores for Gp 2. It is tempting to speculate that for the younger Ss the confrontation with the idea and possibility of pregnancy is more

threatening than for older Ss who are more accustomed (culturally conditioned?) to the prospect of marriage and the physical aspects of pregnancy associated with marriage. That almost four times as many of the Ss in Gp 2 as those in Gp 1 were married is of some slight support for such a conjecture. Furthermore, since the R-P scale is highly evocative of the physical appearance of the pregnant female, one might again speculate that younger girls are less desirous of associating themselves with what might be for them, a "socially undesirable" state.

When Gp 2 test intercorrelations were carried out, it was noted that an inverse relationship also existed. But this time the negative correlation occurred between the M-R and RPPI ($r = -.33$), whereas for Gp 1 the negative trend appeared between the M-R and R-P scales. It seems, then, that the older Ss from Gp 2 (more of whom are married or approaching marriageable age than those from Gp 1), are more disposed to react in a rejecting fashion to the material encompassed by the RPPI. The RPPI is more oriented to the social, economic, emotional and husband-wife relationship aspects of pregnancy and child bearing than to the purely physical state and appearance of pregnancy depicted by the R-P scale.

It might be speculated that material of the type encompassed by the RPPI is more threatening to the older Ss and hence more readily "rejected" by them; but that hypothesis will have to await clarification of future research.

In further studies investigators would be well advised to

utilize clinical interview material on the nature of anxiety and expression of rejecting attitudes as a function of age, marital status and area of concern (e.g., physical vs. emotional etc., aspects of pregnancy).

Response Defensiveness

The study also attempted to account for the effect of response defensiveness on depressing rejection scores. The inclusion of a marker item (Item N) on the RPPI was offered as a means of isolating Ss who were prone to guard against forthright expression of negative attitudes. Analysis of the data suggested that high response defensiveness tended to depress the expression of negative, rejecting attitudes toward pregnancy, while low defensiveness accelerates the expression of negativism and rejection toward pregnancy. Whether the high defensive S is generally less free than the low defensive S to express her genuine feelings and attitudes about pregnancy and other important life situations (hence remaining conflict-ridden) needs to be further evaluated in subsequent research. Similarly, the use of an expanded measure of defensiveness (e.g., via structural clinical interviews), not solely buttressed on the assumption of consonance between "naivete" and "defensiveness," is needed in future studies to further clarify the influence suggested by this investigation.

Content of RPPI Responses

Though the RPPI was an attempt at developing a new projective measure of attitudes toward pregnancy, "objective" scoring based on

a given criterion of rejection tends to obscure qualitative findings (see Appendix V for some of the actual RPPI response materials and a broad discussion of some of the implications these may have for the study as a whole). A summary of Appendix V follows.

An examination of Appendix V readily indicates that the RPPI items tapped a greater range of material than was discussed in this study. However, the following comments on the responses cited (as well as those not listed), show the extent to which the RPPI elicited material which was rejecting of pregnancy and parenthood:

- (1) Some Ss expressed such a pervasive concern for their adequacy as a woman that they tended to fear for the adequacy of the hypothetical in utero embryo.
- (2) "Motherhood" (the institution of) seen as an ideal condition in fantasy at least. Item O tended to elicit almost without exception, the response of resentment that Kay is being deprived of her right to motherhood. In reality, however, it would appear that conflicts abound over the individual's felt adequacy to fulfill the demands and responsibilities of the role of the mother.
- (3) The physical fear of birth and anxiety about infants and their care appeared often in Ss' responses. But this factor was not mutually exclusive of warm and loving attitudes toward children.

- (4) An awakening concern over leaving childhood and adolescence for the perceived responsibilities of adulthood and parenthood was evidenced by most Ss.
- (5) Conflicts over dependency-independence were apparent. Many Ss expressed implicitly resentment in their feeling that marriage may deprive them of many things that remaining single would allow them to do. Yet marriage, pregnancy, etc. were not summarily rejected; rather the degree to which it was perceived as being a secure and desirable state was ambivalently discussed.
- (6) Most Ss reflected ambivalence toward marriage and parenthood as a function of their exposure to conflicting models: the model of motherhood as opposed to the models of educational endeavor and career seeking.
- (7) As a general comment, the degree to which Ss have vicariously experienced motherhood as a desirable and joyful occurrence (probably from their mother's own account) seems related to the degree of acceptance or rejection of pregnancy and parenthood.

That women's reactions to pregnancy and parenthood are multi-determined is clear. The variables assessed in this study could certainly be expanded in future investigations. The inclusion of clinical interviews geared to examining the summary points listed above would be an invaluable addition to clarification of class and inter-individual differences in attitudes of rejection toward pregnancy and parenthood.

SUMMARY

This study concerned relationship(s) among females' attitudes toward pregnancy, child bearing and child rearing. Ascertain the degree to which the dimension of acceptance-rejection was a common factor in attitudes toward pregnancy, child bearing and child rearing was the principal conceptual focus.

Ss were forty-two Michigan State University undergraduate coeds. They were divided into two equal groups, one composed of freshmen and sophomores and the other of juniors and seniors. Each group was administered three instruments: a general indicator of acceptance vs. rejection in child rearing practices (M-R Index), an objective measure of degree of rejection toward pregnancy (R-P scale), and a new, four item projective story measure of attitude toward pregnancy and child bearing (RPPI).

An index of response defensiveness was included in the RPPI in order to assess the degree to which defensive or "socially desirable" responses influenced scores on the three instruments.

Scores received on the three instruments were intercorrelated and comparisons were made among the younger and older subgroups as well as for the total sample. No significant correlations were obtained between the child rearing practice measure and the measure of rejection toward pregnancy or child bearing. These results support the view

that a mother's attitude toward her infant may be quite different from that toward her pregnancy.

Between-group correlational differences suggested that the younger Ss responded more negatively than the older Ss to an index of rejecting attitudes toward the physical state of pregnancy (R-P). Older Ss, however, were more prone to respond negatively than younger Ss to a measure of rejection of the more emotional, economic and marital partner aspects of pregnancy. Why this might be so was discussed.

The new projective story measure of attitudes toward pregnancy and child bearing (RPPI) correlated positively and significantly with an objective measure of rejecting attitudes toward pregnancy (R-P). This convergence supports the validity of both the new RPPI and the older R-P index.

The measure of response defensiveness utilized revealed significant differences in rejecting responses to the pregnancy measure but not to the child rearing practice measure. High defensiveness females of the younger sample responded to an index of rejection of pregnancy (RPPI) with significantly lower rejection scores than low defensive females in the same group; in the total sample, high defenders were significantly less rejecting of pregnancy (R-P) than low defenders.

Verbatim samples of responses to the RPPI were cited and the implications of the present findings for improvements in research design and future investigations of the psychology of pregnancy were discussed.

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APPENDICES

APPENDIX I

Child Relations Inventory

The following statements are to be judged by you to indicate how well they agree or disagree with your own opinion. The statements themselves are both agreed and disagreed with by many people, so there are no "right" or "wrong" answers. Please read each statement, then show your opinion by circling the letters which best represent your own view.

SA a N d SD
STRONGLY AGREE TEND TO AGREE NEITHER AGREE NOR DISAGREE TEND TO DISAGREE STRONGLY DISAGREE

1. It is hard to make some children really "feel bad." SA a N d SD
2. Children are not to be "bawled out" without some important reason. SA a N d SD
3. Children should not be allowed to argue with their parents. SA a N d SD
4. It is healthy for children to sometimes express anger toward parents. SA a N d SD
5. A wise and intelligent woman avoids becoming pregnant. SA a N d SD
6. A wise parent will teach the child just who is boss at an early age. SA a N d SD
7. When children get into serious trouble it is really their parents' fault. SA a N d SD
8. Young children who refuse to obey should be whipped. SA a N d SD
9. Spanking children usually does more harm than good. SA a N d SD
10. Pregnancy makes a woman ugly. SA a N d SD
11. Most children get more sympathy and kindness than is good for them. SA a N d SD
12. Making a child feel loved is the surest way to get good behavior. SA a N d SD
13. Most children need some of the natural meanness taken out of them. SA a N d SD
14. It is good for children to sometimes "talk-back" to their parents. SA a N d SD
15. Often a woman regrets having become pregnant. SA a N d SD
16. A great deal of discipline is necessary to train children properly. SA a N d SD
17. Giving mischievous children a quick slap is the best way to quickly end trouble. SA a N d SD
18. An intelligent child should not be shamed for bad behavior. SA a N d SD

19.	Parents should not be too strict with their children.	SA	a	N	d	SD
20.	A woman who doubts the wisdom of being pregnant.	SA	a	N	d	SD
21.	Most children enjoy helping their parents.	SA	a	N	d	SD
22.	Children must be constantly "kept after" if they are to do well in later life.	SA	a	N	d	SD
23.	Babies rarely cry "just to get attention."	SA	a	N	d	SD
24.	Children should be spanked for temper tantrums.	SA	a	N	d	SD
25.	There is nothing worse for a woman than being pregnant.	SA	a	N	d	SD
26.	Often it is a mistake to immediately punish a child who has been very bad.	SA	a	N	d	SD
27.	A naughty child sometimes needs a slap in the face.	SA	a	N	d	SD
28.	It is normal and healthy for children to occasionally disobey parents.	SA	a	N	d	SD
29.	A pregnant woman is an unhappy woman.	SA	a	N	d	SD
30.	Most children need more discipline than they get.	SA	a	N	d	SD
31.	Parents should not insist that young children eat unwanted foods.	SA	a	N	d	SD
32.	When parents speak, children should obey.	SA	a	N	d	SD
33.	Oftentimes a pregnant woman wishes her baby never to be born.	SA	a	N	d	SD
34.	Sneakiness in children is usually caused by poor training methods.	SA	a	N	d	SD
35.	Children are happier under strict training than they are under lenient training.	SA	a	N	d	SD
36.	Very strict discipline may destroy what might have developed into a fine personality.	SA	a	N	d	SD
37.	Most children need more kindness than they usually receive.	SA	a	N	d	SD
38.	For natural reasons many times a woman resents having a baby.	SA	a	N	d	SD

APPENDIX II

REJECTION OF PREGNANCY SCALE

APPENDIX II

REJECTION OF PREGNANCY SCALE (Ferreira, 1960) (not so entitled on form administered to Ss)

1. A wise an intelligent woman avoids becoming pregnant.	SA	MA	(N)*	MD	SD
2. Pregnancy makes a woman ugly.	SA	MA	(N)*	MD	SD
3. Often a woman regrets having become pregnant.	SA	MA	(N)*	MD	SD
4. A woman often doubts the wisdom of being pregnant.	SA	MA	(N)*	MD	SD
5. There is nothing worse for a woman than being pregnant.	SA	MA	(N)*	MD	SD
6. A pregnant woman is an unhappy woman.	SA	MA	(N)*	MD	SD
7. Oftentimes a pregnant woman wishes her baby never to be born.	SA	MA	(N)*	MD	SD
8. For natural reasons many times a woman resents having a baby.	SA	MA	(N)*	MD	SD

* Category "N" (neither agree nor disagree) was added to Ferreira's original scale in order that the instrument structurally comply with the scaling of Hurley's M-R index.

APPENDIX III

RPPI

APPENDIX III

RPPI

The following constitute a series of four hypothetical situations intended as elicitors of S's attitudes toward the idea of pregnancy and child bearing. Ss are asked to speculate freely on the possible reactions and feelings that a woman might have to these.

(L) Two sisters are visiting with each other on a rainy afternoon. The older girl, Anne, is 23 and recently married. She is talking to her younger sister Laura, 18. She has just finished telling Laura she is pregnant. How does Laura feel about this news?

(M) A young woman has just left her doctor's office and is standing quietly in the shadowed hallway. The examination that has just been completed has indicated that she is pregnant. What is she thinking?

(N) Sue is telling her recently engaged neighbor, Paula, that marriage is really wonderful, that it solves more problems than she could ever dream of, and that it constitutes the easiest and best way for a woman to fulfill herself. What does Paula think?

(O) Kay and Randy are a childless couple. Two old friends, Bill and Mary Smith, whom they haven't seen for quite some time, drop in unexpectedly with their children. In the course of the visit, Kay and Mary find themselves alone in the kitchen. Over a cup of coffee Mary lapses into a discourse on the joys of motherhood. How does Kay react?

APPENDIX IIIa

CRITERIA FOR RATING RPPI RESPONSES

APPENDIX IIIa

CRITERIA FOR RATING RPPI RESPONSES

Item L:

1. Extreme or exaggerated fear for her sister's well being.
2. Questioning the wisdom of her sister becoming pregnant "so soon" after marriage: i.e., indication that pregnancy at this stage is "bad," for whatever reason, for her sister.
3. View that her sister's pregnancy represents an unacceptable threat to their continued companionship.
4. Expression of disbelief that her sister is "really" pregnant; unwillingness to accept the news as reality; admonition that Anne "be sure" (e.g., see another doctor) before telling others.
5. Emotional concern over the sexual aspects of her sister's pregnancy; e.g., negative connections surrounding sexual relations generalized to state of pregnancy itself.

Item M:

1. Indications of regret that her expectations have been confirmed; e.g., concern about the financial, physical, emotional, etc. responsibilities of parenthood with less emphasis on the joys.
2. Fear for the physical health or the physical, mental health of the unborn child.
3. Fear of husband's or parents' reactions to the pregnancy.
4. Denial of her pregnancy, e.g., "this just can't be, maybe I should see another doctor," this just couldn't have happened

with the precautions we've taken, etc."

5. Interpretation that the woman is unmarried and must think of some way to avoid the shame and condemnation of an illegitimate pregnancy.

Item O:

1. Assertion that they're "not ready" for children yet, not interested in the "joys of motherhood," kids would conflict with career, etc.
2. Suggests that not having children frees them from many irksome responsibilities.
3. Expression of gladness that she has not had to face the ordeal of pregnancy.
4. Feels Mary is "socially uncouth" for bringing up the topic of motherhood; she has "reasons" for not having children; she shouldn't have to justify herself; suggests that neither she nor her husband doesn't want children.

APPENDIX IIIb

**INSTRUCTIONS FOR RATERS
(for Items L, M, O)**

APPENDIX IIIb

INSTRUCTIONS FOR RATERS (for Items L, M, O)

Rate responses on a scale from 0 to 4, A zero weight would be assigned if in your opinion the subject's response in no way resembles any of the criteria stated (in Appendix IIIa). Four would be assigned in cases where the subject's response is virtually synonymous with any of the scoring criteria for each item (L, M and O). Intermediate ratings should be assigned according to the following scale:

0	1	2	3	4
unrelated	slightly related	medium agreement	highly similar	virtually synonymous

If the subject's responses are in agreement with more than one of the scoring criteria for each item, rate each instance according to the same scale and sum the weights to arrive at a total for each item. If some of the responses seem ambiguous, try to make the best subjective judgment you can relative to the scoring criteria.

APPENDIX IIIc

INSTRUCTIONS FOR RATERS OF ITEM N

APPENDIX IIIc

INSTRUCTIONS FOR RATERS OF ITEM N

Item N represents an obvious overstatement. It is assumed that non-defensive women, who are not averse to go counter to "socially desirable" responses, or who aren't overly repressive regarding fears, ambivalence, hostility, or anxiety toward marriage, sexuality and pregnancy, will deflate the pretentiousness of this item. (If a "Pollyannish" response is given, consider it as an index for giving more scrutiny to your ratings of Items L, M and O.)

Rate Ss' reactions to the content of Item N in terms of being:

Very skeptical	- 0
More skeptical than accepting	- 1
Balance between skepticism and acceptance	- 2
More accepting than skeptical	- 3
Highly naive acceptance	- 4

APPENDIX IV

MASTER SCORE AND RATING SHEET

MASTER SCORE AND RATING SHEET

Group 1

Ss	M-R Score		R-P Score		RPPI Rating (L, M, O)		RPPI Rating (N)	
	Test	Retest	Test	Retest	Rater 1	Rater 2	Rater 1	Rater 2
1	42		0		0	1	2	2
2	53		2		0	0	2	3
3	49		3		6	11	3	4
4	66		4		7	12	0	0
5	55		4		1	7	2	3
6	42		5		2	11	1	1
7	62		6		5	10	1	2
8	51		7		0	2	3	3
9	44		8		11	16	0	0
10	49		9		11	15	4	4
11	40		9		11	17	1	1
12	55		10		1	15	1	0
13	53		10		7	16	0	0
14	57		10		12	17	0	0
15	48		11		6	7	1	2
16	37		12		1	8	2	2
17	49		12		7	7	4	3
18	45		13		5	20	2	3
19	37		16		3	9	1	2
20	46		20		16	18	0	0
21	53		21		8	12	0	0
Sum	1033		192		120	231	30	35

Group 2

1	42	41	8	8	1	2	1	1
2	45	28	17	16	1	4	2	1
3	50	53	10	13	0	4	2	3
4	52	32	8	7	0	2	0	0
5	60	45	13	12	0	0	0	0
6	55	42	8	9	4	5	1	2
7	32	32	11	12	5	16	0	0
8	31	19	14	11	11	16	4	3
9	38	33	14	12	10	12	0	0
10	48	36	10	6	3	6	0	0
11	20	8	12	14	5	4	1	1
12	58	38	10	7	0	12	1	2
13	29	28	0	0	0	2	4	4
14	43	40	12	9	3	2	4	4
15	62	51	9	6	2	4	3	3
16	38	24	16	12	10	12	1	1
17	41	23	8	6	8	4	0	2
18	47	48	12	9	2	1	0	0
19	36	18	8	9	8	8	4	4
20	18	17	11	5	9	12	0	1
21	63	59	14	15	4	9	2	3
Sum	908	715	225	195	86	137	30	35

APPENDIX V

RPPI RESPONSE MATERIAL

APPENDIX V

RPPI RESPONSE MATERIAL

Responses to Item L:

Sample responses to Item L included jealousy, sibling rivalry and competitiveness, and concern about the future, as well as feelings of enthusiastic acceptance and anxious anticipation of the same experience.

Examples from Gp 1

"Laura is inwardly wishing that it were perhaps her (sic) (that was married). At the age of 18 a large majority of girls are desirous of marriage and pregnancy at a later date. They often seek security and see it in the marriages of others."

" . . . Laura is excited and happy, but might be a little bit jealous."

" . . . Laura would feel that the baby would take Anne's attention completely away from the type of life they led as girls."

" . . . Anne's pregnancy is slightly disconcerting for it emphasizes that soon she (Laura) will be taking the responsibility of marriage and a family. She's not sure she's ready to accept these responsibilities."

" . . . If Laura had no goals in life other than marrying, she would wish she were her sister. But at 18, a girl thinks she is too young to handle the responsibility of raising a child."

" . . . If they hadn't been close, Laura would probably be jealous of Anne and would probably think that Anne had been pregnant

when she got married."

" . . . If (they) were always competing with each other, Laura would be jealous (of Anne)."

" . . . Laura feels that it is wonderful and I suppose is inwardly wishing it were perhaps hers."

Examples from Gp 2

" . . . Laura is anxious to have the same experiences of marriage and pregnancy and wonders 'what it would be like' and how it has changed her sister."

" . . . Laura may feel a twinge of jealousy. The older sister having just recently been married, was probably the center of family attention during the wedding preparations and now will be again during the pregnancy and motherhood."

" . . . I think Laura's first reaction was . . . 'Did Anne have to get married?'"

" . . . She is happy for her sister, but is also concerned for her health."

" . . . Laura is not only jealous of Anne but filled with her own self frustration of not being able to fully enjoy sexual experiences. The rainy weather makes Laura feel even more gloomy about her sexless-till-marriage prospects."

" . . . She wishes it were she instead of her sister, but is fearful of some possible danger that may befall her sister because of the pregnancy."

Responses to Item M:

Responses to Item M contain a higher degree of fear, anxiety and rejecting attitudes than those to the other stories. Manifested are concerns about personal and baby health, husband and parent reactions, adequacy as mother, and ability to provide adequately.

Examples from Gp 1

" . . . She is thinking how terrible it is. She is not married, and how is she going to explain to her mother . . . She is too young to get married."

" . . . She wonders about her husband's reaction before she feels happy or unhappy. Is it the right time to have a baby?"

" . . . She is uncertain--pregnancy is sometimes dangerous but she has confidence in modern medicine and feels reasonably safe. Will her husband be upset or proud? She wants to see her mother for reassurance."

" . . . Her fear is stronger than her happiness. Doubts begin to arise inside her about her safety and whether or not she will make a good mother."

" . . . She seems afraid and unsure . . . the idea of an abortion comes to her . . . she is very confused . . . Should she kill it or have the baby, and if she is single, bear the shame?"

" . . . She is anxious yet (sic) leery at her situation for she isn't sure if she is capable or wise enough to handle the situation."

" . . . doubt and some worry might be in her mind as to the babies (sic) physical health."

" . . . wanting the child . . . is a prerequisite for making it happy and healthy emotionally."

" . . . She might doubt that she could be the kind of person to mother a child or if her husband would feel any differently about her."

Examples from Gp 2

" . . . She is thinking (how) it feels to have a baby. Does it hurt much?"

" . . . Most women would be pleased or they wouldn't have gotten that way. But perhaps she may wonder what she is getting herself in for."

" . . . She wonders if it will be healthy and is a little scared to think that soon she'll have her own baby which she and her husband must raise."

" . . . She is thinking about the possibilities of anything happening to her and her future child. Will her child be healthy, will she have any difficulties? Will her husband and family be excited and happy or will she be rejected and shunned?"

" . . . She is not afraid . . . she and her husband want children . . . she is happy and worried all at the same time."

" . . . I don't know how she could possibly be standing there quietly, I'd be dancing a jig."

" . . . She wonders whether the child will be deformed or retarded in any way and what she'd do if it were."

Responses to Item O:

Responses to Item O center around the advantages and disadvantages of having children. More Ss than not express resentment that Kay is deprived of her right to motherhood. However, it seems evident in many cases that it is missing the experience of becoming a mother, rather than missing the fact of being a mother that is often implicitly resented.

Examples from Gp 1

" . . . (Kay tells Mary) there are advantages to not having children. You can be free to get up and go wherever you please . . . Children are nice, but they are a lot of trouble."

" . . . (they may be) perfectly content--they have more freedom than their friends and this might in some way be advantageous to Randy's occupation. (But if) they wanted children and were unable to have them, then I feel that Kay would feel sad and slightly envious of Mary."

" . . . Although they haven't had children, they've been independent, free to go where they want, when they want."

" . . . She wouldn't like to hear the joys of motherhood from anyone else because she would like to experience it herself. But if she didn't want children then she'd just be bored with Mary."

" . . . Kay feels badly. She knows that when people get married others tend to think the couple will have children."

" . . . She envies Mary her joys in watching her children grow and teaching them new things. She also realizes there is much more than

just joy involved in children, but like anything else good in life, it has its price tag."

" . . . She is envious of Mary who seems so happy--she feels jealous and regretful."

Examples from Gp 2

" . . . Kay sits silently, hurt in her heart, she wishes that she too could personally experience these joys. But their name is on the list for adoption of a child."

" . . . If they can't have their own (children) adoption is a very satisfactory solution to their problem."

" . . . Kay is somewhat jealous because of never having experienced motherhood--it is Mary's experience of which Kay is jealous rather than Mary's position as a mother."

" . . . Kay is envious of Mary who expresses the great satisfaction she acquires in her role as a mother."

" . . . If Kay doesn't want children, she will think Mary is a fool. If she does, she will likely be envious."

" . . . Kay feels deprived of her privilege to fulfill the thing she was created for."

" . . . She would be hurt deeply by Mary's unkind, thoughtless remarks."

" . . . She would feel she has been cheated by not being able to have children herself . . . but may think of adoption."

" . . . Kay is upset because the joys of motherhood have bypassed her . . . she feels she has missed something in life."

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