

BEGINNING PARENTHOOD AND MARITAL STRESS:
A PRE-PARENTHOOD WORKSHOP

by
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ABSTRACT

Early parenthood introduces many significant stresses to the relationship of most couples. Psychological pre-parenthood training, especially in a group setting, is extremely beneficial in helping couples deal effectively with these stresses, yet very little is usually received by expecting parents or even available to them. Instruction which offers emotional preparation for pregnancy and arrival of the baby is almost non-existent.

In this study stresses of pregnancy and early parenthood are identified and ranked by members of the helping professions. A pre-parenthood workshop was developed and is described. The workshop explores important stresses and provides tools to help couples deal effectively with this critical period. Results of the experimental workshop are provided along with recommendations.

CHAPTER I

INTRODUCTION

The birth of the first child evokes a great deal of stress in the marital relationship (Nash, Jessner and Abse, 1964; Luckey, 1968; Rossi, 1968). The authors have experienced this phenomenon in their own lives and friends have voiced similar complaints. Comments such as "We learned everything as we were growing up except how to be good parents and what to expect from parenthood" are often heard.

Couples often lack knowledge of what to expect from themselves during pregnancy and after the baby arrives. Usually they have received little or no training or information on parenting (Dodson, 1970; Rossi, 1968; Salk, 1973). Therefore, when the child arrives the parents are quite unprepared for the experience (Cavan, 1959; Landis and Landis, 1963; LeMasters, 1957). Misunderstanding of the new situation, accompanied by feelings of guilt, resentment, and inadequacy, coupled with poor communication, place a critical strain on the marital relationship (Blood, 1955; Dodson, 1970; Lederer and Jackson, 1968).

Historically one learned how to parent by watching one's parents and through the dictates of tradition

(Dreikurs and Soltz, 1964). This is no longer as viable a method of learning as it once may have been when the extended family provided new parents with support and guidance during the early parenting process.

Need for the Study

Overview

Although there is some disagreement as to the nature and extent of problems faced by couples during parenthood, the literature unanimously supports the hypothesis that parenthood places a critical stress on most marriages in our society (Blood, 1955; Dodson, 1970; Lederer and Jackson, 1968).

LeMasters (1957), in a study of 46 middle class couples gave evidence that becoming a parent is a crisis event. Eighty-three percent of the couples reported an extensive or severe crisis in adjusting to the birth of the first child.

In another study, Dyer (1963) reports that 53 percent of the 32 couples participating experienced extensive or severe crisis after the birth of the first child.

Gelles (1975, p. 84) states that ". . . exploratory examination of this issue suggests that violence during pregnancy is much more common than anyone has suspected.

There are hints . . . that violence . . . grows out of the stress of the situation."

A study by Campbell (1975) found that couples with young children reported higher marital stress than any other group.

Still another source refers to parenthood as a "maturational crisis" which begins at pregnancy and does not end until some time well after the child arrives (The Boston Women's Health Book Collective [BWHBC], 1973, p. 210).

According to Luckey (1968) and Rossi (1968), even successful marriages may be subject to acute problems during early parenthood. The new three-person relationship represents a challenge which may or may not be met, or only partially solved (Nash et al., 1964).

Luckey (1968) correlated marital satisfaction with the presence of children. Satisfaction, as measured by her questionnaires, was higher in childless marriages. Recent statistical surveys show childless marriages to be happier and more productive (Lederer and Jackson, 1968). However, they conclude that children do not necessarily reduce the chance of success of any particular marriage. Campbell (1975) reports a decline in marital satisfaction during the child rearing years until the children are grown and close to leaving the home.

Research and practical experience indicate a significant correlation between the length of time a couple waits to have children and the ability of the couple to deal effectively with parenthood. Having children too soon seems to interfere with the development of the couple's relationship. Parents need to have time to work out their own problems of adjusting to marriage before they have children (Landis and Landis, 1963; Lederer and Jackson, 1968; Palmer, 1971). As Lederer and Jackson (1968, p. 70) state, "Experts agree that early pregnancy destroys (or at least maims) the important 'getting to know you' period of the marriage."

Relationship Stresses

Specific marital stress dynamics associated with early parenthood are treated in this section. The stresses are later summarized and ranked in Chapter II.

Depending on the economic situation of the family, financial worries and adjustments can place a considerable strain on the relationship. The wife may have to stop working, thus depriving the family of accustomed income. Sometimes the husband is forced to find supplementary jobs (Dyer, 1963; Lederer and Jackson, 1968). Lederer and Jackson (1968) report that in poor income families it is not uncommon for the father to desert under realization of the new economic burden.

Often, unprepared couples approach parenthood with such high expectations that when stresses occur, they represent a shattering reality (Cavan, 1959; Lederer and Jackson, 1968; Riegel, 1974). Many couples are surprised when they find that their relationship needs to be re-adjusted (Landis, 1965).

Our society seems to cultivate a myth that pregnancy is a time of harmony and bliss, automatically bringing a couple closer together (BWHBC, 1973). Therefore many couples decide to have children assuming parenthood will somehow improve their relationship (Nash et al., 1964; Lederer and Jackson, 1968). This seldom works out and creates problems for the child who was supposed to bring the parents together. The transition to parenthood, in fact, is a very inopportune time to work on marital problems. Instead of helping, accompanying stresses may help to destroy the marriage (Cavan, 1959; Nash et al., 1964; Rossi, 1968). Resentment develops when the child's arrival is not accompanied by "expected" improvement in the marital relationship (Dodson, 1970).

Physical illness during pregnancy can become a stress for the relationship. Some wives consider pregnancy an illness and use it as such to become helpless or dysfunctional in certain areas such as cleaning, cooking, keeping up their appearance, or sex. Some illnesses

associated with pregnancy seem to be culturally conditioned. Where nausea is universally expected almost all women have it. In societies which ignore it, nausea is rare (Landis, 1965; Landis and Landis, 1963; Newton, 1970).

A woman may worry about her figure and appearance, fearing that a lack of attractiveness will result in a disinterested husband. If added reassurance from her husband is not forthcoming at this time, she may resent the baby for causing her loss of figure or be hurt by her husband's apparent rejection. It is helpful for the husband to be aware of these common anxieties and make extra effort to discuss feelings about his wife's appearance (BWHBC, 1973; Cavan, 1959; Landis and Landis, 1963).

At times a woman might use pregnancy as an excuse to let her appearance deteriorate. Some try to deny the onset of physical change by covering their bodies with clothing that camouflages the changes (BWHBC, 1973).

In a research study, Meyerowitz (1970) concludes that sexual gratification of both partners is related to feelings about the body image of the wife, both on her part and her husband's. His statistics showed that when the wife experienced negative body image there was a tendency for dissatisfaction with her sexual role. If the husband finds her attractive, however, it generally adds to the wife's positive body image.

There are many natural and normal fears and uncertainties that plague the expectant mother (BWHBC, 1973; Cavan, 1959; Flapan and Schoenfeld, 1972). Some common anxieties are fear that the baby might be deformed or will die (BWHBC, 1973; Wenner et al., 1969), fear of the birth itself (Nash et al., 1964; Luckey, 1968; Ostrum, 1972), and fear of inability to fulfill the mother role (Dyer, 1963; Flapan and Schoenfeld, 1972; Wenner et al., 1969). The fear of labor and delivery is passed down and seemingly cultivated from generation to generation. Unfortunately the expectant mother is generally besieged by horror stories instead of encouragement and reassurance. Fears of death, mutilation, and severe pain, although justified in earlier centuries, are still prevalent even though contradicted by reassuring statistics (Blood, 1955; Nash et al., 1964; Rossi, 1968). Both expectant parents often fear that their sex life will be affected by the pregnancy and the new baby (Landis, 1965).

The expectant mother's feelings may range from great happiness to depression. During the pregnancy she may often feel out of control (BWHBC, 1973). During this time it is normal for her to question whether or not she even wants the baby (Cavan, 1959).

In a study of pregnant women by Wenner et al. (1969), an increased dependency need was found in all the

subjects toward their husbands. Emotionally the wives desired greater attention, and more reassurance and involvement by their husbands and relatives. Hollender and McGhee (1974) report that nearly 75 percent of pregnant women surveyed experienced an increased desire to be held during pregnancy. Most wives make more demands of their husband and show a greater desire for reassurance, understanding, and affection during pregnancy (Hollender and McGhee, 1974; Palmer, 1971; Wenner et al., 1969). This increased demand however, is often accompanied by increased irritability (Gelles, 1975; Palmer, 1971; Wenner et al., 1969). Landis and Landis (1963) report that many husbands found their wives harder to live with at this time.

It is easy for the husband to resent these added demands of the wife when he is also experiencing changes in his own desires and needs. It may be hard for him to listen when he is frustrated or resentful. It may also be difficult for the husband to express his doubts when he senses increased anxiety in his spouse (Rozdilsky and Banet, 1975). It is especially hard to react affectionately when the wife is irritable, demanding, and hard to get along with (Gelles, 1975; Palmer, 1971; Rozdilsky and Banet, 1975).

It is important for the husband to realize that his wife is going through a complicated series of physical, biochemical, and emotional readjustments which are often accompanied by great swings in mood and temperament (Gelles, 1975; Solberg, Butler, and Wagner, 1973; Wenner et al., 1969). It is helpful for the husband to think of the reasons for his wife's changes instead of responding defensively. The wife is usually reacting to the situation and displacing her frustration and anxiety to the husband. If the husband is defensive or overreacts negatively to his wife's demands or irritability, he only promotes that behavior and a vicious cycle develops. To break the cycle he can put extra energy to meeting the emotional needs of his wife with considerable understanding and patience (Cavan, 1959).

The husband's support is critical during this time. Expressing satisfaction with his wife can be immeasurably comforting to her (Palmer, 1971; Pryor, 1973; Tanzer and Block, 1972). His reassurance is of enormous value in helping the wife sustain a healthy emotional outlook (Tanzer and Block, 1972).

Dr. Pierre Vellay, one of the original French theorists of natural childbirth has stated, "We believe that mutual participation in the events of maternity will provide a solid basis for the couple's relationship. It

will improve the conditions in which life is passed on, and, even more, the well-being of the baby" (Vellay et al., 1960, p. 41).

Tanzer and Block (1972) found that women viewed the remainder of their pregnancy much more positively after natural childbirth classes than they did prior to taking them. Couples attending natural childbirth classes, according to Cavan (1959), were almost unanimous in their feeling that the classes were very helpful. Prospective mothers and fathers learned what to expect during labor and delivery.

Natural childbirth techniques tend to reduce tension and shorten labor (Landis, 1965). Tanzer and Block (1972) found that the mothers who had taken natural childbirth classes reported significantly less pain than those who did not take classes. According to Klusman (1975), high anxiety leads to heightened pain perception. Among Tanzer and Block's (1972, p. 134) group of mothers, pain, screaming, and loss of control were common among mothers who had not taken classes; whereas the mothers who took classes were generally calm, happy, confident, and in control of themselves. They note that after the birth this second group of mothers ". . . felt great physically and were euphoric emotionally." They also report that the natural childbirth group were able to use fewer drugs which

can damage mother, baby, and the relationship between the mother and her baby.

It is very important for the husband to take the classes with his wife and for classes to be taken as early during the pregnancy as possible (Gelles, 1975). Most authorities encourage husbands to be present in the delivery room (Cavan, 1959; Tanzer and Block, 1972). "He provides essential emotional support for his wife at the same time that he renders physical assistance by coaching her on breathing procedures, massaging her back or abdomen and keeping track of the progress of labor. Through such active sharing, he adds strength to the marriage and eventually to the total family relationship" (Tanzer and Block, 1972, p. 163).

Frank (1974) found a correlation between how the husband views the birth experience and his feelings of adequacy and marital satisfaction. The husband who took the natural childbirth classes saw labor more positively. Cronenwell and Newmark (1974) also found that husbands in the delivery room saw the birth in a more positive way than those who were not present at the birth. Being present at the birth also positively influenced the relationship with their wives. When the childbirth is a mutually shared experience the husband is more likely to be viewed by the wife as strong, significant, competent, and important.

Tanzer and Block (1972) conclude that the husband's presence at delivery is a significant factor in the wife's perception of the birth as a positive, happy, ecstatic process.

When the mother goes to the hospital to have the baby, even assuming the father is present during labor and delivery, it is best for the mother and baby to go home as soon as possible (Nicholas, 1974). Hospitals are apt to be depersonalizing. The mother experiences loss of control over herself and baby and she is separated from family and friends, as well as her husband (BWHBC, 1973). Until the mother and baby are able to go home, rooming-in (the baby stays with the mother rather than in the nursery) is encouraged. This promotes good mental and emotional health for both mother and baby (Landis and Landis, 1963).

Once the family is together at home, fatigue becomes one of the most important and widely spread stresses new parents encounter (Dyer, 1963; Hilliard, 1958; Landis and Landis, 1963). Contributing to fatigue is loss of sleep (especially during the first six to eight weeks), the drain childbirth puts on the mother's physical resources, adaptation to caring for the infant, trying to maintain the same pace and schedule as before the infant arrived, and improper eating habits (Dyer, 1963; Hilliard, 1958; La Leche League International [LLLI], 1963). The amount of rest the mother gets during the early weeks will affect

how soon she returns to previous energy levels (Rozdilsky and Banet, 1975).

Dyer (1963) lists inability to keep up with the housework as the second most severe stress upon new mothers. Not only is she less able to keep up normal household chores at this time, but the new baby creates more work (Gochros, 1976). According to Pryor (1973, p. 239) dust and clutter around the house is most bothersome when one is tired and cleaning makes one more tired. It is a "vicious circle." Pryor goes on to say that fatigue can cause a loss of appetite and poor nutrition can cause fatigue--another vicious circle.

Holmes et al. (1975), Hilliard (1958), and La Leche League International (1963) suggest the following solutions to combat fatigue: rest during the day (nap when the baby sleeps), cut out housework that isn't absolutely necessary, eat properly, take brewer's yeast or Vitamin B Complex, talk worries over with each other, go out together, and once in a while just sit down with a beer or cocktail. Hilliard (1958) says that after three months the mother's metabolism will be back to normal and although she may still feel tired, the extreme fatigue that occurs in early months will have passed.

Fatigue can also be a problem during pregnancy. During the first three months there seems to be an extra

drain on the mother's body and during the entire pregnancy, the various fears the mother may have may contribute to some extra fatigue (Hilliard, 1958).

Dyer (1963, p. 198) reports that "a feeling of anti-climax, or let down after the birth of the child" as the third most severe emotional stress encountered by mothers in his test population. The postpartum period which according to Ginath (1974), occurs within 12 months after birth, is defined as "a time of significant emotional upheaval" (BWHBC, 1973, p. 209). It usually lasts several weeks but can last up to a year (Rozdilsky and Banet, 1975). During this period the new mother cries easily and is moody (Kane et al., 1968). The causes of what is typically known as baby blues are both organic and psychological (Ginath, 1974; Rozdilsky and Banet, 1975). Pryor (1973, p. 76) suggests that the depression could be promoted by Western-style childbirth, specifically, separation of the mother from her new baby. She points out that "other mammals need the touch, the sound, the smell, the presence of her infant as badly as the infant needs hers." Although it may take several months to get used to the baby, the mother has full and immediate care of this seemingly helpless infant. This can be overwhelming and frightening (BWHBC, 1973; Dodson, 1970; Hilliard, 1958). Rozdilsky and Banet (1975) feel that isolation is also a cause for

postpartum depression. The father still has his outside work and may not realize the extent to which the mother is affected. He may not understand her total preoccupation with the baby and may not be interested in hearing about the details of the mother's day (Rozdilsky and Banet, 1975). However, if the father does not give active support in the psychological responsibility, the mother could become devastated. Feeling overburdened and alone she may resent the baby for causing the situation (Dodson, 1970; Rossi, 1968). In simpler societies there is very little report of postpartum depression. This could be due to the strong support and fulfillment of needs by the extended family system (Rossi, 1968).

Plenty of rest, getting out, and expressing feelings are also important in combatting postpartum depression. It rarely becomes extreme but if it does, outside help should be sought (Rozdilsky and Banet, 1975).

Parenthood forces reorganization of the family as a social system (Landis and Landis, 1963; Rossi, 1968; Rozdilsky and Banet, 1975). "Roles have to be reassigned, status positions shifted, values reoriented, and needs met through new channels" (LeMasters, 1957, p. 352). However, most couples arrive at parenthood with only a vague notion of the changes which are required and roles which they desire to fulfill. Each partner brings to

parenthood certain expectations of what each parent should be, but rarely have these been mutually agreed upon or even discussed prior to pregnancy (Everett, 1974; Wenner et al., 1969; Wyatt, 1971).

Arrival of the first child forces a rapid reorganization of the former two-person system. Because the old status quo has been upset, new working relationships are required (Landis and Landis, 1963; LeMasters, 1957; Wyatt, 1971).

Role changes are very abrupt and demanding and yet parents commonly think that they should be able to adjust quickly. When rapid adjustment does not take place, feelings of inadequacy, confusion, and frustration are natural (BWHBC, 1973; Cavan, 1959; Everett, 1974).

We often feel guilty because we think our own inadequacies are the cause of our unhappiness. We rarely question whether the roles we have are realizable. Because of the societal pressures surrounding motherhood, and the mystique of the maternal instinct (joys of childcare, fulfillment through others), many women are unable to pinpoint their feelings of confusion and inadequacy or are unable to feel that it is legitimate to verbalize their hesitations and problems (BWHBC, 1973, p. 207).

"It may be that the role requirements of maternity in the American family system extract too high a price of deprivation for young adult women reared with highly diversified interests and social expectations concerning adult life" (Rossi, 1968, p. 27).

Although motherhood is considered a major life goal by society, the role is generally regarded as having very low status (BWHBC, 1973). Often, the wife is blamed for things that go wrong but is taken for granted otherwise (Cavan, 1959).

The new mother is usually affected in some areas more than the father since he will usually continue his same routine of going to work (Cavan, 1959; Rozdilsky and Banet, 1975). For the woman who worked previous to pregnancy or the birth, the sudden change in routine may be difficult. The lack of adult contact, independence, sense of accomplishment, and other sources of satisfaction she derived from her career may contribute to negative feelings toward her new role (Landis, 1965; Lederer and Jackson, 1968; McBride, 1976).

However, these negative feelings triggered by loss of freedom are not the exclusive domain of the woman who leaves a career for motherhood. Dyer (1963) reports that adjusting to being tied down at home and the curtailment of outside interests and activities as extremely significant stresses, regardless of whether the mother had a career or not. In general, mothers complain that caring for their child decreases time spend outside the home (Gelles, 1975; Landis, 1965), sexual attractiveness (Gelles, 1975), leisure time and freedom of movement (Dreikurs, 1946), and tends to stifle her independent achievement (McBride, 1976).

It is important for the mother who feels this way to satisfy these needs (Landis, 1965). It is normal, according to The Boston Women's Health Book Collective (1973, p. 20) to ". . . yearn occasionally for the freedom of childlessness and to feel angry and resentful toward our kids." They go on to say "Our freedom is drastically curtailed because the new infant is helpless to meet its own needs." The key here is "the new infant," for it is easy to lose perspective in midst of dirty diapers, sleepless nights, and mounds of clutter around the house. The infant will not be an infant forever! This writer has found it helpful in her times of depression due to feeling stifled and tied down to think of the child care years in terms of one's entire life span. The diagram in Appendix A illustrates the idea of the child bearing and rearing years being but a small portion of one's entire life.

In the meantime, while waiting for the infant to mature and begin to take over fulfillment of its own needs, there are things a mother (and father) can do to lessen this feeling of loss of freedom such as getting away with the baby (Gochros, 1976). With strollers, backpacks, car seats, and disposable diapers it is easier than ever to do this. The backpack has added advantages of enabling the mother to do housework while carrying a fussy infant and has psychological benefits for the baby (Pryor, 1973).

Pryor (1973) suggests taking at least a half hour walk every day even in winter. Other places the family or mother and baby can go are: bike riding, hiking, drive-in movies, visiting friends, out for dinner, a swap meet, and car riding. Whatever one's interests are, having an infant seldom means having to exclude them entirely. With some imagination and patience a mother and/or father does not have to feel tied down all the time. As McBride (1976, p. 99) so aptly puts it ". . . there's no doubt motherhood can be an important beginning if it is viewed as a growth experience rather than as a time for 'settling down' or the beginning of your gradual decline."

Being parents is hard work, and needing breaks to get back in touch with friends, activities, and oneself is not escaping but essential to the morale and energy of both partners (Rozdilsky and Banet, 1975).

Nursing the baby helps minimize the loss of freedom. The breastfed baby is very portable, not needing bottles, extra formula, baby food, and facilities to prepare them (LLLI, 1963; Pryor, 1973).

Breastfeeding also offers many physical advantages to both mother and baby contributing to better health (especially in the baby) (Landis, 1965; LLLI, 1963; Pryor, 1973). A healthier baby represents less of a financial and emotional strain upon the family.

Pryor (1973) indicated that breastfeeding could be either an advantage or disadvantage to a couple's sexual relationship. Some women seem to get many physical and emotional needs fulfilled through the close nursing relationship, to the exclusion of the father. However other mothers find that their physical affection for their husbands increases during lactation. It is important for the couple who has chosen breastfeeding to be aware of both possibilities.

Other breastfeeding related difficulties are possible. A woman's breasts may be tender so the couple may have to vary positions, or she may not respond to breast stimulation at all. Her milk may let down during sexual stimulation so she may need to wear a bra and nursing pads to bed or nurse the baby before going to bed (this may have the added advantage of insuring that the baby will sleep for a period of time so the couple is not interrupted). Another problem could be lack of vaginal lubrication until the woman begins to ovulate again. This might require the use of artificial lubrication. As Rozdilsky and Banet (1975, p. 108) point out, "Even if nursing affects the way a woman feels sexually, it will probably not stand in the way of her sharing a full sex life."

Lederer and Jackson (1968) indicate that parenthood is potentially detrimental to the sexual adjustment of new

couples. Pregnancy and arrival of the first child generally are accompanied by changes in sexual patterns. Although most obstetricians do not prohibit sexual activity during pregnancy, this usually declines.

Solberg et al. (1973) found a decrease in both non-coital and coital activity during pregnancy.

Hollender and McGhee (1974), in a study of 260 women, found that the mean frequency of intercourse decreased as the pregnancy progressed. Also, the decreased activity was accompanied by a decrease in desire for intercourse. Cavan (1959) states that the wife's sexual interest often declines during pregnancy. A study by Landis and Landis (1963) showed that desire for intercourse declined rapidly during the last six months of pregnancy. A study by Gelles (1975) showed sexual frustration to be a major factor in cases of assault upon pregnant women by their spouses. Many couples fail to realize that changes are both normal and temporary (Cavan, 1959; Landis and Landis, 1963; Rozdilsky and Banet, 1975). Frustration and feelings of rejection sometimes trigger infidelity by the husband (Nash et al., 1964).

According to The Boston Women's Health Book Collective (1973) there are legitimate problems for which intercourse is contraindicated:

- (1) vaginal or abdominal pains

(2) membranes which have already ruptured and are subject to infection

(3) uterine bleeding

(4) warned about miscarriage or afraid of miscarrying

The literature (Gelles, 1975; Landis and Landis, 1963; Solberg et al., 1973) gives many reasons for the decline of sexual activity during pregnancy. Physical changes in the wife may decrease desire as can discomfort, fatigue, emotional overload, poor body image, "should not," irrational fears, and superstitions. Congdon (1970), reports that one husband thought that the baby would bite him if he and his wife engaged in intercourse.

Pregnancy can be used as a convenient excuse not to have sex when actually the true reasons lay elsewhere (BWHBC, 1973; Gelles, 1975; Lederer and Jackson, 1968).

During those first months that the child is home, fatigue, emotional overload, and discomfort usually continue. And there is now extra work. Time and energy previously exclusive to the parents must be shared to a great extent with the baby. Some babies instinctively seem to wake up and fuss while the parents are having sex. Most mothers find this extremely difficult to ignore (Cronenwell and Newmark, 1974; Ginath, 1974; Hilliard, 1958).

After the baby is born fears about conception may be a problem (Ware, 1969).

A decline in the frequency of intercourse is not a problem in and of itself. It becomes a problem when the relationship suffers as a result. Generally this happens if negative feelings are manifested and are not dealt with constructively through cooperative communication and problem solving.

Special understanding is helpful during early parenthood when both partners need added reassurance from each other (BWHBC, 1973; Dodson, 1970; Landis and Landis, 1963). If the usual way for a husband and wife to give physically is through intercourse, the decline in this activity can leave a void which manifests itself in a variety of destructive ways. This is especially true if the couple has no practice or knowledge of alternative forms of physical/sexual expression. If the husband feels hurt or rejected it is easy for him to use the decline as "proof" that his wife is losing interest in him, or is more concerned with the baby. The wife can use the husband's negative reaction as "proof" that he does not really care for her needs, but only is interested in sex. Hurt and rejected, the couple begins to blame and resent each other or the baby. Although specific reactions may be different, the destructive dynamics are common.

Many couples need to develop new ways of relating physically. With a wide range of physical expression available, each partner can better give and receive in a manner which suits their mood, energy level, built-in shoulds, etc. They can develop forms of sexual expression which are viable just before labor and immediately after birth (BWHBC, 1973; Masters and Johnson, 1976; Rozdilsky and Banet, 1975).

Exploring a wide range of physical expression can lead to cooperation and increased communication so vitally needed during this time. Gochros (1976, p. 51) states "Intercourse is not the only way to relieve sexual needs, and right after a new baby it is often not the best way."

Rozdilsky and Banet (1975, p. 102), discussing Masters and Johnson's concept of pleasuring, suggest that the couple try to find different ways of relating to each other physically through ". . . stroking, smelling, exploring with your eyes and hands, or smoothing on lotion over each other's body."

The following is a compilation of pleasuring suggestions from many sources (BWHBC, 1973; Gochros, 1976; Hite, 1976; Masters and Johnson, 1976; Rozdilsky and Banet, 1975):

Eliminate intercourse as a goal.

Spend time caressing and being caressed, or massaging and being massaged. Pay attention to what you enjoy.

Concentrate on the total body.

Give feedback to each other.

Experiment with manual or oral stimulation as alternatives to intercourse.

Enjoyment should be the key rather than intercourse or orgasm.

Communicate honestly about sexual feelings.

Develop a realization that early parenthood is a temporary situation.

For the mother arrival of the baby means long hours of caring for the infant, 24 hours a day, seven days a week (Dyer, 1963; LeMasters, 1957). Adjusting to these demanding hours and change in routine can lead to resentment (Dodson, 1970). For new fathers, adjusting to new responsibilities and routines was found by Dyer (1963) to be in the top three stresses. Sleep habits are interrupted (Landis, 1965), and the new father usually must take on several household responsibilities that were formerly handled by the wife (Hilliard, 1958; Hobbs, 1965; LeMasters, 1957).

New fathers go through a big readjustment and need all the understanding they can get (Cavan, 1959; Lederer and Jackson, 1968; Scott, 1974). They experience doubts and fears just as the wife does. Blaker (1974) reports that fathers often go through periods of depression after

the newborn arrives. The literature (Blaker, 1974; Cavan, 1959; Rozdilsky and Banet, 1975) indicates that it is quite common for the father to feel left out during pregnancy or after the baby arrives. "The complete or almost complete neglect of the husband is a possibility which the wise couple will prevent" (Cavan, 1959, p. 411). A research study by Dyer (1963) further supports the idea that the child's claim to the mother is a significant contributor to feelings of neglect by the father. He is often jealous of the attention given the newborn or resents the decline in attention paid him by the wife. He is no longer the sole center of attention. The father may be compelled to compete for his wife's attention and a form of sibling rivalry may develop between him and the child. It may be easy for him to logically realize that the helpless infant must occupy first claim to his wife, but feelings of frustration and rejection may still persist. Feelings of guilt may then develop if the father is telling himself that it is wrong to feel the way he does (Dodson, 1970; Ginath, 1974; Scott, 1974).

After the baby arrives it may not be easy for the wife to respond warmly to the husband, however. Usually the wife goes through a honeymoon period with the baby, greatly reducing the time and energy available for the husband. She can easily make the new child the emotional

center of her life. She may perceive doubts, fears, jealousy, resentment, or other negative feelings in her husband. She is burdened with new responsibilities and emotional problems of her own (Campbell, 1975; Dyer, 1963; Landis, 1965). Women may find they ". . . have little emotional reserves for being supportive of their men" (BWHBC, 1973, p. 214).

However it is generally up to the wife to include the husband and make him an important part of the process. If she does not include him or reacts defensively toward her husband, it will be difficult for him to respond with the warmth, understanding, and reassurance that she desires (Cavan, 1959; Lederer and Jackson, 1968; Pryor, 1973). "Husbands need the balm and reassurance of physical closeness too . . . and a mother . . . should take thought to be generous and affectionate . . ." (Pryor, 1973, p. 221).

Inevitably couples have less time to spend by themselves once the baby arrives and adjusting to the decline in companionship can be difficult (Campbell, 1975; Rozdilsky and Banet, 1975). Normal relaxation, communication, even arguing, are subject to interruption (Palmer, 1971). The evening meal can become centered around the child and the usual talk over a drink or coffee is disrupted because the child has to be supervised and cared for. It becomes difficult to be close whenever the desire

is felt (Rozdilsky and Banet, 1975). It is important for the couple to religiously set aside time for one another, to play, relax, communicate, and resume an adult social life (Cavan, 1959; Rozdilsky and Banet, 1975). If the husband-wife relationship becomes submerged in caring for the infant then all parties suffer including the baby (Campbell, 1975; Cavan, 1959; Palmer, 1971).

After the baby arrives, fears and feelings of inadequacy are common (Rozdilsky and Banet, 1975). "When your baby is first born he seems very tiny and fragile. Everything that seems out of kilter looms up in your mind as a possible major disaster" (Dodson, 1970, p. 34). Parents often worry about whether they are doing what they "should" be doing and whether or not they are adequate parents (Dodson, 1970; LeMasters, 1957; Scott, 1974).

In our culture the new mother receives all kinds of messages that she should automatically and innately love and know how to care for her baby. Unfortunately, the truth is that the new mother might not feel that way, and assumes that there is something wrong with her if she does not (Cavan, 1959; Dodson, 1970; Rozdilsky and Banet, 1975).

Resentments, doubts, fears, and other negative feelings are common and natural. But usually the parent thinks that he or she is the only one who has these feelings.

They think that these feelings are wrong and try to deny or hide them (Cavan, 1959; Dodson, 1970). Unfortunately, no one has prepared them for the fact that they are going to feel this way (BWHBC, 1973; Klusman, 1975). They become afraid to admit their fears to anybody, including their spouse. But without communication there is little chance for resolution of the problems (Bienvenu, 1975; Ware, 1969; Wenner et al., 1969). "Admitting and communicating your changing feelings, needs, and limitations may be difficult, but by doing so you will be well on your way toward developing a comfortable sense of yourselves as parents" (Rozdilsky and Banet, 1975, p. 2).

Communicating one's thoughts, feelings, ideas, and problems during transition to parenthood is vitally important (Rozdilsky and Banet, 1975). Generally, sharing and self disclosure helps lessen tension (BWHBC, 1973; Dodson, 1970; Ware, 1969). Sharing diminishes the likelihood that negative feelings will be directed at each other or the baby (Rozdilsky and Banet, 1975). The partners should avoid isolation and seek out others to share their experiences (BWHBC, 1973). This can be done separately or together. It has been shown that higher self disclosing husbands and wives tend to be less depressed during early parenthood (Blaker, 1974; Gochros, 1976).

Expressing her thoughts and feelings and asking for his is a good way for the wife to keep her spouse included in the process, facilitating a "we" feeling and an atmosphere of cooperation. Wenner et al. (1969) urges the wife to take the time and effort to discuss her husband's role with him and let him know how important his role is. In their study it was found that husbands, formerly unhelpful to their wives, were able to improve their performance when the wife was willing to communicate clearly and specifically what she wanted and needed.

Preparenthood Training

"The most wasteful kind of learning is sheer trial and error" (Dodson, 1970, p. 23).

The time before pregnancy needs to be used by the couple in exploring their philosophies, expectations, values, capacities, and limitations. It is vital to their relationship for couples to develop open, effective communication and mutual understanding before parenthood.

Groundwork laid before the arrival of children is vital (Landis and Landis, 1963; LeMasters, 1957; Rossi, 1968). Dyer (1963) reports a significant relationship between the extent of the parenthood crisis and participation in marriage preparation classes given in high school or college.

The tools to cope successfully with parenthood today are not instinctive, and must be learned (Dodson, 1970; Howell, 1975; LeMasters, 1957). Therefore training would be of great value, yet very little is usually received by expecting parents or even available to them (Dodson, 1970; Rossi, 1968; Scott, 1974). "Unfortunately the average couple today faces this turning point . . . with little more to guide them than folklore" (Landis, 1965, p. 605).

With the re-emergence of natural childbirth and breastfeeding there are classes readily available which deal with the physical side of pregnancy, childbirth, and infant care, but instruction which offers emotional preparation is almost non-existent (BWHBC, 1973; Gelles, 1975; Howell, 1975).

The following quotation by Flapan and Schoenfeld (1972, p. 390) conveys the message quite well:

It is assumed that if husbands and wives were enabled to clarify and work toward resolving child bearing conflicts during the initial stages of family formation, many problems related to reproduction and parenthood could be alleviated or prevented. Couples would be better able to assess their own readiness for parenthood, more resolutely implement child-bearing decisions, more adequately care for their child, and derive greater satisfaction from marriage and parenthood.

The literature strongly emphasizes the need for society to develop and promote psychological pre-parenthood programs available to all couples. Training about stresses

conducted before arrival of children assists the couple in dealing effectively with problems from the beginning. This helps partners resolve critical situations before they develop into crises (Landis and Landis, 1963; LeMasters, 1957; Nicholas, 1974).

Summary

Without exception, the literature confirmed that parenthood presents special stresses to a marriage. Which stresses affect a particular couple and the damage done are considered by most sources to be a function of the individual personalities involved and the viability of the relationship before pregnancy (Landis and Landis, 1963; Nash et al., 1964; Rossi, 1968). No definitive research was uncovered which attempted to determine a statistical correlation between parenthood and divorce. One research study (Christensen and Meissner, 1953) did indicate a significant correlation between divorce and the length of time a couple waits to have the first child. Presumably, the longer a couple waits, the better they can build a solid foundation which is capable of withstanding the problems presented during parenthood.

One of the greatest guards against conflict in marriage is the feeling of belonging or the creation of a "we" atmosphere (Dreikurs, 1962). In essence, a feeling of mutual sharing in the parenthood process, accompanied by

open communication, is the most common denominator expressed in the literature as promoting good marital function during this cycle.

Support exists for some type of professionally led pre-parenthood therapy or group experience for couples (Howell, 1975; Klusman, 1975; Ostrum, 1972). Being with other couples and facing the same situations with similar problems is reassuring, helping the couple feel that stresses are not unique to them. Being in a group where all members are anticipating the same event helps intensify interest in parenthood and helps make the experience a welcome one (Cavan, 1959; Landis, 1965; Nunnally and Aguiar, 1974).

Statement of Problem

The central purpose of this study was to develop an effective pre-parenthood workshop that provided tools to help couples deal effectively with stresses associated with pregnancy and early parenthood.

CHAPTER II

PROCEDURES

Definitions

Parenthood: For purposes of this paper parenthood indicates a continuum from the beginning of pregnancy through the first year when the family is established.

Stress factor: A condition or circumstance which has been shown to place a strain on the marital or family unit.

Marital unit: Any couple, regardless of legal status, engaged in the parenthood process.

Family unit: The marital unit plus children.

Parenting: The act of providing for the physical, mental, and emotional needs of the infant by the marital unit.

Crisis: Any sharp or decisive change for which old behavior patterns are inadequate. A situation in which usual behavior patterns are found to be destructive and new ones are called for immediately (Hill, 1949).

Population Description

The study was culturally bound to the United States. American couples experiencing their first pregnancy or

contemplating parenthood constituted the primary target population for the workshop. Couples with babies under 12 months might also be included in the workshop.

Assumptions and Limitations

There was no attempt to statistically validate instruments used or to determine if the workshop will provide significant change. This would have involved control groups, long range follow up, and other measures beyond resources available.

Middle class, American couples constituted the primary study population and any conclusions should be limited to this population.

No matter how comprehensive the workshop, it was assumed that each couple would experience their own unique set of problems, some of which would not be dealt with specifically.

Stress Identification

Stress factors were identified from a comprehensive review of the literature and a summary of stresses which seemed significant was prepared. The selected stresses were then grouped into three categories and used to prepare a stress survey (Appendix B). This Parenthood Stress Survey, accompanied by a letter of explanation (Appendix C), was circulated to members of the helping professions.

Included were physicians, clergy, psychiatrists, social workers, educators, and counselors. They were asked to rate each stress factor in terms of its impact upon the marital/family unit.

Twenty-one questionnaires were returned. Responses were tabulated and the stresses ranked in order of their rating as shown in Appendix D.

The top 18 stresses were used in designing the model pre-parenthood workshop. Stresses were given consideration in relation to their ranking.

Workshop Development

Suggestions found in the literature (Cavan, 1959; Landis, 1965; Ostrum, 1972) for emotional pre-parenthood training were used as general guidelines in developing the workshop, and are summarized as follows:

- (1) The training should be a group experience.
- (2) The group should be conducted by trained leaders.
- (c) The training should address common parenthood problems and promote sharing.
- (4) The training should deal with relationship dynamics between husband and wife.

From the ranked stress list topics for the workshop were selected. Priority was given to stresses ranked highest as long as they could be dealt with effectively given the time and resources available.

Three primary sources were used to develop the workshop agenda: information gathered from the comprehensive review of the literature, results of the Parenthood Stress Survey, and input from counseling professionals.

The workshop was designed in several phases listed below:

(1) The number of sessions and approximate length of each session was decided upon. Using the work of Kilgo (1975) as a guide, the decision was made to meet once a week for five weeks, devoting approximately 2½ hours for each session.

(2) A method of dealing with each of the chosen topics was designed from the literature, personal experience, and suggestions from other counselors.

(3) A getting-acquainted exercise was designed or selected for the first three sessions.

(4) A homework assignment was formulated for the first four sessions. Each homework assignment was designed to lead into main topics discussed in the next session.

(5) A pre-test and workshop appraisal questionnaire were designed.

Lecture, modeling, role playing, group discussion, homework and other activities were used to provide a solid foundation from which couples would be able to develop their own means of overcoming the stresses of parenthood.

Understanding behavior usually manifested during parenthood and practicing effective communication, helps couples increase their ability to deal with stresses effectively.

When feelings are expressed and partners realize that their doubts, fears, and problems are shared by others, adjustment to their new roles as parents is promoted (Cavan, 1959; Dodson, 1970; Gelles, 1975). Therefore, group discussion of fears, experiences, ideas, problems, questions, and feelings was facilitated. This helped initiate effective dialogue between partners and helped to surface potential problems in a non-threatening atmosphere.

Another consideration of the workshop was to educate participants on parenthood related services and aids available in the community. These services range from breastfeeding and childbirth organizations to counseling and baby health care centers. A comprehensive annotated list of services was developed for distribution and discussion (Appendix E).

A Parenthood Information Questionnaire was developed to find out how much knowledge couples had beforehand of parenthood related services available in the community (Appendix B). This questionnaire was completed during the first session as the couples arrived.

A reading list was developed for distribution and was discussed during one of the sessions (Appendix E).

Due to the support of breastfeeding in the literature (Landis, 1965; LLLI, 1963; Pryor, 1973) it was decided to encourage nursing the baby over bottle feeding.

Natural childbirth was also encouraged during the workshop due to emphatic support for it in the literature (Gelles, 1975; Landis, 1965; Tanzer and Block, 1972).

The main purpose of the workshop was to give couples cognitive insight into stressful dynamics of parenthood while providing them with behavioral tools to help deal with these dynamics.

Ideally, the workshop experiences will help couples make their own parenthood adventure productive and rewarding, leading to the enrichment and strengthening of marital and family relationships.

A detailed description of the model workshop is provided in Appendix F.

CHAPTER III

RESULTS

In this chapter results of the model pre-parenting workshop are provided. A workshop evaluation is presented along with a description of the workshop participants.

Study Population

The five weekly workshop sessions were conducted at the Family Practice Office, Arizona Health Sciences, University of Arizona. The workshop was attended by four married couples. Two couples already had a child while the other two were contemplating parenthood. One of the women without children discovered that she was pregnant during the workshop. Participating group members were highly educated, most of them possessing a bachelor's degree. Half of the participants had advanced degrees.

None of the couples dropped out during the workshop. Participants were enthusiastic and involved throughout the five sessions.

Appraisal

Written feedback was facilitated by having members fill out an appraisal form during the final session (Appendix B). The questionnaire focused on how the

participants perceived the workshop and changes in themselves as a result of the workshop. One section of the appraisal form asked for a rating of certain statements relative to the workshop. The other section used open ended questions allowing members to appraise the workshop in their own words.

A sample appraisal form showing the distribution of responses to the rating section is shown in Table 1. Overall, responses were highly favorable indicating that the workshop was effective as an educational mechanism.

Five of the eight respondents indicated they could express feelings easier while three were undecided. All but one member indicated a greater sensitivity to their partner's needs and all respondents felt they had acquired a better understanding of early parenthood problems. All participants thought the workshop was a valuable, enjoyable experience which they would recommend to friends.

Not only did the study population leave the workshop with a better understanding of early parenthood stresses, but during the five weeks they discussed and shared ideas, thoughts, fears, experiences, and feelings. Participants also spent time at home and during workshop sessions practicing new skills.

Sharing ideas with others was a common response to the first part of question one (What did you like most

Table 1. Tabulation of responses in each category for the eight appraisal questionnaires returned.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
I feel more comfortable about pregnancy and parenthood	2	6	-	-	-
I have a better idea of the emotional stresses of parenthood	6	2	-	-	-
I am better able to cope with problems of parenthood	1	3	4	-	-
I can express feelings easier	-	5	3	-	-
I am more sensitive to my partner's needs and problems	1	6	1	-	-
The workshop was presented in a clear and orderly fashion	3	5	-	-	-
The workshop was of value to me	4	4	-	-	-
I enjoyed the workshop	5	3	-	-	-
The leaders were prepared	6	2	-	-	-
The leaders were easy to talk to	5	3	-	-	-
I would recommend the workshop to my friends	5	3	-	-	-
I did not learn anything new	-	-	-	3	5

about the workshop?). Also mentioned were modeling by the leaders, becoming aware of the problems faced during early parenthood, and learning communication skills.

There were few responses to the second part of question one (What did you like least about the workshop?). Two members did not enjoy the communication exercise included in the second session. One person thought the workshop was geared more for the couple anticipating the baby than for those who already had a child.

Responses to question two (What would you do differently if you ran the workshop?) were highly varied. Some participants indicated they would use less getting acquainted exercises. One person wanted goals for the group to be more rigidly defined at the beginning and the group split into one for parents and one for prospective parents. Another member wanted more time devoted to the stresses caused by older babies. One person felt the leaders should have been more directive in facilitating group member feedback. Another thought the workshop started too late in the evening and believed the leaders were a bit too professional in their demeanor. One member wanted more emphasis on the positive aspects of parenthood.

Complete responses to open questions are provided in Appendix G.

CHAPTER IV

SUMMARY, CONCLUSIONS, IMPLICATIONS, RECOMMENDATIONS, AND LIMITATIONS

Summary

Early parenthood introduces many significant stresses to the relationship of most couples. Psychological pre-parenthood training, especially in a group setting, is extremely beneficial in helping couples deal effectively with these stresses, yet very little is usually received by expecting parents or even available to them. Instruction which offers emotional preparation for pregnancy and arrival of the baby is almost non-existent. The main purpose of this study was to develop an effective pre-parenthood workshop that prepares couples for the task of overcoming problems and difficulties associated with early parenthood today.

After an exhaustive review of the literature, stressful dynamics associated with pregnancy and early parenthood were summarized and a stress list prepared. Stresses were then ranked by members of the helping professions. From the ranked stress list, topics were developed for inclusion in a model pre-parenthood workshop.

Information and activities about each stress topic were formulated and the workshop design completed.

Participants for the workshop were solicited by distributing a modest informational brochure to obstetricians, childbirth organizations, counseling agencies, hospitals, and other appropriate settings.

The workshop was conducted in five sessions. Written evaluation was obtained by having participants complete the Workshop Appraisal Questionnaire during the final session. With one exception, respondents indicated a greater sensitivity to their partner's needs. All members felt they had acquired a better knowledge of early parenthood problems. All participants indicated they enjoyed the workshop, thought it was valuable, and would recommend it to friends.

Conclusions

The following conclusions are drawn from this study:

(1) By participating in a pre-parenthood group training experience which deals with common problems, promotes open and effective communication, facilitates sharing, and provides constructive suggestions, couples can more effectively overcome the stresses of early parenthood.

(2) Without further research it is not possible to statistically validate whether or not the model workshop

provided significant positive changes in the ability of the study population to cope with early parenthood effectively. Therefore conclusions must be based upon observation and immediate feedback from the participants.

(3) Immediate, empirical evidence suggests that the model workshop was effective in facilitating changes conducive to the solution of early parenthood stresses by the study population.

Implications and Recommendations

It is recommended that pre-parenthood training groups be established similar to the Adlerian Parent Study Groups. The workshop presented in this study could be used as a model for the group. The pre-parenthood groups should be available to the community at large and repeated at various times during the year.

The most effective leader approach to the group would be a team consisting of one member from each sex as co-leaders. These leaders would be trained in the stressful dynamics of pregnancy and early parenthood and be familiar with tools that couples can use to help cope with these dynamics. The leaders should also be familiar with group leadership techniques, and possess working knowledge of effective communication skills. Ideally the co-leaders would be parents but this is not essential. If the

co-leaders are not parents, it would be helpful to include at least one couple with a young child as participants.

Unlike Parent Study Groups, pre-parenthood training is not tied to a specific counseling methodology or discipline. However, an atmosphere of acceptance, understanding, and encouragement must be facilitated. Leaders must promote communication and have the ability to impart knowledge. Conditions must be established conducive to the interchange of ideas, fears, feelings, and experiences.

Should the need arise, co-leaders should be able to counsel or refer individual couples for counseling while training is in progress. The co-leaders should also be willing to spend a half-hour after each session with participants.

Without active promotion from churches, obstetricians, schools, counseling agencies and other appropriate organizations, pre-parenthood training would probably fail for lack of participation. The literature (Landis, 1965; LeMasters, 1957; Rossi, 1968) indicated that most prospective parents are not aware of the need for emotional pre-parenthood training. This was validated by practical experience. Although informational brochures were distributed to hospitals, counseling agencies, childbirth organizations, private counselors, schools, and religious organizations, the response was poor. The first scheduled

workshop had to be cancelled because only two couples had enrolled.

Parents of new babies, actually experiencing the stresses of beginning parenthood, may be a more realistic target population. While organizing the workshop the writers found this population to be more enthusiastic about the need for training than couples without children. This is unfortunate and educators, counselors, clergy and others in helping professions need to provide society with an awareness of the need for psychological pre-parenthood training.

Using this study as baseline data further research is needed to explore the effects of pre-parenthood training. Couples might be randomly selected for inclusion in experimental and control groups. Couples in these groups might be followed and compared to see if pre-parenthood training leads to a significant difference in the ability of one group over the other in making parenthood less stressful and more rewarding.

With refinements and supporting research pre-parenthood training can make a significant contribution to family life in the United States.

Limitations

Since the workshop's effectiveness depends largely upon mutual sharing and group participation, homogeneous

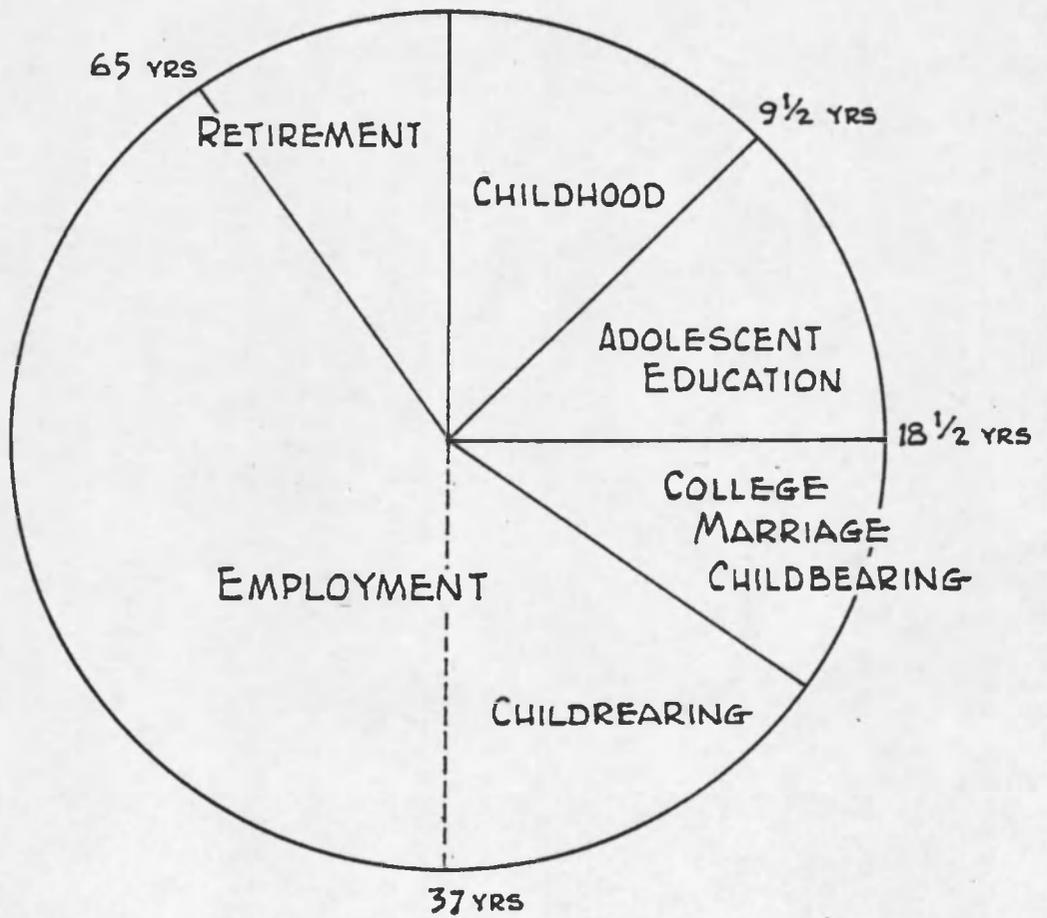
membership in a given group might be important in terms of educational and cultural background.

The study is culturally bound to the United States and without further research, no attempt should be made to generalize the findings to other countries or cultures.

The model workshop deals extensively with relationship dynamics between spouses and therefore could not readily be used for unwed mothers or single parents.

APPENDIX A

LIFE SPAN DIAGRAM



Taken from Newlon, 1977.

APPENDIX B

INSTRUMENTS

Parenthood Stress Survey

Please rate each stress factor on a scale from 1 to 5. A rating of 1 would indicate low significance while a 5 would indicate great importance.

These ratings will aid us in developing a pre-parenthood workshop designed to help couples overcome these problems. Factors identified as most important will receive greatest attention in the workshop.

Additional factors which you believe are relevant may be indicated at the end of the questionnaire along with ratings. Any comments are welcome and may be written on the back.

<u>Pregnancy and Birth</u>	<u>Rating</u>				
1. Fear and anxiety over the childbirth process	1	2	3	4	5
2. Wife becoming helpless, treating the process almost as an illness	1	2	3	4	5
3. Wife's increased needs and demands for attention and reassurance	1	2	3	4	5
4. Wife's concern over her appearance	1	2	3	4	5
 <u>Post-partum Period</u> 					
5. Decline of leisure time, recreation, and social life	1	2	3	4	5
6. Exhaustion, fatigue, lack of sleep	1	2	3	4	5
7. Financial adjustments	1	2	3	4	5
8. Concern with not being able to keep up the household "duties"	1	2	3	4	5
9. Post-partum depression	1	2	3	4	5
10. Not realizing what is involved in parenthood beforehand and faced with new roles which have not been defined or worked out	1	2	3	4	5

- 11. Need for abrupt adjustment to new routines 1 2 3 4 5
- 12. Expectations that the baby will somehow solve marital problems 1 2 3 4 5
- 13. Feelings of doubt and inadequacy about fulfilling parent role 1 2 3 4 5
- 14. The relationship between husband and wife becomes submerged 1 2 3 4 5
- 15. Mother's perceived loss of independence and identity 1 2 3 4 5
- 16. Sense of rivalry of father toward child 1 2 3 4 5
- 17. Viewing of mother-role as insignificant by mother 1 2 3 4 5
- 18. Resentment by mother that baby is interfering with her career and/or relationship with her husband 1 2 3 4 5

Both Pregnancy and Post-partum

- 19. Husband feeling left-out or neglected . . 1 2 3 4 5
- 20. Parents thinking that problems and negative feelings are unique to them and not proper 1 2 3 4 5
- 21. Failure to communicate problems and negative feelings to spouse and others . 1 2 3 4 5
- 22. Sexual adjustments 1 2 3 4 5
- 23. Wife failing to recognize and fulfill husband's need for closeness and reassurance 1 2 3 4 5

Additional Factors

A. 1 2 3 4 5

B. 1 2 3 4 5

I wish to have workshop brochures for distribution (No.).

I wish to have a brochure for myself.

Mailing address and phone:

Workshop Appraisal Questionnaire

Read each statement carefully and decide how you feel about it. There are five possible answers to each statement. The "undecided" answer should be circled if you have no opinion. Circle one answer where applicable and complete all statements.

	Strongly Agree	Agree	Under- cided	Dis- agree	Strongly Disagree
I feel more comfortable about pregnancy and parenthood . . .	SA	A	U	D	SD
I have a better idea of the emotional stresses of parenthood	SA	A	U	D	SD
I am better able to cope with problems of parenthood	SA	A	U	D	SD
I can express feelings easier	SA	A	U	D	SD
I am more sensitive to my partner's needs and problems	SA	A	U	D	SD
The workshop was presented in a clear and orderly fashion .	SA	A	U	D	SD
The workshop was of value to me	SA	A	U	D	SD
I enjoyed the workshop	SA	A	U	D	SD
The leaders were prepared	SA	A	U	D	SD
The leaders were easy to talk to	SA	A	U	D	SD

	Strongly Agree	Agree	Unde- cided	Dis- agree	Strongly Disagree
I would recommend the workshop to my friends	SA	A	U	D	SD
I did not learn anything new	SA	A	U	D	SD

1. What did you like most/least about the workshop?

2. What would you do differently if you ran this workshop?

Parenthood Information Questionnaire

1. Are you aware of the availability of family counseling services in Tucson? If so, where?
2. Do you think that you can get free routine medical care for your healthy child? If so, where?
3. Do you know where to obtain childbirth information and/or instruction? If yes, where?
4. Where would you go to get breastfeeding information?
5. Where would you go to get formula preparation information?
6. Are you aware of an organization that offers help with the problem of child abuse?
7. Are you aware of parent education courses in Tucson? List any of them that you know by name.
8. List the books you have either read or know about that deal with childbirth and/or child rearing.

APPENDIX C

STRESS SURVEY LETTER OF EXPLANATION



THE UNIVERSITY OF ARIZONA
TUCSON, ARIZONA 85721

COLLEGE OF EDUCATION
DEPARTMENT OF COUNSELING AND GUIDANCE

March 8, 1977

As part of our thesis, we are developing a pre-parenthood workshop. We are interested in learning your opinions about stress factors which may accompany early parenthood from pregnancy through the first year. We would greatly appreciate your help in providing this information by completing the attached stress survey and returning it as soon as possible in the enclosed envelope. Items on the survey were identified through an exhaustive review of the literature and relevant research.

We expect to conduct the workshop in May and June. Results of the survey and/or workshop will be available upon request.

Workshop brochures will be ready in April. If you would like a brochure for yourself or for distribution, please complete the information requested at the bottom of the survey.

Thank you very much for your time and cooperation.

Sincerely,

Susan Pearse

Robin Pearse

gm

Enclosures: 2

APPENDIX D

RANKED STRESS LIST

<u>Rank</u>	<u>Stress</u>
1	Not realizing what is involved in parenthood beforehand and faced with new roles which have not been defined or worked out.
2	Failure to communicate problems and negative feelings to spouse and others.
3	Exhaustion, fatigue, lack of sleep.
4	Decline of leisure time, recreation, and social life.
5	Husband feeling left out or neglected.
6	Feelings of doubt and inadequacy about fulfilling the parent role.
7	Fear and anxiety over the childbirth process.
8	Parents thinking that problems and negative feelings are unique to them and not proper.
9	Wife failing to recognize and fulfill husband's need for closeness and reassurance.
10	Post-partum depression.
11	The relationship between husband and wife becomes submerged.
12	Wife's increased needs and demands for attention and reassurance.
13	Sexual adjustments.
14	Need for abrupt adjustment to new routines.

RankStress

- 15 Resentment by mother that baby is interfering with her career and/or relationship with her husband.
- 16 Sense of rivalry of father toward child.
- 17 Mother's perceived loss of independence and identity.
- 18 Wife's concern over her appearance.
- 19 Financial adjustments.
- 20 Expectations that the baby will somehow solve marital problems.
- 21 Concern with not being able to keep up the household "duties".
- 22 Viewing the mother-role as insignificant by mother.
- 23 Wife becoming helpless, treating the process almost as an illness.

APPENDIX E

WORKSHOP HANDOUTS

Outline

Session I

- A. Pre-test
- B. Getting Acquainted
- C. Ground Rules
- D. Introduction and Overview
- E. Ideas and Expectations

Session II

- A. Homework Sharing
- B. Communication

Session III

- A. Homework Sharing
- B. Relationship Stresses
- C. Postpartum Depression

Session IV

- A. Helpful Hints
- B. Homework Sharing/Role Definition
- C. Hand Massage

Session V

- A. Homework Sharing
- B. Sexual Adjustments
- C. Potpourri/Wrap-up
- D. Evaluation
- E. Celebration

Communication

(Sharing)

Begin sentence with "I" instead of you.

Let the other person finish completely before you respond.

Do not discount the other person non-verbally.

Try paraphrasing and reflecting to let the other person know that you understand.

Consciously eliminate predicting how your partner will respond to what you want to say.

If you are having trouble getting started try leads such as:

"I need your help"

"I've got something to say but am afraid to talk about it"

Ask for what you want rather than complaining about what you aren't getting.

When you start to react defensively to something begin asking the other person "Do you mean . . . ?"

Express positive feelings and thoughts when you have them.

Encourage your partner when possible, but do not lie.

If a discussion begins to get destructive call "time out" and talk about what is happening.

If now is not a good time to talk about something, contract for a specific time and place.

Pay attention to primary feelings and express these.

Things We Like To Do

Adapted from: Bartsch, K., Yost, E., and Girell, K. W. Effective Personal and Career Decision Making. New York: Westinghouse Learning Corp., 1976; and Counseling and Guidance 331, University of Arizona, Dr. Elizabeth Yost, instructor.

	Activities	\$	T,P, TP	Mon	Yr	W/ WO	Child Care	Support	Rank
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

\$ = Costs more than \$10

T, P, TP = T - together, P - with other people, TP - either

Mon = you have done this in the last month

Yr = you have done this in the last year

W/WO = can be done with baby, can be done without baby

Child care = need a paid babysitter

Support = list those who support you in this activity

Rank = rank the top five (1-5)

Community Resource List

Childbirth Education Association.

Interdisciplinary classes on childbirth, exercises, postpartum. Consult phone book for current number.

La Leche League.

Information on breastfeeding. Group meeting and telephone consultation. Consult phone book for current number.

La Maze.

Classes in the LaMaze method of natural childbirth.
882-0414

Bradley.

Classes in the Bradley (Husband-coached) method of natural childbirth. Leta Brown - 296-3718 or Joan Meyer - 795-9784.

Pima County Health Dept.

Free well baby examinations and/or immunizations.
792-8537.

Jewish Community Center (you do not have to be a member).

Call 624-8603 for information about classes for children. Besides pre-school they offer many specialized classes. There is a fee for these.

Casa De Los Ninos.

347 E. Speedway - 624-5600. Temporary emergency care for children.

Tucson Parks and Recreation Dept.

900 S. Randolph Way - 327-5986. Recreation programs of all types conducted throughout Tucson at libraries, parks, recreation centers, etc. Includes sports, arts, crafts, drama, dance, music and special events for all ages.

Homemaker and Home Nursing Aide Service.

1225 N. Alvernon - 327-0905. Provides temporary homemaker and nursing care for children, elderly, etc. Length of care depends on individual needs.

Information and Referral Service.

3833 E. Second St., Suite 7 - 881-1794. Information, guidance, and referral for persons with health, welfare, and other needs. Consultation to community agencies and members of helping professions.

Pima County Parks and Recreation Dept.
1204 W. Silverlake Rd. - 792-8306. General public,
recreation, and park service.

Planned Parenthood Center of Tucson.
127 S. Fifth Ave. - 624-7477. Pregnancy and parent-
hood information and health center. Education,
counseling, pap smears, breast exams, vasectomies,
educational materials, etc. Fee based on ability
to pay.

Parents Anonymous.
A group organized to help with the problem of child
abuse. Call 881-1794 in Tucson.

Pima County Developmental Career Guidance Project.
This group offers free Parent Study Groups based
on the book Children: The Challenge by Rudolf
Dreikurs. For further information on these call
795-0504. They also have a Community Resource
Center where anyone may check out books on child
rearing. Their address is 2302 E. Speedway,
Suite 210.

Pima Community College.
Pima has many non-credit courses offered through
the Division of Community Services. These classes
last eight weeks and there is a \$15 fee. Call
884-6720 or 884-6687 for further information.
Classes include:
Adult Life Skills (parent education)
Discipline
Foster Parents
How to Raise a Responsible Child
Elementary Age
Infants
Preschoolers
Youth
Step-parents
Child Psychology for Parents
Geneology
Changing Sexual Roles and Values
Family in Transition
Story Telling for Children

The City of Tucson.
Call the Office of Community Relations, 791-4401,
for what is going on in the city weekly.

The Free University.

This group puts out a catalog of courses offered around the community. Of interest to you may be Non-oppressive Child Rearing and Single Parenting. They have various other related classes. The registration fee is \$3 which will be traded for hours worked if you choose. Some of the courses have a fee which can also be bartered for, many are free. Catalogs can be obtained from the Campus Christian Center, 715 N. Park; the local libraries; Switchboard, U of A student union; and at any of the shops along north Fourth. For further information call 622-0170 or Debbie Baré at 326-9936.

Tucson Public Libraries.

Our libraries have many fantastic programs for children and adults. To find out what's going on at all branches call or visit your local branch and ask for the Tucson Public Library Children's Program list and the Adult and Young Adult Programs list at the Reference Desk.

University of Arizona Counseling and Guidance Dept.

This department offers a demonstration of counseling techniques for families. It is free and open to the public. For further information call the department at 884-3218.

Free family counseling is also available through this department by supervised graduate students. Call Sue Delap at 884-3726.

YMCA.

Your local Y's have many programs for youth.

How to Find a Babysitter

1. Ask other parents.
2. Ask one babysitter for referrals.
3. Call the university placement office.
4. Ask a teacher you know.
5. Call your local high school.
6. Look up babysitting agencies in the yellow pages.
7. Place an ad in the newspaper. Ask for references.
8. Start a neighborhood co-op.
9. Take the baby to a friend's home.
10. Visit a few licensed day care homes and centers.
(Call Dept. of Social Services or check phone book.)

Partially taken from "What Now?" by Mary Lou Rozdilsky and Barbara Banet (1975).

Suggested Readings

General

Our Bodies, Ourselves: A Book By and For Women by The
Boston Women's Health Book Collective (softcover,
\$2.95)

The Prophet by Kahlil Gibran

Gift from the Sea by Anne M. Lindberg

Touching: The Human Significance of the Skin by Ashley
Montagu (softcover, \$2.95)

Childbirth

A Child is Born: The Drama of Life Before Birth by
Sundberg, Wirsen, and Nilsson (softcover, \$5.95)

The First Nine Months of Life by Geraldine Lux Flanagan
(softcover, \$1.95)

Home Birth Book by Charlotte and Fred Ward (softcover,
\$6.95)

Husband-Coached Childbirth by Robert Bradley, M.D.

Six Practical Lessons for an Easier Childbirth by Elisabeth
Bing, R.P.T. (softcover, \$1.50)

Preparation for Childbirth by Donna and Roger Ewy
(softcover \$1.50)

Have Your Baby and Your Figure Too by Dodi Schultz
(softcover, 95¢)

Why Natural Childbirth? by Deborah Tanzer and Jean L.
Block

Parenting

How to Parent by Dr. Fitzhugh Dodson (softcover, \$1.25)

How to Raise a Human Being by Dr. Lee Salk and Rita Kramer
(softcover, \$1.25)

Survival Handbook for Preschool Mothers by Helen Wheeler Smith (softcover, \$2.95)

Parent Effectiveness Training by Thomas Gordon

Children: The Challenge by Rudolf Dreikurs, M. D. (softcover, \$3.95)

What To Do When "There's Nothing To Do" by Elizabeth Gregg (softcover, 95¢)

The Magic Years by Selma Fraiberg

What Now? A Handbook for New Parents by Mary Lou Rosdilsky and Barbara Banet (softcover, \$2.95)

Nutrition

The Womanly Art of Breastfeeding by La Leche League International (softcover, \$3.50)

Nursing Your Baby by Karen Pryor (softcover, \$1.95)

Nourishing Your Unborn Child by Phyllis S. Williams, R. N. (softcover, \$1.75)

The Natural Babyfood Cookbook by M. Kenda and P. S. Williams (softcover, \$1.50)

The Grandmother Conspiracy Exposed (Good Nutrition for the Growing Child) by Lewis Coffin, M.D. (softcover, \$1.50)

Marriage and Sexuality

The Pleasure Bond by Masters and Johnson (softcover, \$1.95)

The Hite Report: A Nationwide Study of Female Sexuality by Shere Hite (softcover, \$2.75)

The Joy of Sex: A Gourmet Guide to Love Making by Alex Comfort (ed.) (softcover, \$4.95)

The Art of Sensual Massage by Gordon Inkeles and Murray Todris (softcover, \$5.95)

The Massage Book by Downing

Loving Free by Jackie and Jeff Herrigan (softcover, \$1.95)

The Secret of Staying in Love by John Powell
(softcover, \$2.50)

Helpful Hints

Both parents take natural childbirth classes.

Choose your pediatrician before the birth and interview him/her.

Breastfeed your baby.

Limit visitors and activities for the first 2-3 weeks after the birth.

Nap when the baby naps.

Eat properly. Take brewer's yeast or Vitamin B-Complex for fatigue and continue your prenatal vitamins.

Make time to attend to your own personal needs.

Don't let grandparents interfere with your relationship.

Share problems and ideas with other parents.

Limit household tasks to the bare essentials.

For the dinnertime "crazies":

Make dinner in the morning

Take a break for tea, wine, etc. before preparing dinner

Listen to some soothing music

Take a late afternoon walk with the baby

Eat a snack with lots of protein before dinner

Feed the baby before Dad gets home

APPENDIX F

WORKSHOP DESCRIPTION

Program Methods and Materials--Session I

A. Pre-test

Distributed "Parenthood Information Questionnaire" and instructed participants to fill it out. At this time a sign-up sheet was passed around and name tags handed out.

B. Getting Acquainted Exercise

Participants were asked to choose a partner whom they did not know. For ten minutes partners interviewed each other. At the end of the ten minutes each participant introduced her/his partner to the group.

C. Ground Rules

It was announced that there would be breaks during each session, and that questions would be encouraged throughout the workshop. Verbal permission was obtained to tape record each session for the leaders' private use in evaluation.

Participants made decisions about confidentiality.

D. Introduction and Overview

1. The leaders briefly introduced themselves and gave reasons why they were conducting the workshop. The following points were discussed by the leaders:

a. The literature/research indicates that early parenthood is a stressful time calling for re-organization of the relationship.

b. The changes that occur are often abrupt.

c. Training generally helps solve parenthood problems constructively.

- d. Almost everyone has doubts, fears, and uncertainties about parenthood.
 - e. It is common to wonder about how one's life and marital relationship will be affected.
 - f. Stresses and problems are presented not to discourage parenthood but only to increase awareness of what commonly happens and gain some insight into how to deal with problems more effectively.
 - g. Each participant is a unique individual with his/her own set of values, needs, and special ways of giving.
 - h. It is hoped that each participant will take the power to shape their parenthood experience so that it becomes personally meaningful.
 - i. Listen to oneself and find out what fits right. If you make the experience good for you, then you will have the energy and desire to give to others.
 - j. One's partner has doubts, fears, concerns, etc. too.
 - k. Accepting one's feelings as OK and normal is important. Most parents don't.
 - l. Look to one's partner as someone who will be cooperative.
 - m. Parenthood requires work in order to be rewarding.
 - n. Please share thoughts, feelings, questions, problems, and ideas as the workshop progresses.
2. Before handing out and discussing the outline, the concept of commitment to attending the workshop was discussed (Appendix E).
 3. The "Suggested Readings" handout was distributed and a few of the books discussed (Appendix E).

E. Ideas and Expectations

Brainstorming was used to bring out ideas and expectations that participants had surrounding parenthood. The categories of Positive Feelings, Negative Feelings, and Parenthood Activities were used. Participant responses were placed on butcher paper hung on the walls.

F. Homework Assignment

Each participant was asked to prepare two lists, one of things they have to give up because of pregnancy and parenthood and another of things they have to gain. They were instructed not to share their lists with each other until the next session.

Program Methods and Materials--Session II

A. Getting Acquainted

Participants were asked to choose a different partner from the week before and find out one or two things that were not shared with the group last time. Each person then shared the new things about their partner with the group.

B. Homework Sharing

Participants were asked to share items from their homework, "What I have to give up" and "What I have to gain."

C. Communication

1. A short lecturette on the importance of communication was given including the following points:

a. Effective, open, and constructive communication is one of the most important aspects of making parenthood a rewarding experience.

b. Poor communication can prove fatal to the relationship.

c. If you can share feelings, fears, problems, you are much more likely to have energy to give to each other and the child.

d. It is better to share anger, resentment, and other negative feelings openly rather than holding it in and directing it in other ways toward your spouse and child.

e. It is important to make time for each other to allow for communication.

f. Good communication takes conscious effort.

g. Good communication does not happen by magic and must be practiced.

h. Open, effective communication promotes intimacy, cooperation, and a feeling of sharing.

2. The Communication handout was distributed and each point discussed (Appendix E).

3. Leaders modeled a situation demonstrating poor and then good communication.

4. Participants were asked to form smaller groups of two couples each. Each person chose an item to discuss with their spouse from their homework list or a situation suggested by the leaders. They were asked to practice using the top four points on the Communication handout. Then they gave each other feedback at the end of each person's turn.

D. Homework

1. The "Things We Like To Do" handout was distributed and explained.

2. Instructions for doing the marriage conference were given (Appendix E).

Program Methods and Materials--Session III

A. Each participant introduced his/her spouse and told the group one thing that he/she likes best about his/her spouse.

B. Homework Sharing

The marriage conference was discussed and the "Things We Like To Do" responses were shared.

- C. A lecturette on postpartum depression was given including the following points:
1. Usually lasts several weeks.
 2. Normal to feel moody from time to time.
 3. Sometimes becomes extreme
 4. Seek outside help if it becomes a serious problem.
 5. Causes.
 - a. Thyroid difficulties
 - b. Hormonal imbalance
 - c. Stress to be perfect mother
 - d. Lack of extended family system
 - e. Isolation
 - f. Separation from baby immediately after birth
 - g. Loss of sense of self
 6. Father feels impatient.
 7. Solutions.
 - a. Rest
 - b. No separation from baby at birth
 - c. Get back in touch with friends
 - d. Simplify housework
 - e. Get out of the house
 - f. Express feelings as you have them and realize that they are normal
 - g. See a counselor
- D. Ways to simplify housework and to get out of the house were then discussed.

E. Situations demonstrating the following relationship stresses were read. Each couple discussed each situation then solutions were discussed in the larger group.

1. Husband feeling left out or neglected.
2. Wife failing to recognize and fulfill husband's need for closeness and reassurance.
3. Relationship between husband and wife becomes submerged.
4. Wife's increased needs and demands for attention and reassurance during pregnancy.
5. Sense of rivalry of father towards child.

F. Homework

Each participant was instructed to make two lists. One list was to show their own parental duties and roles, the other was to show the duties and roles they expected their spouse to perform and fulfill.

Program Methods and Materials--Session IV

A. Helpful Hints

The following helpful hints were written on 3 x 5 cards and distributed to participants. Each participant read his/her card and the group discussed it.

1. Limit visitors and activities for first 2-3 weeks after birth.
2. Eat properly. Take brewers yeast or vitamin B complex for fatigue.
3. Don't let grandparents interfere with your relationship.
4. "The Dinnertime Crazies."
 - a. Make dinner in the morning.
 - b. Take a break for tea or beer before dinner.
 - c. Listen to some music.

- d. Take a late afternoon walk.
 - e. Eat a snack (with lots of protein) before dinner.
 - f. Feed baby before spouse comes home.
5. Breastfeed.
 6. Share problems and ideas with other parents and friends.
 7. Nap when the baby naps.
 8. Limit household tasks to bare essentials.
 9. Choose your pediatrician before the birth.
 10. Make time to attend to your own personal needs.
 11. Both parents attend natural childbirth classes.
- B. The Community Resource List was distributed and discussed.
- C. Homework Sharing/Role Definition

Participants were instructed to make a collage depicting roles or duties they may find themselves in during parenthood. Pictures which represented themselves or things they like to do could also be used in the collage.

After the collages were completed each participant discussed his/her collage and how it related to themselves and their homework responses.

D. Hand Massage

Participants broke up into couples and were given the following instructions:

1. Decide who is A and who is B.
2. A massage B's hand with no feedback.
3. B massage A's hand with no feedback.
4. Discuss the massage as a group.

5. A tells B how he/she wants to be massaged before the massage starts.
6. B massages A's hand while A remains silent.
7. B tells A how he/she wants to be massaged before the massage starts.
8. A massages B's hand while B remains silent.
9. As a group discuss the 2nd massage and how it is different from the first.
10. A massages B's hand while B gives feedback.
11. B massages A's hand while A gives feedback.
12. A group discussion was held on the exercise. Possible questions include: How were the three massages different? How are they different or similar to the way in which you communicate during sexual activity?

E. Homework

Participants were instructed to have dinner alone, setting atmosphere with candles, music, incense, etc. and engage in non-goal oriented massage.

Program Methods and Materials--Session V

A. Homework Sharing

Discussed homework given in the previous session.

B. Sexual Adjustments

1. Lecturette including following points:

a. Problems

(1) Mother focuses on baby

(2) Father focuses on intercourse to satisfy emotional and physical needs.

(3) Mother's sexual interest may decline.

(a) Fatigue

(b) Nursing

(c) Baby fulfilling mother's emotional and physical needs

(d) Body image low

(4) Baby instinctively wakes up

(5) Fears of contraception

(6) Discomfort of wife

(a) Pregnancy

(b) Episiotomy

(7) Intercourse contraindicated.

(a) Vaginal or abdominal pain

(b) Membranes ruptured

(c) Uterine bleeding

(d) Psychological fear of miscarriage

b. Solutions

(1) Intercourse is not the only way to relieve sexual needs and right after a new baby it is usually not the best way.

(2) Eliminate intercourse as a goal.

(3) Enjoyment should be the key.

(4) Massage and caressing as an end to themselves rather than just foreplay.

(5) Experiment with manual/oral stimulation to orgasm--totally receiving or pleasuring at a given moment.

(6) Mother transfer some of her motherly feelings to her husband.

(7) Realize that many of the problems are temporary.

(8) Let your partner know your wants and needs.

(9) Communicate feelings and explore solutions with partner.

c. Benefits of sex.

(1) Orgasmic contractions in mother strengthens uterine muscles.

(2) Relieves tension.

(3) Stimulates cardiovascular system.

d. The following quotation from Hite (1976, p. 289) was read to the group and discussed:

". . . our culture has rigidly defined the ways in which we touch each other: only activities surrounding intercourse have been considered legitimate. Thus clitoral stimulation and general touching is referred to only as 'foreplay', which everyone 'knows' precedes intercourse, and which everyone also 'knows' will end in male ejaculation. In short, all our terms are geared to a linear progression: 'foreplay' is to be followed by 'penetration' of the penis into the vagina, and then intercourse (thrusting in and out), followed by male orgasm and then 'rest'. If one does not accept this pattern as being what 'sex' is, one is left with almost no vocabulary to describe what could be alternatives. Of course the possibility does exist for many different patterns of sexuality and many different kinds of physical contact between people that are sensual/sexual, and that do not necessarily have orgasm (or anything else) as their goal"

C. Potpourri

1. Looked at brainstorming sheets from the first session and talked about some of those ideas.

2. Discussed various ideas that participants had expressed an interest in but were not dealt with in prior sessions.

a. Cost of having a baby.

b. Woman's career and motherhood.

D. Evaluation

1. Distributed evaluation sheets and collected them when completed.

E. Celebration

1. Taped sheet of paper on each participant's back. Milled around writing positive statements about each person on his/her paper.

2. Came back as a group and each member shared one thing from his/her statement list.

APPENDIX G

COMPLETE RESPONSES TO OPEN QUESTIONS

Sharing ideas with other group members was very profitable and enjoyable. Hearing about the experiences of other parents was most helpful. The helpful hints I found worthwhile. The "team" approach of the leaders was good in that it offered variability in opinions and modeled some behaviors.

Requests that all group members come on time--emphasize you will start on time. Less "getting to know you" activities. Possibility one activity like this would be enough. Make yourself available for consultation between workshops.

I liked knowing that having children is more fulfilling than I expected. Being aware of the problems after childbirth interest me the most.

Only have one introduction of classmates, that seemed appropriate enough.

The best feature was hearing the ideas of others. This provides new thoughts and information, in addition to assuring one of many ideas and concepts. Least--attempting to express my feelings.

Clearly define the goal or goals of the workshop and direct the group to these goals. If it is less goal oriented, I would leave it open-ended.

I would maintain a group of parents and non-parents and increase the size of the group to 8-10 couples. This provides more thoughts and ideas for expecting parents as well as parents.

I would also present more factual material, especially when it can not be elicited from group conversation.

I think the workshop was most important to me as a communication workshop, i.e., learning communication skills.

The workshop is geared primarily to pregnant couples or those who want children in the future.

More time should be spent dealing with the stresses caused by older babies.

Talking about areas of communication with spouse (liked most). The workshop brought to light many of my short-comings.

Talking with educated, interesting and informed adults (liked most).

Ask for more specific feedback or ask a more direct question to get feedback. Often I felt the quiet of the

room was from confusion over what to reply to. Although overall, the amount of feedback could be considered good.

I personally would have liked to have heard much more comment from the childless couples and my own husband. When they commented it was a most refreshing contribution.

I liked most the opportunity to listen to other people's ideas.

I liked least the emphasis that was placed on "instincts" at the expense of not stressing the individuality of each person.

Make it mandatory to be on time to the meetings or to give advanced notice to you so that you could inform the group of late arrivals. I do not like the delays in the schedules of eight people because of two persons or one person for tardiness.

I feel that 2½ hours is too long to maintain sharp attention at this time of the day. Perhaps if the workshop were begun at an earlier hour 2½ hour sessions would be beneficial.

Bias tells me that more hard facts and less conjecture and anecdotes would have proved interesting.

I think this workshop was very well conducted in a professional manner. My suggestion to both of you is to (a) act a little less "professional", (b) be more yourselves and hang loose--liven it up!

I sincerely have benefitted from the workshop and feel that my views of parenthood have undergone significant changes in the past 6 months and believe that this workshop has contributed. Thanks.

Most--overall exposure to problems of pregnancy and parenthood--the problem solving approach.

Least--the communication exercise was I thought thrust out without a chance to know what was coming.

I enjoyed it as is. I thought it was a good thing and wouldn't change a good thing for the sake of change.

I might interject, using the same format, more of the aspects of parenthood which are positive as stated by people both in the class and out who are parents (could be presented).

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