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# **A feminist critique of foundational nursing research and theory on transition to motherhood**

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## **Abstract**

**Question:** Is using ‘transition to motherhood theory’ the best way to guide midwives in providing woman-centred care?

**Background:** Contemporary research about changes to women’s embodied sense of self during childbearing is influenced by foundational research and theory about the transition to motherhood. Rubin and Mercer are two key nursing authors whose work on transition to motherhood theory still shapes the ways a woman’s experience of change during childbearing is understood in midwifery.

**Methods:** Using a feminist post-structural framework, Rubin and Mercer’s theory and research is described, critiqued and discussed.

**Findings:** Rubin and Mercer used pre-existing theories and concepts that had the effect of finding similarities and discarding differences between women. Rubin and Mercer’s theory and research is an expression of humanistic philosophy. This philosophy creates frameworks that have an assumed, disempowered role for childbearing women. Their research used a logico-empirical, quantitative approach. Qualitative interpretive or constructivist approaches offer more appropriate ways to study the highly individualised, embodied, lived-experience of a woman’s changing self during childbearing.

**Conclusion:** Rubin and Mercer’s theory is baby-centred. Transition to motherhood theory privileges the position of experts in directing how a woman should become a mother. This has the effect of making midwives agents for the social control of women.

**Implications for practice:** Rubin and Mercer’s transition to motherhood theory is a well-intentioned product of its time. The theory is inconsistent with contemporary midwifery philosophy which promotes a woman-centred partnership between the midwife and the woman. The usefulness of this outdated nursing theory in midwifery teaching, research or practice is debatable.

## **Keywords**

Transition; motherhood; feminist; embodiment; self; theory; maternity-nursing; midwifery

## **Introduction**

Within the discipline of midwifery, the current dominant way of conceptualising how women do, or 'should', change during childbearing, is 'transition to motherhood theory' (Mercer, 1995, 2004; Mercer & Walker, 2006). Following that theory the midwife's role is seen as helping women adapt to the 'maternal role'. Reva Rubin and Ramona Mercer, two North American nurses, developed transition to motherhood theory based on their research. No midwifery theory has proposed an alternative way of understanding or supporting a woman's experience of self change in the childbearing year. As a result, although contemporary midwifery philosophy is woman-centred, midwives' conceptualisation of the woman's experience of her changing sense of self, whether before, during or after the birth, is usually limited to how she does, or should, become a mother to her baby. Some midwifery researchers have examined the theory (Rogan, et al., 1997; Schmied & Lupton, 2001a) but an extensive review and critique has not previously been written.

This focussed review of the transition to motherhood literature, is guided by the question: 'Is using 'transition to motherhood theory' the best way to guide midwives in providing woman-centred care?' Our review is limited to Rubin and Mercer's work because their theorising has had a pervasive influence on how midwives and maternity nurses perceive a woman's experience of self change in childbearing (Mercer 1995). Their theory is featured in an edited book of midwifery theories (Bryar, 1995). This internationally directed book is frequently prescribed for midwifery students. In the current Australian and New Zealand basic text book for midwives the chapter on change does not address how a woman experiences her changing embodied sense of self: the chapter focuses on the transition to motherhood (Pairman, et al., 2006). This paper critically reviews the foundational research that Rubin and Mercer undertook because that research underpins transition to motherhood theory. Rubin and Mercer's theory was a product of their historically situated perspective; mid-twentieth century North America. That era was dominated by humanistic philosophy and placed high value on logico-empirical quantitative, reductionistic research (Johnson, 1994).

Our review is grounded in feminist and post-structural ideas. We define *Feminism* as the theory, research and practice of "identifying, understanding and changing the intrapersonal and social factors that sustain women's disempowerment" (Harrison & Fahy, 2005). The field of post-structuralism and/or postmodernism is diverse and contested (Rolf, 2000). Put simply, a post-structuralist is one who has an attitude of incredulity towards metanarratives. Metanarratives are myths that pass themselves off as scholarly theories but in fact they oversimplify and blind us to subtleties, complexity and exceptions (Lyotard 1984; Johnson 1994, Fahy, 2000). Post-structural feminists explore, understand and value the diversity of women's embodied experience. Thus, post-structural feminists conceptualise women as diverse, complex and ever changing individuals who cannot be adequately understood as a collective (Fine, 1992; Fonow & Cook, 1991; Gavey, 1989; Irigaray, 2001, 2002; Kirsch, 1999; Stanley & Wise, 1993; Weedon, 1997; Young, 2000). To post-structural feminists, knowledge is contextually based and dependant on perspective (Haraway 1991, Irigaray 2002). We acknowledge that this critique is a product our own post-structural feminist perspective during this first decade of the twenty-first century. We also acknowledge that much of the critique to follow also applies to other grand theories based on logico-empirical research.

This review is important because in parts of the Western world the midwifery discipline has been subsumed under nursing (DeVries *et al.*, 2001). Midwifery in the USA and Asia currently seems to be in transition from this overshadowed state whilst parts of

Canada, Australia and Europe have midwifery as a separate discipline. The Netherlands and New Zealand stand as strong examples of midwifery being a separate discipline from nursing. Consciously or unconsciously, the nursing theory of transition to motherhood guides the way midwifery practitioners, teachers and researchers most usually conceptualise the childbearing women's experiences of change. In this paper we argue that midwifery needs better, woman-centred theory than this baby-centric nursing theory.

## **Transition to motherhood theory**

Transition to motherhood theory has its origins with Rubin's work in the 1960s (1961a, 1961b, 1964, 1967a, 1967b, 1968). The changes that pregnancy and birth bring to a woman's life were conceptualised as a series of developmental tasks that the woman is expected to master (Bibring, et al., 1961). This theoretical approach aligns with developmental theories that were dominant at that time (for example, Erikson, 1980/1959). In line with other nursing theories of that era, Rubin's theory served a political purpose: it accepted the supremacy of doctors in the realm of the physical and marked a psychosocial territory for maternity nursing without disrupting the standard obstetric care paradigm.

## **Rubin's concept of the maternal identity**

To Rubin the maternal identity was fundamental to a woman's feminine identity (1984). Citing Erikson (1980/1959), Rubin considered the maternal identity as a woman's "sense of comfort" about where she has been and where she is going (1967a, p.243). Achieving the maternal identity involved a series of developmental tasks accompanied by cognitive changes that reorientate the self through pregnancy and the postpartum into being a mother (1975, 1984) (see Table 1). Rubin's developmental theory sees the transition to motherhood as a process of role acquisition that includes mimicry, fantasy and grief-work, and then culminates in the maternal identity. During this reorientation process Rubin said that women's energy for "the world around" them reduces and they "turn inward" (1975, p.143). This altered conscious state was, to Rubin, a change in cognitive style. Transition was conceptualised as involving internal cognitive processes that limited a woman's power to whatever orientated her to becoming mother. Rubin did perceive that bodily aspects of childbearing impacted on reorientation, but the process itself was definitively a cognitive reorientation. The reorientating self was theorised by Rubin only as an ego. Rubin's concept of ego had three parts: the ideal image, the self image, and the body image (1967a, 1984). She also identified that a childbearing woman's ideal image and body image were vulnerable to loss. For example, Rubin noted that for some women the 'turn inward' was a worrying separation from their past accomplishments and future aspirations (1975). The primary role of the maternity nurse was to provide "ego maintenance and support" so that the vulnerable childbearing woman could still achieve the maternal identity (1968, p.210).

Rubin (1984) and Mercer (1995) describe how Rubin's theorising arose from participant observation research with thousands of women over the period from 1940 until 1975. Only one pair of papers (outlined in table 2) formally reports on Rubin's research (1967a, 1967b). In these research reports Rubin made clear that her theory was based on the theories of others. Rubin drew on Sarbin's (1954) 'role theory' and Mead's (1934) 'theory of mind, self and society' in the conceptualisation of her research questions and in the interpretation of her research findings.

## **Mercer's concept of maternal role attainment**

Mercer was initially a student of Rubin's. Mercer's research was focussed on the developmental path to achieving the maternal identity (1981b, 1985a, 1995). Maternal role attainment was defined by Mercer as a woman's competence in the mothering role, her integration of that role with other roles in her life, and her sense of comfort in assuming the maternal identity (1985a). The developmental stages of maternal role attainment that Mercer described, which are listed in table 1, followed the logic of Thornton and Nardi's (1975) role theory (1981b, 1985a, 1995). To Mercer, developing the maternal role was a specifically cognitive process and therefore dependent on the woman's ability to problem-solve, gather information, communicate effectively, project into the future, and establish trusting relationships that were nurturing (1995).

Mercer sought to reduce "dysfunctional mothering patterns" which she felt were reflected in the abuse and neglect of "more than 1.5 million children ... annually" (1981a, p.234). To that end, she undertook a large quantitative and qualitative research project to identify the factors that had most impact on the process of maternal role attainment (1981a, 1981b, 1985a, 1985b, 1986a, 1986b, 1986c). As the key research influencing Mercer's theorising, this project is summarised in table 3. In this research Mercer operationalised functional patterns of mothering (maternal role attainment) as attachment, competency, and acceptance (1985a). She then measured these concepts according to how her participants perceived themselves in the role and according to observer ratings of their behaviour. The research affirmed Mercer's theorising that attaining the maternal role challenged women in similar ways. Mercer produced a practice orientated theory that has been widely used and researched in North America (Flagler & Nicoll, 1990; Mercer, 2004; Mercer & Ferketich, 1990, 1994b; Walker, Crain, & Thompson, 1986a, 1986b).

## **Critique: logico-empiricism diminishes women's experiences**

Rubin and Mercer both took a logico-empirical approach to research. Logico-empiricism is a research paradigm that assumes a single definitive truth is possible by using the objective application of logical theory to find and interpret empirical fact (Fahy & Harrison, 2005). 'Empirical' means data that is available to the senses, but only data that can be observed and measured is included. Within logico-empiricism there is a clear distinction between the researcher and the subject along the lines of 'the knower' and 'the known'. The goal of logico-empiricism is to describe, explain and predict the behaviour of phenomena in the natural or social world (Blackburn, 1996, p.223-4). Logico-empiricism aims to create generalisable theory that applies to all people who are thought to be the same as the original research subjects. Alternative research paradigms are the interpretive/constructivist paradigm and the critical paradigm. The interpretive/constructivist paradigm seeks to understand and explain the experiences and behaviours of others. The critical paradigm, which includes post-structural feminism, seeks to understand and change the social world towards a better, more equal one (Blackburn, 1996, p.89). These research paradigms are independent of the customary quantitative/qualitative divide.

A characteristic of logico-empirical methodology is the reductive approach to data collection and analysis; Rubin's work was consistent with this. The transition to motherhood metanarrative arose from this reductive approach. Rubin's focus was on quantifying empirically measurable data. Guided by logico-empiricism she made clear that "low-density behaviours", meaning those that occurred less commonly, were "idiosyncratic or non-productive" (1984, p.149). This meant that the unique, more diverse aspects of women's experience were rendered meaningless in the quantification

process. Rubin did collect some qualitative data but that did not change her from a researcher in the logico-empirical paradigm. For example, one question she asked was “how does this subject see herself at this time, in this situation?” (1967a, p.238). This question is asking the ‘knowing’ observer to make a judgement about the ‘known’ subject. Furthermore, Rubin quantified her qualitative data without clarifying her rationales. Neither did she show the specific links between data and results. Without linking her theoretical concepts to her data the dependability and confirmability of Rubin’s theory is questionable. Indeed, it suggests that her prior theorising may have been imposed on the data. Her findings suggest that Rubin was looking for similarities and discarding differences.

The logico-empirical research of Mercer substantiated the transition to motherhood metanarrative initiated by Rubin. Mercer drew heavily from Rubin’s cognitively orientated theory and also followed her methods. This meant that Mercer developed her theoretical definitions prior to data collection and analysis. In our reading, Mercer’s concept of maternal role attainment did not arise from data collection. Instead data was used to prove Mercer’s previous assumption, namely that there is a most functional path through the transition to motherhood and that path is the same for all women. The use of pre-existing assumptions and/or theoretical frameworks limited alternative views and experiences thus reducing the complex in-the-moment reality of women’s lives. This problem was illustrated in Mercer’s qualitative analysis (also within a logico-empirical framework) which saw transition as a cognitive phenomenon. When a participant described her childbirth experience in terms of “power”, of “facing death”, and of survival (very embodied and spiritual experiences) Mercer had no way of understanding this within her cognitive framework (1986a, p.64). She minimised and silenced these experiences when she interpreted this woman’s words to mean that the woman was “cognitively restructuring” her childbirth experience (1986a, p.128; 1995).

Mercer was herself caught in the metanarrative of logico-empiricism. Mercer recognised that the process of operationalising abstract concepts such as ‘maternal role attainment’ and ‘infant attachment’ oversimplified a “highly complex process” which she said continued “to be elusive in its complexity” (1995, p.13). However, she failed to appreciate that the reason for this elusiveness was her own reductive methodology. The complexity and value of each woman’s transition was silenced by Mercer’s choice of independent variables that form “linear, additive relationships” to maternal role attainment (1981b, p. 74). The voices of women from cultural minorities were also silenced by their grouping as “non-Caucasian”, a grouping that made up 65% of the teenage women in Mercer’s research (1986b, p.12). That silencing of women’s voices was reinforced by the assumption that the self, perceptions, attitudes and behaviours could be measured quantifiably and that such measures were a valid depiction of women’s experience. In Mercer’s study of how childbirth is perceived (Mercer, et al., 1983) she used the same data and methods as in her study of maternal role attainment (outlined in table 3). This time, she made “perception of labour and delivery” the dependent variable (p.204). In this study, even though Mercer seemed to be able to fit data to pre-existing categories, she still found that she was unable to account for 61% of the variance in women’s perception of their birth experience. This implies to us that Mercer’s research was inadequate in understanding women’s experiences of childbirth and change. An interpretive or constructivist approach could offer a more appropriate methodology.

Mercer has studied numerous variables impacting on the process of maternal role attainment. The research by Mercer did what it set out to do: it gave a credible representation of the factors that impact on maternal role attainment as she defined it. Since then Mercer has expanded her research to cover how the father’s role, the role of

obstetric risk and the role of parity have influenced women's attainment of the maternal role (Mercer, et al., 1988; Mercer & Ferketich, 1990, 1994a, 1994b). In response to other research on childbearing self change Mercer recently replaced 'maternal role attainment' with the concept of 'becoming a mother' (2004, 2006). Although far less prescriptive and more flexible than 'maternal role attainment', the revised concept of 'becoming a mother', is still focused on women's staged transition to the maternal identity (see table 1) (Mercer, 2006). In the same year, Mercer and Walker reviewed the nursing interventions that fostered becoming a mother (Mercer & Walker, 2006). Their review noted that infant care was emphasised too much while interventions that enhanced how a woman felt about herself were limited. However, the conventional cognitive approach, of increasing women's knowledge and problem-solving skills, was still promoted. Hence, the modified concept 'becoming a mother' is a softening but not a fundamental change in transition to motherhood theorising. As a metanarrative transition to motherhood theorising continues to oversimplify and blind its users to the subtleties, complexities and exceptions of women's embodied experience of self change in childbearing.

In this section we have argued that logico-empiricism is not the best way to research women's experience of self change during childbearing. Logico-empiricism, as the dominant research paradigm is part of humanist philosophy. Humanist philosophy brings with it other inherent assumptions that further undermine the value of Rubin and Mercer's theories for contemporary midwifery practice.

## **Critique: humanist philosophy disempowers childbearing women**

*Humanism* is the dominant Western philosophy which arose with The Enlightenment (Harrison & Fahy, 2005; Johnson, 1994; Scott & Marshall, 2009). The leaders of the Western Enlightenment were elite white males whose humanist philosophies valued freedom, self-actualisation, autonomy, justice, never-ending technological and scientific development and the search for human perfection (Stevens, et al., 2009). Three key examples are as follows. René Descartes (1596-1650) argued that the self was governed by reason and was clearly separate from the soul, the body and nature (1972, 1983, 1996). Immanuel Kant (1724-1804) maintained that rationality was important and defined the self in terms of self-awareness (1781). Jean-Jacques Rousseau (1712-1778) introduced the concept of personal freedom (1916).

Despite there being positive aspects of humanist philosophy, history has demonstrated that humanism also promotes the interests of elite white males at the expense of women, lower status men, people of other ethnicities and the environment (Johnson, 1994). Humanism functions like a secular religion that valorises reason and science as the only ways of knowing; thus inner knowing or personal experience is denigrated (Stevens, et al., 2009). Humanism creates and promotes ideals that are dominated by dichotomous 'either/or' thinking where one part of the dichotomy is valued and the other devalued (Grosz 1995). For instance mind/body, reason/emotion, body/soul, male/female, technological/natural, caregiver/patient. With an 'either/or' perspective the unique embodied sensations of an individual woman's experience of childbearing tend to be excluded in favour of more generalised, rational ways of knowing (Parratt 2010; Parratt & Fahy 2008). A woman can feel herself disempowered when the lived reality of her embodied experiences are ignored or excluded. In contrast, post-structural feminism is open to contradictory 'both/and' perspectives that accept the uniqueness of each woman's embodied experience.



Transition to motherhood theory is an expression of humanist philosophy because, as a metanarrative, it creates imperatives for childbearing women to behave as self-controlled, non-conflicted and rationally responsible mothers. The focus of the theory is not on the woman or her individual inner experiences; it is on how she is mothering the baby, whether before, during or after the birth. The transition to motherhood metanarrative positions women as a means to a valued end, that is, as someone to look after the baby. The theory promotes judgemental thinking based on phenomena that are external to the woman. Women and midwives both judge the woman on how she is behaving. Is she a 'good mother' or not? Within transition to motherhood theory and humanism more broadly, women who do not conform to the maternal role can only be considered 'mad' or 'bad' as no other possibilities are allowed in dichotomous thinking.

Humanistic philosophical frameworks have an assumed, disempowered role for childbearing women. Humanism, like all preceding male-authored philosophies, *essentialises* the woman. Women, they have claimed, have an essence that is reproductive and maternal; any individual character can only be built upon this universal essential female essence (Grosz, 1995; Johnson, 1994). Post-structural feminists abhor essentialism because it decontextualises the woman from her lived, embodied experiences which in turn diminishes her freedoms and her capacity for self change (Grosz, 1994, 1995). Essentialism contrasts with the feminist post-structural concept of the *embodied self* which sees the woman as an integrated whole body/soul/mind who is continually changing depending on the various contexts of her existence (Grosz, 1994; Parratt 2010; Parratt & Fahy, 2008; Young, 2005). As a concept the embodied self defies full explanation with words, this definition is inclusive of the lived experience of self as a sexual, spiritual embodied being (Parratt, 2010; Parratt & Fahy, 2008). Transition to motherhood theory, like many metanarratives, essentialises women because it assumes that all women have, or should have, the attributes that are necessary for mothering. Likewise, Rubin and Mercer see the process of maternal role attainment as essentially the same for all women.

## **Discussion**

This review has been limited to the work of Rubin and Mercer, however other psychosocial researchers use and develop transition to motherhood theory (for example, Bibring, et al., 1961; Lederman, 1984; Lederman & Weis, 2009; Leifer, 1977). In our view these authors, like Rubin and Mercer, also base their work in humanism and logico-empiricism. Really, what we are calling 'transition to motherhood theory' is a metanarrative formed from theories that are dominated by humanistic philosophy and logico-empirical research. Logico-empirical theories such as transition to motherhood, will always empower researchers and caregivers because they are positioned as 'the knowers' and the women are positioned as 'the known' and are therefore relatively disempowered by these theories.

Regardless of author, transition to motherhood theory has a narrow, reductionistic focus on the individual woman and her behaviours. The pre-determined theoretical frameworks create researcher decisions about what will be included and excluded from analysis. Thus the impact of caregivers and the impact of highly medicalised environments are excluded or minimised. Transition to motherhood theory reduces women to a prescribed role; that of being a mother and indeed a predetermined type of mother. The metanarrative does not value the woman in her own right; her value lies in being a mother. Developmental milestones are presented as if they were unalterably 'true' when in reality they have been predetermined by the researchers according to socially constructed ideals that are not really 'real'. Transition to motherhood theory is orientated to the future; on the next 'development milestone' to be achieved. The theory

devalues the joy and meaning that can be inherent in the here and now, moment-to-moment of lived experience. In the metanarrative a woman's power derives from culture; she is valuable to society because a mother cares for the more socially valued baby. An holistic perspective cannot be taken by transition to motherhood theory because there are too many factors to consider. Furthermore some factors that are of central importance to childbearing women, such as 'inner power' and 'inner knowing', are excluded a priori within humanism and logico-empiricism as 'not real' or 'non-existent'.

Transition to motherhood theory is baby-centred and this undermines midwifery as a woman-centred discipline. The theory positions the midwife as knowing more about a woman's transition than the woman does herself. When midwives, consciously or unconsciously use the transition to motherhood metanarrative to understand women's self change during childbearing, each woman's embodied and contextual experience becomes invisible. Likewise, her inner power and inner knowledge are over-ridden and silenced. The woman is thought of as a passive recipient of social forces and caregiver actions; in practice this translates into caregivers surveilling and policing women's behaviours. Under this metanarrative the most disadvantaged women in society are the ones who are likely to be the subject of caregiver reporting to child protection agencies.

A woman-centred, qualitative approach can discover which factors actually do impact on a woman's transition during the childbearing year. Midwifery theory of women's change should be woman-centred so as to effectively represent the ongoing changing nature of a woman's embodied self. Such a theory would both capture the in-the-moment value of a woman's lived experience and expansively encompass her social milieu. It would respect the unending variability of ways that a woman may express and experience herself as a woman and as a mother. The unique diversity of each woman's changing sense of inner power and inner knowing would be encompassed. A midwifery theory of women's change during childbearing would present expressions of the self that are powerful, embodied, spiritual and/or sexual as well as highlighting the woman's perceptions of moment-to-moment change.

## **Conclusion**

Rubin and Mercer developed a theory of transition to motherhood which was appropriate to their twentieth century humanistic context. They used a logico-empirical methodology that was believed to be the best methodology at the time. The resultant transition to motherhood theory provided structure and purpose to the emerging field of maternity nursing in North America. We believe that there are fundamental differences between American maternity nursing and contemporary midwifery. Midwifery is a woman-centred, political, primary health care discipline founded on a partnership relationship between the woman and the midwife (Australian College of Midwives, 2004; International Confederation of Midwives, 2005; Australian Nursing and Midwifery Council, 2006). From the perspective of a post-structural feminist critique we have shown that transition to motherhood theory is of limited use to contemporary midwifery teaching, research and practice. Indeed, we contend that, as a product of psychosocial maternity nursing, transition to motherhood theory is incompatible with, and may undermine midwifery's woman-centred focus. We recommend that transition to motherhood theory should not be used as a basis for woman-centred midwifery practice. Instead, each woman should be asked about her life and the factors that she thinks are impacting upon her transition. In midwifery practice the best way to come to know the woman is by nurturing a woman-centred partnership with the woman within a caseload model of care. New midwifery theory needs to be developed from qualitative

research. New theory should be woman-centred and conceptualise the woman as a knowing, embodied self who is, or can be, powerful in her own life.

**Table 1: Transition to mother**

**Reva Rubin:** transition is a learnt process of taking on and taking in the maternal role culminating in formation of the maternal identity (1967a, 1975, 1977, 1984).

Tasks of the three trimesters of pregnancy and two trimesters of postpartum:

- to make and keep baby and self safe
- to ensure social ties are such that the baby will be accepted by meaningful others
- to give self to the demands of pregnancy and impending motherhood
- to attach ('bind-in') with baby in a staged process of unity followed by differentiation of self from baby

**Ramona Mercer:** transition is a specifically cognitive process of developing the maternal identity through 'maternal role attainment' (1981b, 1985a, 1995), later reconceived as 'becoming a mother' (2004, 2006).

Stages of 'maternal role attainment':

- anticipation and visualisation of role
- formal actualisation of role with assistance of health professionals
- informally reflects on past and future goals to fit with maternal role
- maternal role becomes congruous with other roles and within woman herself, usually occurs 4 months after birth

Phases in 'becoming a mother'

- attachment, commitment and preparation during pregnancy
- physical restoration, learning and increasing attachment to baby early in postpartum
- movement toward a 'new normal' during first four months
- achieving the maternal identity around four months (2004, p.231).

**Table 2: Reva Rubin: overview of underlying research**

Research/design	Aim/question	Participants	Methods	Key findings
<p><b>Attainment of the maternal role</b> (1967a, 1967b)</p> <p>Claims to be qualitative 'participant observation' but actually functions within the logico-empirical paradigm.</p> <p>Setting: two hospitals in the USA.</p>	<p>Aim to identify how women take on the maternal role.</p> <p>Rubin asks:</p> <ol style="list-style-type: none"> <li>'what processes are involved in maternal role acquisition'</li> <li>'who are the models or referents for maternal role expectations?' (1967a, p.238).</li> </ol>	<p>5 primigravid and 4 multigravid women studied in-depth with the same observer at each interview point.</p> <p>70 'control' women observed at a single interview point.</p> <p>Interview points: simultaneous to antenatal/postnatal visits; varied from 11 to 23 visits per woman; lasted 1-4 hours each.</p>	<p>Observation for verbal and nonverbal behaviour, and for action and interaction. The primary question for the interviewer was 'how does this subject see herself at this time, in this situation?' (1967a, p.238)</p> <p>Data was recorded immediately following each observation.</p> <p>Coded according to pre-determined system of operational definitions devised by Rubin from 'preliminary and independent interviews and observations' (1967a, p.238).</p> <p>Each recorded observation was independently coded by two coders.</p>	<p>The operations or processes involved in taking on the maternal role were:</p> <ol style="list-style-type: none"> <li>the early, tentative forms of role taking: mimicry and role-play</li> <li>the later and more discriminating processes: fantasy and introjection-projection-rejection (a circular process)</li> <li>a letting go of former roles incompatible with the new role: grief-work</li> <li>an endpoint to the process: maternal identity</li> </ol> <p>The selection of models and referents for role acquisition was dependent on the situation and parity. Male referents were rarely if ever chosen. Participants began using their mothers as models but replaced them with their peers. Multipara women chose peers who were a part of their extended family.</p>

**Table 3: Ramona Mercer: overview of underlying research**

Research/design	Aim	Participants	Methods	Key findings
<p><b>Factors impacting on the maternal role the first year</b> (1981a, 1981b, 1985a, 1985b, 1986b, 1986c) Summarised in (Mercer, 1986a)</p> <p>Logico-empirical paradigm: longitudinal design permitting cross-sectional and longitudinal analysis of variables</p> <p>Setting: a hospital in the USA</p>	<p>Objectives:</p> <ul style="list-style-type: none"> <li>- to identify factors having greatest impact on maternal role attainment</li> <li>- to determine the nature of the relationship between key maternal and infant variables and maternal role attainment</li> </ul>	<p>294 primipara women (16-42 years). 62% spontaneous labour; 57% spontaneous birth; 19.2% caesarean section.</p> <p>242 participants remained in study at one year.</p> <p>During recruitment: 48.1% rate of refusal to participate.</p>	<p>Qualitative and quantitative data collected in early postpartum in hospital and at 1, 4, 8, 12 months at home using surveys, observation and open-ended interviews taking no more than 1.5 hours.</p> <p>Categories for coding interview data were derived from content analysis of open-ended questions</p> <p>Maternal role attainment (dependent variable) broadly operationalised as attachment, competency, and acceptance of obligations; measured at each interview point using 4 validated instruments (totalling 43 items) and infant growth rates</p> <p>Independent variables (age; perception of birth; early maternal-infant separation; social stress; support systems; maternal personality traits; medical complications; child rearing attitudes; self-concept; infant temperament; infant illness) measured once over 12month research period at interview or by validated instruments (totalling at least 344 items).</p>	<p>Attaining the maternal role challenged all women in similar ways; 64% of women internalised the maternal role by 4months; maternal role behaviours peaked at 4months but declined at 8months as challenges from infant's development increased (1985a)</p> <p>Over the test period maternal behaviours in younger women have a significantly positive relationship with perception of the birth experience; in women 30-42 years there is no such relationship (1985b).</p> <p>Strong self-concept is positively predictive of attainment of the maternal role; beyond the age of 20, age did not appear to offer an advantage in attaining the maternal role (1986b).</p> <p>Personality integration and flexibility increased significantly with increasing age and over the study period; positive self-concept was lower in teenagers and decreased over the study period in all age groups (1986c).</p>

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